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Six of 10 Vaccines Studied Increase Mortality

Analysis by Dr. Joseph Mercola Fact Checked | February 11, 2023

STORY AT-A-GLANCE

- The improved measles vaccine rolled out in Africa in 1989 was found to double mortality from other diseases in girls. The diphtheria, tetanus and pertussis vaccine (DTP) was found to have the same disastrous effect, doubling mortality among children under the age of 5, and girls were again more likely to die
- Inactivated (non-live) vaccines — the DTP, pentavalent vaccine, inactivated polio vaccine, H1N1 influenza vaccine and the hepatitis B vaccine — all increased all-cause mortality, especially among girls, even when they offered a high degree of protection against the target disease
- GlaxoSmithKline's antimalarial vaccine Mosquirix, which appears to offer 18% to 36.3% protection against malaria depending on the age group, was found to increase all-cause mortality by 24%
- In Phase 3 trials, Mosquirix increased the risk of meningitis 10 fold, as well as the risk for cerebral malaria, and doubled female all-cause mortality
- According to bioethicists, the World Health Organization's malaria vaccine study breaches international ethical standards as they are testing vaccine safety in clinical trials without first obtaining informed consent from parents of child participants in Malawi, Ghana and Kenya

From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the

pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media are key players and have been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

Originally published: March 10, 2020

The December 27, 2019, Science News DK article,[1] "Vaccines — An Unresolved Story in Many Ways," touches on one of the crucial talking points of vaccine safety and informed consent advocates, which is the intentional cover-up of real-world vaccine injuries and deaths.

While the vaccine industry and most public health organizations insist vaccines are universally safe and effective and that the science on this "is settled," much of the actual data tells a very different story.

'Vaccination Opponents Are Justified in Being Concerned'

The problem is, most people never see that data, much less take the time to interpret it and, thus, the lie, through simple repetition, becomes "established fact." As noted in the Science News DK article:

> *"For 40 years, Danish researchers ... have shown that vaccines against everything from polio and smallpox to malaria and tuberculosis have both beneficial and harmful health effects that are unrelated to the diseases the vaccines protect against.*
>
> *Now these researchers have put the research into a historical perspective that they hope can help make the world's health authorities realize that the relationship between vaccines and disease is not always simple.*

In fact, their research shows that some vaccines protect against completely different diseases than those for which they are designed. Unfortunately, other vaccines are associated with excess mortality from unrelated diseases ...

'What do researchers do when they discover that vaccination opponents are justified in being concerned? No vaccines have been studied for their non-specific effects on overall health, and before we have examined these, we cannot actually determine that the vaccines are safe.

In addition, our research shows that some vaccines actually increase overall mortality, especially among girls, and this is very worrying,' explains Christine Stabell Benn, Clinical Professor, University of Southern Denmark, Odense."

So, where are the headlines declaring the scientific conclusion that vaccination opponents are justified in their concern? As expected, the information — published in Clinical Microbiology and Infections[2] — has not been well received by health authorities, including the World Health Organization. It's been largely ignored wholesale.

This, despite the researchers' intentional attempt to highlight the beneficial effects of vaccines in their paper. "Communicating this message is a little easier," admits Stabell Benn, one of the authors of the paper.

The fact, though, is that while there appear to be benefits, there also appear to be significant drawbacks and risks, and this too needs to be fully acknowledged, especially in light of the current march toward medical fascism where people who point out potential problems are branded as dangerous and threatened with everything from loss of employment to imprisonment.

Six of 10 Vaccines Investigated Found to Increase Mortality

As reported in "Vaccines — An Unresolved Story in Many Ways,"[3] a new high titer measles vaccine rolled out in Africa in 1989 was found to double mortality from other diseases in girls. At first, the WHO refused to believe the results. The WHO didn't

withdraw the vaccine until 1992, after studies in Haiti, Sudan and other countries confirmed that female young children were dying in higher numbers.

During the 1990s, Stabell Benn and her colleague Peter Aaby continued studying the effect of many other vaccines on overall mortality, coming to the shocking conclusion that six of the 10 vaccines investigated actually INCREASED mortality by rendering children more susceptible to other lethal diseases.

The diphtheria, tetanus and pertussis (whooping cough) vaccine (DTP) had the same disastrous effect as the measles vaccine — it doubled mortality among children under the age of 5, and girls were again more likely to die.

Overall, live attenuated vaccines — the older measles vaccine, the bacillus Calmette-Gueri against tuberculosis, oral polio vaccine and the smallpox vaccine — all seemed to offer nonspecific protection against deadly diseases, contributing to lowering overall mortality.

Inactivated (non-live) vaccines, on the other hand — the DTP, pentavalent vaccine, inactivated polio vaccine, H1N1 influenza vaccine and the hepatitis B vaccine — increased overall mortality, especially among girls, even when they offered a high degree of protection against the target disease.

More recently, GlaxoSmithKline's antimalarial vaccine (RTS, S/AS01 or RTS,S, sold under the brand name Mosquirix), which appears to offer between 18% to 36.3% protection against malaria depending on the age group,[4] was also found to increase overall mortality.

As reported by "Vaccines — An Unresolved Story in Many Ways," "Overall mortality was 24% higher among people who had been vaccinated against malaria compared with unvaccinated individuals." Stabell Benn told Science News DK:[5]

> *"A vaccine that protects against malaria that does not reduce mortality makes no sense. We therefore asked GlaxoSmithKline for access to the original data and found that the vaccine reduced mortality among boys by a modest 15%*

while doubling the overall mortality rate for girls. This was the sixth non-live vaccine that we associated with mortality among girls — exactly as we had seen for other non-live vaccines."

Hepatitis B Vaccine for Newborns Is Bad Policy

Stabell Benn also admits she "would not voluntarily give my newborn the hepatitis B vaccine let alone want to be forced to do it," considering its hazards. She told Science News DK:[6]

> *"Vaccination this early only makes sense if the mother is chronically infected with hepatitis B, for which there is a test, and only a few percent have it. So the vast majority of infants who get the vaccine at birth do not need it, and no one has tested what the vaccine means for overall morbidity and mortality.*
>
> *The only study to investigate this is our study, showing the hepatitis B is associated with higher female than male mortality, which is a serious danger signal given our results for other non-live vaccines."*

Scientists Criticize WHO's Malaria Vaccine Rollout Plan

Despite Stabell Benn and Aabel's disturbing findings, showing GlaxoSmithKline's new antimalarial vaccine doubles mortality among girls, the WHO went ahead and introduced the vaccine in Malawi, Ghana and Kenya anyway.

January 24, 2020, Stabell Benn, Aaby and colleagues published a pointed analysis[7] in The BMJ, noting that Phase 3 trials of the vaccine have already identified three safety concerns:

1. Increased risk of meningitis (10 times higher that of unvaccinated individuals[8])
2. Increased risk of cerebral malaria
3. Doubled female all-cause mortality

The WHO is now planning to decide whether to extend the vaccine to other African countries, even though it's only been in use for 24 months. This is problematic, as the initial data tend to provide a skewed view of the vaccine's safety and effectiveness.

According to Stabell Benn and Aaby, the vaccine appeared to be "more efficacious in the first year to follow-up in the Phase 3 trials." The rise in cerebral malaria and female mortality doesn't become apparent until after the booster dose, which is given 20 months after the first dose.

"We recommend that the pilot studies use 'overall mortality' to assess vaccine performance and that study populations are followed for the full four to five years of the study before a decision on rollout is made," the authors state.[9]

WHO Study Breaches Ethical Standards

A February 26, 2020, BMJ special report[10] by associate editor Peter Doshi brings up yet another malaria vaccine-related concern — that of informed consent or, rather, the lack of it. Doshi reports that "WHO's malaria vaccine study represents a serious breach of international ethical standards," as there's an "apparent lack of informed consent" in the study. He writes:[11]

> *"Charles Weijer, a bioethicist at Western University in Canada, told The BMJ that the failure to obtain informed consent from parents whose children are taking part in the study violates the Ottawa Statement, a consensus statement on the ethics of cluster randomized trials ... and the Council for International Organizations of Medical Sciences' International Ethical Guidelines ...*
>
> *WHO contends that the study is a 'pilot introduction' and not a 'research activity.' It says that those children living in areas randomized to receive the new vaccine will do so as part of each country's routine vaccination schedule and that consent is 'implied' ...*
>
> *Weijer says that so called implied consent is 'no substitute for informed consent. Indeed, implied consent is no consent at all. We have no assurance*

that parents in fact received information about the study let alone that they understood it' ...

Christine Stabell Benn ... professor in global health and a vaccine expert who recently published concerns about WHO's study in The BMJ, added her concerns: 'I think parents should be made aware of this doubled female mortality.

Imagine that this mortality was a true finding (and remember that it comes on top of five other non-live vaccines being associated with increased female mortality). If true, then how will this be perceived by the participants — that their children were unknowingly involved in a huge experiment by the authorities? This could be a disaster for public trust in vaccines and health authorities.'"

WHO training materials shared with The BMJ do not mention the doubled risk of death among girls, Doshi points out. It's also unclear whether the WHO's Research Ethics Review Committee has formally waived the informed consent requirement, and WHO did not answer the question directly.

McGill bioethicist Jonathan Kimmelman told Doshi that human subjects in research trials must provide informed consent, and that since the Malaria Vaccine Evaluation Programme in Malawi, Ghana and Kenya has been registered in clinicaltrials.gov,[12] they are clearly being conducted as research, and thus must conform to "all sorts of rules and oversight mechanisms."

WHO Aids and Abets Vaccine Injury Cover-Up

The WHO has also come under fire for changes that make it even easier than before for vaccine makers and researchers to hide adverse events. The 2018 paper, "Revised World Health Organization's Causality Assessment of Adverse Events Following Immunization — A Critique," makes a number of salient points:[13]

"The ... WHO has recently revised how adverse events after immunization (AEFI) are classified. Only reactions that have previously been acknowledged in

epidemiological studies to be caused by the vaccine are classified as a vaccine-product–related-reaction.

Deaths observed during post-marketing surveillance are not considered as 'consistent with causal association with vaccine', if there was no statistically significant increase in deaths recorded during the small Phase 3 trials that preceded it. Of course, vaccines noted to have caused a significant increase in deaths in the control-trials stage would probably not be licensed.

After licensure, deaths and all new serious adverse reactions are labelled as 'coincidental deaths/events' or 'unclassifiable', and the association with vaccine is not acknowledged. The resulting paradox is evident.

The definition of causal association has also been changed. It is now used only if there is 'no other factor intervening in the processes'. Therefore, if a child with an underlying congenital heart disease (other factor), develops fever and cardiac decompensation after vaccination, the cardiac failure would not be considered causally related to the vaccine.

The Global Advisory Committee on Vaccine Safety has documented many deaths in children with pre-existing heart disease after they were administered the pentavalent vaccine. The WHO now advises precautions when vaccinating such children. This has reduced the risk of death.

Using the new definition of causal association, this relationship would not be acknowledged and lives would be put at risk. In view of the above, it is necessary that the AEFI manual be revaluated and revised urgently. AEFI reporting is said to be for vaccine safety. Child safety (safety of children) rather than vaccine safety (safety for vaccines) needs to be the emphasis."

Pulling Back the Curtain on 'Organized Crime'

In my 2013 article, "Pulling Back the Curtain on the Organized Crime Ring That Is the Pharmaceutical Drug Cartel," I review how a significant portion of corporate crime is

committed by drug companies. Crimes committed by some of the most well-known drug companies include:

- Fabricated studies
- Covering up serious problems with their drugs
- False claims
- Bribery, illegal kick-backs, and defrauding Medicare, Medicaid and even the FDA
- Immoral threat and intimidation tactics (recall Merck actually had a hit list of doctors to be "neutralized" or discredited for criticizing the lethally dangerous painkiller Vioxx)

Merck's Fraudulent HPV Vaccine Science

More recently, the Children's Health Defense, chaired by Robert F. Kennedy, has exposed Merck's fraudulent HPV vaccine science. Kennedy says the fraud Merck committed in its safety testing is (a) testing Gardasil against a neurotoxic placebo, and (b) hiding a 2.3% incidence of autoimmune disease occurring within seven months of vaccination.

On average, 1 in 43,478 women will die from cervical cancer. If 2.3% of girls develop an autoimmune disease from Gardasil, then that translates into 1,000 per 43,500. Even if a 1 in 43,478 chance of dying from cancer is eliminated (which there is absolutely no proof of[14]), girls and young women trade that risk elimination for a much larger 1 in 43 chance of getting an autoimmune disease from the vaccine.

Kennedy also describes another trick used by Merck to skew results: exclusion criteria. By selecting trial participants that do not reflect the general population, they mask potentially injurious effects on vulnerable subgroups.

For example, individuals with severe allergies and prior genital infections were excluded, as were those who'd had more than four sex partners, those with a history of immunological or nervous system disorders, chronic illnesses, seizure disorders, other

medical conditions, reactions to vaccine ingredients such as aluminum, yeast and benzonase, and anyone with a history of drug or alcohol abuse.

Despite these deceptions, Merck's own trial data still reveal Gardasil increases the overall risk of death by 370% and the risk of a serious medical condition by 50%.

Since its U.S. Food and Drug Administration approval in 2006,[15] Gardasil has raised a firestorm of controversy, as young, healthy girls (and boys) have been permanently injured and died after receiving it. In January 2020, the Journal of the Royal Society of Medicine published[16] a critique of Merck's clinical trials for Gardasil, stating they were never designed to detect whether HPV vaccination actually prevents cervical cancer.

Disturbingly, Merck's trial data even shows Gardasil may actually increase the risk of cervical cancer if given after HPV infection.[17] If you have been exposed to HPV strains 16 or 18 prior to vaccination, you may increase your risk of precancerous lesions caused by these two strains by 44.6%.

In January 2020, Cancer Research UK announced the cervical cancer rate among 24- to 29-year-olds (the first generation to receive the HPV vaccine) has skyrocketed by 54%.[18,19,20] Similarly, a 2019 study[21] found the cervical cancer rates in Alabama are highest in counties with the highest HPV vaccination rate.

Gardasil Trial Design Prevents Safety Assessment

A 2012 systematic review[22] of pre- and post-licensure trials of the HPV vaccine also concluded that the vaccine's effectiveness is both overstated and unproven. According to the authors, the review revealed:

> *"... evidence of selective reporting of results from clinical trials ... Given this, the widespread optimism regarding HPV vaccines long-term benefits appears to rest on a number of unproven assumptions (or such which are at odd with factual evidence) and significant misinterpretation of available data ...*

Likewise, the notion that HPV vaccines have an impressive safety profile is only supported by highly flawed design of safety trials and is contrary to accumulating evidence from vaccine safety surveillance databases and case reports which continue to link HPV vaccination to serious adverse outcomes (including death and permanent disabilities)."

A December 2017 Slate magazine article detailed yet other ways in which Gardasil trials were intentionally hiding safety risks. The public has been told HPV vaccines marketed in the U.S. have been tested on tens of thousands of individuals around the world, without any compelling evidence of serious side effects having emerged.

In fact, those studies were designed in such a way that makes detecting and evaluating serious side effects essentially impossible. One of the most egregious examples of this is the recording of serious side effects as "medical history" rather than vaccine adverse events.

When adverse events following vaccination are marked down as "medical history" instead of being tagged and investigated as potential side effects, is it any wonder "no side effects have been found" in any of these trials!?

Actually, even that statement is a gross misstatement of facts, as at least one Gardasil trial of the new nine-valent vaccine reported 9.7% of subjects who received the vaccine suffered "severe systemic adverse events" affecting multiple organ systems within 15 days of vaccination, and 3.3% reported "severe vaccine-related adverse events."[23]

Facebook Removes Memorial to Child Killed by Vaccines

As discussed in several previous articles, Google and most major internet platforms are now actively censoring vaccine safety news, preventing the sharing of information that questions vaccine safety or highlights the dangers associated with routine immunizations. They're even blocking first-hand testimony of vaccine harms.

That's precisely what happened to Nick Catone, a former professional mixed martial arts fighter, who blames the DTaP vaccine for the death of his 20-month-old son. His son,

Nicholas, died just 17 days after vaccination.[24] In the wake of Nicholas' death, Catone took to Facebook, creating an online memorial where he shared and processed his grief daily.

February 25, 2020, Facebook permanently removed his account without warning, which included not only Nicholas' memorial page, but also Catone's business and fan pages.

"One of our main priorities is the comfort and safety of the people who use Facebook, and we don't allow credible threats of harm to others, support for violent organizations or exceedingly graphic content on Facebook," the Facebook notification reads,[25] suggesting Catone's account was permanently closed on the grounds that he was spreading dangerous anti-vaccine propaganda that might hurt public health. February 26, 2020, Catone posted the following note to Instagram:[26]

> *"For 33 months every single day I have been writing to Nicholas on Facebook & IG since he has passed. It's been my way of expressing my feelings and trying to go on day after day with him gone. As of yesterday Facebook has taken that away from me and probably only matter of time until they take IG away.*
>
> *All of my posts and pictures of him every day gone ... People say just start a new page. They don't understand what the last 33 months without their child feels like. Hundreds of hours pouring my heart out writing to him day after day wishing he was here with his family.*
>
> *Those posts have been a way for me to keep moving forward each day and also a way for me to keep my son's memory alive. I can't get those posts back now just like I can't get back my son. I'm hoping someone can help me get my old pages back soon. I need to find a way. Some things just can't be replaced."*

Clearly, Catone has cause to be suspicious. A perfectly healthy child doesn't just die for no reason, and classifying injuries and deaths shortly after immunization as "coincidental" simply doesn't confer trust.

I've said it before, and I'll say it again: The public's growing distrust of vaccines is not due to ignorant people crying wolf over things they don't understand. It's driven by an ever-growing number of parents who have lost their children or watched them regress into chronic poor health after being told vaccines are perfectly safe and essential — a "promise" based on falsified or shoddily constructed studies designed to hide rather than reveal safety problems.

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