

Review: Greg Beattie, *Fooling Ourselves on the Fundamental Value of Vaccines*, Qld, Feb 2011 (2021)

Pages: 123

Cuts to the Bone of the Vaccine Debate

The author is a successful businessman and diligent researcher, which shows. In a relatively small book he logically dismantles the idea vaccines saved the world. The facts are vaccines arrived *after* the great improvement in public health, and mirror downward mortality trends in diseases with no vaccine, like scarlet fever.

The graphs alone are reason enough to buy, but additional points on how pro-vaxx medical authorities strategised to maximise purported vaccine efficacy, and minimise target disease incidence post roll out are enlightening.

Anyone who doesn't question the mass vaccine experiment after reading is probably almost beyond hope to reach.

Introduction (pp. 1-4)

The message is always the same: "take the vaccine. It will prevent the illness, and it is very safe."

I) The Belief (pp. 5-20)

"In order to return to the days of frequent illness and death, we must keep vaccinating."

Diphtheria was sometimes referred to as membranous croup, or laryngeal diphtheria.

Tetanus is almost unheard of in children.

Debilitated organisms are far less resilient to attack.

Entrenched communal belief is a cultural trance.

II) A New Chapter (pp. 21-41)

Ill-health pushes people in to the poverty trap.

III) The Reality (pp. 42-54)

Measles cycles run every 3-4 years.

Stopping vaccination would simply mean fatality rates would return to pre-vaccination levels.

IV) The Data (pp. 55-64)

Only 1-2% of whooping cough cases are estimated to be reported; most children simply recover at home.

Re: disease surveillance, this usually stops once mass vaccination begins (“got a vaccine, illness gone”).

V) Revisiting the Paradigm (pp. 65-75)

There are no vaccines for more than 99% of pathogenic microbes!

VI) Inventing New Diseases (pp. 76-88)

Clinical pertussis: two-week cough; paroxysms; ‘whooping’ sound; post-tussive vomiting.

Hib doesn’t even cause a specific illness, and wasn’t notifiable till 1991.

VII) The Peculiar Story of Polio (pp. 89-107)

“We use to call it polio. Now, it is aseptic meningitis, Guillaine-Barre syndrome, cerebral palsy, encephalomyelitis, transverse myelitis, demyelination, diplegia, hemiplegia.” [p93]

Where diagnosis doubt exists: examine cerebro-spinal fluid, isolate poliomyelitis virus [!], do serological tests, and do antibody tests to exclude mumps and herpes simplex.

“We don’t want you notifying polio in children who have been vaccinated for it.”

The new definition of polio is much stricter: confirmed by an accredited laboratory, residual paralysis after sixty days, and accepted by the Poliomyelitis Surveillance Committee.

In India, many who had ten OPV doses have contracted poliomyelitis.

Tonsil removal causes 3-5X the risk of paralysis as it removes protective throat lymph tissue.

VIII) Conclusion and Appendices (pp. 108-122)

Whole careers are built and depend on vaccines.

Adjuvants are vaccines’ ‘dirty little secret’.

Medium 199 is a mix of AAs, mineral salts, vitamins, and the tissue culture medium itself.

Glycol ether damages the bladder.

Vaccination:

1. If there is no benefit, it’s stupid.
2. If there’s minimal benefit, there’s minimal stupidity.
3. If there’s large benefit, it’s a great idea.