Paul Artale 30.10.26

Review: Aaron Siri, *Vaccines, Amen: The Religion of Vaccines*, Injecting Freedom LLC, 2025

Pages: 301

Vaccines Exposed!

Lawyer Aaron Siri does the work most don't want to to separate layers of wool thrown over the vaccine industry by Big Pharma, and confront the vicious hostility from vaccine zealots.

The religion analogy is perfect and provable: vaccine pre-licensure 'safety' testing using *active* placebos is a sham and underpowered; advocacy comes from captured industries and hand-picked spokesmen bought and paid for (there has never been a vaccine they didn't like); and The Science™ is either woefully lacking or non-existent.

Siri identifies and hits all the key issues with prima facie evidence leaving him unanwerable to critics, who are all too painfully aware. This is why they will never debate him (or anyone else knowledgeable on the vaccine scam).

The long term vaccine safety researcher may not find a swathe of new material, but the superb presentation and style of this makes it a go-to summary resource.

Highly recommended.

***

Introduction (pp. 1-6)

I) High Priest: Stanley Plotkin [SP] (pp. 7-30)

SP authored over 900 peer-reviewed articles in medical journals from 1958-2025. He also consulted for Merck, Pfizer, Sanofi, and GSK, receiving $182M in royalties from rubella, rotavirus, and rabies vaccine sales.

Recombivax HB was monitored for just 5 days; Energix-B for four.

Lack of evidence simply means “we don’t know”.

Vaccinologists avoid actual safety studies on claimed harms, then as long as there is no proof of harm, assert the vaccine doesn’t cause harm!

II) <u>Disciples: Vaccinologists</u> (pp. 31-40)

Mechanistic studies seek a specific, underlying biological mechanism at work.

Vaccinologists require mechanistic studies to prove vaccine injury, but for disproving harm nothing is needed!

III) <u>Priests: Medical Profession</u> (pp. 41-44)

IV) <u>Original Sin: 1986 Act</u> (pp. 45-56)

Nobody may bring a claim for “design defect” against a vaccine manufacturer; vaccines really are the only consumer product where a company can harm or kill you or your child with near-complete impunity.

V) <u>The Public Face: Regulators</u> (pp. 57-63)

Since 1986, health authorities did not submit a single biennial report to Congress on what they have done to improve vaccine safety.

VI) <u>The Real Power: Pharma</u> (pp. 64-72)

Vaccinologists who deviate from accepted dogma don’t receive funding, speaking invitations, and are excluded from journals and institutions. They believe their success is due to merit, when it is owed to Pharma’s support.

VII) <u>“Vaccines Save Millions of Lives!”</u> (pp. 73-102)

Those who had measles are less likely to die from heart attack and cancer, and to suffer from chronic disease. In Japan, 100K studied over 21 years showed: 17% reduction in strokes, 20% in CVD, and 29% in heart attacks.

Measles appears to confer a survival advantage. Children also have fewer allergies, asthma, and reduced Parkinson's chances.

The measles vaccine failure rate is 2-10% after two doses.

Fe, C, and B3 treats diphtheria toxin. This is similar to scarlet fever toxin.

The first Hep B shot was created in 1981; in 1986 a new DNA-recombinant one was made without human blood.

The first Hib vaccine was made in 1985

All Cause Mortality avoids all confounding factors.

VIII) "Vaccines Save Millions From Harm!" (pp. 103-120)

The 1990 polio vaccine used modified monkey kidney chromosomes.

Vaccinologists credit the Salk shot with case declines from 1955 to 1957 while blaming the unvaccinated for 1958-1959 case increases despite the overall vaccination rate being much higher.

In 1955, lab confirmation and present residual paralysis were *not* required pre-1955. Post-1955, coxxackie virus and asceptic meningitis were separately diagnose, also, the those who had been vaccinated were assumed to be false positives.

Over 50% of Salk vaccines don't have Type I and II polio antibodies, and 20% lack Type II; Type I causes 85% of paralytic cases!

Salk's vaccine (and the IPV) don't stop transmission.

IX) "Vaccines Prevent Transmission!" (pp. 121-134)

The IPV was phased out in the 1990s in favour of the OPV.

Polio is supposedly transmitted via the fecal-oral route.

OPV generates IgA intestinal lining antibodies like the disease, while the IPV only IgG ones in the blood.

Vaxxed baboons shed pertussis bacteria for 42 days on average; aPVs induce only a systemic immune response … cannot avoid infection and transmission … and do not induce any herd immunity effect. [p125]

The GSK website for its Big Bad Cough campaign: "receive a booster at least 2 weeks before having close contact with an infant."

The tetanus shot is a toxoid vaccine; it only contains antigens to a toxin sometimes released by the bacterium .

The MenACWY shot wanes in under five years.

X) <u>"Vaccines Are Thoroughly Studied Pre-Licensure!"</u> (pp. 135-177)

Vaccines are FDA-safe as long as they don't increase deaths.

IPOL was licensed 1990; it uses cancerous monkey kidney cells in every vial. The Salk vaccine trial used 1999 solution: synthetic tissue medium; ethanol; phenol red; antibiotics; and formalin.

The Varivax 'placebo' was neomycin.

MMR-II was licensed 1975 based on 834 children, no control, and 42 days' observation only.

AAHS: Amorphous Aluminum Hydroxyphosphate Sulfate.

HPV's 'saline placebo' was L-histdine, polysorbate 80, sodium borate, and yeast protein.

Tdap was licensed 2005 with no placebo.

If ethics were a real concern, FDA would require placebo-controlled trials before licensing any new vaccine where none already exists.

"Studies [i.e., those with no true placebo] destined to produce unreliable results should themselves be considered unethical."

Pfizer's COVID-19 trial reported more deaths in the vaccine group than placebo (21 vs 17).

XI) <u>"Vaccines Are Carefully Studied Post-Licensure!"</u> (pp. 178-238)

Neuroinflammation is a know vaccine reaction.

Al adjuvants are taken up by macrophages at the injection site which then travel through the lymph to the brain. This causes a release of interleukin IL-6 and microglial activation, leading to autism.

68% of autistics are aggressive, 52% self-harm, and 40% are nonverbal.

By 2040, societal autism cost will exceed $1T p.a.

Thrombocytopenic purpura: IS attacks the body's own platelets.

VSD: Vaccine Safety Datalink. Contains vaccination history and medical diagnostic codes.

V-Safe: a smartphone-based tool to "quickly tell CDC if you have any side effects after getting a COVID-19 vaccine."

XII) <u>The "Science"</u> (pp. 239-255)

<u>Conclusion/Postscript/Notes</u> (pp. 256-300)

HHS has 62K employees; almost everyone is a hard-core vaccines zealot.

An unvaccinated group is likely to be inherently sicker due to them being frail and refused vaccination.

40% of children have at least one chronic health condition.

Healthy user bias: parents of a vaccine-injured child don't give said child an MMR shot. Those in the MMR shot group not injured then appear 'healthier'.