VACCINE DANGERS AND VESTED INTERESTS

A retired vaccine researcher goes public on what the pharmaceutical industry and the health authorities don't want us to know: that vaccines are unsafe, untested and one of the greatest frauds of our time.

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Statistics and Propaganda

How many Americans really die of the flu each year? Ask the American Lung Association. Better yet, read their own report from August 2004, titled "Trends in Pneumonia and Influenza/Morbidity and Mortality". This report comes from the Research and Scientific Affairs Epidemiology and Statistics Unit. At the bottom of the document, the source is listed as the National Center for Health Statistics, "Report of Final Mortality Statistics, 1979–2001".

Get ready for some surprises, especially since the US Centers for Disease Control (CDC) keeps trumpeting flu-death annual numbers as 36,000. Like clockwork. Year in and year out, 36,000 people in the US die from the flu every year. Killer disease. Watch out! Get your flu shot. Every autumn. Don't wait. You might fall over dead in the street!

Here are the total influenza deaths from the report (from 1979 to 1995, the stats were released every two years): 1979: 604; 1981: 3,006; 1983: 1,431; 1985: 2,054; 1987: 632; 1989: 1,593; 1991: 1,137; 1993: 1,044; 1995: 606; 1996: 745; 1997: 720; 1998: 1,724; 1999: 1,665; 2000: 1765; 2001: 257.

Don't believe me? Here is the page: http://www.lungusa.org/atf/cf/%7B7A8D42C2-FCCA-4604-8ADE-7F5D5E762256%7D/PI1.PDF. Get there and go to page nine of the document. Then start scrolling down until you come to the chart for flu deaths as a separate category.

Recently, Tommy Thompson, head of US Health and Human Services, stated that 91 per cent of the people who die from the flu in the US every year are 65 and older. So you might engage in a little arithmetic and figure out how many people under 65 are really dying from the flu each year. But no matter. The raw all-ages stats are low enough. Quite low enough. Quite, quite.

Do you see what is going on here? You can go into my archive and read recent pieces on this subject and find my argument for those who blithely claim, "Well, harumph, you see, uh, ah, flu often leads to pneumonia and *that's* why we have to be so careful about the flu. Deaths from pneumonia are in large numbers, harumph, blah blah blah..."

It's a straight con, folks. The CDC is on a street corner with a little table, and there are shills walking around repeating the 36,000 deaths figure while the PR flacks at the table are working the vaccine angle. The crowd is getting restless. A man shouts, "Where is my flu shot? We're all going to die!" Meanwhile, on Capitol Hill, Congress is planning a measure that will guarantee vaccine manufacturers annual billion-dollar payoffs, no matter how many doses are left over unused.

Now that a much clearer picture emerges of the low number of flu deaths in the US each year, it's only natural to revisit the issue of vaccines. Minus the hysteria about "high numbers of flu deaths" and the "pressing need to get the vaccine", what we are really dealing with? The answer is PR. Propaganda is being used to artificially inflate flu statistics and thereby drive people into doctors' offices and clinics to get their shots. So what *about* vaccines? How safe and effective are they?

I have long warned about the dangers of vaccines, especially for babies and young children, whose immune systems are not capable of coping with the many contaminants and toxic preservatives in vaccines. There are other reasons why even adults should avoid them. Now, for the first time, a former insider from within the vaccine industry has agreed to talk about the dangers of vaccines.

"Dr Mark Randall" is the pseudonym of a former vaccine researcher who worked for

many years in the laboratories of major pharmaceutical houses and the US government's National Institutes of Health. He is now retired and has reluctantly agreed to speak out. In my opinion, his testimony matches all the other claims that I have studied in past years.

This interview that follows is important not only because of Dr Randall's intimate knowledge of vaccine dangers but for his testimony about the inside workings and cover-ups between government and the vaccine industry—the two sources that keep trying to assure Americans that they can be trusted. This major excerpt is perhaps the best single written summary of the back-up evidence for the case against immunisations.

INTERVIEW WITH A FORMER VACCINE RESEARCHER

Q (Jon Rappoport): You were once certain that vaccines were the hallmark of good medicine.

A (Dr Mark Randall): Yes, I was. I helped develop a few vaccines. I won't say which ones.

Q: Why not?

A: I want to preserve my privacy.

Q: So you think you could have problems if you came out into the open?

A: I believe I could lose my pension.

Q: On what grounds?

A: The grounds don't matter. These people have ways of causing you problems, when you were once "part of the Club". I know one or two people who were put under surveillance, who were harassed.

Q: Harassed by whom?

A: The FBI.

Q: Really?

A: Sure. The FBI used other pretexts. And the IRS can come calling, too.

Q: So much for free speech.

A: I was "part of the inner circle". If now I began to name names and make specific accusations against researchers, I could be in a world of trouble.

Q: Do you believe that people should be allowed to choose whether they should get vaccines?

A: On a political level, yes. On a scientific level, people need information so that they can choose well. It's one thing to say choice is good. But if the atmosphere is full of lies, how can you choose? Also, if the FDA were run by honourable people, these vaccines would not be granted licences. They would be investigated to within an inch of their lives.

Q: There are medical historians who state that the overall decline of illnesses was not due to vaccines.

A: I know. For a long time I ignored their work.

Q: Why?

A: Because I was afraid of what I would find out. I was in the business of developing vaccines. My livelihood depended on continuing that work.

Q: And then?

A: I did my own investigation.

Q: What conclusions did you come to?

A: The decline of disease is due to improved living conditions.

Q: What conditions?

A: Cleaner water. Advanced sewage systems. Nutrition. Fresher food. A decrease in poverty. Germs may be everywhere, but when you are healthy you don't contract the diseases as easily.

Q: What did you feel when you completed your own investigation?

A: Despair. I realised I was working in a sector based on a collection of lies.

Q: Are some vaccines more dangerous than others?

A: Yes. The DPT shot, for example. The MMR. But some lots of a vaccine are more dangerous than other lots of the same vaccine. As far as I'm concerned, all vaccines are dangerous.

Q: Why?

A: Several reasons. They involve the human immune system in a process that tends to compromise immunity. They can actually *cause* the disease they are supposed to prevent.

Q: Why are we quoted statistics which seem to prove that vaccines have been tremendously successful at wiping out diseases?

A: Why? To give the illusion that these vaccines are useful. If a vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a success. But, under the surface, the vaccine can harm the immune system itself. And if it causes other diseases—say, meningitis—that fact is masked, because no one believes that the vaccine can do that. The connection is overlooked.

"[Vaccines] involve the human immune system in a process that tends to compromise immunity. They can actually cause the disease they are supposed to prevent."

Q: It is said that the smallpox vaccine wiped out smallpox in England.

A: Yes. But when you study the available statistics, you get another picture.

Q: Which is?

A: There were cities in England where people who were not vaccinated did not get smallpox. There were places where people who were vaccinated experienced smallpox epidemics. And smallpox was already on the decline before the vaccine was introduced.

Q: So you're saying that we have been treated to a false history.

A: Yes. That's exactly what I'm saying. This is a history that has been cooked up to convince people that vaccines are invariably safe and effective.

Vaccine contamination

Q: Now, you worked in labs where purity is an issue.

A: The public believes that these labs, these manufacturing facilities, are the cleanest places in the world. That is not true. Contamination occurs all the time. You get all sorts of debris introduced into vaccines.

Q: For example, the SV40 monkey virus slips into the polio vaccine.

A: Well yes, that happened. But that's not what I mean. The SV40 got into the polio vaccine because the vaccine was made by using monkey kidneys. But I'm talking about something else. The actual lab conditions. The mistakes. The careless errors. SV40, which was later found in cancer tumours...that was what I would call a structural problem. It was an accepted part of the manufacturing process. If you use monkey kidneys, you open the door to germs which you don't know are in those kidneys.

Q: Okay, but let's ignore that distinction between different types of contaminants for a moment. What contaminants did you find in your many years of work with vaccines?

A: All right. I'll give you some of what I came across, and I'll also give you what colleagues of mine found. Here's a partial list.

In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called "brain-eating" amoeba. Simian cytomegalovirus in polio vaccine. Simian foamy virus in the rotavirus vaccine. Bird-cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I've found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine.

Q: Let me get this straight. These are all contaminants which don't belong in the vaccines.

A: That's right. And if you try to calculate what damage these contaminants can cause, well, we don't really know because no testing has been done, or very little testing. It's a game of roulette. You take your chances. Also, most people don't know that some polio vaccines, adenovirus vaccines, rubella, hep[atitis] A and measles vaccines have been made with aborted human foetal tissue. I have found what I believed were bacterial fragments and polio virus in these vaccines from time to time, which may have come from that foetal tissue. When you look for contaminants in vaccines, you can come up with material that *is* puzzling. You know it shouldn't be there, but you don't know exactly what you've got. I have found what I believed was a very small "fragment" of human hair and also human mucus. I have found what can only be called "foreign protein", which could mean almost anything. It could mean protein from viruses.

"...most people don't know that some polio vaccines, adenovirus vaccines, rubella, hepatitis A and measles vaccines have been made with aborted human foetal tissue."

Q: Alarm bells are ringing all over the place.

A: How do you think I felt? Remember, this material is going into the bloodstream without passing through some of the ordinary immune defences.

Q: How were your findings received?

A: Basically, it was "Don't worry; this can't be helped". In making vaccines, you use various animals' tissue, and that's where this kind of contamination enters in. Of course, I'm not even mentioning the standard chemicals like formaldehyde, mercury and aluminum [aluminium] which are purposely put into vaccines [as preservatives].

Q: This information is pretty staggering.

A: Yes. And I'm just mentioning some of the biological contaminants. Who knows how many others there are. Others we don't find because we don't think to look for them. If tissue from, say, a bird is used to make a vaccine, how many possible germs can be in that tissue? We have no idea. We have no idea what they might be, or what effects they could have on humans.

False assumptions about vaccine safety

Q: And beyond the purity issue?

A: You are dealing with the basic faulty premise about vaccines: that they intricately stimulate the immune system to create the conditions for immunity from disease. That is the bad premise. It doesn't work that way. A vaccine is supposed to "create" antibodies which, indirectly, offer protection against disease. However, the immune system is much larger and more involved than antibodies and their related "killer" cells.

Q: The immune system is...?

A: The entire body, really. Plus the mind. It's all immune system, you might say. That is why you can have, in the middle of an epidemic, those individuals who remain healthy.

Q: So the level of general health is important.

A: More than important. Vital.

Q: How are vaccine statistics falsely presented?

A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then you've concealed the root cause of the problem.

Q: And that happens?

A: All the time. It *has* to happen, if the doctors automatically assume that people who get vaccines *do not* come down with the diseases they are now supposed to be protected from. And that is exactly what doctors assume. You see, it's circular reasoning. It's a closed system. It admits no fault. No possible fault. If a person who gets a vaccine against hepatitis gets hepatitis or gets some other disease, the automatic assumption is that this has nothing to do with the vaccine.

Q: In your years working in the vaccine establishment, how many doctors did you encounter who admitted that vaccines were a problem?

A: None. There were a few [researchers working within drug companies] who privately questioned what they were doing. But they would never go public, even within their companies.

Q: What was the turning point for you?

A: I had a friend whose child died after a DPT shot.

Q: Did you investigate?

A: Yes, informally. I found that this child was completely healthy before the vaccination. There was no reason for his death, except the vaccine. That started my doubts. Of course, I wanted to believe that the child had got a bad shot from a bad lot. But as I looked into this further, I found that was not the case in this instance. I was being drawn into a spiral of doubt that increased over time. I continued to investigate. I found that, contrary to what I thought, vaccines are not tested in a scientific way.

Q: What do you mean?

A: For example, no proper long-term studies are done on any vaccines using a control group. Part of what I mean is, no correct and deep follow-up is done, taking into account the fact that vaccines can induce, over time, various symptoms and serious problems which fall outside the range of the disease for which the person was vaccinated. Again, the assumption is made that vaccines do not cause problems. So why should anyone check? On top of that, a vaccine reaction is defined so that all bad reactions are said to occur very soon after the shot is given. But that does not make sense.

Q: Why doesn't it make sense?

A: Because the vaccine obviously acts in the body for a long period of time after it is given. A reaction can be gradual. Deterioration can be gradual. Neurological problems can develop over time. They do in various conditions, even according to a conventional analysis. So why couldn't that be the case with vaccines? If chemical poisoning can occur gradually, why couldn't that be the case with a vaccine which contains mercury?

Q: And that is what you found?

A: Yes. You are dealing with correlations most of the time. Correlations are not perfect. But if you get 500 parents whose children have suffered neurological damage during a one-year period after having a vaccine, this should be sufficient to spark off an intense investigation.

Q: Has it been enough?

A: No. Never. This tells you something right away.

Q: Which is...?

A: The people doing the investigation are not really interested in looking at the facts. They assume that the vaccines are safe. So, when they *do* investigate, they invariably come up with exonerations of the vaccines. They say, "This vaccine is safe". But what do they base those judgements on? They base them on definitions and ideas which automatically rule out a condemnation of the vaccine.

Q: There are numerous cases where a vaccine campaign has failed, where people have come down with the disease against which they were vaccinated.

A: Yes, there are many such instances. And there the evidence is simply ignored. It's discounted. The experts say, if they say anything at all, that this is just an isolated situation but overall the vaccine has been shown to be safe. But if you add up all the vaccine campaigns where damage and disease have occurred, you realise that these are *not* isolated situations.

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Competing interests

Q: Did you ever discuss what we are talking about here with colleagues when you were still working in the vaccine establishment?

A: Yes, I did.

Q: What happened?

A: Several times I was told to keep quiet. It was made clear that I should go back to work and forget my misgivings. On a few occasions I encountered fear. Colleagues tried to avoid me. They felt they could be labelled with "guilt by association". All in all, though, I behaved myself. I made sure I didn't create problems for myself.

Q: If vaccines actually do harm, why are they given?

A: First of all, there is no "if". They *do harm*. It becomes a more difficult question to decide whether they do harm in those people who seem to show no harm. Then you are dealing with the kind of research which *should* be done, but isn't. Researchers should be probing to discover a kind of map, or flow chart, which shows exactly what vaccines do in the body from the moment they enter. This research has not been done. As to why they are given, we could sit here for two days and discuss all the reasons. As you've said many times, at different layers of the system people have their motives: money, fear of losing a job, the desire to win brownie points, prestige, awards, promotion, misguided idealism, unthinking habit, and so on...

Q: The furore over the hepatitis B vaccine seems one good avenue.

A: I think so, yes. To say that babies must have the vaccine and then, in the next breath, admitting that a person gets hepatitis B from sexual contacts and shared needles is a ridiculous juxtaposition. Medical authorities try to cover themselves by saying that 20,000 or so children in the US get hep B every year from "unknown causes", and that's why every baby must have the vaccine. I dispute that 20,000 figure and the so-called studies that back it up.

Q: Andrew Wakefield, the British MD who uncovered the link between the MMR vaccine and autism, has just been fired from his job in a London hospital.

A: Yes. Wakefield performed a great service. His correlations between the vaccine and autism are stunning...

Q: I know that a Hollywood celebrity, stating publicly that he will not take a vaccine, is committing career suicide.

A: Hollywood is linked very powerfully to the medical cartel. There are several reasons, but one of them is simply that an actor who is famous can draw a huge amount of publicity if he says *anything*. In 1992, I was present at your demonstration against the FDA in downtown Los Angeles. One or two actors spoke against the FDA. Since that time, you would be hard pressed to find an actor who has spoken out in any way against the medical cartel.

Q: Within the National Institutes of Health, what is the mood, what is the basic frame of mind?

A: People are competing for research monies. The last thing they think about is challenging the status quo. They are already in an intramural war for that money. They don't need more trouble. This is a very insulated system. It depends on the idea that, by and large, modern medicine is very successful on every frontier. To admit systemic problems in any area is to cast doubt on the whole enterprise.

You might therefore think that NIH is the last place one should think about holding demonstrations. But just the reverse is true. If five thousand people showed up there demanding an accounting of the actual benefits of that research system, demanding to know what real health benefits have been conferred on the public from the billions of wasted dollars funnelled to that facility, something might start. A spark might go off. You might get, with further demonstrations, all sorts of fallout. Researchers, a few, might start leaking information.

Q: A good idea.

A: People in suits standing as close to the buildings as the police will allow. People in business suits, in jogging suits, mothers and babies. Well-off people. Poor people. All sorts of people.

Q: What about the combined destructive power of a number of vaccines given to babies these days?

A: It is a travesty and a crime. There are no real studies of any depth which have been done on that. Again, the assumption is made that vaccines are safe, and therefore any number of vaccines given together is safe as well. But the truth is, vaccines are *not* safe. Therefore the potential damage increases when you give many of them in a short time period.

Q: Then we have the fall flu season.

A: Yes. As if only in the autumn do these germs float into the US from Asia. The public swallows that premise. If it happens in April, it is a bad cold. If it happens in October, it is the flu.

Q: Do you regret having worked all those years in the vaccine field?

A: Yes. But after this interview, I'll regret it a little less. And I work in other ways. I give out information to certain people when I think they will use it well.

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Burden of proof and the need for studies on vaccine safety

Q: What is one thing you want the public to understand?

A: That the burden of proof in establishing the safety and efficacy of vaccines is on the people who manufacture and license them for public use. Just that. The burden of proof is not on you or me. And for proof you need well-designed, long-term studies. You need extensive follow-up. You need to interview mothers and pay attention to what mothers say about their babies and what happens to them after vaccination. You need all these things—the things that are not there.

Q: The things that are not there.

A: Yes.

Q: To avoid any confusion, I'd like you to review, once more, the disease problems that vaccines can cause—which diseases, how that happens...

A: We are basically talking about two potential, harmful outcomes. One, the person gets the disease from the vaccine. He gets the disease which the vaccine is supposed to protect him from, because some version of the disease is in the vaccine to begin with. Or two, he doesn't get *that* disease, but at some later time, maybe right away, maybe not, he develops another condition which is caused by the vaccine. That condition could be autism—what's called autism—or it could be some other disease like meningitis. He could become mentally disabled.

Q: Is there any way to compare the relative frequency of these different outcomes?

A: No. Because the follow-up is poor. We can only guess. If you ask, out of a population of a hundred thousand children who get a measles vaccine, how many get the measles and how many develop other problems from the vaccine, there is no reliable answer. That is what I'm saying. Vaccines are superstitions. And with superstitions, you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition. But, from many vaccine campaigns we can piece together a narrative that does reveal some very disturbing things. People have been harmed. The harm is real, and it can be deep and it can mean death. The harm is *not* limited to a few cases as we have been led to believe.

In the US, there are groups of mothers who are testifying about autism and childhood vaccines. They are coming forward and standing up at meetings. They are essentially trying to fill in the gap that has been created by the researchers and doctors who turn their backs on the whole thing.

Q: Let me ask you this. If you took a child in, say, Boston and you raised that child with good nutritious food and he exercised every day and he was loved by his parents and he didn't get the measles vaccine, what would be his health status compared with the average child in Boston who eats poorly and watches five hours of TV a day and gets the measles vaccine?

A: Of course there are many factors involved, but I would bet on the better health status for the first child. If he gets measles, if he gets it when he is nine, the chances are it will be much lighter than the measles the second child might get. I would bet on the first child every time.

Q: How long did you work with vaccines?

A: A long time. Longer than ten years.

Q: Looking back now, can you recall any good reason to say that vaccines are successful?

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A: No, I can't. If I had a child now, the last thing I would allow is vaccination. I would move out of the state if I had to. I would change the family name. I would disappear. With my family. I'm not saying it would come to that. There are ways to sidestep the system with grace, if you know how to act. There are exemptions you can declare, in every State, based on religious and/or philosophic views. But if push came to shove, I would go on the move.

Q: And yet there are children everywhere who do get vaccines and appear to be healthy.

A: The operative word is "appear". What about all the children who can't focus on their studies? What about the children who have tantrums from time to time? What about the children who are not quite in possession of all their mental faculties? I know there are many causes for these things, but vaccines are one cause. I would not take the chance. I see no reason to take the chance. And frankly, I see no reason to allow the government to have the last word. Government medicine is, from my experience, often a contradiction in terms. You get one or the other, but not both.

Q: So we come to the level playing field.

A: Yes. Allow those who want the vaccines to take them. Allow the dissidents to decline to take them. But, as I said earlier, there is no level playing field if the field is strewn with lies. And when babies are involved, you have parents making all the decisions. Those parents need a heavy dose of truth. What about the child I spoke of who died from the DPT shot? What information did his parents act on? I can tell you it was heavily weighted. It was not real information.

Q: Medical PR people, in concert with the press, scare the hell out of parents with dire scenarios about what will happen if their kids don't get shots.

A: They make it seem a crime to refuse the vaccine. They equate it with bad parenting. You fight that with better information. It is always a challenge to buck the authorities. And only *you* can decide whether to do it. It is every person's responsibility to make up his[/her] mind. The medical cartel likes that bet. It is betting that the fear will win.

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About the Interviewer:

Jon Rappoport has worked as a freelance investigative reporter for 20 years. He has appeared as a guest on over 200 radio and TV programs, including ABC's *Nightline*, PBS's *Tony Brown's Journal* and *Hard Copy*.

For the last 10 years, Jon has operated largely away from the mainstream. Over the last 30 years, his independent research has encompassed deep politics, conspiracies, alternative health, mind control, the medical cartel, symbology, and solutions to the takeover of the planet by hidden elites. In 1996, Jon started The Great Boycott against eight corporate chemical giants: Monsanto, Dow, DuPont, Bayer, Hoechst, Rhône-Poulenc, Imperial Chemical Industries and Ciba-Geigy. The boycott continues to operate today.

A graduate of Amherst College, Massachusetts, with a BA in Philosophy, Jon is sixty-three and lives with his wife, Dr Laura Thompson, in San Diego, California.

Jon's article "School Violence: The Psychiatric Drugs Connection" was published in NEXUS 6/05. His book *Oklahoma City Bombing* was reviewed in NEXUS 3/02.

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