Vaccination is a barbarous practice and one of the most fatal of all the delusions current in our time. Conscientious objectors to vaccination should stand alone, if need be, against the whole world, in defence of their conviction.

Mahatma Gandhi
Regulation and Results: The Real Cost of Medical Decision-Making in a Commercialized Health Care System

Rima E. Laibow, MD
Medical Director
Natural Solutions Foundation
• Regulators’ decisions flow downstream
• Regulators’ decisions flow downstream
  – Public health officials
• Regulators’ decisions flow downstream
  – Public health officials
  – Medical administrators
• Regulators’ decisions flow downstream
  — Public health officials
  — Medical administrators
  — Clinicians
Theoretically, public health and clinical decision making is informed by
• Theoretically, public health and clinical decision making is informed by

• Science
• Theoretically, public health and clinical decision making is informed by
  • Science
  • Resource management
• In reality, decisions often rest upon
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
• All regulatory and clinical decision-making is flawed
• All regulatory and clinical decision-making is flawed
• Data sets are necessarily incomplete
• All regulatory and clinical decision-making is flawed
• Data sets are necessarily incomplete
• New data constantly available
• National, personal health rests on
• National, personal health rests on effective Medical Education
• National, personal health rests on effective Medical Education

  Good regulatory decision-making
• National, personal health rests on effective Medical Education
  
  ➡️ Good regulatory decision-making
  
  ➡️ Good clinical decision-making
• Regulatory error is inevitable
• Regulatory error is inevitable
• Resultant human suffering drives new regulatory decisions
• Suffering
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION

• Suffering
• Suffering when data and decision-making
• Suffering when data and decision-making are skewed by
First All India Peoples Medical and Health Science Convention

“Vaccines are safe... I promise.”
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
• The results are
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
• Physicians are marginalized
• Physicians are marginalized
• The public pays the price
• Physicians are marginalized
• The public pays the price
  – Chronic disease
Physicians are marginalized

The public pays the price
  – Chronic disease
  – Preventable suffering
• No nation should bear that price
• No nation should bear that price
• No person should bear that price
• No person should bear that price
Before it can be deployed, US law requires every vaccine to be proven.
Before it can be deployed, US law requires every vaccine to be proven safe.
Before it can be deployed, US law requires every vaccine to be proven

– Safe
– Effective
Public health measures, including vaccines, should be cost effective.
• Are vaccines
• Are vaccines
  – Safe?
• Are vaccines
  – Safe?
  – Effective?
• Are vaccines
  – Safe?
  – Effective?
  – Cost Effective?
• Number of vaccines deployed in US proven safe and effective:
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
• Number of vaccines deployed in US proven cost effective
FIRST ALL INDIA PEOPLES MEDICAL AND HEALTH SCIENCE CONVENTION
• In US, vaccine manufacturers profit from
• In US, vaccine manufacturers profit from
  – Development grants
• In US, vaccine manufacturers profit from
  – Development grants
  – Prepayment for vaccines even if never produced
• In US, vaccine manufacturers profit from
  –Total tort indemnity
• In US, vaccine manufacturers profit from
  – Total tort indemnity
  – Downstream profit centers
• Downstream profit centers include
• Downstream profit centers include
  – Cancer/leukemia (e.g., SV40)
• Downstream profit centers include
  – Cancer/leukemia (e.g., SV40)
  – Infertility (e.g., Polysorbate 80)
• Downstream profit centers include
  – Cancer/leukemia (e.g., SV40)
  – Infertility (e.g., Polysorbate 80)
  – Autism (e.g., Thimerasol)
• Downstream profit centers include
  – Cancer/leukemia (e.g., SV40)
  – Infertility (e.g., Polysorbate 80)
  – Autism (e.g., Thimerasol)
  – Alzheimer’s Disease (e.g., Aluminum)
• Few topics engender such outrage and indignation
• Few topics engender such outrage and indignation
   – USA Today: Jail vaccine sceptics
• Few topics engender such outrage and indignation
  – USA Today: Jail vaccine sceptics
  – Guardian: Silence vaccine sceptics
• Few topics engender such outrage and indignation
  – USA Today: Jail vaccine sceptics
  – Guardian: Silence vaccine sceptics
  – NY Times: Silence vaccine sceptics
• Few topics engender such outrage and indignation
  – USA Today: Jail vaccine sceptics
  – Guardian: Silence vaccine sceptics
  – NY Times: Silence vaccine sceptics
  – US Regulations: incarcerate until vaccination is accepted
• Do vaccines prevent disease?
• Do vaccines prevent disease?
• Childhood Diseases
• Do vaccines prevent disease?
• Childhood Diseases
• Meningitis
• Do vaccines prevent disease?
• Childhood Diseases
• Meningitis
• Smallpox
• Do vaccines prevent disease?
  – Childhood Diseases
  – Meningitis
  – Smallpox
  – Polio
• The answer is clear no matter which disease you consider
• The answer is clear no matter which disease you consider
• For example:
• Childhood Diseases
Do vaccines work?
• England, Wales Child mortality
• England, Wales child mortality 1850-1940 x 90%
Infectious diseases
• Infectious diseases
– Scarlet Fever
• Infectious diseases
  – Scarlet Fever
  – Diphtheria
• Infectious diseases
  – Scarlet Fever
  – Diphtheria
  – Pertussis
• Infectious diseases
  – Scarlet Fever
  – Diphtheria
  – Pertussis
  – Measles
• First diphtheria vaccine: early 1940’s
• First diphtheria vaccine: early 1940’s
• First pertussis vaccine: early 1950’s
• First diphtheria vaccine: early 1940’s
• First pertussis vaccine: early 1950’s
• First measles vaccine: late 1960’s
Table 1: Deaths of Children Under 15 Years (England & Wales)

England & Wales: Deaths of Children Under 15 Years
Attributed to Scarlet Fever, Diphtheria, Whooping Cough, and Measles

[Diagram showing the decline in deaths per million children from 1850 to 1965, with a note on mass immunization and a 90% decline between 1850 and 1940.]
• Annual England, Wales whooping cough mortality (under 15) between 1868 - 1953 x 98.5%
Table II: Whooping Cough (England & Wales)

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<table>
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<td>1970</td>
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England & Wales: Mean Annual Death Rate of Children Under 15 Due to Whooping Cough

- 86.6% Decline 1868-1963
- Immunization Generally Available
Annual pediatric measles mortality in UK and Wales from over 1,100/Million in mid-19th century to virtually 0 by mid 1960’s
• Annual pediatric measles mortality in UK and Wales from over 1,100/Million in mid-19th century to virtually 0 by mid 1960’s prior to immunization
Table III: Measles (England & Wales)

England & Wales: Mean Annual Death Rate of Children Under 15 Due to Measles

- Year 1850: 1600 deaths per million children
- Year 1900: 1200 deaths per million children
- Year 1950: 1000 deaths per million children
- Year 1970: 0 deaths per million children

- Virtual 100% Decline 1855-1965
- Immunization Began

• England, Wales smallpox mortality steady from 300/Million to virtually 0 in 60 years post 1850
• When smallpox vaccination rules enforced by government, smallpox mortality by 275%
Table IV: Smallpox (England & Wales)
Australia: 2/3 in infectious childhood diseases 1881-1971
Australia: 2/3 in infectious childhood diseases 1981-1971 BEFORE immunizations introduced
Table V: Infant Mortality Rate (Australia)

Australia 1881-1975: Infant Mortality Rate
(Deaths Under 1 Year/1,000 Live Births)
• US tuberculosis, typhoid infant mortality despite
• US tuberculosis, typhoid infant mortality despite
  – no vaccine (tuberculosis 96%)
• US tuberculosis, typhoid infant mortality despite
  – no vaccine (tuberculosis 96%)
  – ineffective vaccine (typhoid 100%)
• US tuberculosis, typhoid infant mortality despite
  – no vaccine (tuberculosis 96%)
  – ineffective vaccine (typhoid 100%)
Table VI: Declining Death Rates (US)

Declining Death Rates Attributable to Infectious Diseases of Infancy and Childhood*

*No immunization against TB has been adopted in the US. The effectiveness of typhoid vaccine is questionable.
• England, Wales respiratory tuberculosis mortality ↓87% 1855-1947 (introduction of antibiotics)
• England, Wales respiratory tuberculosis mortality ↓ 93% further decline
• England, Wales respiratory tuberculosis mortality ↓ 93% further decline BEFORE introduction of BCG vaccine
Table VII: Declining Death Rates (England)

England 1855-1964: Decennial Death Rates From Respiratory Tuberculosis

![Graph showing declining death rates from respiratory tuberculosis in England from 1855 to 1964, with notable events such as World War I and II and the introduction of antibiotics and BCG vaccination marked.](image_url)
• Vaccines do not prevent disease
Diseases are prevented by

- Hygiene
- Clean Water
- Adequate Nutrition
- Immune Support
• Diseases are prevented by
  – Hygiene
Diseases are prevented by
– Hygiene
– Clean Water
• Diseases are prevented by
  – Hygiene
  – Clean Water
  – Adequate Nutrition
• Diseases are prevented by
  – Hygiene
  – Clean Water
  – Adequate Nutrition
  – Immune Support
• Do vaccines eradicate diseases?

- Smallpox
- Polio

• Last endemic case, Somalia 1977
• "No new cases after 1978"
• Do vaccines eradicate diseases?
  – Smallpox
• Do vaccines eradicate diseases?
  – Smallpox
  – Polio
• Smallpox
• Last endemic smallpox case, Somalia 1977
• Last endemic smallpox case, Somalia 1977
• “No new cases after 1978” WHO
• Have smallpox and polio really been eradicated?
Table VIII: Number of Countries Reporting Smallpox

"Smallpox" changed to "Monkeypox"?
• Monkey pox identified in 1970
• Monkey pox identified in 1970
• Clinically indistinguishable
• Monkey pox identified in 1970
• Clinically indistinguishable
• NEJM: 511 cases of monkey pox
• Monkey pox identified in 1970
• Clinically indistinguishable
• NEJM: 511 cases of monkey pox
• Most proven to be smallpox
• Political, educational pressure to diagnose monkey pox
• Political, educational pressure to diagnose monkey pox because “smallpox has been eradicated”
• Political, educational pressure to diagnose monkey pox because “smallpox has been eradicated”

• Larry Brilliant, MD, intentionally created confusing deception for WHO
• Polio
• “Polio incidence 99+% since eradication efforts began 1988
• “Polio incidence 99+% since eradication efforts began 1988
• India declared “Polio Free” March 27, 2014
Last endemic case, Somalia 1977

No new cases after 1978
• Non Polio Acute Flaccid Paralysis (NPAFP) tells a different story
• Non Polio Acute Flaccid Paralysis (NPAFP) tells a different story
• Twice as deadly as wild type polio
• In 13 months prior to being declared “polio free”
• In 13 months prior to being declared “polio free” 53,363 new NPAFP cases diagnosed
• In 13 months prior to being declared “polio free” 53,363 new NPAFP cases diagnoses
• Vaccination rates/NPAFP cases show a direct linear relationship
• Absent polio vaccination:
• Absent polio vaccination:
  National rate NPAFP
  2/100,000 children
• Absent polio vaccination: National rate NPAFP 2/100,000 children
• With polio vaccination:
• Absent polio vaccination: National rate NPAFP 2/100,000 children
• With polio vaccination: National rate NPAFP 13.7/100,000 children
• Polio vaccination rate
• Polio vaccination rate
  – Uttar Pradesh
• Polio vaccination rate
  – Uttar Pradesh
  – 2nd Bihar
• NPAFG incidence
• NPAFG incidence
  – Uttar Pradesh 34/100,000 children
• NPAFG rate
  – Uttar Pradesh 34/100,000
  – Bihar 21/100,000 children
• NPAFP indistinguishable from polio
• NPAFP indistinguishable from polio
• Including presence of polio virus
The oral polio vaccine is so easy to administer, even non-doctors can give it. Bill Gates administering the oral polio vaccine in India.
NPAFP = Polio
• Vaccines do not eradicate disease
• Diseases are eradicated by

- Hygiene
- Clean Water
- Adequate Nutrition
- Immune Support
• Diseases are eradicated by
  – Hygiene
• Diseases are eradicated by
  – Hygiene
  – Clean Water
• Diseases are eradicated by
  – Hygiene
  – Clean Water
  – Adequate Nutrition
• Diseases are eradicated by
  – Hygiene
  – Clean Water
  – Adequate Nutrition
  – Immune Support
• Are vaccines cost effective?
• Every vaccine examined closely has enormous direct and hidden costs associated with it
• Every vaccine examined closely has enormous direct and hidden costs associated with it.

• No vaccine deployed in US has ever been shown to be either safe or effective.
• Chickenpox
• Chickenpox vaccine (Merck’s Varivax®) provides poor protection
• Chickenpox vaccine (Merck’s Varivax®) provides poor protection
• Booster shot added despite lack of scientific support for vaccine OR booster
• Varivax® use increases shingles cases in children, elderly
• Varivax® use increases shingles cases in children, elderly
• Excess cost of shingles just in elderly
• Varivax® use increases shingles cases in children, elderly
• Excess cost of shingles just in elderly: more than $700 Million US per year
Total increased cost of chickenpox vaccine exceeds $1Billion US/year
• Total increased cost of chickenpox vaccine exceeds $1Billion US/year
• CDC’s ACIP continues to recommend vaccine and booster shots
• Influenza vaccines are a scientific failure
Like pertussis, measles, chickenpox and meningitis, etc., CDC’s ACIP recommends their use absent scientific justification.
• CDC/FDA have admitted that the influenza vaccine offers no clinical benefit
CDC/FDA have admitted that the influenza vaccine offers no clinical benefit

Continue to recommend its use
• If recommended 2015 schedules are followed for influenza vaccines alone US government will collect over $100 Million US in fees
• Meningitis vaccine approved as one shot, life-time protection for 11-12 year olds or 13-18 year olds who missed vaccination
• Second dose for college freshman and
• Second dose for college freshman and
• All 16 year olds
• Cost/dose = $150 US
• Cost/dose = $150 US
• Minimum 4,000,000 per year since approval (2004)
• Cost/dose = $150 US
• Minimum 4,000,000 per year since approval (2004)
• *Unsubstantiated* 85% effectiveness rate claimed by manufacturer
• Average **maximum** disease 0.67 strain-prevalence fraction for the covered strains
• Average **maximum** disease 0.67 strain-prevalence fraction for the covered strains

• Assuming 100% coverage rate, the mass vaccination program would
–Prevent less than 57% of meningitis seen annually in US
–Prevent less than 57% of meningitis seen annually in US

• Average cost $600 Million US/year
–Prevent less than 57% of meningitis seen annually in US

• Average cost $600 Million US/year

–Ignoring 2nd shot for college students
• Current costs for meningitis vaccination exceeds $1 Billion US/year
• Before 2004 vaccine approval, there were 1,360 cases of meningococcal meningitis
• By 2008
• By 2008
  – 41.8% 13-18 year olds vaccinated
• By 2008
  – 41.8% 13-18 year olds vaccinated
  – 1170 cases
• By 2008
  – 41.8% 13-18 year olds vaccinated
  – 1170 cases
  – Reduction of, at most, 190 cases
By 2008

- 41.8% 13-18 year olds vaccinated
- 1170 cases
- Reduction of, at most, 190 cases
- Cost/case reduced: $1.4 Million US
• Mortality at most 10%
• Mortality at most 10%
• 19 deaths theoretically prevented
• Mortality at most 10%
• 19 deaths theoretically prevented
• Cost/“prevented” death: $14Million US
• HOWEVER CDC claimed 9 lives had been saved
• HOWEVER CDC claimed 9 lives had been saved
• Cost/“prevented” death: $30 Million US
• Despite public hysteria, CDC reports cases continue to decline and are now at lowest level in 67 years
• Despite public hysteria, CDC reports cases continue to decline and are now at lowest level in 67 years
• If we include the cost of adverse events, the numbers become even more unsustainable
• Using the most industry-friendly numbers,
• Using the most industry-friendly numbers, from 2005-2010 the following meningitis vaccine related adverse events were reported to VAERS
–20 deaths
– 20 deaths
– 98 life-threatening adverse events
– 20 deaths
– 98 life-threatening adverse events
– 49 cases of permanent disability
– 20 deaths
– 98 life-threatening adverse events
– 49 cases of permanent disability
– 3007 hospitalizations
—20 deaths
—98 life-threatening adverse events
—49 cases of permanent disability
—3007 hospitalizations
—19 extended hospitalizations
– 20 deaths
– 98 life-threatening adverse events
– 49 cases of permanent disability
– 3007 hospitalizations
– 19 extended hospitalizations
– 2,412 emergency-room visits
Thus, to save 130 *N. meningitides* infections and CDC’s “about 9 deaths” annually,
Thus, to save 130 N. meningitides infections and CDC’s “about 9 deaths” annually,

The current ‘one dose’ vaccination program at an uptake level of about 70% annually causes
More than 66 deaths
First All India Peoples Medical and Health Science Convention

- More than 66 deaths
- 161 disabilities
– More than 66 deaths
– 161 disabilities
– 312 life threatening events
More than 66 deaths
161 disabilities
312 life threatening events
1,006 hospitalizations
– More than 66 deaths
– 161 disabilities
– 312 life threatening events
– 1,006 hospitalizations
– 7,900 emergency room visits
• Closely examined, every vaccination program is at least this bad
• Closely examined, every vaccination program is at least this bad
• Many, like the HPV vaccines, are far worse
• Regulation based on commercial interests creates ongoing preventable tragedy of unthinkable magnitude
• Irresponsible regulatory decisions are made on the basis of
–Financial and personal emoluments
Acceptance of politically and commercially useful pseudoscience
Absence of rigorous independent replication of claimed test and trial results
• Applicants for vaccine approval are permitted to
Make unsubstantiated claims of vaccine effectiveness based on anti-body titer
– Make unsubstantiated claims of vaccine effectiveness based on anti-body titer
– Ignore the costs of the adverse events associated with vaccination
–Make unproven claims as to
–Make unproven claims as to
•level of disease protection provided
–Make unproven claims as to
  • level of disease protection provided
  • duration of the protection provided by the vaccination series proposed
—Using the above, define the cost of any vaccination program in a manner that justifies the list price proposed by the manufacturer of the vaccine
• Applicants are not required to study or provide
• Applicants are not required to study or provide
  – In-use performance of the vaccine
• Applicants are not required to study or provide
  – In-use performance of the vaccine
  – Delayed-adverse-reaction profile for the vaccine
Applications are rubber-stamped by deeply conflict-of-interest-ridden ACIP
• When a vaccine fails, ACIP adds so-called “booster” shots to the schedule
The oral polio vaccine is so easy to administer, even non-doctors can give it. Bill Gates administering the oral polio vaccine in India.
• In addition to direct and hidden vaccine program costs, vaccine manufacturers profit from
–Downstream illnesses caused by their products
– Downstream illnesses caused by their products
– Development grants and subsidies
– Downstream illnesses caused by their products
– Development grants and subsidies
– Payments for vaccines never produced
– Total tort protection (vaccines are an uninsurable risk like nuclear power plants)
–Total tort protection (vaccines are an uninsurable risk like nuclear power plants)
–Unlimited propaganda support
• Solutions exist
• Solutions exist
  – Safe
• Solutions exist
  – Safe
  – Simple to use
• Solutions exist
  – Safe
  – Simple to use
  – Scientifically validated
• Solutions exist
  – Safe
  – Simple to use
  – Scientifically validated
  – Cost effective
• Nutrient Nano Silver 10 PPM
Nutrient Nano Silver 10 PPM
– 1000+ scientific studies
• Nutrient Nano Silver 10 PPM
  – 1000+ scientific studies
  – Effective nutrient immune system support against every known pathogen
Nutrient Nano Silver 10 PPM

- 1000+ scientific studies
- Effective nutrient immune system support against every known pathogen
- Provides powerful immune support
• Nutrient Nano Silver 10 PPM – Self-sterilizing
• Nutrient Nano Silver 10 PPM
  – Self-sterilizing
  – Totally non-toxic for the entire community
Nutrient Nano Silver 10 PPM
  - Self-sterilizing
  - Totally non-toxic for the entire community
  - No nutrient-drug or nutrient-nutrient interactions
• Nutrient Nano Silver 10 PPM
– Cleared in 2 hours
• Nutrient Nano Silver 10 PPM
  – Cleared in 2 hours
  – Eliminated totally in 24 hours
• Nutrient Nano Silver 10 PPM
  – Cleared in 2 hours
  – Eliminated totally in 24 hours
  – Made in India
• What would the consequences for India be if...
• What would the consequences for India be if
  – Money wasted on vaccine programs were used for better hygiene, water, food?
• What would the consequences be for India if
  – Every home in India had a 250cc bottle of Nano Silver 10 PPM?
• What would the consequences be for India if
  – Every home in India had a 250cc bottle of Nano Silver 10 PPM?
  – Everyone knew how to use it for any infection or parasitic disease?
• What would the consequences be for India if
  – Infectious and parasitic diseases were eliminated?
What would the consequences be if

– Infectious and parasitic diseases were eliminated?
– India’s health were in India’s hands?
• Full Disclosure
• Natural Solutions Foundation, www.DrRimaTruthReports.com, is a private NGO based in the United States with world wide health freedom activities.
• I am the Medical Director of the Natural Solutions Foundation which makes our own brand of Nano Silver 10 PPM available to our supporters in the United States. I am also a trustee of the Institute for Health Research. I have no financial interests in the vaccine or health care industries.