







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

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 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























 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 decisionmaking







 National, personal health rests on effective Medical Education



Good regulatory decisionmaking



Good clinical decision-making







Regulatory error is inevitable







- Regulatory error is inevitable
- Resultant human suffering drives new regulatory decisions







Suffering















Suffering when data and decision-making





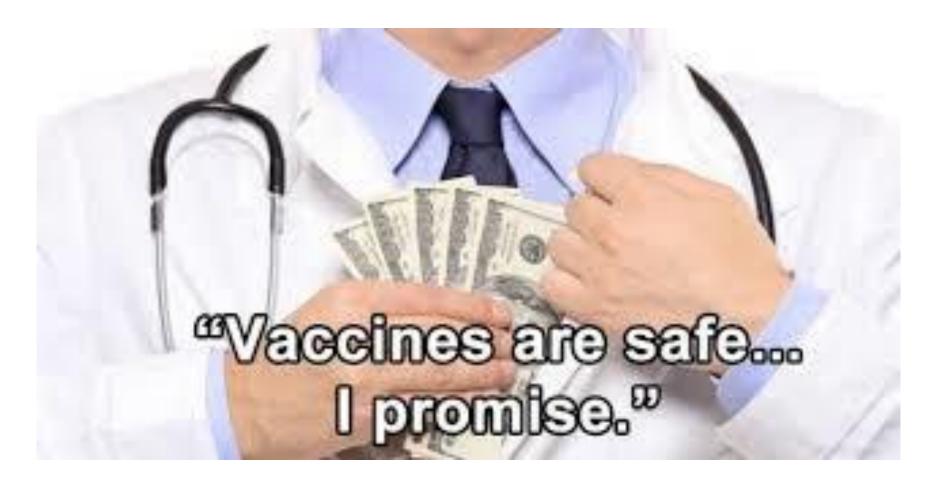


 Suffering when data and decision-making are skewed by























The results are







































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

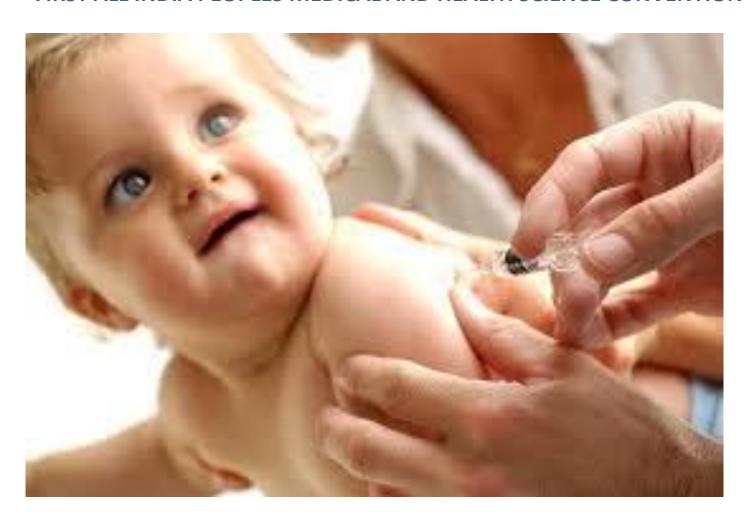
price

















 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:















 Number of vaccines deployed in US proven cost effective















 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

-Cancer/leukemia (e.g., SV40)







- -Cancer/leukemia (e.g., SV40)
- -Infertility (e.g., Polysorbate 80)







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- -Infertility (e.g., Polysorbate 80)
- -Autism (e.g., Thimerasol)







- -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







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 - –USA Today: Jail vaccine sceptics







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 - —Guardian: Silence vaccine sceptics







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 - -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







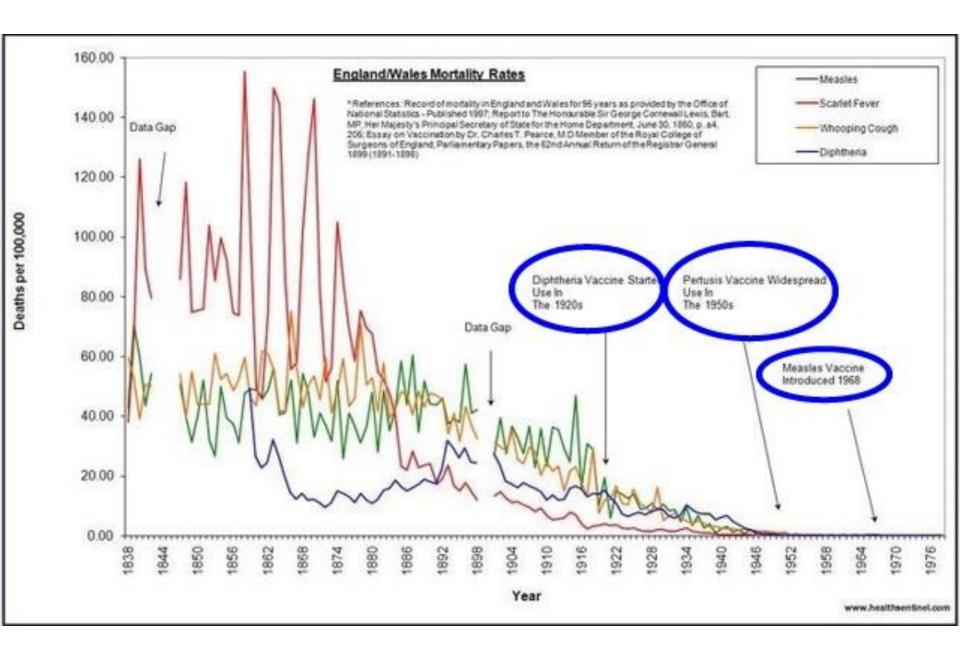
- The answer is clear no matter which disease you consider
- For example:







Childhood Diseases









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

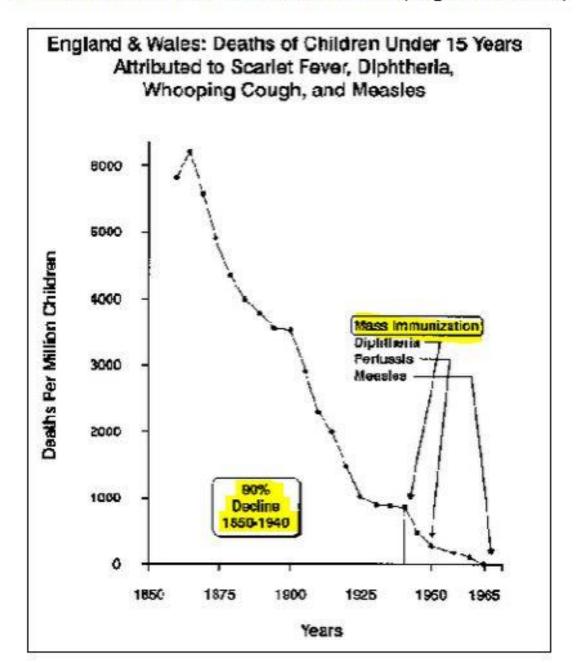






- First diphtheria vaccine: early 1940's
- First pertussis vaccine: early 1950's
- First measles vaccine: late 1960's

Table 1: Deaths of Children Under 15 Years (England & Wales)



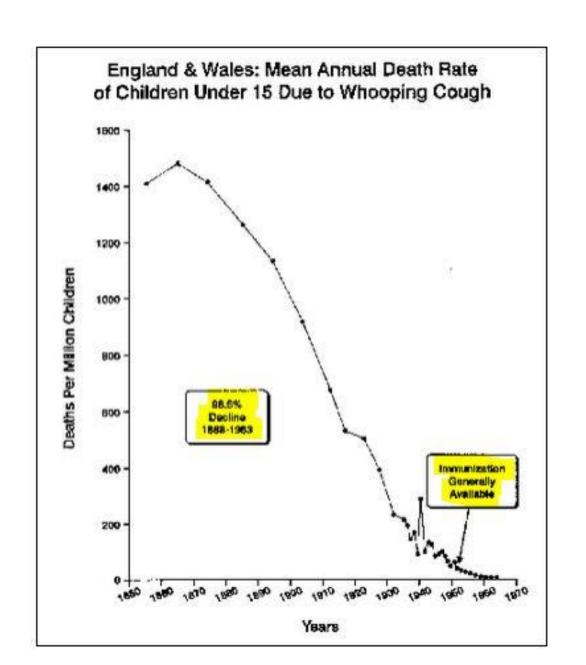






Annual England, Wales whooping cough mortality (under 15) between 1868 - 1953 x 98.5%

Table II: Whooping Cough (England & Wales)









 Annual pediatric measles mortality in UK and Wales from over 1,100/Million in mid-19th century to virtually 0 by mid 1960's

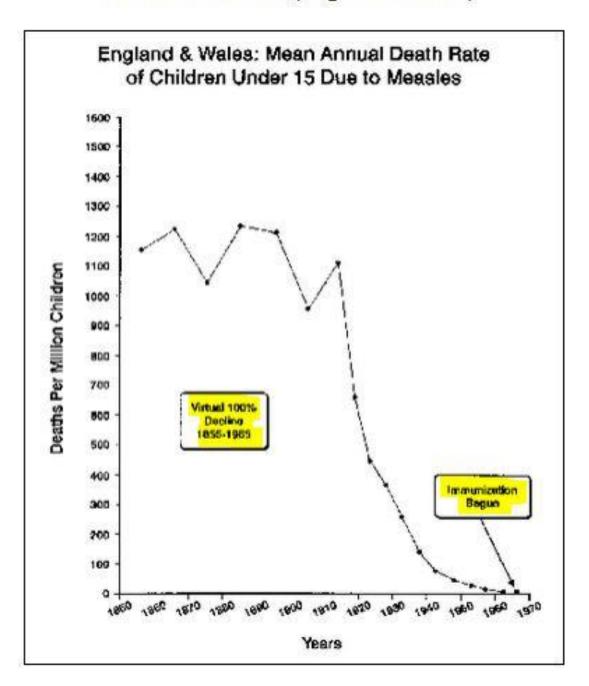






 Annual pediatric measles mortality in UK and Wales from over 1,100/Million in mid-19th century to virtually 0 by mid 1960's prior to immunization

Table III: Measles (England & Wales)









England, Wales smallpox
 mortality > steady from
 300/Million to virtually 0 in 60
 years post 1850

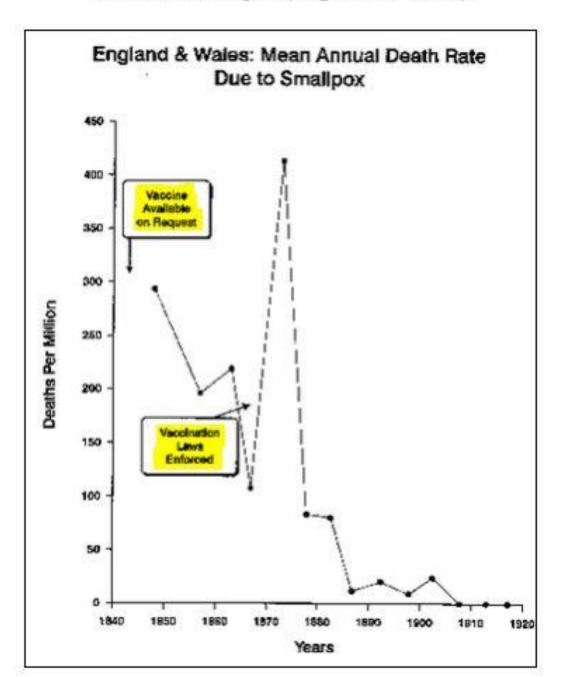






 When smallpox vaccination rules enforced by government, smallpox mortality by 275%

Table IV: Smallpox (England & Wales)









• Australia: 2/3 in infectious childhood diseases 1881-1971

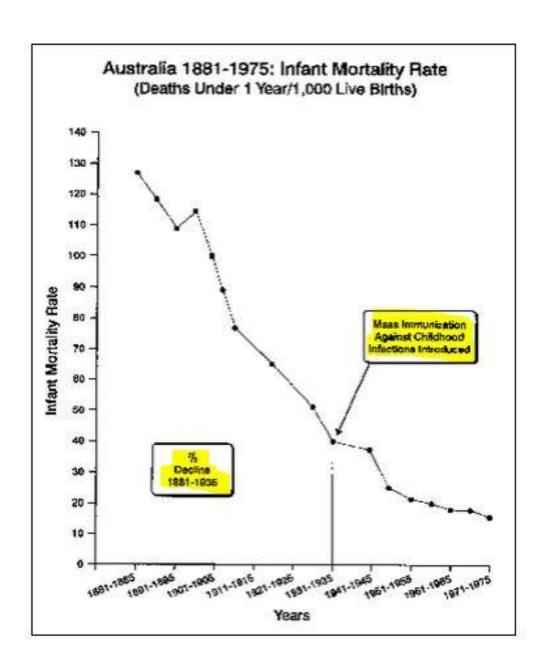






 Australia: 2/3 in infectious childhood diseases 1981-1971
 BEFORE immunizations introduced

Table V: Infant Mortality Rate (Australia)









• 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%)

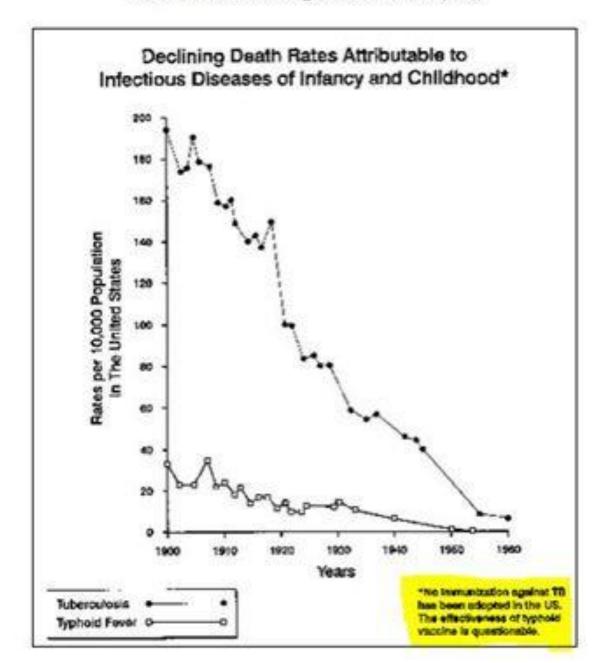






- US tuberculosis, typhoid infant mortality despite
 - -no vaccine (tuberculosis 96%)
 - -ineffective vaccine (typhoid 100%)

Table VI: Declining Death Rates (US)









 England, Wales respiratory tuberculosis mortality 87% 1855-1947 (introduction of antibiotics)







 England, Wales respiratory tuberculosis mortality 93% further decline

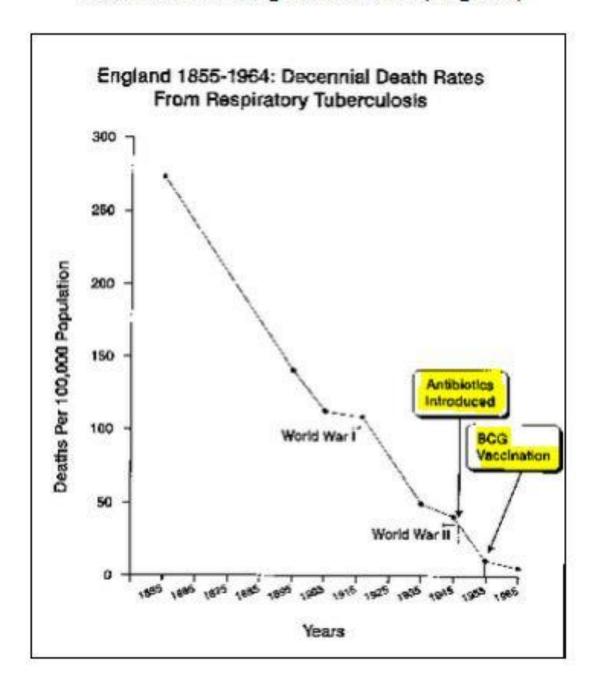






 England, Wales respiratory tuberculosis mortality 93% further decline BEFORE introduction of BCG vaccine

Table VII: Declining Death Rates (England)









 Vaccines do not prevent disease







Diseases are prevented by







- 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?







- 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

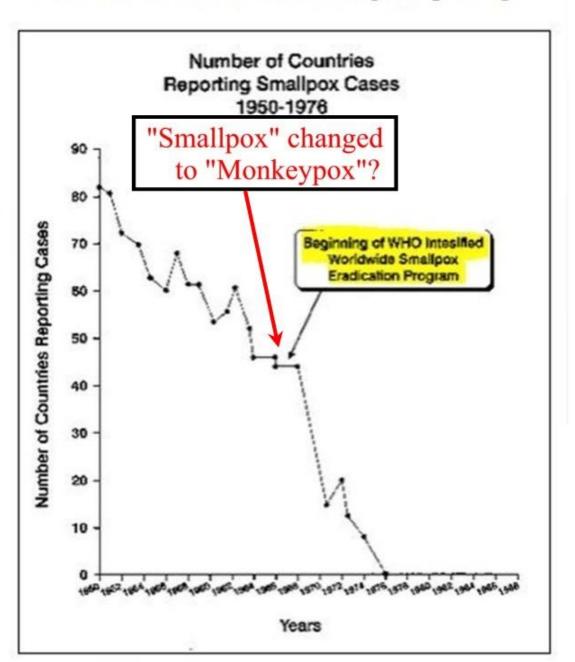






 Have smallpox and polio really been eradicated?

Table VIII: Number of Countries Reporting Smallpox









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







BUT















 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









Polio vaccination rate









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







- Diseases are eradicated by
 - -Hygiene







- Diseases are eradicated by
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- Diseases are eradicated by
 - -Hygiene
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- 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 iustification







 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







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 - -1170 cases







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 - -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







- -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 rubberstamped by deeply conflict-ofinterest-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

-Safe







- -Safe
- -Simple to use







- -Safe
- -Simple to use
- -Scientifically validated







- -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 nutrientnutrient 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, <u>www.DrRimaTruthReports.com</u>, 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.