

Are Vaccines Safe and Effective?

Unavoidably Unsafe and Effectiveness Unproven

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Founder's Inn Virginia Beach Summit
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Bio and Background

- 31 years private pediatrics practice
- 11 years academic pediatrics
- 6 ½ years Integrative Pediatrics Practice
- Experience working with vaccine injured and autistic children
- Expert witness Pa 2022 on mRNA shots for adolescent males

Disclaimer

- This information is solely for the purpose of promoting Informed Consent and not to be considered medical advice.
- Any decision concerning whether to take or not take any vaccines or other medical treatments should be discussed with your personal medical professional.
- I grew up receiving recommended vaccines, never hesitated to vaccinate our children likewise, and only until the Covid pandemic and controversies about the warp-speed mRNA platform vaccines began to question seriously vaccine safety and effectiveness.

Merriam Webster Definition of Safe

Free from risk

safer; safest

[Synonyms of safe >](#)

NEW

Simple Definition



1 : free from harm or risk : **UNHURT**

2 a : secure from threat of danger, harm, or loss

b : successful at getting to a base in baseball without being put out

3 : affording **safety** or security from danger, risk, or difficulty

4 **obsolete, of mental or moral faculties** : **HEALTHY, SOUND**

5 a : not threatening danger : **HARMLESS**

b : unlikely to produce controversy or contradiction

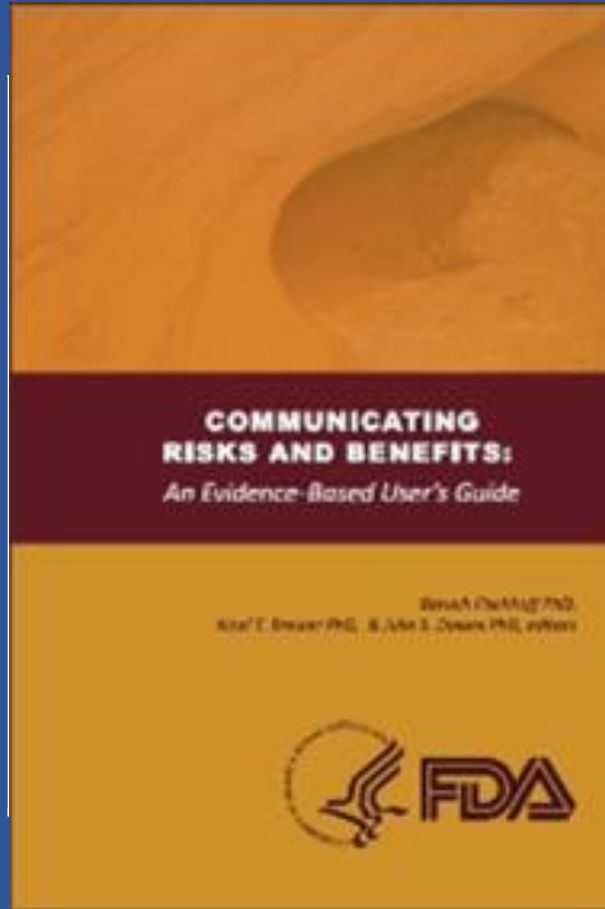
6 a : not likely to take risks : **CAUTIOUS**

b : **TRUSTWORTHY, RELIABLE**

Efficacy vs Effectiveness

- Efficacy = How well something works under ideal (i.e. theoretical) conditions. Effectiveness = How well it performs in the uncontrolled, real world (PubMed Central (PMC) <https://pmc.ncbi.nlm.nih.gov>)
- Two alternative legitimate methods of presenting data –
ARR (Absolute Risk Reduction) and RRR (Relative Risk Reduction)
- RRR misleading, exaggerates real-world understanding of effectiveness
- ARR recommended by FDA-published Guide for professionals

FDA User Guide for Professionals



An FDA-published User Guide for professionals states unequivocally that whenever conveying benefit vs risk information applied to an individual, as opposed to population effects, it is important to use ARR, as opposed to RRR. They state that

“Patients are unduly influenced when risk information is presented using a relative risk approach; this can result in suboptimal decisions. Thus, an absolute risk format should be used.” (emphasis added)

Hypothetical Data-set

Absolute vs Relative Risk Reduction

- Close to actual data from Pfizer documents on clinical trial data released only after court order after FDA and Pfizer sought to postpone release of data for 75 years

Hypothetical Data-set RRR vs ARR

Assume that 10,000 individuals receive a placebo injection and another 10,000 are given a dose of vaccine for CoVID-19 - and that the number of new infections with the SARS CoV-2 virus is determined over the next 4 months confirmed by a PCR test in both groups.

Assume further that there are 100 cases of infection in the placebo group vs only 10 in the treatment group. The RRR would be 90%.

The ARR is 90 cases prevented among the 10,000 given the vaccine - 9 per thousand, or 0.9 percent. The ARR is 0.9%

Actual Pfizer and Moderna data

In a paper describing how Pfizer/BioNTech and Moderna presented their clinical trial data only in the relative risk reduction manner (RRR), “selective reporting of vaccine efficacy measures causes a type of reporting bias that misrepresents health information revealed to the public.”

- - - **Outcome Reporting Bias in COVID-19 Vaccine Clinical Trials. Ronald B. Brown. Medicina 2021, 57(3)**
- **<https://www.mdpi.com/1648-9144/57/3/199>**

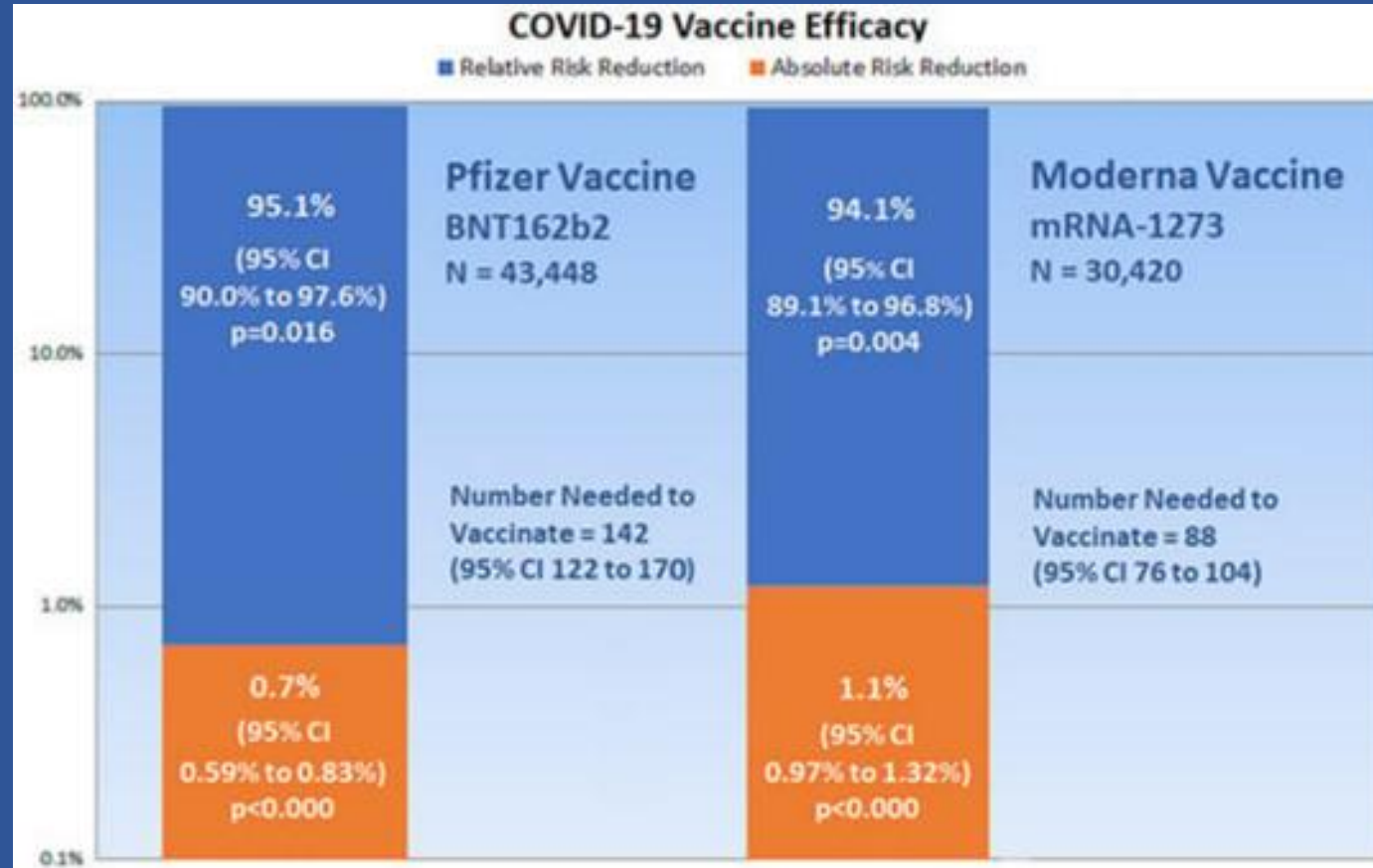
For the Pfizer vaccine, RRR was 95.1%, but the corresponding ARR was 0.7%. For the Moderna vaccine, RRR was 94.1% compared to ARR of only 1.1%. (See following graphic presentation of data)

COVID-19 Vaccine Efficacy

Relative Risk Reduction

Absolute Risk Reduction

(Logarithmic scale)



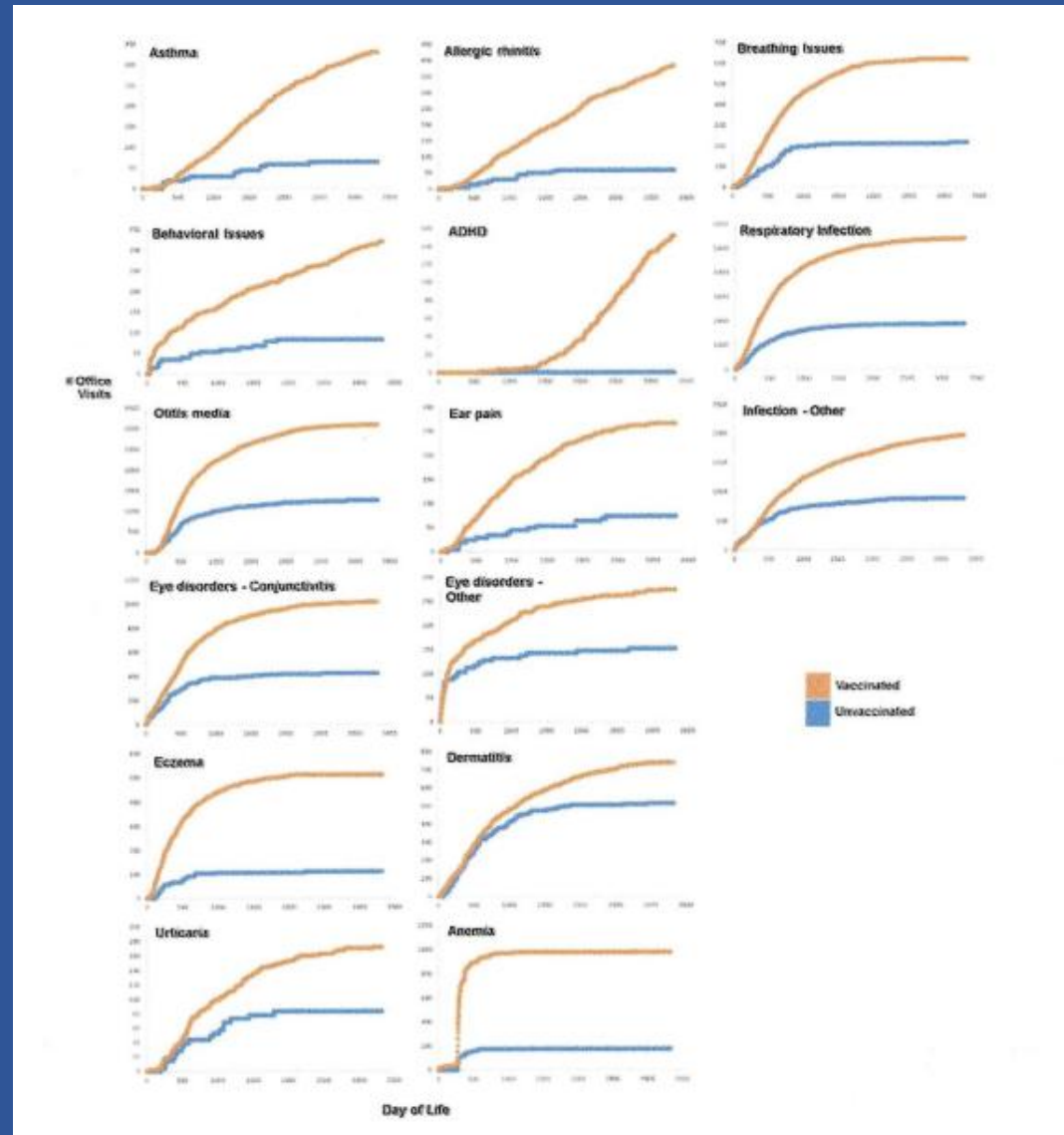
Vaccinated vs Unvaccinated Comparisons

- None of the CDC-recommended vaccines were tested vs true placebo
 - - - *Turtles All the Way Down Vaccine Science and Myth (2022) Co-edited by Mary Holland and Zoey O'Toole*
- 12 published studies comparing outcomes between vaccinated and unvaccinated children – ALL show marked advantage for outcome measures among the unvaccinated.
- Sources had no vested financial or career interests, in fact risks for both of these
- - - - *Vax-Unvax Let the Science Speak (2023) by RFK, Jr and Brian Hooker, PhD*

Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses

James Lyons-Weiler and Paul Thomas

International Journal of Environmental Research and Public Health 22 November, 2020



15 Outcome Measures

Lyons-Weiler and Thomas Study

Asthma	Allergic rhinitis	Breathing issues
Behavioral issues	ADHD	Respiratory infection
Otitis media	Ear pain	Infection - other
Eye disorders - Conjunctivitis	Eye disorders - Other	Eczema
Dermatitis	Urticaria	Anemia

Unpublished Vax-Unvax Study

Henry Ford Zervos et al.

<https://www.aninconvenientstudy.com> 1:22 hour documentary

- Recorded dinner conversation between film producer Del Bigtree and Dr. Zervos in 2016 when Bigtree challenged Zervos to do the study
- Dr. Zervos agreed and indicated determination to publish results regardless of outcome
- After a two-year delay and no study, Bigtree arranged for attorney Aaron Siri to meet with Dr Zervos in about 2017. Agreement resulted to use the Henry Ford data to study outcomes in vaccinated vs unvaccinated subjects
- Outcome data were accumulated from almost 2,000 unvaccinated subjects compared with about 16,500 vaccinated subjects born between 2,000 and 2016 in the Henry Ford Health network and receiving all their medical care within the system
- Study investigators expressed confidence the study would support safety and effectiveness of vaccines – The Henry Ford system is highly regarded and has a known strong positive bias toward vaccines.

Zervos Henry Ford Study

Study Completed in 2020, but not submitted for publication

- .Despite prior commitment to publish regardless of outcome
- Concern expressed over threats to career and reputation if published
- After data compilation and analysis, initial assessment was that study was designed well.
- Later publicity about the public domain released study was followed by claims on the part of Henry Ford and investigators of study deficiencies.
- Study findings were presented by Aaron Siri at Senate Subcommittee Hearing on 9/9/25 and entered into the Congressional Record.

Zervos Henry Ford Study Key Findings

A Peer-Review of the Vaccinated vs. Unvaccinated Study Discussed at the Senate Hearing on September 9, 2025. IJVTPR

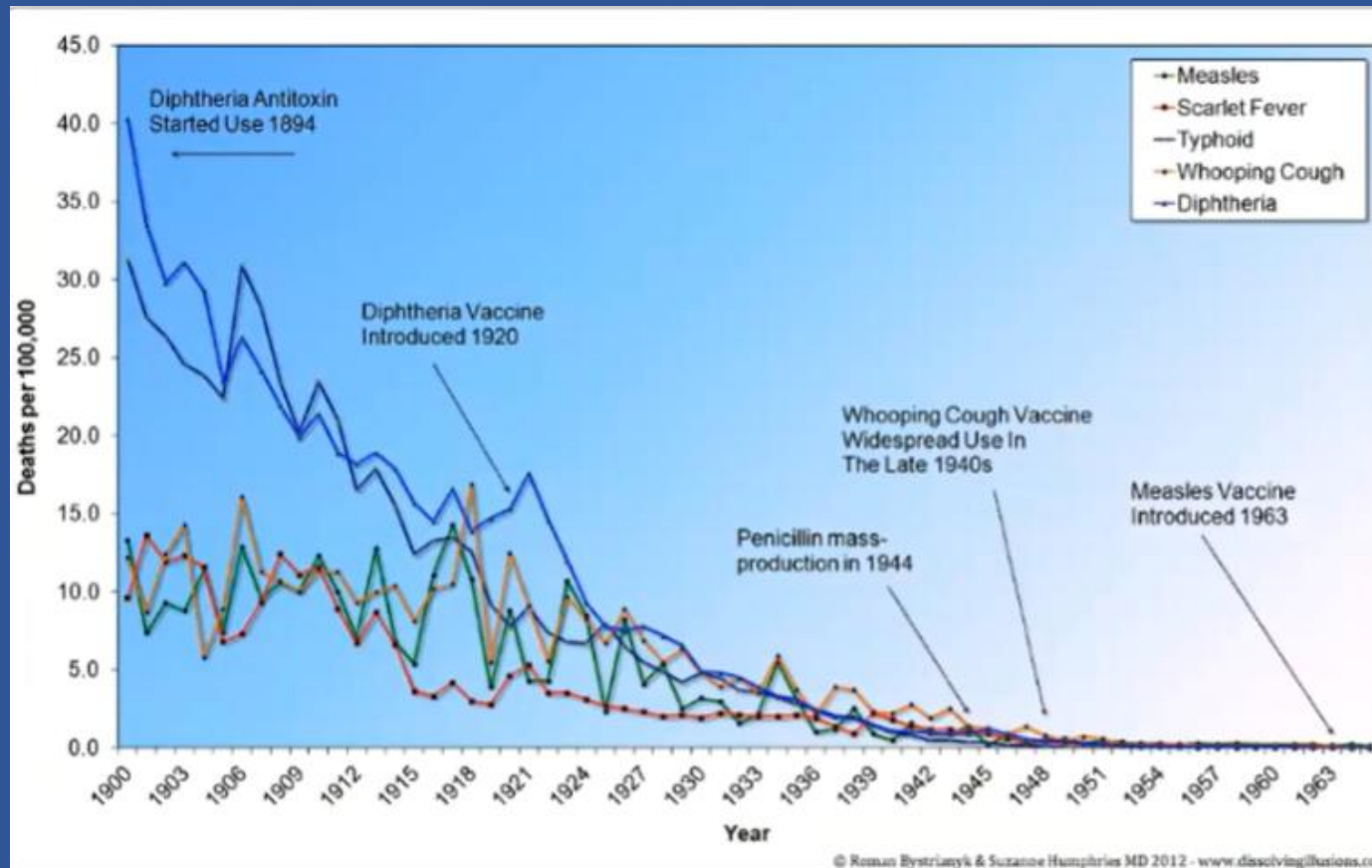
<https://ijvtpr.com/index.php/IJVTPR/article/view/125>

- At least a 2.5-fold increase in chronic conditions among the vaccinated cohort
- Symptoms of neuropathies in the autism spectrum increased by 5.491-fold in the vaccinated cohort
- Of the 22 chronic disease conditions studied, proportional contrasts always favor the unvaccinated.
- At ten-years of follow-up, 57% of the vaccinated cohort had at least one chronic disorder vs 17% in the unvaccinated.
- *218 hyperlinked references to leading scientists, medical experts, and public policy experts are provided*

Vaccines and Dramatic Decreases in Mortality

Over 98% PRIOR TO RESPECTIVE VACCINES

Dissolving Illusions Suzanne Humphries, MD and Roman Bystryanyk 2014 and 2024 update
<https://pandauncut.substack.com/p/watch-dissolving-illusions-disease-112>



United States Measles, Scarlet Fever,

**And what we saw with all these things is
the massive decline in deaths before any**

963

Dr. Anthony Fauci, with co-authors Morens and Taubenberger in *Cell Host and Microbe* (Jan 11, 2023)



2023 — Morens, Taubenberger, and Fauci

"As of 2022, after **more than 60 years** of experience with influenza vaccines, very little improvement in vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, **the rates of effectiveness of our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases...** Taking all of these factors into account, **it is not surprising that none of the predominantly mucosal respiratory viruses have ever been effectively controlled by vaccines...** Durably protective **vaccines against non-systemic mucosal respiratory viruses with high mortality rates have thus far eluded vaccine development efforts.**"

"Rethinking next-generation vaccines for coronaviruses, influenza viruses, and other respiratory viruses," *Cell Host and Microbe*, January 11, 2023

Simultaneous administration of multiple vaccines / antigens - Safety

- No data available – despite 1986 vaccine liability waiver act requiring reports to congress on safety
- The total number of routine childhood vaccines recommended by the CDC has increased from 4 in the early 1950s to 18 prior to a recent CDC-proposed reduction. The total number of vaccine **doses** included in this prior schedule was 72. Currently, the CDC recommends only 11 routinely administered vaccines, 3 shared clinical decision-making, and 4 high-risk only vaccines.
- The AAP has persisted in recommending the original 18, although there is no data to establish superiority over the truncated schedule

Simultaneous Administration of Vaccines

Jablonowski and Hooker

International Journal of Vaccine Theory, Practice, and Research 19 June, 2024

- Peer-reviewed paper evaluating 1,542,076 vaccine combinations administered to infants less than one year of age at the time of vaccination between July 1, 1991 and May 31, 2011 from the Florida Medicaid database
- Systematic analysis of 7 cohorts looked for adverse outcomes associated with vaccine combinations and adverse trends based upon an increasing number of vaccines administered, limited to diagnoses made within 30-days of vaccination, excluding the day of vaccination, for respiratory, developmental, and suspected infectious disease diagnoses

Jablonowski and Hooker (continued)

- The average number of different diseases detected increases exponentially with every additional vaccine administered.*

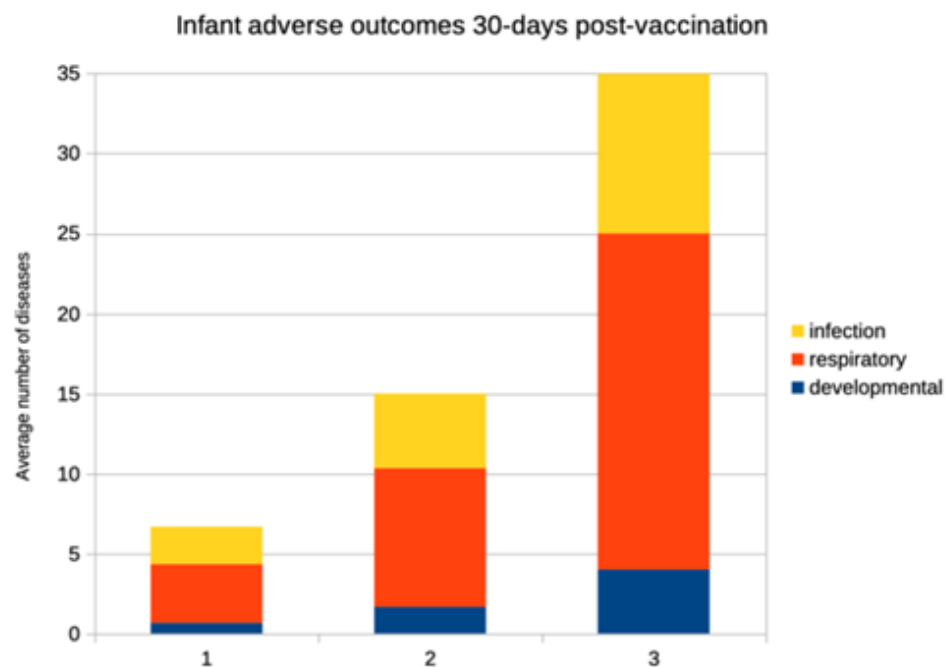


Figure 2. The average number of different diseases detected increases exponentially with every added vaccine.

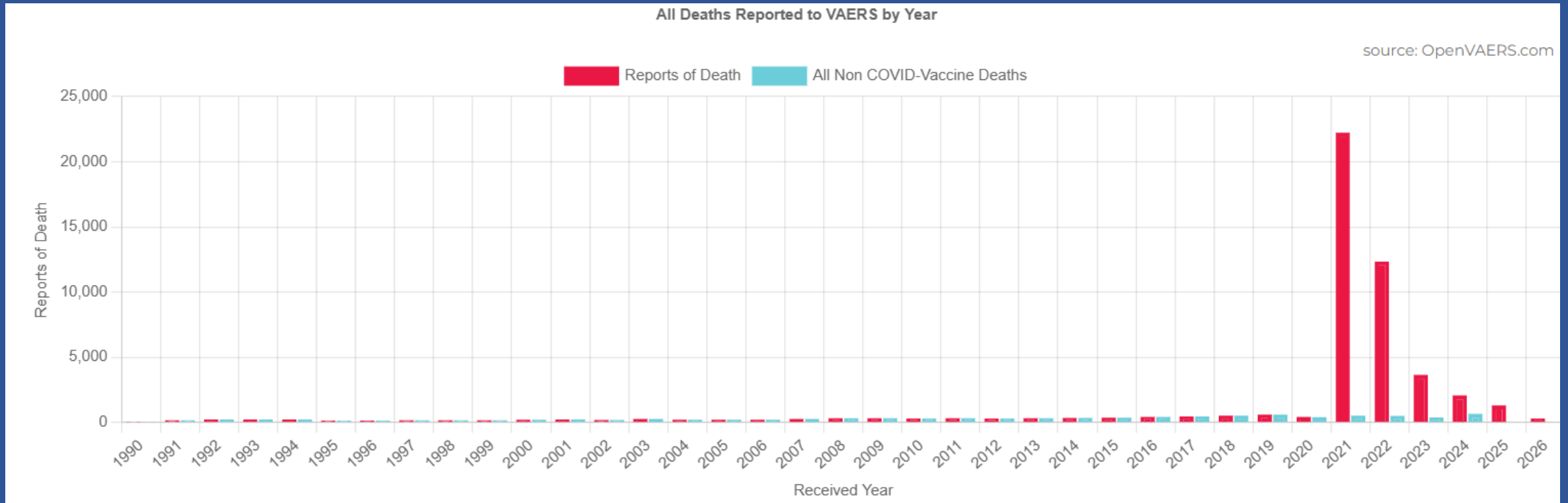
Safety – Evidence of Harm

VICP (Vaccine Injury Compensation Program)

- Aug 1, 2026 to date VICP payments total \$5,670,405,620, with \$5,020,364,964 to petitioners
- US Supreme Court 2011 Bruesewitz et al. v. WYETH LLC affirmed liability shield for pharmaceutical company manufacturers and prescribing medical professionals – affirming that “vaccines are unavoidably unsafe”
- Deaths reported to VAERS world-wide following Covid vaccines alone were 37,814 through Aug 2, 2024. (See next slide)

VAERS Reports of Deaths – Covid and non-Covid Vaccines

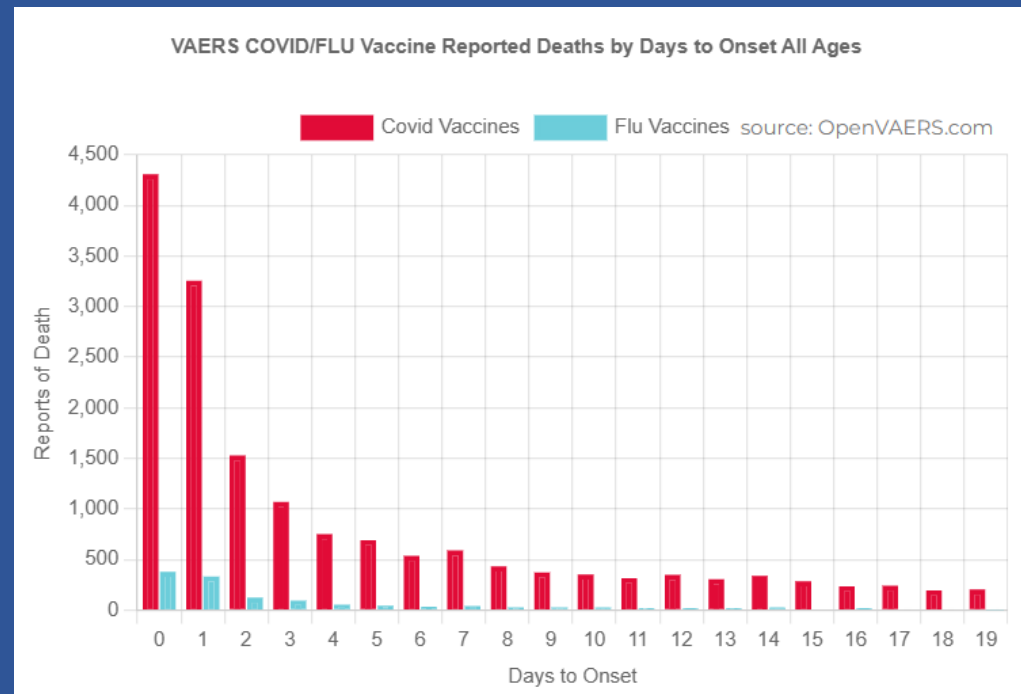
1990 – 2026 *OpenVAERS.COM*



Clustering of Deaths Closer to Date of Vaccine

COVID and FLU Vaccines VAERS Reports

- Marked clustering of reported deaths closer in time to vaccine administration strongly supports a causal relationship. Coincidental occurrences would be expected to show a random distribution relative to date of vaccination.



Causation by Vaccines for VAERS Deaths

- Deemed likely causal by independent review of clinical information, independent adjudication, and satisfaction of Bradford-Hill criteria for causation
- Hulscher and McCullough study data from 28 autopsy cases with documented myocarditis reported mean and median number of days between last COVID-19 vaccination and death were 6.2 and 3 days respectively

Under-reporting or Over-reporting of VAERS Deaths?

Arguments for Over-reporting

- Reporting adverse events is required.
- Anyone can report them.
- Reporting does not prove causation.

Under-reporting or Over-reporting of VAERS Deaths?

Arguments for Under-reporting

- Reporting process is time-consuming, laborious, often discouraged or forbidden by employer or hospital system – with large financial interests involved.
- Nurse whistle-blowers have reported being threatened with firing if reports are filed. Some have been terminated.
- The Harvard Pilgrim study found that less than 1% of actual adverse events are reported. Best estimates suggest that fatal events need to be multiplied by a factor of 30 to approach reality

Conflicts of Interest Involved

- Mandated vaccines with waiver of any liability
- Huge financial revenues derived from vaccine administration with no liability for adverse events
- Career interests often compromised if adverse events are reported
- Insurance Companies award financial bonuses for specified vaccine uptake benchmarks – see next slide

Insurance Company Revenue Enhancement

Michigan Blue Cross Blue Shield 2017 Program

2016 Performance Recognition Program. Health Care Outcomes: Preventive Health. No 16 of 32.

https://mclaren.org/Uploads/Public/Documents/MPHO/documents/HealthPlan/2016-BCN-BCBSM-PRP-Booklet-Final-2015_12_18.pdf.

Paid pediatricians \$400 for each child with documentation of full compliance with recommended vaccines by age two years if specified benchmarks attained

HEALTH CARE OUTCOMES: PREVENTIVE HEALTH	
CHILDHOOD IMMUNIZATIONS – COMBO 10	
Product lines	BCN Commercial
Source	HEDIS
Description	The percentage of children 2 years of age who meet the combination 10 criteria on or before their second birthday: • (4) DTaP* vaccinations • (3) IPV* vaccinations • (1) MMR vaccination • (1) VZV vaccination • (3) HiB* vaccinations • (3) Hepatitis B vaccinations • (4) PCV* vaccinations • (1) HepA vaccination • (2 or 3) RV* vaccinations • (2) Influenza** vaccinations *Vaccinations administered prior to 42 days after birth are not counted as a numerator hit. **Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.
Continuous enrollment	Must be continuously enrolled 12 months prior to child's second birthday
Age criteria	Children who turn 2 years of age during 2016
Exclusionary criteria	Children who are documented with an anaphylactic reaction to the vaccine or its components
Numerator	The number of children who completed vaccinations as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: COMM	63%
Payout: COMM	\$400 per Combo 10 completed for each eligible member

Incentive Reward Programs

Impact on Vaccine Uptake

<https://www.thecommunityguide.org/pages/about-community-preventive-services-task-force.html>

- Community Preventive Services Task Force (CPST) – independent, panel of public health experts appointed by the CDC Director established in 1996 by DHHS
- Review of 7 studies including 4 in US 1980-2012
- ***“The evidence indicates that even small incentives can be effective in increasing vaccination rates and reach can be substantial when such incentives are provided as part of benefits within health plans.”***

1986 Vaccine Liability Shield Removes Incentive for Safety

Statutory requirement for Reporting to Congress on Vaccine Safety

<https://www.ncbi.nlm.nih.gov/books/NBK220067>

Section 2104 of the National Childhood Vaccine Injury Act of 1986 requires the HHS Secretary to:

- Mandate a task force to research and improve vaccine safety.
- Submit a report every two years to the House Committee on Energy and Commerce and the Senate Committee on Labor and Human Resources detailing those safety improvements.

HHS admitted in a legal settlement that “it did not generate or transmit the required biennial vaccine safety reports to Congress for a period spanning 30 years.”

1986 Vaccine Liability Waiver Act Consequences

GoodJobsFirst .org Violation Tracker

<https://violationtracker.goodjobsfirst.org>

About GoodJobsFirst.org Violation Tracker:

Violation Tracker is the first wide-ranging database on corporate misconduct. It covers banking, consumer protection, government contracting, environmental, wage & hour, safety, discrimination, price-fixing, bribery, and other cases resolved by federal regulatory agencies and all parts of the Justice Department since 2,000 -- plus cases from state attorneys general and selected state and local regulatory agencies.

Pfizer and Subsidiaries Penalties Paid Out 2,000 - 2026

Penalty total since 2,000 ➡ \$11,290,643,733 (\$11.29 Billion)
109 records

Violation Tracker Current Parent Company Summary

Current Parent Company Name: Pfizer

Ownership Structure: publicly traded (ticker symbol PFE)

Headquartered in: New York

Major Industry: pharmaceuticals

Specific Industry: pharmaceuticals

Penalty total since 2000 for companies currently owned: \$11,290,643,733

Number of records: 109

Vaccines and the Diseases They Target

Physicians for Informed Consent (2025) – 456 References

Disease Risk vs Vaccine Risk per 100,000 population for Death or Permanent Disability

- *Available vaccine safety studies yield inconclusive data, lack statistical power to detect risk levels as low as those of disease risks, and do not rule out the possibility that vaccines cause greater death or permanent disability than the diseases they target.*
- Some vaccines confer risk greater than the corresponding disease. None are shown to pose less risk.

Conclusions

- Vaccines have not been proven safe. No drug or vaccine is *safe*.
- No regular CDC schedule vaccine has been shown to pose less risk of death or permanent disability than the disease for which it targets - some more.
- Adverse events from vaccines and damages paid out within the government VICP Special Master system are substantial.
- The only published studies (12) comparing clinical outcomes among vaccinated children vs unvaccinated show the unvaccinated to have consistently more favorable outcomes.
- “Safe and (unqualified) effective” is an unrealistic propaganda term, not a scientific one.
- Vaccine mandates cannot be justified and should be abandoned.
- Informed Consent must be provided and include these limitations.
- The 1986 Act granting vaccine-damage liability waiver should be repealed.