

How to debate a pro-vaxer

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Who is this document for?

This document is good for discussing the issue with people who are rabidly opposed to us, those who are a little bit interested, those who are very interested and those who are on our side but struggle with coherence and confidence. I do not care about attribution and everything in this can be copy and pasted as appropriate (deleting square brackets and contextual tweaking as required). All I ask is that you make sure that everybody you know who is like minded has a copy. It is broken up into 4 sections.

How is it any different to any other vaccine sceptical material?

Most non-vaxer arguments are logical but ineffective. Pro-vax arguments are generally illogical but effective. The following will be both logical and effective. It should be stressed you need to be realistic. Very few people have a Damascene like conversion (ironic I should say that because I came to the realisation the whole thing was a lie in the space of 30 seconds) so what you need to do is gradually shift people along a spectrum. That goes for everybody by the way. Even most people who don't vaccinate have a higher opinion of them than they deserve.

The points of substance are in the chapters of safety and efficacy and they are the ones you need to provide to people on a regular basis although as you are no doubt aware there are many who will do everything in their power to deny you your right to have an opinion on this issue (hence Sections 1 and 2). **It is more effective to attack the lack of efficacy of vaccines than it is to attack their lack of safety.** Gaining traction may well be easier on the latter but any victories tend to be hollow because we just end up competing with the medical industry and government as to who can incite the greatest fear (us of the vaccines or the government/medical industry of the diseases they are supposed to prevent). One of the few things government and the medical industry excels at is inciting fear which is why our strategy over the past three decades has failed. So whilst the safety argument I provide is extremely effective, the efficacy argument is the most effective argument overall.

If you explicitly yield the point that vaccines work then you will not have achieved anything – at least nothing good anyway. Don't think that by trying to sound conciliatory by yielding on efficacy others will be more inclined to hear your point of view on safety. I mean, I could understand why non-vaxers might be prepared to do such a thing if it were remotely true. But it isn't. Vaccines (all of them) are utterly useless and this will be proven beyond reasonable doubt in Chapter 4 and proven using first principles (ie proper proven) in the Appendix. Yielding on points that have no truth to them is the approach we have been using for the past several decades and, in case you missed it, it has been an abject failure. That doesn't mean you **can't** focus on the safety angle (although as I say it is generally better to focus on efficacy) but you should **never ever yield** on the efficacy angle. Indeed, you should think of it the other way – by chipping away at the notion that these things are

critical to the survival of our species (which is what the propaganda tells people) people will be far more likely to listen to arguments about their safety.

Just because an argument is sound, doesn't mean it is effective

Most important of all – and something virtually no non-vaxer adheres to: **If your opponent is using rhetoric (emotional arguments) then your response *must* work on an emotional level too.**

Dialectic (straight up logic) arguments are an adjunct – useful to add on at the end but not critical. I know this sounds counterintuitive (and just to be clear, none of the rhetorical responses you give should be in any way dishonest) but you need to realise that the overwhelming majority of people (especially on this issue) respond to emotional arguments over logical ones. Again, this will make sense as I go through the examples.

Another tip: **You should never qualify or defend yourself.** It actually reinforces your opponent's belief that their attempt to disqualify you is valid and encourages them to continue that same line of attack.

Your right to an opinion and other common pro-vaccine arguments

Pro-vaxer: "Dr Google!"

Good response: "Are doctors so stupid that they haven't worked out how to use computers the way every other professional has been able to? Why is it perfectly acceptable to use the internet for all kinds of information - some simple, some complex, and many many issues of great substance but for some reason medical information gets all jumbled the moment it is uploaded onto a computer?"

Note the barb thrown at doctors in response to this argument – that is not an accident. The emotional point of their argument is that you are stupid and doctors are smart so this is what has to be combated.

Do *not* say "my doctor agrees with me that my kid's injury was caused by a vaccine" or "I have spent hundreds of hours poring over the peer-reviewed literature!". Both of these responses reinforce the logic of their attack – ie that the opinions of those in the medical industry are privileged. So you are left trying to make the case that your hundreds of hours of research is somehow better than the sum total of all the research done by all the 'great minds' of medicine. A very imprudent approach. If you give your doctor's opinion primacy then you are effectively delegitimizing the stories of parents whose vaccine injury stories have been denied by their doctors.

Pro-vaxer: "You aren't an expert in immunology. How could you possibly know they are useless?"

Responses: "You aren't an expert in homeopathy*. How do you know homeopathy is useless?"

*You can of course exchange homeopathy with any practice or belief that your opponent doesn't agree with (astrology, naturopathy, faith healing, etc but homeopathy is the best one because it sends our opponents into conniptions). It is irrelevant whether you agree with it or not.

Another good response (which can be provided along with or instead of): "Doctors don't take any responsibility for damage done from the vaccines nor if they fail to provide immunity. Nor do pharma companies, health bureaucrats, politicians etc. What kind of a fool would blindly trust those who are "all care and no responsibility?" [Ordinarily this type of response would be a poor rhetorical answer (although a very good dialectic one) but the "all care and no responsibility" line works on an emotional level too.] I saw a meme recently which said something like "Trust us [doctors] we are only the third leading cause of death in the United States." That would work perfectly too.

Once you have shown the invalidity of their argument then you are welcome to say "oh and by the way, here are a bunch of immunologists who are opposed to vaccines". But just as for Dr Google you

can't say that by itself because it simply reinforces the notion in your opponent's mind that the opinions of immunologists are critical.

This works for all of the variations of the "how could all those doctors possibly be wrong?" arguments. **Appeals to popularity** (you can mention religions), **appeals to the longevity of vaccination "science"** (again you can mention religion/astrology). **Appeals to peer-review** (why can't astrologers and homeopaths peer-review each other's work?). **Appeals to great big piles of literature/studies (for Australians we know this as the "It's Mabo. It's the Constitution. It's the Vibe"** arguments (Astrology, religion, etc). Again, it is of no consequence whether you believe in any of these things, what matters is that your opponent will be upset at the prospect of having their precious "robust science" being compared to these ideas.

Pro-vaxer: "But vaccines are SCIENCE!!!"

Response: "So too – we were told - were eugenics, Lysenkoism and phrenology. They were all believed by the great and wise men and the governments at the time and they turned out to be a mixture of evil and wrong what makes you so sure that this time it truly is different?"

You can ask them how the methodology employed in vaccination "science" makes it more like thermodynamics and less like eugenics – and you can point out that the constant reference to the use of authority and dodgy statistics (as opposed to falsifiability and direct observations) appears to make it far more like eugenics than to thermodynamics.

Now, *if* you wanted to make a good faith case as to why listening to authorities in some situations is prudent (although it is never mandatory) but other times it is not here is what you can say:

"Engineers, IT workers, mechanics and even some types of medical practitioners (eg emergency) can often directly observe whether their intervention is useful. This is because they are in a position to know the **counterfactual**. Immunologists cannot make any direct observations as to the efficacy of their intervention and have no way of knowing whether a vaccinated child would have come down with polio if they *hadn't* been vaccinated. So they too rely on other peoples' opinions and inferences and therefore their opinion in and of itself is worthless."

"You're a conspiracy theorist"

Do not respond by saying "oh no no *all* my data comes from government sources." Again, you

would just be reinforcing the idea that the opinions and output of politicians and bureaucrats are important.

The correct response is: “What about terrorism? Organised crime? Gangs? Hostile foreign militaries? All of those require conspiracies (ie groups of people plotting nefarious activities in secret) are you telling me they do not exist? That is quite a claim.”

You can then follow it by talking about government sources as above or use the homeopathy* argument ie. “If all the world’s doctors couldn’t possibly be wrong about vaccines then how could all the world’s homeopaths be wrong about homeopathy? Are they involved in a vast conspiracy too?” Now note the two attack their argument from completely different angles. The terrorism et al argument says “even if this was a conspiracy theory, so what?” whereas the homeopathy argument says “there is no conspiracy here everybody just has the same vested interest (be it emotional, financial, etc)”. They are both good though.

Now, some people might be inclined to point to things like the Tuskegee experiment or other *acknowledged* conspiracies that governments have been involved in as a response. Keep in mind though that your opponent’s *emotional* point is that “conspiracies are exceptional” so your response needs to show that they are in fact mundane – hence terrorism, organised crime, gangs or foreign armies. I would advise to keep supposedly exceptional events like Tuskegee up your sleeve for other contexts.

“Are you an anti-vaxer?”

Good response: “People are free to inject whatever they like into themselves – it is their bodies – but vaccines should have no part in a public health programme”.

Now, if they respond with “but what about children who are too young to decide?” you can then say “if you would be comfortable injecting the equivalent amount in yourself then by all means give it to your children”.

Now, you have to hand it to the rhetorical skill of our opponents on this issue because they really have us sorted out. They know that we will always respond to this in the worst possible way imaginable ie by being mealy mouthed and selling out allies. Please please please understand that for as long as you say “oh no I am not anti-vaccine” you are making yourself *more* of a target. The vast majority of people (and politicians) don’t want a huge fight on this issue – they want it to go away and not to have their precious beliefs put under the microscope. If you make it clear that you will literally fight to the death then many of them (although obviously not all of them) will back off because getting you vaccinated just isn’t going to be that important to them. On the other hand if you say “oh no I am just all about choice” they will go much harder. That is what has happened for

the past several decades and the results of this pro-choice approach that you can see around you will continue unless we fix it tout de suite.

In the minds of the majority of people (and politicians) the response “I am all about choice” translates as “I just want to be different and you should respect my rights to do something very irresponsible with my children”. Of course, that is not what you actually think but it is what they perceive it as and hence, it makes us appear to be a soft target.

Being a soft target is an extremely dangerous proposition for us. Don't let it happen.

“You are a baby killer”

Good response: “If I were to take the same schedule as my child is expected to get it would be the equivalent of me getting 500 vaccines over 18 months. I believe that the more unconscionable action would be to subject my children to something I wouldn't subject myself to.”

You are welcome to say the above in a far more brutal manner if you like (depending on who you are discussing the issue with). Don't try and appeal to their sympathy – defensiveness will simply reinforce their point and encourage more attacks – but by all means differentiate yourself to the spectators by saying you don't start with the assumption that anybody who disagrees with you must be evil.

"If you are against vaccines you must also be against other forms of medicine too".

Response: I can support the use of nuclear powered electricity without also supporting dropping an atom bomb on whole cities. Similarly, just because I support a defence force it doesn't logically follow that I would support them if they launched a coup.

[Of course you can use any examples that follow the same logic you like but the above obviously have an emotional element to them which makes them more powerful.]

Now you may well believe (like me) that chemo, antibiotics and other allopathic responses to disease are also unwise but don't say this without first saying the above (because then you would be delegitimizing those who oppose vaccines but do believe in chemo, abx etc).

“You hate autistic people”.

Yes. That is a thing that they will say. Utter morons the lot of them. Anyway, ***your response is*** “following that logic and the fact that you believe that these vaccines prevent diseases then you must hate crippled children (hence your love of the polio vaccine) or deaf children (measles vaccine), or people born with congenital defects (rubella vaccine). Of course, the vaccines didn’t actually reduce the rate of any of these things anyway, but given that you believe they have then by your own logic your love of vaccines proves that you are an evil bigot who hates the disabled.”

“Correlation doesn’t prove causation”

Good response: “Then how do you know vaccines work? Please don’t tell me that all the correlations that support your prejudices are proof positive of causation but all those that don’t are just coincidence? How convenient! And similarly, how do you know that deaths/injuries after measles/pertussis etc aren’t also just coincidences?”

Both parts are critical but the last sentence is actually the most important part of the response here given that people get very emotional over the diseases that the vaccines are supposed to prevent.

You can then follow this up by saying “and besides, challenge rechallenge is an accepted proof of causation in medicine and there are plenty of such cases regarding vaccines and injury. Why is there one rule for all other medicines in terms of proof of causation and a completely different one for vaccines?” [If you don’t know what challenge, (dechallenge), rechallenge is – make sure you use your Dr Google skills and find out.]

“Vaccines prevent future reliance on healthcare and therefore the only possible reason pharma companies and doctors could have to provide them is out of the goodness of their hearts”

Now, because this argument of theirs is actually them being on the *defensive* it is ok to provide the dialectic responses provided in 1) and 2) below.

Good response: 1) Ever since the widespread use of vaccinations healthcare expenditure has increased dramatically as a per cent of GDP in the US, Australia, UK etc [I have a link to this data in 4)]. So the notion that vaccines have harmed the medical industry’s bottom line is nonsense. 2) Vaccines are a massive part of the reputation (brand name) of the medical industry – so even if vaccines never made a red cent for the medical industry [which is clearly not true] if the people

came to believe that they were useless and dangerous the medical industry would be severely damaged due to loss of reputation and lawsuits.

“Andrew Wakefield’s work was discredited!”

The logic behind their statement is: The **only** reason you oppose vaccines is because of Wakefield and he is a fraud therefore there are **no** reasons to oppose vaccines. Because most non-vaxers struggle with how to deal with rhetoric our usual response is to get sidelined by attacking the premise (ie that Wakefield is a fraud) rather than the logic itself.

So the correct response is: “Regardless of what you choose to believe about Wakefield, people had been questioning vaccinations long before he came along and if you want to dismiss a belief because some of its adherents make mistakes then clearly you would have to dismiss the belief in vaccinations given that the medical industry’s history is one catastrophe after another.”

Remember, when you are dealing with rhetoric your response must always work at an emotional level which is why the effective responses always take their ‘logic’ and use it against them.

After you have attacked the logic of their argument, because **you **never** sell out allies** you can follow this by saying:

“Having said all that, I believe he is an honourable man and if you are going to have a concrete opinion on him and his work then you should do the decent thing and get his side of the story rather than just the one fed to you.”

The important thing though is not to spend hours defending Wakefield and his study. It is just a red herring.

“Studies have been done to show there is no link between vaccines and autism.”

Response: “Yes and what great studies they were. Just the other day I did an epidemiological study using a similar method that failed to find a link between sex and pregnancy. And I believe that Johnny Cochrane has never once found a link between one of his clients and access to a murder weapon. If you don’t want to find something then chances are you won’t.”

Followed by: “Both challenge, rechallenge events involving vaccines and autism symptoms and the failure of vaccine proponents to put their money where their mouths are (and take the weight adjusted dose) is sufficient to prove that vaccines are clearly not safe. Isn’t it funny how *all* the evidence of vaccine safety is in a form that can easily be rigged?”

By the way, the rhetorical response (like all my rhetorical responses) is perfectly valid. It is predicated on a statistical principle that while you can reject the null hypothesis (or fail to reject it) you can never *accept* the null hypothesis. If, for example, you look at data for the whole population and there is no correlation then it is reasonable to say the causal relationship is trivial (section 4 will be about this) but you *cannot* use sampling data to prove that no correlation exists. Doing this is called – funnily enough – the **fallacy of accepting the null hypothesis**.

“The increase in autism is due to better diagnosis”

Good response: “That can’t possibly be true because if it were it would imply doctors were so stupid in 1950, 1900, 1800 etc that they couldn’t even recognise children with a particular range of symptoms. If that were true we would also have to throw out all the data relating to polio, measles, diphtheria etc too and therefore conclude that there is no evidence that vaccines have been of any use. Even if you want to make the claim that doctors recognised them but called it something else then that would lead to the same conclusion because for all we know we just call measles, polio, diphtheria etc something else now too.”

Now, in section 4) you will see that in actual fact, while the rise in autism is corroborated by other data, the fall in diphtheria, polio, measles etc cannot be corroborated. The rise in autism is real but the fall in so-called vaccine preventable diseases is not. But the above is all you need for a response.

“The ingredients in vaccines are already present in our bodies/too small a dose to make a difference.”

Good response: In that case I won’t bother to get any vaccines because if all the ingredients in them are only doing what our bodies already do then clearly vaccines serve no purpose.

How to deal with people saying we are a public menace.

The first two are the most important because they attack the logic itself – demonstrating what hypocrites vaccine fanatics are (the logic (well rhetoric) being that we have some obligation to engage in behaviour that will mitigate the spread of disease). The next three are more classic responses non-vaxers often make. They are fine to use but only to demonstrate the ignorance of vaccine fanatics. It is a terrible mistake for us to be promoting the fear of germs amongst anybody – be they vaccinated or not.

The first thing you can do is attack the utilitarian “logic” by saying “**it is not my responsibility to light myself on fire to keep others warm**”. The next arguments also attack the logic, but do it in a slightly different way.

Best responses: a) if we should be so concerned about the unvaccinated for supposedly spreading disease, why not get into a mad panic about other groups of people whose behaviour allegedly does the same thing – homosexuals, the promiscuous, IV drug users, sick people who visit the doctor or who show up at work, etc.? Indeed, those groups of people are far more morally culpable than the unvaccinated because they have all engaged in *positive* actions whereas the unvaccinated simply maintained the status quo.

And b) if babies and the immunocompromised - who are supposedly the main beneficiaries of so-called herd immunity - can spend so much time in hospitals and doctors' waiting rooms surrounded by *actual* sick people then why on earth would they be in danger being surrounded by *potentially* sick unvaccinated kids?

^ These two demonstrate that all this hysteria about the unvaccinated has got nothing to do with the spread of disease and is about the fact that the unvaccinated: i) jeopardise the pretty lie; and ii) challenge the authority of the (extremely precious) medical industry. If you are debating a non-doctor use the hypocrisy demonstrated above to indicate that they are brainwashed and if you are debating a doctor use the above to demonstrate that this is all about their preciousness. And yes, you *should* use the words ‘brainwashed’ and ‘precious’. For some reason non-vaxers are petrified of saying something that might be construed as mean so we spend the vast majority of time cowering in a defensive position. But if they are defending themselves they are far less likely to be attacking you.

- Many people flinch at the mention of homosexuals in a) (particularly as I quite deliberately put them first) and you can of course just delete this reference if you want to. But you shouldn't. The very fact that it elicits an emotional response in you is precisely why it will in your opponent. The fact that people feel obliged to defend homosexuals (whilst attacking

non-vaxers) even though according to the great medical minds, both groups contribute to the spread of disease magnifies the emotional effects (on your opponent) of forcing them to confront their own cognitive dissonance. Their compulsion to defend themselves will be that much greater. By the way, as you will see later on, I don't believe homosexuals – or anybody else – contribute to the spread of any form of disease but the key here is that the CDC et al do and your opponent isn't about to argue with these great medical minds (or at least if they do, that just gives you more opportunity to point out their cognitive dissonance).

c) The pertussis vaccine (DTaP) is a toxoid vaccine and it therefore cannot prevent transmission because it is not designed to prevent the bacteria itself. Even if you accept that the vaccine works as intended those who are vaccinated are exactly as likely to spread pertussis than those who are not;

d) The MMR and varicella vaccines are live virus vaccines and can therefore potentially shed (according to mainstream medicine) so just like with pertussis, the vaccinated can present just as big a risk as the unvaccinated (albeit for different reasons);

e) it makes no sense to be concerned by people who have not vaccinated for Hep B given that it is unlawful to discriminate against kids who actually *have* Hep B (as it should be). If you are going to worry about someone with a, say, 5 per cent chance of having Hep B then why on earth would you not be concerned with someone with a 100 per cent chance of having it?

Relating to their dangers.

Now, the vast majority of you have a harrowing story that you want to tell and in a perfect world your stories would be very effective. However, we live in a world where people are desperate to continue to believe in this criminal paradigm so they will find some way to rationalise all your stories as “one in a million” or some such. Your stories should therefore be used to **illustrate** the cases against vaccine safety and the supposed compassion and competency of the medical profession rather than proving them. The following is what you need to get people to think about **before** you provide your stories:

There are two ways to effectively get the argument about the dangers of vaccines across.

1) Ask those who claim they are safe to take the entire infant immunisation schedule adjusted for their body weight. And then sit back and wait for the excuses to come thick and fast.

2) Challenge, (dechallenge), rechallenge is considered sufficient proof of causation for **any** other medication and there are plenty of such stories involving vaccines and autism symptoms. In other words, there is evidence that vaccines cause/trigger autism to a level that would be deemed sufficient proof for any other medication. But not vaccines.

To give an example of the above. Imagine a kid with an ear infection prescribed penicillin. Say that 24 hours later they were in the hospital with severe respiratory problems. From that alone most doctors wouldn't chance penicillin again but let's say they weren't sure it was because of the penicillin or the initial infection.

So a month later (after the child has recovered without the further use of penicillin) the child gets another ear infection and the doctor does actually chance penicillin again. Sure enough, the next day the kid is in hospital again with even worse respiratory distress than the previous month's episode.

That is known as challenge, dechallenge, rechallenge of a medication and in all cases for all medicines that would be accepted as sufficient proof of causation. If a doctor were to continue to prescribe **any** medication despite such a history they would almost certainly lose their licence to practice.

Unless that medication was a vaccine.

They are a sacred cow.

Further elaboration on the above:

Weight adjusted challenge "If an 85kg adult were to get the equivalent dose of what an infant is expected to get then they would receive around 500 vaccines over 18 months (around 150 separate injections plus the oral rotavirus doses). I would never get that many vaccines for myself and I have yet to observe any supposed believer in the safety of vaccines roll up their sleeves and take them so

until at least one of them does (and comes out unscathed) I will continue to believe that: a) vaccines are not safe; and b) those who claim they are cannot be trusted.”

[I have used 85kg (187lb) because apparently that is what the average Australian male weighs. If you are speaking to a woman (average 72kg in Australia) then the figure would be more like 400 vaccines (120 separate injections plus the oral rotavirus doses). Note that the challenge is as per the schedule so those who take them need to get the Hep B doses on day zero and then the 2 month doses and then 4 month doses etc. The first lot of Hep B vaccines will be around 40 injections in that one day].

Basically, if they are not prepared to put their money where their mouths are then make it clear to them that you have no interest in their opinions (in economics there is a sophisticated term for this statement of the bleeding obvious, it is known as ‘revealed preference’). This statement (tweaked as necessary) should be used 100 per cent of the time you are discussing the safety of vaccines with anyone. Depending on who you are dealing with will determine the level of brutality with which you bring it up. For example, if you are dealing with a rabid pro-vaxer I would be making it perfectly clear just what hypocrites and cowards they must be for refusing. If I was dealing with someone who was genuinely interested in vaccine safety discussions then obviously it would just be a talking point rather than an accusation.

Now, if one of the pro-vaxers offers to take such a dose to prove that they are safe, make sure you don't offer to pay for or organise it. I can tell you from experience that they will just make increasingly ridiculous demands until you pull out and they will declare that they were happy to do it all along. Remember, they are much better at bullshitting than you could ever hope to be. So if they offer to do this the only thing you should accept to do is verify (or get someone else on our side who will verify) that they are actually vaccines (ie not saline) they take once *they* have organised the vaccines and the person to administer them.

If they (and they will) come up with some lame excuse such as: “but vaccines don’t work that way”, remind them that the test is about safety not efficacy. If they say “but I have given my children the doses” then say “well then you should have no concerns about subjecting yourself to the equivalent dose then if you are prepared to subject your own children to it”. If they say “but I had them when I was young” say “the schedule was less back then but if you truly believed it caused you no problems then you should have no concerns taking them again”.

They will come up with lots and lots of excuses. That is good. It makes them look weak. Indeed they will throw everything at this – because they know how bad it makes them look. Feeble excuses, demands for reciprocation and false promises will be their standard responses. You just make sure that you don’t let them forget that they will never convince you that vaccines are safe unless one of

them does this.

One of the other things they will throw at you is to contradict all their previous claims about how “the dose makes the poison” (which is to say that the concentration in the body is what matters not how nasty the ingredient sounds) and instead say something like “well babies drink more (on a weight adjusted basis) than an adult per day so you can’t weight adjust and get an equivalent dose”. A rather hilarious excuse really. For starters, there are plenty of people who do drink the weight adjusted equivalent of what babies drink (Tour de France cyclists for example) easily without any harm – the average person has no need for so much water, but then they have no need for any vaccines either. More importantly, they claim that the doses that are in vaccines are completely trivial – that there is simply no way known that they are high enough to cause problems. And yet here they are saying that in actual fact the doses are so near a critical level such that if an adult were to get the equivalent dose it would cause severe damage.

The sheer brazen hypocrisy.

When this disgusting paradigm is broken there will be an awful lot of people who are going to wish this was more like a soap opera where people come down with amnesia every other day.

Non-inert controls and challenge rechallenge

It is also true that pharma companies test vaccines using a non-inert placebo rendering all their safety data invalid.

You do need to be careful with this one though. Technically there are studies that use saline placebos – but they just never actually demonstrate the vaccines are safe relative to them. Remember your opponents are extremely dishonest and if you say “they never use saline controls” they will point to a bunch of studies where saline controls were used and say “See? You were wrong!” So you should instead say “show me the studies for the vaccines on the schedule that show them to be safe compared to an inert control”. If they point to a list of a whole bunch of studies just instruct them to pick one (that your child is expected to get) and explain what exactly was in the control and how exactly it was compared to the vaccine.

To give an example of the sort of trickery they use look at Gardasil. They did actually have a saline placebo but there were 300 recipients of it vs 3000 aluminium salt recipients. For the minor adverse effects they separated all three groups (300 saline, 3000 Al and 5000 Gardasil recipients) and the results were as you expect with the saline being clearly the safer of the three. But in the results for systemic/severe side effects they grouped the saline with the Al group (of course this was basically just an Al group because of the relative sizes) and found that the vaccine was slightly more dangerous than the Al group. So because the difference wasn’t massive in this key criterion (the

vaccine wasn't going to be rejected because of minor adverse events only serious/systemic ones) the vaccine was approved. https://www.merck.com/product/usa/pi_circulars/g/gardasil/gardasil_pi.pdf

Now our opponents have a bunch of contrary excuses for all this. One is that the Gardasil test was the only valid way to do a test because apparently a valid controlled test requires all the ingredients in the vaccines vs all the ingredients in the vaccine minus one (the viral/virion particles). That is like comparing the ability of one Corolla to be smashed into a wall at 100kph vs the ability of the same Corolla minus a side mirror being smashed into a wall at the same speed and declaring that smashing the car into a wall is safe because both cars' wreckages look much the same. In other words it is completely stupid because the control relates to the real world decision to either have the vaccine or not have the vaccine. Nobody chooses to have all the ingredients in the vaccine bar one.

The other excuse they give for non-inert controls is to say that it is unethical to withhold vaccines from the control cohort if one is available. But as you can probably work out that makes their argument above about only having one changed ingredient for a study to be valid completely dishonest. It is also stupid because without knowing whether the initial vaccine (ie the one used as the control) is actually safe (and effective) then you are getting worthless results.

This and challenge rechallenge (including your own) stories are also extremely useful. But in both of these cases you want to use them to demonstrate the hypocrisy of your opponent rather than ask them to accept them. For example, instead of just providing a challenge, rechallenge story ask why it is that such cases are considered sufficient proof of causation for any other medicine but dismissed as coincidence when it comes to vaccines. Similarly for the non-inert placebos. Ask whether you could come up with some snake oil and test it in a similar manner in order to "prove" that it was safe/effective?

Vaccine inserts

A word about the vaccine insert argument loved by our side. They can be quite useful dialectically but **only in combination with the knowledge** that pharma companies use non-inert controls/placebos in their studies. The other side will say "oh the companies only put them there for legal reasons but there is no evidence the vaccines are more likely to cause such things than the background rates". Now this would actually make sense as a response from their side if the vaccine safety testing was not fraudulent because the inserts list all adverse events in both arms of the study (ie vaccine and control) so if they happened equally on either side it would be reasonable to say the vaccine was not responsible. Except, of course, the studies are fraudulent (ie the use of non-inert controls) so saying they happened equally on either cohort does not in any way absolve the new vaccine of culpability.

In other words, the vaccine inserts are actually the **most** truthful documents we can see relating to vaccine dangers (we don't know the magnitude of risks but we can work out what sorts of injuries occur) – but you need to be able to understand the above to successfully prosecute this case.

Of course it is very much a dialectic case not a rhetorical one. That is ok, but as I keep saying, dialectic arguments are an adjunct not the main game.

Most of you will be surprised that I haven't provided a whole bunch of studies of vaccine dangers.

DO NOT GET INTO AN ARGUMENT OVER STUDIES!

Over and over again I see you guys throwing out studies and each and every time you get backed into a corner. That is because the moment you explicitly or implicitly endorse the primacy of retrospective studies then you have to deal with the fact that for every one study supporting a link between vaccines and injury there will be ten showing how wonderfully safe they all are. Now, it is true that retrospective studies that run contrary to the prejudices of the researchers have some credibility but that is just another way of saying “these people are arguing against their own self-interests why would they do that if it was just a lie?” Having people argue against their own self-interest is a reasonable argument (both dialectically and rhetorically) but it has nothing specifically to do with the validity of retrospective studies themselves.

You are far better off simply not using them – except when your opponent makes the claim that “there are no studies showing a link between vaccines and injury”. Then you can lay out studies to prove they are ignorant or dishonest. But do not argue that retrospective studies have some sort of primacy. If you do that, you will be backed into a corner and look foolish.

If you have sound statistical skills you might be able to back yourself to make a dialectic case using studies (ie if you are good enough to show that all their studies are worthless and all yours are valid) but you will never win a rhetorical battle doing such a thing. And remember they are going to be able to throw hundreds of them at you.

In other words, studies have minimal dialectic value and almost zero rhetorical value. Don't use them except to show they exist.

You want to reject them all on principle. And this is quite easy to do without any sort of disingenuousness. Just like in Chapter one you can say “retrospective studies could be used to prove sex doesn't cause pregnancy or that nobody had ever died of a car crash”. Basically, because the researchers can essentially choose their own control cohort all they need to do is run regressions

against millions of different samples until they get the results they want (which may be just a null result (ie no correlation)) and they will trumpet it all around the world as though it has some meaning. It does not.

So their studies are horseshit but the moment you lay out a whole bunch of studies as proof for your own case it will become very hard for you to reject all their studies on principle. So don't. Say that you have no interest in retrospective studies because they are so easy to manipulate and point out that things like car makers or food manufacturers would never be able to get away with employing the same methodology (retrospective studies with control cohorts of their own choosing) to prove their products are safe as vaccine manufacturers are allowed to do.

And of course you can make the point that if the CEO of, say, Toyota made a claim that the Corolla could be smashed into a wall at 100 km/h safely but point blank refused to get in a car and do precisely that then nobody would pay attention to the big pile of retrospective cohort studies his scientists had done proving that the car was safe and the whole world would know those studies were worthless and the CEO disingenuous. In short, always always always bring it back to the fact that if they truly believed they were safe then they would put their money where their mouths are and take the entire infant schedule adjusted for their body weight.

The medical industry is very evil and very clever. They get people obsessed about "studies" as though they have some meaning and because most researchers are pro-vaccine most studies come out saying vaccines are super duper wonderful.

The problem is all of these studies are horseshit. You can use retrospective studies to prove anything you like because you can effectively choose your own control group. Studies that are prospective are different of course but they are never done using an actual inert placebo.

How to effectively show they are useless.

Error! Reference source not found.

1) Health of children (and adults) has not improved since the widespread use of vaccination. On the contrary it has deteriorated to an incredible extent.

2) Even if you look at each vaccine on a case by case basis vs what set of symptoms/complications it was supposed to reduce you can see that *none* of them have improved health.

3) The diseases were renamed (doctors just blamed different germs/genes etc when they saw the exact same symptoms).

4) The reason this all happened is because doctors are prejudiced against and often instructed not to diagnose the condition in patients that are vaccinated based on - ironically enough - their genuine belief that the vaccines actually work.

Point 1)

Since the widespread use of vaccines, childhood disability rates in the US have risen ten fold and healthcare expenditure has increased to be four times what it was as a per cent of GDP.

<http://www.ssa.gov/policy/docs/ssb/v18n6/v18n6p20.pdf> and <http://www.census.gov/people/disability/publications/sipp2010.html> (Table A-4) (for disability rates)

and spending - nejm.org/doi/full/10.1056/NEJMp1200478

Deaths due to so-called vaccine preventable diseases had all but disappeared before their vaccines came along – www.childhealthsafety.com/graphs (government sourced data)

This is corroborated by life expectancy data trends (the trend was upwards before the widespread use of vaccination c1950 and this upward trend slowed down afterwards). And the same story is true for smallpox. In those countries that actually counted smallpox deaths it is clear from their data that the vaccine didn't save lives. Specifically, in countries such as the UK, deaths due to smallpox in the 19th century fell at roughly the same rate as deaths due to other infectious diseases even though those other infectious diseases didn't have a vaccine for them.

<http://people.wku.edu/charles.smith/wallace/S536.htm>

Point 2)

The purpose of the polio vaccine was to bring about a reduction in total rates of non-trauma paralysis and crippling. It failed.

The purpose of the rubella vaccine was to bring about a reduction in total rates of congenital defects. It failed.

The purpose of the measles vaccine was to bring about a reduction in total rates of encephalitis and deafness. It failed.

The purpose of the Hep B vaccine was to bring about a reduction in total rates of liver cancer/disease. It failed.

The purpose of the Hib and Prevnar vaccines was to bring about a reduction in total rates of meningitis/pneumonia/sepsis. They failed.

The purpose of the diphtheria/pertussis vaccines was to bring about a reduction in acute respiratory infections. They failed.

The purpose of the mumps vaccine was to reduce sterility. It failed.

References

Rubella and congenital defects: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5701a2.htm>.
http://www.researchgate.net/publication/8935557_The_Metropolitan_Atlanta_Congenital_Defects_Program_35_Years_of_Birth_Defects_Surveillance_at_the_Centers_for_Disease_Control_and_Prevention

Polio and paralysis/crippling:

<https://www.facebook.com/photo.php?fbid=10206817678372895&set=a.1750128025376.2087895.1004117169&type=3&theater> (before you say “but this is just a facebook site” it uses the following WHO data)

extranet.who.int/polis/public/CaseCount.aspx and

[http://www.who.int/bulletin/archives/78\(3\)321.pdf](http://www.who.int/bulletin/archives/78(3)321.pdf) (see data for total AFP in India and other developing countries in 1996 and again in 2014) as well as

<http://www.ssa.gov/policy/docs/ssb/v18n6/v18n6p20.pdf> and

<http://www.census.gov/people/disability/publications/sipp2010.html> (Table A-4) (for disability rates). And

http://www.christopherreeve.org/site/c.mtKZKgMWKwG/b.5184189/k.5587/Paralysis_Facts_Figures.htm (Around one in 50 Americans have some paralysis and around 40 per cent of those cases are due to disease).

Diphtheria/pertussis and acute respiratory disease:

<http://www.nejm.org/doi/full/10.1056/NEJMoa0804877> and
<http://www.pharmacytoday.co.nz/news/2015/may-2015/05/respiratory-hospitalisations-keep-climbing-despite-healthcare-improvements.aspx>

Hep B vaccine and liver cancer/disease:

<http://www.ncbi.nlm.nih.gov/pubmed/19224838> and
<http://news.sky.com/story/1418422/dramatic-rise-in-liver-disease-deaths>

Hib vaccine and meningitis/pneumonia/sepsis.

http://www9.health.gov.au/cda/source/rpt_2.cfm... (look at meningococcal disease (invasive) and pneumococcal disease (invasive)) and because of the dismal failure of this vaccine it was inevitably followed by further attempts to vaccinate people against meningitis supposedly caused by other strains (eg Prevnar) showing that abject lunacy (doing the same thing over and over and expecting a different result) is the standard procedure for vaccination policy experts. Further information here <https://avn.org.au/hib/>

Measles vaccine and encephalitis/deafness.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2870605/> and <http://www.hear-it.org/35-million-Americans-suffering-from-hearing-loss>

Rotavirus vaccine and gastro deaths:

From 1985-1991, pediatric deaths in the US from diarrhea from ALL causes numbered around 300 per year:<http://www.ncbi.nlm.nih.gov/pubmed/7563485> ALL causes. Total in 2010: 520 pediatric deaths due to intestinal issues that cause diarrhea
http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf

I will give these two non-government sites - www.childhealthsafety.com/graphs (all of the data comes from government mortality data) and <http://vaccinationdilemma.com/chapters/Chapter2.pdf> because they demonstrate that the notion that vaccines save lives is a complete lie and the WHO cannot be trusted at all on this issue.

Point 3)

So what has happened to all these so-called vaccine preventable diseases if their complications are still just as, if not more, common but we no longer hear about them?

They have all been renamed – differentially diagnosed.

Measles has been renamed roseola, fifth disease, etc.

Polio has been renamed Guillain Barre, transverse myelitis, coxsackie, MS, cerebral palsy, viral meningitis (we actually use more respirators today than we ever did iron lungs by the way it is just that iron lungs were too expensive and dangerous to keep using).

Diphtheria/pertussis were renamed respiratory syncytial virus, croup, strep, pharyngitis , tonsillitis etc;

Hepatitis just runs its way through the alphabet.

Meningitis/pneumonia/sepsis blamed on Hib was renamed meningitis/pneumonia/sepsis blamed on some other bacteria.

Smallpox was renamed monkey pox/severe chicken pox.

Point 4)

So how did this all happen?

Well ironically, it didn't happen because of some wide conspiratorial effort to lie to the public - quite the opposite. It happened because doctors genuinely believed in vaccinations.

Once a vaccine is introduced doctors **are prejudiced against diagnosing that condition based on their belief/hope that the vaccine will work.** Indeed, this is why the gold standard for testing is supposed to be a *double* blind placebo trial - the doctor is not supposed to know you received the treatment because it will bias their diagnoses. Unfortunately, the data that is used to prove that vaccines work is not blinded. So why are they prejudiced? Well quite simply because they believe that the vaccine works! The whole thing is so incredibly simple and obvious really, but very often the more simple and obvious it is the harder it is to get our heads around how so many people could miss it – but there are thousands of historical precedents for such things.

Now, while this “diagnostic bias” makes perfect sense some of you might want to see more concrete evidence of it and you are in luck because, you see, while doctors don't generally need much encouragement in their pro-treatment bias, health bureaucracies will often explicitly encourage it anyway.

"To minimize the problem of false positive laboratory results, it is important to restrict case investigation and laboratory tests to patients most likely to have measles (i.e., those who meet

the clinical case definition, especially if they have risk factors for measles, such as being unvaccinated,[...]"

www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html

And here is the UK's National Health Service: "Following assessment, if a diagnosis of measles is considered likely, it is essential to notify the local Health Protection Unit (HPU)" and subsequently: "Measles is very unlikely in people who have been fully immunized", followed by "Consider a different cause if the patient is likely to have immunity"

<http://cks.nice.org.uk/measles#!diagnosis>

And this is for diphtheria: "Because diphtheria has occurred only rarely in the United States in recent years, many clinicians may not include diphtheria in their differential diagnoses. Clinicians are reminded to consider the diagnosis of respiratory diphtheria in patients with membranous pharyngitis and who are not up-to-date with vaccination against diphtheria."

<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt01-dip.html>

And this is for pertussis <http://www.phac-aspc.gc.ca/im/vpd-mev/pertussis/professionals-professionnels-eng.php>. According to the Canadian Public Health Agency only those who are not vaccinated (or for whom immunity has 'waned') are "at risk".

And for polio: "Consider polio in patients presenting with polio-like symptoms, especially if the person is unvaccinated and has recently traveled abroad to a place where polio still occurs, or was exposed to a person who recently traveled from such an area."

http://www.medscape.com/viewarticle/828839#vp_2

"In the absence of known smallpox disease, the predictive value of a positive smallpox diagnostic test is extremely low; therefore, testing to rule out smallpox should be limited to cases that fit the clinical case definition in order to lower the risk of obtaining a false-positive test result. "

<http://www.bt.cdc.gov/agent/smallpox/diagnosis/casedefinition.asp> and what is more even the deified polymerase chain reaction (PCR) can and has apparently given positive results for smallpox since its supposed eradication but, again, it couldn't have been smallpox because we all know smallpox doesn't exist does it? http://www.who.int/csr/disease/smallpox/abstract_meyer.pdf

In addition to the above, (as you can see from the above links and this one

<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt12-polio.html> and

<http://vactruth.com/2015/07/05/cdc-made-polio-disappear/>) **once a vaccine is introduced, generally speaking the diagnostic criteria is strengthened such that all cases need to be confirmed with a laboratory test (whereas before practically all cases are diagnosed on symptoms alone).**

Along with the pro-treatment bias of the doctors this pretty much guarantees that the number of diagnosed cases will fall dramatically - irrespective of whether the vaccine did any good.

And before people say “but what about the different viruses?” You need to remember that we virtually never looked for the specific disease causing germ before the vaccine is introduced (we simply assumed it was there) so the only way to make a sensible comparison is to compare the rates of symptoms/complications of these diseases before and after their vaccines to evaluate whether they worked.

In fact, demanding laboratory confirmation today (when it was never required before the vaccine) simply reinforces the fact that the decline in diseases is not real.

<http://www.ncbi.nlm.nih.gov/pubmed/23963122>

From the above we can see that, today, there are around 3 people in a mechanical ventilator in every ICU in the US.

Apparently there are nearly 6000 hospitals in the US (I assume practically every one has an ICU) so that gives around 20,000 people in ventilators in any one time.

In short, adjusting for population, people are around 8 times more likely to be in ventilator today than they were in an iron lung before the polio vaccine (there were 1200 at the so-called height of the polio epidemic: Source: Smithsonian).

Bearing in mind this is mechanical ventilation and doesn't include CPAP machines. So if these were included as well the figure would be vastly higher.

So people are at least 8 times as likely to need a ventilator today than before the polio vaccines.

But what of paralysis? I will include WHO data for the developing world first.

<https://www.facebook.com/photo.php?fbid=10206817678372895&set=a.1750128025376.2087895.1004117169&type=3&theater>
<http://extranet.who.int/polis/public/CaseCount.aspx> and [http://www.who.int/bulletin/archives/78\(3\)321.pdf](http://www.who.int/bulletin/archives/78(3)321.pdf) (see data for total AFP in India and other developing countries in 1996 and again in 2014)

And here is the data for the US:

<http://www.ssa.gov/policy/docs/ssb/v18n6/v18n6p20.pdf> and <http://www.census.gov/people/disability/publications/sipp2010.html> (Table A-4) (for disability rates). And http://www.christopherreeve.org/.../Paralysis_Facts... (Around one in 50 Americans have some paralysis and around 40 per cent of those cases are due to disease).

Of course smallpox exists. You can see that clearly here:

<https://www.google.com.au/search?q=monkeypox+photo&client=safari&rls=en&tbm=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiWnrqs7sDKAhXILKYKHSkpC5QQsAQIGw&biw=1298&bih=869>

Indeed, common sense would tell you that nobody could possibly know that a tiny little protein doesn't exist anywhere on the planet – the health agencies simply made the story of its eradication up. They made a claim that no mere mortal could possibly be sure of and the fact that they did this illustrates the fact that the entire smallpox myth is just one lie after another.

So as I say above, the so-called success of measles vaccine is nothing more than a self-fulfilling prophecy - a circularity. Same for polio, smallpox, diphtheria etc. None of them work. None of them could work. We have c100 trillion bacteria (and presumably an order of magnitude more viruses) on and in us all the time. Trying to fight disease by fighting them is like dipping a bucket into the ocean and pouring the contents onto land to fight drowning. If you are going to be petrified of encountering germs you may as well be petrified of breathing nitrogen.

[Needless to say, the pro-vaxer will be throwing out every excuse in the book to try and defend their belief when you make these claims. I have dealt with the most common two below.]

Pro-vaxer: “But the vaccines weren’t actually to prevent *total* cases of paralysis/deafness/congenital defects etc but just paralysis caused by the polio virus or congenital defects caused by rubella virus etc.”

Your response is three fold and can be applied to all of the vaccines but I will use polio as an example.

1) Which person in 1950 cared one iota about the polio virus per se as opposed to the total number of children who were crippled and why should anybody care now? The vaccine has to be measured against what people believed was going to occur which was a reduction in *total* rates of paralysis otherwise you are just shifting the goalposts.

2) We don’t know the prevalence of the germ today either in patients or the general population and we certainly don’t know its prevalence before the vaccine (in either patients or the general population). Such a thing has never been measured. So even if you are enough of a lunatic to believe that rates of paralysis were irrelevant but prevalence of the germ was all important then you still have no basis to claim the vaccines are a success.

3) If these diseases were so trivial that their eradication (or near eradication) made no measurable difference to total rates of paralysis/encephalitis/deafness etc then even if you believe their decline is real and can be credited to vaccines clearly they were never significant causes of ill health in the general population anyway and the vaccination program is a waste of time.

Actually, the best illustration of the above points is for hepatitis B and Hib. In both of these cases, the “diseases” are nothing more than a pathology test. It is lunacy of the highest order to suggest that the reason our great medical minds introduced their respective vaccines merely to ensure that less people would test positive to these microbes – they never even tested people en masse to get a base rate anyway. People thought Hib caused meningitis so they vaccinated for Hib *because* they thought it would reduce meningitis. Imagine if they had gone to governments and said “please can we put this on the schedule at great expense and with a whole bunch of side effects and the net effect will be absolutely no improvement in the total rates of meningitis?” Even some politicians would be too smart for that.

Pro-vaxer: But there are differences in the clinical (symptoms) presentations between Guillain Barre and polio; measles and roseola; diphtheria and strep etc.

Your response: “If these diseases could never be confused then why are they all listed as differential diagnoses of each other?”

For further elaboration if you want (again, using polio as an example):

“No two paralysis patients present *exactly* the same way. In terms of symptoms, some patients will tick 2 boxes in the GBS column, 3 in the polio column and 4 in the transverse myelitis column. Some will tick 4 in each column and so on and so forth. So doctors will use a range of factors alongside the symptoms to differentially diagnose and one of those factors is immunisation status.”

Extra information on their uselessness and the general health of the population:

Since the widespread use of vaccines, childhood disability rates in the US have risen ten fold and healthcare expenditure has increased to be four times what it was as a per cent of GDP.

<http://www.ssa.gov/policy/docs/ssb/v18n6/v18n6p20.pdf> and

<http://www.census.gov/people/disability/publications/sipp2010.html> (Table A-4) (for disability rates) [note that I have already provided these when discussing polio] and spending -

nejm.org/doi/full/10.1056/NEJMp1200478

In the UK and Australia it has been a threefold increase in per GDP healthcare spending since the widespread use of vaccines. An utter catastrophe. The revenue of Merck rose 60 times in real terms since 1953 (granted there have been a few mergers but clearly pharma companies have done very nicely since the advent of vaccines).

Now at this point vaccine fanatics will – with their usual brazen hypocrisy - respond that correlation doesn't prove causation but even if vaccines didn't *cause* this rise in disability rates it is nonetheless clear that they didn't provide any measurable benefit.

There is no such thing as incidence (or morbidity) data – the folly of notification data

Now, I have refrained from including this as part of the critique of the notion that vaccines reduced illness despite its importance. The reason being is that once you understand that doctors differentially diagnose on the basis of vaccination status and there is stricter criteria for diagnosing most of these so-called vaccine preventable diseases today than before the vaccine you have sufficient cause to explain why the success of vaccines is nothing more than a self-fulfilling prophecy so any technical stuff from then on is superfluous. However, this is a good thing to know as well because it further reinforces the fact that our opponents have no idea what they are talking about. They talk statistics all day long but none of them have the slightest clue how to use them correctly.

The data they constantly refer to as incidence or morbidity data is in fact called “notification data” which is simply how often a doctor sees and decides to notify the authorities of a condition. It is not incidence data and it cannot be used as an approximation for incidence data. Indeed, notifications were never initially intended to be used for time series analysis at all (let alone for evaluating the efficacy of a treatment) but to assist public health agencies with a rapid response to a disease cluster (which might be anything from measles to food poisoning). Regardless of whether you think that rapid response serves any productive purpose that is what the notification data is for.

But if you think about it, there is simply no way of knowing how many cases of measles or pertussis or diphtheria etc there actually are because so many cases of rash, cough or sore throat would never bother visiting a doctor. In one year it might be 5 per cent of such cases, in another year it might be 30 per cent. There is no way of knowing what that proportion is and indeed it will change based on how alert doctors (and patients) are to a particular condition. So if pertussis is in the news every other day doctors (and parents) will be on the lookout for it, if on the other hand everybody (both public and doctor) believes that the disease has been eradicated or virtually eradicated then they won't even consider it. They might not even consider it in the unvaccinated, let alone in those who have received the vaccine.

Looked at through this prism you should be able to work out why cases of pertussis have apparently increased so markedly in the past few years. There is every likelihood that there has in fact been no real increase but that doctors are simply more alert for it and so they will notify it whenever they hear someone with a bad cough. Indeed, many doctors will even suspect it in the vaccinated. Is the increase real? Maybe, but there is simply no way of knowing because notification data is far more sensitive to changes in the level of general panic over a disease than it is to actual rates of said disease.

The only conceptually valid way of measuring the rate of measles in the population is to do a random survey not use notification data. Of course, that would be reliant on the people's ability to self-diagnose. They might not be any worse than doctors but they certainly won't be very good so that is clearly not feasible at any rate.

So there is simply no way of knowing the amount of diseases that are *typically mild and transient* even conceptually let alone practically. It has never been done and quite possibly never will be done. That is another reason why counting severe so-called complications is vastly more valid than counting *reported* measles or diphtheria, etc cases. Severe complications will almost certainly at least see a doctor and more than likely will show up in things like census data or disability rates. A survey of a sample of the populous to find rates of blindness is likely to receive good estimates. A survey of a sample of people to find rates of rash caused by the measles virus in the last year would not.

Now, all of this is dialectic not rhetoric of course but it is certainly very useful information to have up your sleeve.

If you want an effective way to put the use of notification data (along with the fact that doctors differentially diagnose on vaccine status) then you can say:

“Using notification data to assess the benefit of vaccinations is like determining the change in the number of birds in Australia by counting their number in my backyard before and after my neighbour introduces a bird bath.”

Smallpox “eradication”

[Now, some of you may be tempted to just say “well we don't use this vaccine anymore so what does it matter?” That would be a bad idea. Remember that vaccines are completely useless at preventing disease but they do have a magical power to give those who believe in them the superhuman capacity to rationalise. If you say such a thing as the above your opponent will just take it as confirmation that vaccines are so wonderful they can wipe out diseases from the planet and if we just go harder with the other vaccines, they too can be consigned to history. The smallpox vaccine is not used anymore but it is a key plank behind the magical aura that surrounds these disgusting concoctions. Most people have no idea what vaccines they are getting but they believe that if it weren't for the smallpox vaccine they would all be dead and if it weren't for the polio vaccine they couldn't walk so dealing with the lie of the smallpox vaccine is very important.

*Unfortunately, with this vaccine we will have to approach it a little differently. Just like for the other vaccines, the disease has simply been renamed and the evidence for it working is nothing more than a self-fulfilling prophecy, however, with, say, polio you have an immensely powerful evidence based statement such as “rates of paralysis have actually *increased* since the polio vaccine” but there is no equivalent with the smallpox story (because useful data on smallpox complications is non-existent) so we will start off by demonstrating that those who have given us the smallpox story are not to be trusted and then we will move into the dialectic.]*

Most effective statement: Nobody could possibly know a tiny little protein doesn't exist anywhere on the planet – the health agencies simply made the story of its eradication up. They made a claim

that no mere mortal could possibly be sure of and the fact that they did this illustrates the fact that the entire smallpox myth is just one lie after another.

The Dialectic

The three main planks of the smallpox story are false:

- 1) Claims of its eradication are a bare faced lie. It still exists both from laboratory evidence and symptomatic people but the circular argument of “smallpox doesn’t exist anymore so everytime we see smallpox we will just declare those observations to be the product of sorcery” wins the day each time.
- 2) All of the claims about smallpox wiping out entire populations are fabricated.
- 3) Where actual counted data is available it is clear that the vaccine did nothing to reduce smallpox deaths.

Proof:

As I say above, given that the virus thought to cause smallpox is so tiny, how on Earth did the great medical minds know that it didn't exist anywhere on the planet when they declared it to be eradicated? Are they omniscient because one would think that no mere mortal could possibly know such a thing?

But hang on. Surely if the CDC/WHO etc had found smallpox then the whole caper would be over right? Well that’s the thing. Just like with other so-called vaccine preventable diseases, circular arguments are all pervasive in this paradigm.

The CDC actually admit that positive tests along with smallpox symptoms would not generally mean a smallpox diagnosis because - in a wonderful piece of circular reasoning - smallpox doesn't exist anymore.

“In the absence of known smallpox disease, the predictive value of a positive smallpox diagnostic test is extremely low; therefore, testing to rule out smallpox should be limited to cases that fit the clinical case definition in order to lower the risk of obtaining a false-positive test result. “

<http://www.bt.cdc.gov/agent/smallpox/diagnosis/casedefinition.asp> and what is more even the deified polymerase chain reaction (PCR) can and has apparently given positive results for smallpox since its supposed eradication but, again, it couldn't have been smallpox because we all know smallpox doesn't exist does it? http://www.who.int/csr/disease/smallpox/abstract_meyer.pdf

" Widespread smallpox testing, in the absence of disease, is likely to result in false-positive test results with unnecessary and alarming public health and security responses" along with "in the absence of endemic smallpox disease, the indiscriminate use of variola tests **will** [emphasis mine] lead to false positives" <http://emergency.cdc.gov/agent/smallpox/diagnosis/pdf/poxalgorithm5-2-14.pdf>.

Here are two stories related to the same outbreak.

<http://newsjharkhand.com/Topstories.asp?Details=2391> but not to worry you see because our erstwhile medical officials almost immediately decided that despite the children dying of pox conditions it couldn't possibly have been smallpox http://zeenews.india.com/home/no-small-pox-in-jharkhand-officials_695153.html. Note that they had already decided it wasn't smallpox before they had done the lab tests.

A cynic might suggest that pathology is completely meaningless and pathologists assign any interpretation that suits their prejudices and it is nothing more than a ruse to make doctors' processes have some semblance of science behind them.

And just in case you are left in any doubt that smallpox still exists – here is the photographic evidence:

<https://www.google.com.au/search?q=monkeypox+photo&client=safari&rls=en&tbm=isch&tbo=u&source=univ&sa=X&ved=0ahUKEwiWnrqs7sDKAhXILKYKHSkpC5QQsAQIGw&biw=1298&bih=869>

And by the way, all the talk of hundreds of millions of people dying of smallpox before it was eradicated are just wild guesses. These estimates come from countries with no cause of death data and barely any population data so there is no way of knowing how many people died, let alone what they died from. We do have **actual** smallpox mortality data from the likes of the UK and other European countries in the 18th century and it is clear from that data that the smallpox vaccine provided no measurable benefit. And the mortality rates from smallpox from those countries where smallpox deaths were actually counted as opposed to guessed are absolutely nothing like the propaganda. Smallpox death rates in London were typically around 2 per 1000 per year before the vaccine. Not trivial but nothing like the propaganda we are fed. And that was for a densely populated city which (if the mainstream theory of disease is to be believed) would presumably have been orders of magnitude more smallpox cases and deaths than rural populations.

What is more, deaths due to smallpox in those countries where actual data is available decreased at similar rates after the smallpox vaccine during the 19th century than it did for other diseases even though those other diseases (such as pertussis, diphtheria etc) had no vaccine at the time.

<http://people.wku.edu/charles.smith/wallace/S536.htm>

Some more explanation is here:

<http://www.vaccinationcouncil.org/2010/02/26/smallpox-vaccine-origins-of-vaccine-madness/>
<http://www.vaccinationcouncil.org/2010/02/26/smallpox-vaccine-origins-of-vaccine-madness/>

Further reading

The point of this document is to be as concise as possible and so all the links merely provide data which backs up the explicit points I make (ie people don't have to read what is in the link in order to understand the argument) and the arguments and links can all be copy and pasted at will (and no, I am not in the slightest bit concerned about attribution). But for those who want some more elaboration here are a few sources that are definitely worthwhile.

Greg Beattie is the person I owe almost all of the thought processes behind the chapter on vaccine efficacy too. His book *Fooling Ourselves* is amazing reading. I think my explanation/evidentiary support of doctors differentially diagnosing on the basis of immunisation status (plus the exclusion of many cases of measles/polio/pertussis etc based on extra criteria (lab confirmation)) is sufficient but his book provides greater elaboration. A lot of you struggle with confidence on making the case that vaccines don't work and this book will certainly help with that. He also has a superior explanation of notification data too but, again, I think you should now know what you need to know.

This is a link for the story of smallpox. <http://www.vaccinationcouncil.org/2010/02/26/smallpox-vaccine-origins-of-vaccine-madness/>

The reason I provide it is because even though I discuss the circularity of the apparent success of the smallpox vaccine I didn't provide any links to corroborate it vis-a-vis its complications and even though the vaccine is not in use the disease's supposed eradication is a significant part of the brainwashing so you will have to know how to deal with it. In other words, unlike the other vaccines where there is corroborating evidence demonstrating that it is useless, all we can say about smallpox is that there is no valid evidence for or against it being reduced. That is because other than deaths (which are discussed in the child health safety website graphs and these indicate the vaccine was worthless) there aren't any usefully measured supposed complications with which to compare pre-vaccine vs post-vaccine. Blindness is one condition thought to be a complication of smallpox but I don't have data for a significantly large country before and after the vaccine.

For a short sharp argument against the vaccine you can use this:

"In those countries that actually counted smallpox deaths it is clear from their data that the vaccine didn't save lives. Specifically, in countries such as the UK, deaths due to smallpox in the 19th century

fell at roughly the same rate as deaths due to other infectious diseases even though those other infectious diseases didn't have a vaccine for them."

<http://people.wku.edu/charles.smith/wallace/S536.htm>

I haven't read it myself but many people have said that Janine Roberts' *Fear of the Invisible* is brilliant. And that leads into the subject of the appendix.

Appendix:

The Germ Theory and why extremism (non-violent) is a good thing

I would have preferred to have included this as part of the main body but because most of you still believe in this I left it out with only a subtle pointing to it when I talk about us having c100 trillion bacteria in and on us. If you recognise the absurdity of the germ theory then you can and should use it. Yes, people will be so far out of their comfort zone at first. But just like the stuff about efficacy, the first time people hear it they will dismiss it as too fringe but if they hear it enough times from enough people then it will become part of their consciousness and they won't like the cognitive dissonance required to maintain their belief in the status quo.

Strategy

So in that vein I will give a word about our greatest bane. Not science fetishists or journalists or politicians or even the pharma companies. But moderates.

Most non-vaxers are petrified of sounding 'extreme' (which in our particular case actually means coherent) so our strategy has been to attack the leaves and branches (human rights and vaccine safety issues) as opposed to the trunk and roots (vaccine efficacy and germ theory). But you should be able to see that the whole notion of 'credibility' that so many of us strive for is nonsense when celebrities who support vaccines are lauded by all whereas immunologists who question vaccines are derided as crazy. Forget about striving for credibility, it is a fruitless quest. Pro-vaxers will berate you for saying "vaccines are super duper wonderful we just need to tweak them to make them safer" just as they will if you say "vaccines are a stupid and dangerous answer to a question only a complete lunatic would think to ask". The difference being that if you say the latter you exude strength and make it easier for others to ask questions (because they will use your extremism as cover to protect themselves).

Most people, when faced with issues of controversy they don't understand fall into the middle with a bias towards the side that exudes the most strength. The other side will occasionally say bare faced lies such as "no vaccine has ever caused any death or injury". Most non-vaxers will shake their heads when they encounter such brazen dishonesty, but now that you have read my material on rhetoric vs dialectic you should now understand why they do this.

Obviously the response is to challenge them to take the weight adjusted dose – their dishonesty soon becomes apparent then and they will actually undermine themselves but without an effective response their blatant dishonesty can in fact be incredibly effective for them.

The beauty is, our side can say "no vaccine works" and be completely honest. The material in the previous chapters provides the basis for saying such a thing in a statistical sense (ie that they haven't

done any *measurable* good) but the material below is more definitive. It proves that no vaccine works at all for anybody. Ever.

In short, our current strategy has been nothing short of catastrophic. But this is a good thing though because unlike, say, libertarianism whereby the dialectic is sound but the rhetoric is tricky, good anti-vaccine arguments are easy to make both on a dialectic *and* rhetorical level (for example the weight adjusted dose challenge). So if we fixed up our current terrible strategy, breaking this paradigm would actually be remarkably easy (well, easier than most of us imagine it to be). Just stop listening to moderates. Don't get me wrong, moderates should be protected and shown courtesy (they are after all on our side) but do not listen to them when they call for reconciliation or yielding or 'focusing on rights' – which they often will. Let politicians and journalists worry about such things when they realise how intransigent we are on this issue.

Rights are an adjunct argument – or a way of beginning the conversation – but consider this, 50 per cent of Libertarian Party voters (this was taken from a poll in Canada) support some form of mandating vaccination. Remember, libertarians live by the idea that the individual is sacrosanct so if you can't get the majority of them on board to support your rights to not have your body violated with poisons then it is utter folly to think the majority of conservative or socialist voters (most of whom love greater good arguments) are going to come on board (needless to say, libertarians are by far and away the best on this issue – but as I say, even they aren't very good). In addition, while the argument on safety I have given is very powerful, consider that many non-vaxers have vaccine injured children. Many of them vaccinated despite having heard plenty of stories of their dangers. If hearing plenty of credible stories didn't change their minds (until they saw a catastrophic reaction in one of their own) why would it make a difference to most other people? So to get significant traction you need to attack the idea that they work.

The entire paradigm

So back to proving the germ theory is a lie. Many of the below points are perfectly sufficient *by themselves* to demonstrate the absurdity of the germ theory (point (f), for example is mathematical proof that the whole thing is a lie) so it is not necessary to run through the list every single time you are discussing this with someone face to face, but on an internet post it makes more sense to do so. The most rhetorically effective is the bolded part of a).

Just a trick, when you provide these arguments your opponents may well try and shift the burden of proof on you to provide a viable alternative. Do not let them do this. Just make it clear that if germ theory proponents have so much logic and evidence on their side then they should be able to make a case for it without needing to attack any competing theories.

a) Despite the obvious enormous presence of germs in certain places (such as doctors' offices or hospitals) people don't drop dead the moment they enter these places. And that is despite the fact that many who enter are infants or already sick not to mention the doctors themselves who would

encounter dozens of different types of these supposedly contagious diseases in any week. If just exposure to one lot of germs provides a high likelihood of infection, just imagine how much danger there must be for those who are exposed to several dozen. Clearly the simultaneous (as in, they are already infected with one when they encounter another) exposure to so many diseases would render recovery all but impossible. And vaccines certainly wouldn't help given that this was true for the 1000s of years before they were introduced (not to mention it wouldn't help infants or doctors who are not fully vaccinated or against the plethora of diseases that don't have vaccines.)

- All the above is just to help with common responses but that is not how you should present it of course as this is the most powerful argument you can make against germ theory (rhetorically speaking that is, it is the second most powerful dialectically). So you want to say: **“if disease could be spread from person to person then doctors would have the lifespan of a fruitfly”**.

b) very often we see illness in people without any germs (as in the germs that we expect to find, germs are of course ubiquitous)

c) very often we see germs without any illness (indeed that is the norm);

d) contrary to most people's beliefs, we have never actually observed in vitro any germ doing what it is expected to do

e) the concept of T-cell memory is ostensibly unexplainable, no immunologist can come up with any remotely plausible explanation as to how single cells without consciousness can learn something as complex (non-discrete) as to how to fight off a self-replicating pathogen (even assuming such a thing could exist) and most admit they simply don't know. If you don't believe me on this. Just ask how T-cells/B-cells etc can memorise such a complex (non-discrete) task as how to fight off a self-replicating pathogen.

- There have been some attempts to explain it of course (for example it is sometimes said that there is a form of mini-evolution (natural selection) going). So what this means is that there are already T-cells/B-cells of the form necessary to fight the pathogen and they get “selected” when they match the particular antigen. There are so many holes in this explanation of course, for instance that it requires there to be an infinite number of types of T-cells/B-cells to match the infinite number of possible pathogens and how can the very cell that has been sacrificed to fight the pathogen be the one that is successfully “selected” to reproduce more copies of itself? Not to mention the fact that if our bodies already had the correctly matching T-cell/B-cell and if it were safe for our bodies to produce them in large quantities, why would it wait until it encountered the antigen to do this? The only possible reason is that it is not safe to produce large quantities of said T/B cells and therefore vaccination for a whole bunch of diseases is an unbelievably stupid idea.

f) if the germ theory were true how could we possibly survive? If these bacteria/viruses were able to replicate inside our bodies “at will”, how could our defenses ever cope? If mercury was able to replicate then presumably the smallest dose would guarantee our death. If it only took one surviving microbe after the T-cells had led their onslaught, why wouldn't we just continually be sick? In short, in the absence of a negative feedback in the system then you must get a runaway effect. So either there are no self-replicating pathogens or there are no organisms. Positing an immune system – even disregarding its arbitrariness - still doesn't help because the immune cells cannot grow *endogenously* as the number of pathogens increases (in contrast to a normal biological system like, say, wolves which would increase endogenously in response to an exogenous increase in sheep).

g) if people have the germs on them at all time but their immune systems are able to keep them at bay why is it that the moment we get sick all the supposedly pathogenic microbes (ie the ones that haven't made us sick) on us don't use that opportunity to destroy us? This is similar to f) and it also relates to a). Nobody ever thinks about the fact that an infection should leave us vulnerable to any other germ (because of our supposedly preoccupied immune system) so opportunistic infections wouldn't be the exception they would be universal.

h) what role do viruses and bacteria play in evolution? Is there no point to these things other than to make life difficult for every other organism? Of course nature doesn't have to have a point, but still it does seem a little odd that pretty much everything else is in symbiosis but these things only serve to destroy.

i) whilst there are some diseases that we apparently only get once and some that often happen in clusters, there are many diseases we get many times in our lives and some that don't seem to cluster at all or if they do, not necessarily the way we expect.

j) why the symptoms? Why do the germs cause the specific symptoms that they do? Or is it our bodies that are causing the symptoms in the hope of clearing the infection – but if so, wouldn't antibiotics and analgesics (which get rid of the symptoms) be completely insane?

k) the fact that epidemics come and go without herd immunity, vaccinations or cures and somehow managed to die off before wiping out all of humanity (SARS, bird flu, etc). How does this happen according to the germ theory? Do trillions and trillions of viral particles simultaneously mutate into a benign form?

l) Similar to k), we are told to get a different flu virus every year because we need to be covered for the four or five new strains that apparently come out each year. But what about the strains from previous years that we never had the chance to be immune to either through vaccinations or infection? Is it the case that when one flu virus mutates every other one mutates at the exact same time in the exact same way? Seems unlikely. Nonetheless, it appears as though it is the only possible way to explain this phenomena that is consistent with the germ theory.

m) if hepatitis b, measles and varicella viruses can infect us chronically then how on Earth can we get immunity to these pathogens? If having them reside in our bodies for years or even decades is not sufficient for our immune system to learn how to fight them then how stupid would you have to be to think that a vaccine would be of any assistance?

The reason I bolded n) is because other than a) it is the easiest for most of you to argue on when fighting on this front. You can use any of them of course but some are more tricky than others.

Now, with all this it is a wonder that anybody ever fell for such lunacy. There are only 3 reasons to support germ theory: i) diseases **can** cluster (although as a) shows it doesn't cluster in anything like the way the germ theory predicts); ii) the apparent success of antibiotics; iii) the apparent success of vaccines. Obviously ii) and iii) were not the initial reasons for contemplating the possibility of the germ theory but they are given as retrospective evidence.

The chapter on efficacy has already dealt with iii) so there is no need to worry about that anymore. What about the success of antibiotics? You will need to pay attention to this response as it is a little tricky as it can't so easily be dismissed as a self-fulfilling prophecy because antibiotic drug testing does actually measure (in a blinded fashion) the level of symptoms in the abx and non-abx cohort (which isn't done with vaccinations). So abx **do** reduce symptoms (or at least they often do). But consider this: so do analgesics (from paracetamol to narcotics) but nobody claims that analgesics get to the root cause of the problem. In other words - do abx simply reduce symptoms in the same manner as analgesics do (ie through their effect on the mind rather than their effect on germs)? Now, antibiotics **do** kill germs - that is one reason I would say people should avoid them in fact, but is it possible that abx don't actually work through this particular mechanism and instead, inasmuch as they work, it is only through a mimicking of an analgesic type mechanism? A priori we can't say but we can say from the points a) through n) that germs are **not** the cause of disease so it is clear that this explanation is the only plausible one. So that is how you would counter a "what about antibiotics?" question - you would say "analgesics reduce symptoms too but it doesn't logically follow that they fix the root cause".

Now, if all this sounds like a clutching at straws argument this is understandable so far but we have one trump up our sleeve to prove that it is in fact the only sensible explanation that fits. Recurrent antibiotic use for the same supposed infection. If the abx worked as advertised as opposed to how I just described it then once you had cleared the supposed infection then you would be no more likely to get the same condition in the future as anybody else. But that is most assuredly not the case as many people use abx for the same condition time after time. The patient might have used the abx and resolved the root cause (by coincidence) in which case there will be no recurrent use, but it is highly likely that that won't be the case and as the root cause is still there all the abx have done is pushed the problem back to manifest at a later date.

For those people who love studies here is one that illustrates the above (although the authors had no idea of this of course). <http://www.ncbi.nlm.nih.gov/pubmed/10921511> Antibiotics were shown to *temporarily* reduce symptoms in autistic children. The authors – obsessed with germs – figured that this must have been because it affected bad gut bacteria but a far more sensible conclusion is that the abx affected the mind sufficiently to dampen the symptoms just like they can dampen the symptoms of other diseases. They can never truly fix the problem though because germs are not the issue.

So, we can conclude that abx do not work as advertised and simply suppress symptoms.

So what about clustering? Presumably this is how the germ theory lunacy gained traction all those years ago. Because siblings would come down with measles at the same time or classmates all suffer from chicken pox or similar people got the idea that disease could be "spread" – astonishingly ignoring all the doctors and nurses who spent their lives around sick people with normal longevity.

So the question is if disease can cluster. How? Obviously it has to be through something we can share. We can share germs presumably but that can be ruled out because of a) through n). So what else? Well two obvious ones are nutrition/poisons and stress/trauma. That is not to rule *all* other possibilities out of course but we can definitely rule out germs. There is no need for the purposes of this for you to go through and systematise what causes what [this has been done by the way], merely to say that poisoning (eg a tainted water supply) could easily account for some disease clustering and stress/trauma shared by several people (eg they were all working on a common project or were all in the same war and experienced the same traumas) can account for many cases of clustering too.

So those are your answers to the 3 positive claims put up for germ theory. And of course you have 14 points each of which renders the germ theory ridiculous and in some cases literally impossible.