

**Here is what Dr. Brownstein, a board-certified family physician, whose goal is to inform the world about the power of holistic health solutions, has to say about Vaccines:**



Dr. Brownstein says: “I am not anti-vaccine. I am pro-health. If vaccines were safe and effective, I would be on-board with the CDC’s (Centers for Disease Control and Prevention) recommendations. However, we are presently giving too many ineffective vaccines which contain toxic ingredients and do not work as advertised.”

**Here is what Dr. Brownstein has to say about the Flu Vaccine:**

The flu and cold season is upon us. I have already seen numerous patients suffering with upper respiratory illnesses and even weathered my first bout.

The CDC and the Powers-That-Be would have you believe that you should receive the influenza vaccine on a yearly basis. (1) They claim that the flu vaccine can save thousands of lives. Of course, I have written to you many times that there is not a single study that has ever supported the claim that the flu vaccine saves any lives. In fact, the history of the flu vaccine shows clearly that it fails nearly all who take it.

A recent article in Family Practice News (**September 1, 2017, p. 10**) was titled, “Inactivated quadrivalent influenza vaccine safe, effective.” The article states, “An intramuscular inactivated quadrivalent influenza vaccine reduced the risk of laboratory-confirmed influenza by up to 69% in previously unvaccinated children aged 6-35 months in a large randomized trial—reported at the annual meeting of the European Society for Paediatric (sic) Infectious Diseases.”

Wow. I have studied the influenza vaccine for years and I know that there is not one study that has shown the flu vaccine very effective for preventing the flu. Is this something new? I pulled the study and read it. Here’s what I found.

The study included 5,806 healthy 6-35-month-olds. More than 5,400 were randomized to two doses of the quadrivalent vaccine (Fluzone) or placebo. The trial was conducted in Europe, Asia, South America and Africa between March 2014 and September 2016. The incidence of any laboratory-confirmed strain of influenza illness during the period from 14 days post-vaccination to the end of the flu season was 1.01% in the Fluzone group and 3.28% in those who received the placebo.

How did they get the 69% efficacy rate? They used the relative risk statistical analysis by simply dividing 1.01 into 3.28. When I lecture to health care professionals about statistics, I tell them that the relative risk analysis is used by the Big Pharma Cartel to make a poorly performing drug or therapy look better than it actually is. Relative risk analysis should never be used when making clinical decisions about whether to prescribe a drug or therapy. Sadly, most doctors and other health care professionals have no knowledge about how to properly review a medical study because they do not understand statistics.

The more accurate way to determine the effectiveness of the flu vaccine in this study (and all other studies as well) is to use the absolute risk difference. In the Fluzone study, the absolute risk difference between the Fluzone and the placebo group was 2.27% (3.28%-1.01%). That means that Fluzone was nearly 98% ineffective in preventing the flu as there was only a 2.27% benefit received for those who were vaccinated. In other words, this study showed that injecting Fluzone failed nearly 98%—they received no protection from the flu.

Folks, this is another study showing a flu vaccine failing the vast majority who receive it. This study is consistent with other flu vaccine studies. Why would anyone prescribe—much less take—a therapy that fails nearly 98% who receive it?

Flu season is approaching. Should you get a flu vaccine that fails the vast majority—98%—of the time? Fuggetaboutit!

**Here is what he has to say about the vaccine for shingles:**

A recent article in the New York Times (10.25.17) got me going—it was titled, “**CDC Panel Recommends a New Shingles Vaccine.**” The new vaccine—Shingrix—is manufactured by

GlaxoSmithKline for adults 50 and older. The Advisory Committee on Immunization Practices, which is part of the CDC, now recommends Shingrix over the old shingles vaccine—Merck's Zostavax. Amazingly, the new recommendations now state that adults who have received the older shingles vaccine should now get the new one.

GlaxoSmithKline will have another blockbuster vaccine as the cost for Shingrix is estimated to be \$280 for two doses and it will be recommended for every adult over the age of 50. The article in the NYT states, "...clinical trials showed {Shingrix} to be about 98% effective for one year and 85% effective at preventing shingles for three years. Since one in three adult Americans will contact shingles at some point in their lives, a vaccine that is effective at preventing shingles would be good thing.

I have written about the failure of the older vaccine-Zostavax—for many years in both my blog posts and my **Natural Way to Health Newsletter**. In those articles, I show you that Zostavax fails nearly 99% who take it. Naturally, anything that fails 99% who take it, should not be prescribed.

Let's look at the Shingrix data. I went to the **Physicians' Desk Reference** information on Shingrix. In section 14, the clinical trials used to get the vaccine approved are described. There were 14,759 subjects aged 50 years and older who received two doses of either Shingrix or placebo. In the NYT article, it was written that SHingrix was about 98% effective at preventing shingles for one year. The PDR report stated that same thing. If this vaccine was truly 98% effective, then I would have to seriously consider recommending Shingrix.

#### **Here's the actual data:**

Six people out of 7,344 who received the two doses of Shingrix developed shingles—that is 0.08%. 210 out of 7,415 people who received the placebo became ill with shingles—that is 3%. How do they get 98% efficacy out of these numbers? Again, I have written about how the Big Pharma Cartel manipulates statistics to make a poorly performing drug or therapy look better than it actually is by using the relative risk (RR). Dividing .08% by 3% and subtracting from one provides the RR decline of nearly 98%. However, the relative risk is an inaccurate statistical model that should never be used to make clinical decisions. The more appropriate statistical model to determine if a drug or therapy should be used is the absolute risk reduction (ARR).

The ARR for this study can be calculated here:  $3\% - 0.08\% = 2.9\%$ . Therefore, a more appropriate determination of the effectiveness of Shingrix is that it is 2.9% effective at preventing shingles for a median of 3.1 years (the length of the study). And a true statement about Shingrix is that it takes 34 people to be vaccinated with Shingrix (1/2.9%) to prevent one case of shingles. That means the drug failed 33 out of 34 who took it which is a 97% failure rate!

So, Shingrix is certainly better than Zostavax since Zostavax fails 99% who take it. What an improvement. And, all for just under \$300.

Yes, shingles is a horrible illness. I had it a year ago. A great treatment for shingles is ozone injections into the nerve root where shingles is occurring. It works nearly every time if it is done within a few days of the onset of the illness. Also, taking vitamin C (5-10,000mg/day) and L-lysine (1,000mg three times per day) helps.

Folks, I did not even get into the safety of Shingrix here as this blog post is too long. This vaccine contains polysorbate 80 which is a substance that has been linked to anaphylactic reactions and has been shown to cause infertility in mammals as well as hormonal changes in rats. Polysorbate 80 should not be injected into any living being.

#### **Here is what Dr. Brownstein has to say about the vaccine for Autism:**

The data that was altered showed a whopping 240% increase in autism cases among African American males who received the MMR vaccine before 36 months of age. Furthermore, there was a 69% increase risk in any male injected with MMR before 36 months of age. Guess which racial group has the highest incidence of autism? If you guessed African American males, you win the prize. Guess who suffers with more autism, boys or girls? If you guessed boys, you win again.

A logical person might assume that when a senior CDC scientist states that major misconduct has occurred at the CDC—which may impact the health of millions of our children—our Government would go into action investigating the situation.

Folks, I am tired of writing about this. I see patients who have been damaged by vaccines. There is no excuse for any healthcare practitioner to defend the current vaccine schedule when it has not been properly studied. There is no excuse for any healthcare practitioner to justify the use of vaccines that contain neurotoxins and carcinogens that include aluminum, formaldehyde and mercury.

Our children are mandated by the Powers-That-Be to have more and more vaccines. The state of health of U.S. children is a disaster. When compared to other Western countries, our children suffer with more autism, arthritis, cancer, and chronic illness. Our schools are suffering under the enormous weight of special needs children.

Somebody show me a study where our children, the most vaccinated children on the planet, are healthier than other Western children.

**If you want more good information about Vaccines or many other health related topics check out Dr. Brownstein's Blog at [blog.drbrownstein.com](http://blog.drbrownstein.com)**

**Another source of honest information about Vaccines is Natural News: New York Times in 2017 confirms what Natural News has been reporting for a decade**

Natural News, of course, has repeatedly warned that mumps outbreaks occur predominantly among children who have been vaccinated against mumps, thereby proving that mumps vaccines don't work. This realization is fully aligned with the shocking science discovery publicized last week that solved the riddle of why flu shots don't work, too.

Earlier this year, Natural News scooped the New York Times, reporting, "Mumps outbreaks reported among vaccinated children ... Is the vaccine causing the outbreaks?"

Even before that, Natural News has been trailblazing truth-based journalism on the topic of vaccines with all the following stories that further support what the New York Times has only now discovered... that mumps vaccines don't work. Some of the stories we've published over the last decade include:

- Mumps stupidity: After vaccines fail to stop mumps outbreaks, brain dead journalists call for a THIRD round of injections... Soon it will be a fourth!
- Measles outbreak likely caused by vaccinated children, science shows
- 85% of measles outbreak victims already received vaccinations
- Soccer star gets mumps after being vaccinated with Merck's fraudulent MMR vaccine
- Mumps outbreak spreads among people who got vaccinated against mumps
- Forty people contract mumps at Harvard ... all were vaccinated ... mumps vaccines based on scientific fraud

Once again, the news you read on Natural News five or ten years ago is now today's news in the New York Times. (If you want to stay 5 – 10 years ahead of the game, read Natural News daily.)

**When the first vaccine doesn't work, try a second or third shot, vaccine quacks insist**

Pathetically (and predictably), the New York Times is pushing the same old quackery the vaccine industry has historically invoked to try to cover up the fact that their products were only approved based on **systematic scientific fraud** (see below for details). Essentially, they're all claiming that the way to stop vaccinated people from spreading mumps is to **vaccinate them over and over again** with the same vaccine that didn't work the first time.

**If you want more information about how vaccines do not work go to [NaturalNews.com](http://NaturalNews.com)**