

**The Vaccination  
Process:  
An Important Risk Factor  
for Chronic Disease**

**Synopsis**

Adverse effects difficult to recognize and/or acknowledge: "invisible"

- 1) Specific effects of specific vaccines
- 2) Non-specific effects of vaccination *per se*
- 3) How vaccination *works*, what it accomplishes
- 4) Implications for health policy

**Renal Failure after MMR Vaccination**

A. J., boy, 15 months, healthy until MMR  
 In 2 week: severe flu-like illness  
 Grew steadily worse, face became puffy  
 In 6 weeks: diagnosed "nephrotic syndrome"  
 Biopsy: "focal sclerosing glomerulonephritis"  
 Mother suspected MMR  
 Doctors dismissed it as a "coincidence"  
 Next 4 years: hospitalized repeatedly,  
 Missed many months of school  
 Age 5: complete remission, off all drugs  
 Remained healthy and normal for 5 years

**Relapse after MMR Booster**

Age 10: pediatrician cited "rise in measles cases," urged second shot  
 Mom scared, but found zero on renal failure as possible adverse reaction, so reluctantly agreed  
 In 10 days: major relapse, 4+ proteinuria, massive edema, hospitalized in hypertensive crisis:  
 Hematuria, pulmonary edema, anasarca  
 On Cytoxan, high doses of steroids, 3 other drugs  
 Improved slowly, missed 7 more months of school

**MD's Still Insist It's a Coincidence**

Mom wrote me 2 years later for 2<sup>nd</sup> opinion  
 Still on daily meds for high BP, 4+ proteinuria  
 Doctor: major kidney damage, will need transplant  
 Mom sure it was MMR, MD's still said "a coincidence"  
 Manufacturer sent 2 case reports of MMR nephritis  
 Mom: "Hard to get information or ask questions  
 We don't use proper terms, are made to feel stupid  
 Please tell me if my ideas are reasonable"

-- J. J., Kalamazoo, Michigan

**MMR Nephritis: Four Case Reports**

Kuzemko, J., *British Medical Journal* **284**:665, 1972  
 2 kids developed nephrotic syndrome after MMR  
 Boy, 21 months, edema, ascites, massive proteinuria 3 days after shot  
 Boy, 4, massive edema, proteinuria, 8 days after  
 Ahuja, A., & Wright, M., *British Medical Journal* **299**:796, 1989  
 Girl, 13 months, generalized edema, ascites, proteinuria, beginning 6 days after shot  
 From memory: young child, nephrosis, 14 days later  
 -- Sent to mother of A. J. by vaccine manufacturer at mother's request

### Reportable Events Following Vaccination

DPT	Anaphylaxis	24 hours
	Encephalopathy	7 days
	Shock, collapse	7 days
MMR	Anaphylaxis	24 hours
	Encephalopathy (SSPE)	15 days
OPV	Paralytic polio	30 days
IPV	Anaphylaxis	24 hours

-- *MMWR*, 1988

### Case of DPT Encephalopathy

Girl, 18 mos., healthy, social, speaking words: video  
1 week after DPT/HiB/OPV, bizarre screaming  
Stopped talking, ignored kids, no eye contact  
Hand-flapping, other behaviors: MD said "autistic"  
MRI (Mayo Clinic): Cb inflammation, demyelination  
Peds said "post-vaccinal encephalitis" -- *privately*  
Local docs insisted "coincidence," not from vaccine  
Mother suing Canadian Government for damages

-- Letter from child's mother

### Another DPT Case

Boy, 3, born normal and healthy in every way  
After 1<sup>st</sup> DPT at 6 weeks, arrested growth, multiple  
developmental delays, diagnosed "failure to thrive"  
But then slowly recovered  
After 2<sup>nd</sup> DPT at 5 months, delays much more extreme,  
has never recovered  
Now 3, with mental capacity of 18-month-old infant  
Given effect of 1<sup>st</sup> shot, should not have had the 2<sup>nd</sup>

-- Letter from child's attorney

### The Empire Strikes Back

No child without prior history had a seizure in the 3  
days after DPT as the start of major CNS disease.  
Serious CNS disease is rarely if ever caused by DPT.  
-- Mortimer, *JAMA*, 1990

In studies involving 230,000 children and 713,000  
vaccinations, no evidence of a causal relationship  
was found between DPT & permanent CNS disease.  
It's the end of the 20<sup>th</sup> century, time for the myth of  
"DPT encephalopathy" to come to an end.

-- Cherry, *JAMA*, 1990

### IOM Review of Adverse Effects

No evidence for causal relationship: DPT in autism  
Inadequate evidence for or against: DPT in aseptic  
meningitis, chronic encephalopathy, erythema  
multiforme, Guillain-Barré syndrome, diabetes, ADD,  
learning disability, thrombocytopenia; MMR in  
thrombocytopenia, peripheral neuropathy  
Evidence favored rejection of cause: DPT in Reyes'  
syndrome, SIDS; MMR in none  
Evidence favored acceptance: DPT in acute  
encephalopathy, shock; MMR in chronic arthritis  
Evidence established cause: DPT in anaphylaxis,  
protracted crying; MMR in acute arthritis

-- Institute of Medicine Report, 1991

### Adverse Effects "Invisible"

To be counted, reaction must occur within  
hours or days of the vaccination, and  
present as sudden, dramatic injury, very  
rarely as ongoing disease process

To be compensated, reaction must be one  
of the very few already recognized, such  
as anaphylaxis, shock, SSPE

### ACIP Double-Talk

Encephalopathy and/or seizures reported after DPT  
 Unclear whether vaccine *causes* or coincidentally-related  
 NCE study: DPT can cause encephalopathy  
 Kids with major CNS dysfunction after DPT more likely  
 to have CNS dysfunction 10 years later, and  
 to have been given DPT within 7 days of onset  
 Three possible explanations:  
 Dysfunction *caused* by DPT  
 DPT *triggered* it, but fever, infection, etc., could also  
 DPT caused *acute*; chronic would've occurred anyway  
 • -- **MMWR, 1996**

### ACIP on DPT Encephalopathy (Cont'd)

Data don't support any one explanation over others:  
*we can't tell the difference*  
 Suggest causal role in *acute* CNS injury after DPT  
 Unclear if DPT increases risk of chronic disease 10  
 years later  
 SIDS listed cause of death for 6000 infants yearly in  
 US Peak incidence at 2-4 months  
 Many cases of close proximity between DPT and SIDS  
 to be expected by simple chance  
 -- **Ibid.**

### Adverse Vaccine Reactions Excluded by Definition

ACIP admits adverse reaction only if vaccine *forces* it  
 to occur  
 Victims must prove absence of pre-existing tendency  
 But impossible to prove an *absence*  
 ACIP admits they can't tell the difference  
 They do accept rare acute events, like anaphylaxis  
 No illness possible without external morbid influences  
 and individuals sensitized or receptive to them  
 Absurd, illogical to limit "cause" to fixed quantum of  
 force achieving same effect in every individual  
 Exceptions: car accidents, gunshot wounds, surgery,  
 anatomical dissection (the dead presumably no  
 longer susceptible)

### DPT and SIDS

Device monitoring infant breathing patterns showed  
 Brief episodes of shallow breathing in healthy NB's  
 After DPT, many more episodes, longer-lasting  
 Many sustained, apneic, needed emergency  
 resuscitation  
 Earlier US studies pointed to similar conclusion  
 Yet Scheibner's work never accepted in Australia,  
 totally ignored in US  
 -- **Scheibner, Vaccination: a Medical Assault on  
 the Immune System, 1993**

### DPT and SIDS (cont'd)

Sweden discontinued mandatory DPT in 1979  
 Study: in 1947, 10% of SIDS in 1<sup>st</sup> year of life  
 By 1975, over 50% " " " " " " "  
 Of these early cases, 84% fully vaccinated  
 UK discontinued mandatory DPT in 1976  
 NCE Study: Cb damage 1° within 7 days of shot  
 Japan postponed DPT until 2 years of age  
 SIDS disappeared as public health issue  
 Of all developed countries, only US still mandates it

### MMR and Autism: Wakefield's Studies

1995: Wakefield found that kids vaccinated with  
 MMR 3 times more likely to  
 develop Crohn's disease later in life  
 2 times more likely to develop ulcerative colitis  
 1998: MMR kids with autism showed  
 1) small-bowel lesions like those of Crohn's/colitis  
 2) IgC antibodies in blood specific to measles  
 3) specific measles antigens in GI lymphoid tissue  
 Normal kids had none of these findings

### MMR and Autism (con'td)

Wakefield's work replicated in Japan  
 Similar combinations of autism, IBD, and food/  
 environmental allergies reported in US, UK, Canada,  
 Australia, Western Europe, Asia  
 UK reported dramatic increase in autism 10 years  
 later than US, just when MMR introduced over  
 there  
 Yet autism first identified in 1943, 1 year after DPT  
 introduced in US, also diagnosed in DPT cases  
 Wastebasket term for Cb damage or encephalopathy  
 Not specific for MMR: connection has to do with  
 timing (often diagnosed at 18 months or after)

### Richard Horton on Censorship

Today vaccines are largely an untouchable subject,  
 their benefits too obvious to be questioned.

Any hint of dissent concerning their clinical  
 effectiveness and overall social value is met with  
 bitter rebuttal and resentment.

A former President of the UK Academy of Sciences  
 actually threatened to get me sacked for publishing  
 work that raised questions about the MMR vaccine,

While at a dinner party years later, the partner of a  
 government vaccine specialist asked, "Will you ever  
 be forgiven?"

-- "Vaccine Myths," in *Health Wars*, NYRB, 2003

### Auto-Immune Reactions to Hep B in the Literature

**Cryoglobulinemia:** *NEJM*, 1996    **Lupus:** *PDR*, 2001  
**Vasculitis:**            *NEJM*, 1996    **CFS:** *PDR*, 2001  
**Thyroiditis:** *J. Endocrin.*, 1998    **GBS:** *PDR*, 2001  
**Optic Neuritis:**        *PDR*, 2001    **MS:** *WisMedJ*, 1996  
**Thrombocytopenia:** *PDR*, 2001    **RA:** *NVIC*, 1998  
**Lymphadenopathy:** *PDR*, 2001    **IDDM:** *NVIC*, 1998  
**Elevated ESR:**         *PDR*, 2001    **SIDS:** *NVIC*, 1998  
**Elevated LFT's:**       *PDR*, 2001    **Hives:** *PDR*, 2001  
**Lymphadenopathy:** *PDR*, 2001

### The ACIP Whitewash

Hep B vaccine is safe to administer to adults and  
 children

Over 10 million adults, 2 million infants and children  
 vaccinated in US, over 12 million children  
 worldwide

Pain in injection site, fever commonest side-effects,  
 low incidence of anaphylaxis

Large-scale programs in Alaska, NZ, Taiwan haven't  
 established association with other adverse effects

Any presumed risk must be balanced against the risk  
 of hepatitis B liver disease, cirrhosis, liver cancer

ACIP Update *MMWR*, 1996

### Chemical, Environmental Sensitivities after Hep B

Girl, 10, with IDDM, stable, in good health otherwise  
 First dose at 14: hives all over, itchy, puffy, very ill  
 2 weeks: joint pains, giant hives, scratched till bled  
 6 weeks: high ANA, ESR, dx'd lupus, reacted to  
 chemicals, additives that never bothered before  
 Flareups with each new sensitivity, IDDM unstable  
 "Before Hep B, no allergies; now, new ones each  
 week Was active, on swim team, won awards, full  
 of life Now avoids sun, on strict diet & heavy meds  
 daily"

After 4 years, awarded settlement of \$5000

### Auto-Immune Thyroiditis after Hep B

Lab tech, 24, healthy, developed chronic dry cough  
 after 2<sup>nd</sup> dose, dx'd bronchitis, given antibiotics  
 No obvious reaction after 3<sup>rd</sup> dose

1 year later: no Ab's, given 2<sup>nd</sup> round of shots

After 1<sup>st</sup> dose: URI, weak, tired, hoarse for months

After 2<sup>nd</sup> dose: cough, palpitations, woke in panic

After 3<sup>rd</sup> dose: no improvement, dx became chronic

TSH high, thyroid Ab's: dx'd Hashimoto's

Vertigo, ataxia, goiter, GERD, migraine, with meds

Hoarse, can't sing, "main pleasure in life"

-- VICP Case, Dismissed Without a Hearing

**Mixed Connective-Tissue Disease after Hep B**

Boy, 10, healthy till Hep B: in 1 week, flu-like illness, swollen node, fever, joint pains, became chronic  
 In 4 months, lost 20% of weight, high ESR, hard subcutaneous nodules, on prednisone 8 years  
 Growth, sexual maturation stunted, more nodules, larger, discharging serous fluid: stopped meds at 18  
 1<sup>st</sup> visit: eyes, face red, swollen, many large nodules, muscular & sexual development at age 12  
 Improved on Rx's, no fever or pain, ESR normal  
 Nodules disappearing, athletic, did well in college  
 Parents, peds certain that Hep B main cause  
 -- Moskowitz, "Hidden in Plain Sight," *JAHM*, 2005

**SIDS after Hep B**

Healthy newborn boy, got Hep B on 13<sup>th</sup> day of life  
 Persistent crying, screaming, lasted all day & night  
 Continued throughout following day  
 Next morning, mother found him dead in crib  
 Autopsy confirmed that he died of SIDS  
 Pediatrician: "one of the healthiest babies he'd ever seen"  
 "Hep B Vaccine," *NVIC Special Report, 1998*

**Adverse Effects I See in My Practice**

Ignored, overlooked by peds, parents alike because involve common dx's: otitis media, sinusitis, asthma, allergies, ADD, autism, learning disabilities, etc. Involve pre-existing tendency, making worse what's already there  
 Involve time lag of weeks, beyond accepted limits  
 Most effects of vaccination *per se*, not specific vaccine  
 Any vaccine will do, even different ones in same kid  
 Other environmental factors also implicated  
 Link often obscure until kid gets well, then relapses after booster dose  
 Yet common enough to be the rule, rather than exception

**Relapse of Old Enuresis, OCD after MMR**

Girl, 18, suffered for years with enuresis, major OCD  
 With homeopathic treatment, essentially well and symptom-free for over 10 years  
 College required MMR booster for admission  
 Relapsed almost immediately: wetting every night, elaborate bedtime rituals; obsessive, perfectionistic about small details of daily living  
 Repeated old Rx, bedwetting, OCD gone in 2 months  
 Completed B. A. at top college, sx "not a problem"  
 -- Moskowitz, 2005, *op. cit.*

**Multiple Ear Infections**

Girl, 15 months, with recurrent otitis media: 1<sup>st</sup> one at 2 months, with T. 103°F., soon after 1<sup>st</sup> DPT  
 Later episodes afebrile: some fussing, pulling at ear  
 Twice dx'd, treated on routine exam, asymptomatic  
 6 courses of antibiotics so far: diarrhea each time  
 Gave constitutional Rx, asked mom to delay vaccines  
 2 weeks later, acute episode with high fever, like 1<sup>st</sup>  
 Well in 2 days on acute Rx's, repeated constitutional  
 Healthy, thriving, and developing normally since:  
 no OM's, no antibiotics, no shots  
 -- Moskowitz, 2005, *op. cit.*

**Ear Infections after Two Different Vaccines**

Girl, 10 months, already had 4 rounds of antibiotics  
 Weaned at 2 months, unwell on milk-based formula  
 Worse after 1<sup>st</sup> DPT, developed OM in 2 weeks, with high fever, violent earache, like all the others  
 Did well on Rx's for 6 months: no OM's, still mild sx  
 Parents separated: dad took her for MMR  
 3 OM's in rapid succession, did well on Rx's  
 Relapsed when dad took her for vaccines, fed dairy  
 Now 18, strong constitution, mature immune system  
 Responds acutely/vigorously when ill, recovers fast  
 -- Moskowitz, 2005, *op. cit.*

### Asthma, Allergies

Boy, 4, with allergic asthma for 2 years, on steroid inhalers, bronchodilators all year round  
 8 major flare-ups, many with antibiotics, prednisone  
 With Rx's, cut inhalers by 50%, peak flows improved  
 Got through winter without asthma for 1<sup>st</sup> time  
 Kept improving for 6 months: record peak flows  
 Pre-K DPT booster: relapse of asthma, allergy sx, bronchitis, took antibiotics (but no steroids)  
 Repeated original Rx: good peak flows, off meds  
 Good peak flows, no flare-ups, meds, shots for 3 years

-- Moskowitz, 2005, *op. cit.*

### Croup, Developmental Delays

Boy, 15 months, born 3 weeks early, mother diabetic  
 On respirator in NICU, for cyanosis, immature lungs  
 1<sup>st</sup> DPT: swollen glands, pale for months, got croup, high fever, sunken chest, hospitalized, on IV steroids Still unwell, mother put off 2<sup>nd</sup> DPT until 13 months  
 2<sup>nd</sup> DPT: in hours, T. 104°F., croup, swollen glands, etc. Illness persisted for months, with many flare-ups Subnormal: mouth hanging open, drooling, bashful With 3<sup>rd</sup> Rx, whole illness cleared up in 3 days Now 7, thriving, no croup, no shots, "developing normally, like other kids his age"

-- Moskowitz, 2005, *op. cit.*

### Seizures

Girl, 3, with shuddering attacks: limbs tense, body stiff  
 Mom exposed to toxic chemicals, bled in pregnancy  
 IV antibiotics in labor for Group B Strep in vagina  
 Fine at birth, nursed well, alert, energetic till 1<sup>st</sup> DPT  
 Screamed violently after shots, and with teething  
 Attacks began sporadically at 6 months, after 3<sup>rd</sup> DPT  
 More often on solid food, up to 200 daily by age 2  
 Arms hyperextended, thumbs tucked into palm  
 Mental development adversely affected  
 With Rx's, attacks fewer, briefer, soon disappeared  
 Now 7, bright, developing normally: no more shots

-- Moskowitz, 2005, *op. cit.*

### Vaccine Effectiveness

To be considered effective, vaccines need only  
 1) lower incidence of corresponding acute disease  
 2) produce measurable titers of specific antibodies in serum

How they achieve this -- their mechanism of action –  
 And whatever else they make happen along the way  
 are not thought to be of interest  
 or in any case are seldom talked about

### Natural Immunity Absolute, Lifelong: Measles

Virus inhaled by susceptible person, incubates in pharynx, regional nodes, blood: 10-14 days  
 Illness as expulsion of virus through portal of entry  
 Massive outpouring of entire immune system:  
 Lymphocytes, macrophages, Ig, serum complement  
 Specific antibodies as memory of acute infection  
 Resulting immunity specific: won't ever get it again  
 But also *non-specific*: primed to respond acutely, vigorously to other foreign organisms in future  
 Huge net gain for health of individual, nation, race  
 Took centuries to tame killer dx into normal kid dx  
 Immunity based on acute response to infection

### Vaccine Immunity a Counterfeit

No incubation, no sensitized portal of entry, no acute illness, no outpouring, no means of expulsion  
 Vaccine given easy access to blood, immune organs, *with no way to get rid of it*  
 Vaccines designed to remain inside host cells for years  
 Live viruses survive in latent form in host DNA/RNA  
 Killed vaccines held inside by chemical fixatives  
 Foreign Ag's thus trapped inside Ab-forming cells  
 Only way to expel them is to destroy these cells  
 Auto-immunity no aberration, but how vaccines work  
*Vaccines prevent acute diseases by favoring chronic responses instead: like a mortgage at high rate of interest, payable throughout life; hardly a bargain*

### Adjuvants for Non-Living Vaccines

#### Adsorbents, usually aluminum hydroxide:

Preserve antigenicity, but more toxic  
Aluminum salts linked to auto-immune, neuropathic states (Alzheimer's, other forms of Cb damage)

#### Fixatives and preservatives, mainly formaldehyde

A potent carcinogen, even in minute amounts

#### Sterilizing preservatives, chiefly thimerosal (S-Hg)

Linked to broad spectrum of toxic, auto-immune dx, including dementia and renal failure  
Manufacturers actively seeking alternatives

### Epidemiological Studies I

Measles outbreaks in fully vaccinated populations led to pressure to give boosters later in childhood  
Vaccine immunity partial, temporary, assumed to be quantitative, so could be boosted if it "wore off"

Measles vaccinees with Ab titers far below "immune" levels responded to 2<sup>nd</sup> dose minimally, for only a short time: "another booster dose might not have any lasting effect on waning immunity"

-- **Cherry, *Hospital Practice*, 1980**

### Epidemiological Studies II

1986 measles outbreak, Wisconsin:

94% of typical acute cases fully vaccinated  
Other "mild" cases: no fever, pale rash, no illness

Mild form mainly in vaccinated kids with no Ab's  
Unvaccinated kids, vaccinees with high Ab titers much more likely to get typical acute disease

Indicate silent viral activity that Ab titer misses:

Cf. Hep B thyroiditis, MMR nephritis cases  
Cf. Wakefield's 1995 study  
Cf. DPT cases: recovered from 1<sup>st</sup> shot, irreversibly damaged by 2<sup>nd</sup>

### The More, the Merrier

3 Hep B in 1<sup>st</sup> 24 months, beginning at birth  
3 DPT at 2, 4, and 6 months + a 4<sup>th</sup> at 24 months  
3 HiB at 2, 4, and 6 months + a 4<sup>th</sup> at 18 months  
2 IPV at 2 and 4 months + a 3<sup>rd</sup> at 6-24 months  
1 MMR at 12-18 months  
1 Chickenpox at 12-24 months  
3 Pneumo at 2, 4, 6 months + a 4<sup>th</sup> at 12-18 months  
2 Influenza: yearly, beginning at 6 months  
TOTAL: 22 separate vaccination events in 1<sup>st</sup> 2 years  
-- **Official ACIP Vaccination Schedule, 2004**

### The More, the Merrier II

16 Influenza: 1 yearly, from 2-18 years  
4 Hep A recommended from 2-18 years  
1 DPT booster at 4-6 years, 1 DT at 11-12 years  
1 IPV booster at 4-6 years  
1 MMR booster at 4-6 years  
1 Chickenpox booster at 4-6 years  
TOTAL: 47 separate vaccination events by age 18

### The More, the Merrier III

From cradle to grave: similar schedules being drawn up for every age group, even pregnant women  
Coming soon: HPV, Strep A, Rotavirus, Cancer, AIDS, et al.  
Dr. Offit (2002): infants capable of immune responses to many vaccines simultaneously, maybe 10,000 or more  
Vaccination regarded as panacea against diseases regarded as inaccessible by other means  
A sacrament of modern medicine: sacrilegious to refuse  
FDA, CDC, AAP, ACIP rarely meet a vaccine they don't like  
Q: Who gets to decide that a disease is such an urgent threat to the public health that everyone must be vaccinated against it?  
A: Not you and me

### Prove It!

If the risk of adverse vaccine effects is inherent in the vaccination process itself, then it should be in some definite proportion to the number of vaccinations given

This hypothesis is eminently testable, but to do so will require a large control group of unvaccinated kids (to start with: let's leave the adults for later)

If the risk spans the entire spectrum of childhood illness, then we need to study the total health and wellness profile of vaccinated & unvaccinated kids: fitness, well-being, learning, school, attendance, disposition, etc.

### A Sacrament of Modern Medicine

Hugely profitable venture: sweetheart deals

Also hugely risky: those doses need to be given

Also psychologically difficult for doctors to admit or recognize systemic risk: threat to their world-view

Risk also elusive: involves different level of "cause"

Yet also religious in deeper sense, not just "bad faith:"

Physicians volunteer their own kids to be vaccinated Safety, efficacy sufficiently obvious to waive double-blind control group, so nobody left out

Voluntary, unconscious self-censorship by media: report bad reactions only as grief, never as news

### Inoculations Put Aspin in Hospital

"Defense Secretary Les Aspin in ICU at Georgetown University Hospital for SOB and fluid in lungs after routine inoculations for overseas travel . . .

Aspin has history of heart trouble"

--*Boston Globe, 1993, p. 1*

Hospitalization remained in the news for several days, but with no further mention of his vaccinations

Readers who missed the original story were given the impression he'd merely suffered an aggravation of his pre-existing condition, which was in fact true

Vaccine link allowed to lapse into its usual obscurity

### Cost-Benefit Analysis: the Bottom Line

Childhood vaccines highly economical, an efficient use of social resources: the MMR program led to savings of \$1.4 billion in disease costs in 1983: a benefit-cost ratio of 14.4:1; for each \$1 spent on pertussis vaccination, \$2.10 in health-care costs is saved

-- *New England Journal of Medicine, 1992*

Chickenpox usually mild, but can cause problems in infants and adults

Because of contagion, kids shouldn't go to school until sores have dried

Many parents miss work: lost pay can be major cost

-- *American Family Physician, 1996*

### The Bottom Line: Another Take

If I'm right, and we add in share of chronic disease attributable to vaccination (not 100%, but considerable), benefit-cost ratio looks very different

Medical care of otitis media cost \$2 billion in 1982 OM's, asthma, sinusitis, allergies, ADD, autism, learning disabilities, etc., have all skyrocketed since

Nobody has ever explained this

Vaccines the elephant in the room: an enormous, hidden cost and risk factor

Trading acute infections for chronic diseases: part of why US spends more of GDP on "healthcare" than everybody else

### The Priesthood of Modern Medicine

Faith in the magical power of drugs often blunts the critical senses, and at times comes close to a mass hysteria involving scientists and laymen alike

Men want miracles as much today as in the past

If they do not join the newer cults, they satisfy this need by worshipping at the altar of modern science

This faith in the magical power of drugs is not new

It helped to give medicine the authority of a priesthood and to recreate the glamor of ancient mysteries

-- *René Dubos, Mirage of Health, 1959*