

Why I'm an Abolitionist

Description

via [Toby Rogers](#)



I. The best vaccine data set in the world

The [Bandim Health Project](#) (BHP) in Guinea-Bissau (west Africa) has the best data set in the world on vaccine benefits and harms. Founded in 1978 by legendary Danish doctor and anthropologist Peter Aaby, the Bandim Health Project is a collaboration between the Ministry of Public Health in Guinea-Bissau, the Statens Serum Institut in Denmark, and researchers affiliated with the University of Southern Denmark and Aarhus University. BHP monitors and studies the health of more than 200,000 people in urban and rural Guinea-Bissau. They have datasets going back decades that enable them to measure long-term health outcomes based on vaccination status and they are willing to ask the hard questions that others dare not broach. [category scandemic – corona virus]

Dr. Aaby was one of the first scholars to study the [non-specific effects](#) of vaccines and he has become the world leader in the field. For over a century it was assumed that a vaccine only had an effect on the specific disease that was targeted. Dr. Aaby's research shows that vaccines change the immune system in ways that are unexpected. There are *positive* non-specific effects when a particular vaccine changes the immune system in ways that also provide protective effects against other diseases and *negative* non-specific effects when a vaccine changes the immune system in ways that leave one more vulnerable to other diseases.

Dr. Aaby's [research](#) in the late 1970s showed large positive effects from a measles vaccine. Children in Guinea-Bissau vaccinated against measles not only developed fewer cases of measles, they also died less frequently from other diseases as well. But in 1989, the W.H.O. introduced a new measles vaccine. Dr. Aaby and his team discovered negative non-specific effects from this formulation — girls vaccinated with the new measles vaccine died at twice the rate as unvaccinated girls.

Dr. Aaby brought his findings to the W.H.O. but it took three more years and an additional study by a team of U.S. researchers in Haiti that confirmed Dr. Aaby's original findings for the vaccine to be withdrawn.

Dr. Aaby was awarded the Novo Nordisk Prize in 2000 — the highest honor in Denmark for advances in medical science.

Over the last three decades, Dr. Aaby and his team have studied the non-specific effects of the other vaccines administered in Guinea-Bissau. His [findings](#) in connection with the DTP vaccine — the most widely administered vaccine in the world — are the most shocking. Across multiple studies, Dr. Aaby found that children vaccinated with DTP have 5 times higher (95% CI: 1.53–16.3) all-cause mortality than children who were not injected with DTP. He and his team also found sex effects — girls were more likely to die following DTP vaccination than boys.

[For those who care about science, there are also [race effects](#) from vaccines but that discussion is prohibited in the mainstream media in the U.S. because the entire vaccine program would crumble if people knew. The order in which vaccines are administered makes a difference too — another

important factor ignored by public health officials in the U.S.]
 Dr. Aaby describes his findings in a remarkable video here ([transcript](#)):

II. Christine Stabell Benn

Over the last two decades, Dr. Aaby has been joined in this research by a brilliant Danish academic named Christine Stabell Benn. In addition to researching and publishing world-class research on non-specific effects, they fell in love and married. Now Dr. Benn runs the Copenhagen office of the Bandim Health Project in addition to her other academic duties at the University of Southern Denmark. Together they've become the most formidable duo in the history of vaccine safety research and among the last honest brokers in the field.

In 2019, Dr. Benn gave a TEDx Talk at Aarhus University that summarizes their decades of research. Titled, "[How vaccines train the immune system in ways no one expected](#)" she begins by defining non-specific effects and gives examples of positive non-specific effects. But then at the [8:46](#) mark Benn describes their findings about the negative non-specific effects of the DTP vaccine.

In one slide she shows that DTP kills 5 times more kids than it saves from the three diseases it is designed to protect against. To say that publicly on camera in front of a room full of skeptical academics is one of the gutsiest things I've ever seen.

Dr. Aaby, Dr. Benn, and their team have shared their findings with the World Health Organization on multiple occasions. To date, the World Health Organization has done nothing. Indeed the W.H.O., under pressure from the Gates Foundation, uses DTP vaccination coverage rates to measure whether a country is meeting its vaccination goals (and is thus eligible for additional funding). Given that the DTP shot kills 5 times more kids than it saves, the W.H.O./Unicef vaccine program throughout the developing world is a crime against humanity that must be prosecuted by the international criminal court.

Dr. Benn goes on to explain that their massive research project has shown that three live attenuated vaccines appear to offer more benefits than harms: oral polio, measles by itself (not MMR), and tuberculosis (called [BCG](#)).

But I know from [my own research](#) that these three live attenuated vaccines are NOT available in the U.S. (the U.S. uses an enhanced inactivated [injected] polio vaccine, MMR or MMRV, and there is a limited supply of BCG for certain high risk healthcare workers but tuberculosis is not endemic in the U.S. so it is not on the childhood schedule).

All of the other vaccines studied by BHP — adjuvanted, recombinant, and genetically engineered protein subunit vaccines — cause more harms than benefits.

So according to the best data set in the world, ALL of the vaccines on the U.S. schedule cause more harms than benefits.

Here's the part that Dr. Aaby and Dr. Benn won't tell you, but I will. The reason why these three live attenuated vaccines are not available in the U.S. is because all live vaccines eventually "revert to virulence". This means that over the years, as the virus (or bacteria) passes through the various cell mediums that they use to grow the antigen and as the live attenuated strain passes through the population, the virus/bacteria evolves and changes such that eventually the vaccine will cause an outbreak of the very disease that they are trying to eliminate. That is what is happening in Africa and Pakistan right now where oral polio vaccination campaigns have triggered outbreaks of polio.

No politician wants to be responsible for an outbreak of polio, measles, or tuberculosis so they approve shelf-stable *ineffective* vaccines that cause net harms rather than the *effective* live vaccines that will eventually revert to virulence.

That's the dilemma and that's the starting place for any honest conversation about vaccine policy. So when people ask, "can't I use a slowed down or spaced out schedule" I say, "the best data set in the world shows that only three vaccines produce more benefits than harms, none of those vaccines are available in the U.S., and all of the vaccines on the U.S. schedule objectively produce more harms than benefits."

You can be guided by ideology or you can be guided by the facts and those are the facts.

III. Several huge additional data points

There are a few additional facts that bear on this matter:

1. There is [fairly good evidence](#) that the 1918 Spanish Flu Pandemic, that killed 20 to 40 million people, began with a [bacterial meningitis vaccination campaign](#) on the U.S. army base at Fort Riley, Kansas (and then the soldiers recently vaccinated with a contaminated vaccine were shipped out to fight World War I in Europe and the pandemic went worldwide from there).

Edward Hooper, in his book [The River: A Journey to the Source of HIV and AIDS](#) makes a compelling case that the clinical trials for the oral polio vaccine in the Congo may have introduced a simian retrovirus into humans that became HIV (and contributed to the deaths of 40 million people from AIDS). Jeffrey Sachs, who chaired the Lancet commission on the origins of coronavirus [says](#) that the evidence points to SARS-CoV-2 coming from a U.S. bioweapons lab involved in gain-of-function research. To date, 6 million people worldwide are alleged to have died from coronavirus.

Taken together, one can make a strong case that the three largest epidemics of the last 100 years are all connected with the vaccine program in some way (a military vaccine campaign, a clinical trial, and gain-of-function research).

Look, I wish none of this were true. But the mainstream gatekeepers never fully investigate these pandemics because they are afraid of what they might find. So it falls to independent researchers to try to piece together what happened as best they can. If any or all of these theories are correct then the supposed gains from vaccines over the last century would be eclipsed by these man-made disasters.

2. Vaccine failure and harms are the business model of the pharmaceutical industry. As Robert Kennedy Jr. [points out](#), prior to the introduction of mRNA shots, vaccines were already a \$50 billion a year industry that generates another \$500 billion a year in revenue for treatments for vaccine injury (including EpiPens, asthma inhalers, Risperdal, cancer treatments etc.).

As Dr. Benn explains in her TED Talk, NONE of the major pharmaceutical companies are researching live attenuated vaccines even though they are the only ones that work. Instead (this is me speaking again) pharmaceutical companies spend money on [regulatory capture](#) and propaganda to force dangerous and ineffective vaccines on the population because they generate at least 10 times more revenue than the effective live attenuated vaccines.

3. Covid-19 shots are completely ridiculous. They are objectively the [most dangerous shots](#) ever produced. They never should have been authorized and they cannot be made safe. They will be removed from the market. The only question is how many people they will kill before the mainstream gatekeepers admit defeat.

IV. Conclusion

The sum total of all of this is that I have become a vaccine abolitionist. Yes, I suppose one could make the case for the benefits of the three live attenuated vaccines. But the most powerful industry in the world blocks access to these vaccines and no politician in the U.S. will approve them lest they get

blamed when the virus reverts to virulence. Given the corruption in the pharmaceutical industry, I would much rather rely on innate immunity (and natural support for my own immune system) than allow a liability-free product with untold contaminants to be injected into my body.

For all of human history, breastfeeding provided immune support to infants and playing in the dirt exposed children to microdoses of viruses and bacteria in ways that build their immune system for life. Dollar-for-dollar clean water and sanitation systems deliver much better health outcomes than vaccines.

According to historian [David Wootton](#), the greatest revolution in the history of medicine occurred when French hospitals in the 19th century started using statistics to record and measure health outcomes. They soon discovered that all of their interventions did not work (it led to what doctors called “therapeutic nihilism”). But the willingness to recognize those failures eventually led to scientific breakthroughs including hand-washing and antiseptics.

Since Jenner’s first experiments with variolation in 1796, the benefits of vaccines have always been [wildly overstated](#). Now the evidence is clear that the vaccine paradigm has objectively failed. It is time to turn the page and invest in natural support for our immune systems and *cures* (remember those?) for diseases — not monthly Pharma subscription plans for life.

I would be remiss if I didn’t mention that the Biden Administration is now proposing to vastly expand the failed gene modifying public health strategy of the last two years. On [Monday](#), Biden issued an “Executive Order on Advancing Biotechnology and Biomanufacturing Innovation for a Sustainable, Safe, and Secure American Bioeconomy” that is straight out of Brave New World. It states:

We need to develop genetic engineering technologies and techniques to be able to **write circuitry for cells and predictably program biology in the same way in which we write software and program computers**;

The Biden administration is proposing an entire economy and society based on the bioengineering strategies of the failed mRNA vaccines. These people are literally insane.

We must commence the revolution as soon possible.