

BOOK REVIEW SUMMARY¹

Ideological Constructs of Vaccination by Mateja Černič, Ph.D., Vega Press, Newcastle Upon Tyne, 2018, 480pp, ISBN-13: 978-1-909736-10-8²

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EXECUTIVE SUMMARY

With so-called ‘anti-vaxxers’ currently being subjected to vicious pathologising demonisation across the globe by forces determined to make the 2020s ‘The Decade of the Vaccine’, the need for a sober, informed academic analysis and assessment of the vaccination phenomenon (immune from silencing ‘conspiracy theory’ tropes and accusations) has surely never been more urgent. The current unfolding phenomenon of mass vaccination as a global response to Covid-19 has brought into sharp relief the advisability, or otherwise, of vaccination as a modern medical and cultural practice, and whether a proper, fully informed scientific and medical analysis supports this practice as a means of effecting human well-being and health. In this scholarly book based on, and updated from, the author’s Ph.D. thesis, Slovenian research sociologist Dr Mateja Černič subjects the vaccination phenomenon to a relentless forensic examination – based on a rich combination of sociological critique, detailed historical trend analysis, and medical and biological research; and she finds the practice of vaccination to be woefully inadequate at many levels. This summary review-essay aims to present a detailed summary of Dr Černič’s book, written by an academic chartered psychologist with a particular interest in research methodology, the philosophy of science, and discourses of illness, health and healing. **Both Dr Černič and the reviewer hereby give their authorisation for this review essay to be shared in any and every conceivable way, by all available media**, as an important intervention into the unfolding global conversation about mass vaccination. It is available and downloadable as a pdf file at <https://tinyurl.com/cernic-vacc-review>.

[T]aking free and informed decisions on one’s own body – a fundamental and inalienable human right. [Mateja Černič, p. 370]

Introduction

In this somewhat unusual ‘summary book review’, my core aim has been to present a detailed summary of, rather than a critical commentary on, the contents of the book under review. Realistically, a closely argued academic book of almost 500 pages is a tome that some, perhaps many, will find daunting to read; yet as will become clear in what follows, I believe it is essential for modern culture that Dr Černič’s book gets as wide a readership as possible – not least because fateful decisions are being made as I write about the advisability of embracing global vaccination as a response to the Covid-19 virus.

At the outset, then, I want to emphasise that *this review essay should not in any way be seen as a substitute for reading Dr Černič's book in the original* – for the book itself is essential reading for anyone with concerns about vaccination who is wanting access to the unexpurgated truth about the fashionable cultural phenomenon that is mass vaccination. In this sense, I hope that the following summary-review will encourage many readers to obtain and share the book. Note also that this summary-review will contain more verbatim quotations from the book under review than is usual in a book review – as befits an essay which is more ‘summary’ than it is ‘review’.

Vaccination is widely regarded in modern culture as medicine’s ‘greatest achievement’, with the following kinds of claims commonly underpinning the ideology of mass vaccination (I follow Dr Mateja Černič in using the term ‘ideology’ advisedly, as the rest of this review will illustrate):

- Vaccines are safe and efficient;
- Adverse effects are rare, mild and temporary;
- Vaccines do not cause illnesses and long-term damage to the body;
- Vaccination has considerably reduced mortality from contagious diseases; • Vaccination is the best protection against infections;
- Adverse effects are meticulously monitored and recorded;
- Vaccines are thoroughly tested in rigorous scientific studies...

– and so on. According to Dr Černič, these are nothing more than *ideological constructs*, which have gained recognition and an increasingly pervasive cultural legitimacy because of the enormous social, political and economic power of those promoting vaccination. *Ideological Constructs of Vaccination* addresses, in wide-ranging evidence-based detail, the highly dubious, often false, claims being made for (mass) vaccination, leading to what is a highly disturbing picture of the ways in which captured states, and captured scientific and medical institutions, function in late-modern technocratic society.

This brilliant book, written by Slovenian research sociologist Dr Mateja Černič, is a much expanded and updated version of Dr Černič’s 2014 doctoral thesis of the same title, for which she was awarded a Ph.D. by the School of Advanced Social Studies in Nova Gorica, Slovenia. A logically ordered, meticulously researched work of great scholarship, it is a gift to, and will be enthusiastically welcomed by, anyone wanting access to the kind of information about vaccination that one would be hard-pressed to find anywhere in the mainstream literature or media – and certainly at the present time of global mass vaccination hysteria (to which I refer later). Indeed, a close reading of this book will provide chapter and verse on just why what you will read here is notably absent in the unctuously biased pro-vaccination literature.

We have needed this book for a long time, with its relentless, specifically *academic* deconstruction of the ‘Emperor’s New Clothes’ status of mass vaccination, and the way in which modern global culture has been mesmerised and comprehensively captured by this rampant ideology. *Ideological Constructs of Vaccination* also raises fundamental

questions about what constitutes legitimate ‘science’, as well as detailing the ways in which ‘the science’ has been captured and corrupted by Big Pharma and medicalising ‘regimes of truth’. The book also confirms everything that philosopher of science Paul Feyerabend said back in the 1970s about the insipient authoritarian tendencies of modern science (see, for example, his 1978 book *Science in a Free Society*). A further notable feature of the book is how Dr Černič has read and translated the interesting and heretofore difficult-to-access work of medical scientists and social-science researchers from central and eastern Europe.

Rarely have I been more impressed by a book than Černič’s study – a veritable *tour de force* that uncompromisingly deconstructs the bogus science that underpins industrial scale mass vaccination (or what one might term the ‘Vaccination Industrial Complex’), and the ideological empire that generates it.

The Book in Summary

Černič’s 480-page book covers the following broad issues, framed by an Introduction (Part 1) and a Conclusion (Part 4). Part 2 contains sophisticated discussions of the notion of discourse, ideologies, power and the abuses of medical and state power, creating a theoretical backdrop to Černič’s study – and including how vaccination’s critics are represented, dominated and systematically silenced.

Part 3 – the core of the book – consists of eleven major sections, as follows:

- The decline in mortality from infectious diseases (58 pp)
- Adjuvants (22 pp)
- Immune system (9 pp)
- Side-effects of vaccines (84 pp)
- Safety and efficacy studies (63 pp)
- Vaccine contamination (6 pp)
- The work of pediatricians (11 pp)
- Adverse effect monitoring system (12 pp)
- Integrity of state institutions (26 pp)
- ‘Herd immunity’ and ‘harming other people’ (20 pp)
- Merger between science and pharmaceutical industry (15 pp)

Herein we find, for example, a detailed historical analysis of the mortality time trends for each of ten infectious diseases, in relation to the date when mass-vaccination programmes were introduced (including the ‘manipulation and deception in scientific papers’); the deleterious effects of aluminum in vaccines; the immaturity of the infant immune system; injuries to the brain and nervous system; autism; a critique of the UK’s Joint Committee on Vaccination and Immunisation; vaccines themselves being vehicles for and agents of infections; the economic and political power of the pharmaceutical industry; and pharmaceutical companies and organised crime. The book also contains detailed tables (40 in all), twelve graphs constructed from official statistics in the USA, UK and

Australia, and copious references (mostly to medical, research and government bodies' publications). There are 461 references in the Reference list of 27 pages – many of which are to publications from the mainstream, peer-reviewed medical literature.

This is emphatically not light-weight 'anti-vaxx' populism, therefore: rather, it is replete with evidence, and fully referenced and compelling academic argument that any dispassionate reader cannot but take with the utmost seriousness. For possibly obvious reasons, I am not expecting this book to be widely reviewed in the mainstream medical literature: rather, *ignoring it to death* is likely to be mainstream allopathic medicine's 'non-response' to this formidable challenge to, and deconstruction of, its cultural hegemony.

Social Aspects of Medicine and Vaccination

Černič maintains that vaccination as a medical and cultural phenomenon is based on a number of claims – for example. 'Vaccines are safe and efficient', 'Vaccines do not cause illnesses and long-term damage to the body' and 'Vaccination is the best protection against infections'. Yet for Černič, these and other claims are nothing more than 'ideological constructs', not scientific realities, and they have gained their scientific and cultural hegemony and pre-eminence through the great social, political and economic power that vaccination's promoters possess and deploy.

Černič has a robustly direct and unequivocal writing style which was most refreshing to this reviewer. She clearly feels very passionately about this issue (as do many of us); and I warmly welcome academics sharing their passion for their subject (assuming that it doesn't encroach unduly on their capacity for open, critical thinking and analysis). If Černič concludes, having carefully considered the evidence, that mainstream medical science and policy makers are deliberately deceiving and lying, then she says so without trimming: you certainly won't find mealy-mouthed equivocation in these pages.

Early on, we read that 'globally, vaccination enjoys the status of "a sacred cow"', with 'the necessity and... benefits of vaccination [having] practically gained the character of "a natural law"'. Echoing the late philosopher of science Paul Feyerabend, we read that discourses 'strive to become dominant and hegemonic, restricting and discrediting other, alternative discourses and promoting themselves as the representation of the absolute and final truth' (p. 20, quoting Erjavec & Poler Kovacic, 2007); and 'doctrine binds individuals to certain types of enunciation and consequently forbids them all others' (p. 23, quoting Michel Foucault, 1981). Readers might immediately recognise in these descriptions the currently unfolding media, scientific and political 'regime of truth' surrounding the Covid-19 vaccines – and the fate of those professionals who dare to challenge the regime of truth's sacred dogmas suddenly 'no longer [being] an expert..., and becom[ing] an outcast' (p. 24, n), with 'the requirements of unanimity, obedience and an absence of autonomous and critical thinking that permeate medicine' (p. 25, n). Readers may well also be aware of what Černič refers to as 'the extremely aggressive

hate speech and hostility towards vaccination critics and people who have not been vaccinated’, with opponents of their ‘regime of truth’ being discredited, but ‘without [counter] arguments of any substance’ (p. 41). *Ideological Constructs of Vaccination* goes into exhaustive empirical detail to show that, contrary to the mainstream establishment narrative:

It is not true that mortality fell due to vaccination. It is not true that vaccination is the only way (or a way) of controlling diseases. It is not true that ‘we will all die’ if we stop getting vaccinated. It is not true that individual diseases can be rooted out with vaccines. It is not true that those who are unvaccinated are a threat to ‘public health’. And the myth of vaccination-based collective immunity is not true at all. (p. 41, n)

These myths, and more, are patiently and comprehensively refuted in the book’s long Part 3, comprising well over 300 pages.

Before moving to describing in detail the contents of Part 3, a few more comments on Parts 1 and 2 are in order. Early on, we read that globally, vaccination now ‘enjoys the status of a “sacred cow”’ (p. 9), and that, contrary to the deluded claims of mainstream positivist science, ‘no scientist is an “out-of-society”, neutral subject’ (p. 10, n). (A bit later, we also read that ‘It is by no means true that allopathic medicine uses nothing but “objective, scientifically tested and proven methods and medications”’ – p. 15, n.) The author’s research goal is stated as being ‘an analysis of ideological constructs and self evident assumptions related to vaccination’, studying the social aspects of medicine and vaccination, and the ideological constructs of vaccination (p. 11). And as one would expect from a top research sociologist, the notion of ‘ideology’ is carefully defined as ‘the interest-driven constructs of reality that are realized by means of social power at the expense of other and different constructs’ (p. 11, n).

Černič’s main methodological approach is described thus: she

...collected the statements on vaccination and vaccines made by official institutions [e.g. the US Centers for Disease Control, UNICEF and the World Health Organization], [subjecting] them to a thorough analysis and testing on the basis of scientific studies and official state statistics. [p. 12]

So deeply is vaccination ideology ‘embedded in collective consciousness’, we read, that vaccination as a cultural phenomenon ‘has been able to avoid, almost completely, any critical reflection by the professional public’ (p. 14). A key role of the book under review is to set right this lacuna, to which I hope this summary review will also contribute.

Discourse

There is then a fittingly detailed examination of the notion of ‘discourse’, arguing (following Andreja Vezovniki) that in discourse, ‘the truth... is reproduced through the discourses of the existing power’ [configurations in society] (ibid.). And quoting Erjavec

and Poler Kovacic (2007), we read that:

Discourses organize our way of thinking about a phenomenon and our ways of dealing with it. They are inextricably linked to the interests of socially powerful individuals and social groups... **It is discourses that define who is authorized to pass judgments or give opinions about a phenomenon.** Discourses... define what may be said or thought or done.... [They] **strive to become dominant or hegemonic, restricting and discrediting other, alternative discourses and presenting themselves as the representation of the absolute and final truth.** [pp. 16, 19–20, her emphases]

As we will see, this perspective on the hegemonic nature of discourse and relations of power is an essential one for understanding just how vaccination ideology has succeeded in colonising modern culture so comprehensively – to the extent that under Covid-19 restrictions, even in so-called Western democracies, free open discussion about the merits or otherwise of vaccination is being systematically silenced: an extraordinary phenomenon of brute censorship which would surely have been unthinkable just a few years ago.

Černič also invokes the French philosopher Michel Foucault (1981) in referring to the *doctrinal* nature of modern medicine – with doctrine ‘bind[ing] individuals to certain types of enunciation and consequently forbid[ding] them all others’ (quoted on p. 23). And in referring to ‘**the requirements for unanimity, obedience and an absence of autonomous and critical thinking that permeate medicine**’ (p. 25 n, her emphasis), Černič writes that

At the moment when [a doctor] questions the absoluteness and infallibility of allopathic medicine, at the moment when he/she starts doubting or critically examining its sacred dogmas, he/she becomes an outcast.... He/she becomes so dangerous that he/she needs to be expelled from the medical community. [pp. 24–5, n]

Ideology

Černič then takes seven pages to look critically at the notion of ideology, sharing her social constructionist commitments, with the view that “‘The truth’ is a product of power relations, and as such it is never neutral. All knowledges are inevitably products of social relations.... Knowledge is not a universal, independent entity’ (p. 27). This therefore means that social and historical circumstances are crucial in considering claims to knowledge; and “‘scientific” and “lay” truth claims and knowledges are products of society and culture’ (ibid.). There is much overlap here with the earlier discussion of discourses; for ‘Ideologies have an impact on what is accepted as true or false.... **The task of ideology is to protect certain practices as universal and self-evident....**’ (p. 29, her emphasis).

Ideologies also conceal their true nature by presenting themselves as ‘common sense’ (p. 30), and again echoing philosopher of science Paul Feyerabend, Černič sees modern

medicine as ‘a form of secular religion’ (p. 31). Thus:

Medicine’s war on disease and death is similar to a religious war against sin, as viruses and bacteria have replaced devils and demons, and the structure and functioning of the World Health Organization is similar to that of the Church.... As medical demonology stresses that the world is ruled by omnipresent demonic viruses, bacteria and genes that spell doom for people, the role of modern priests is to lead humanity toward salvation and eternal health. Thus, vaccinations substitute for baptism, ...introduce the new-borns into the community of the medical church, and protect them from the primal evil of infection. [pp. 31–2]

And quoting Jan Domaradzki, ‘medicine becomes a modern inquisition’ (p. 33). This is a potentially very rich metaphor, with important psychodynamic and existential dimensions, that would surely benefit from further major study in its own right.

Representations of Vaccination Critics

There is also a very welcome 23-page section on ‘Representations of vaccination critics’. I have a particular interest in this issue, having been viciously attacked and demonised in the local press in Gloucestershire, UK (in early 2021) where I live, for daring to call for a full, open debate on the vaccination question so that people can make an informed choice about Covid-19 vaccination. We read first that the mainstream medical profession enjoys ‘a disproportionately easy access to the media’, in which they are presented as ‘legitimate, reliable sources’ (p. 34). Or as Erjavec and Poler Kovacic (2007) have it, ‘the media legitimize and reproduce the existing asymmetrical power by representing the voice of the strong as the voice of reason’ (ibid.). Anyone who has listened closely to BBC media coverage of the Covid-19 vaccination issue over the past year will testify to the accuracy and prescience of this analysis. For as Erjavec and Poler Kovacic (2007) aptly put it, ‘The media are not neutral agents.... [They] actively construct [events], mostly on the basis of ideological relations’ (quoted on p. 35, n).

Later, Černič maintains that ‘The state interferes ever more deeply into... private life..., [with] interventions... legitimized with “the need for safety”, which is the argument that can justify everything...’ (p. 43) – giving the outrageous example of how, in 2012, a heavily pregnant Italian woman was given a coercive Caesarian section in England, and then had her baby forcibly taken away and adopted (p. 46, n). As Černič writes, this ‘did not occur in Nazi Germany in 1942, but in Great Britain in 2012’ (ibid.). Wider questions are being raised here about increasingly inappropriate intrusions by the State into the private realm, but they are beyond the scope of this summary review.

Černič provides a number of examples (14 in all) of such ‘representation’, many taken from Slovenian doctors and health officials, which reveal ‘extremely aggressive hate speech and hostility towards vaccination critics and people who have not been vaccinated..., [hostility] aroused and provoked by the most prominent representatives of the medical profession’ (p. 35). Commenting on one such statement by the President of

the Slovenian Academy of Sciences and Arts, Černič retorts that ‘Representing the parents who do not vaccinate children as unprincipled egoists acting as parasites on others is not only offensive, hostile and unfounded, but also completely absurd from the logical aspect’ (p. 37, n). Černič takes each of the accusations with which questioning parents who have not yet vaccinated their children are lambasted by governments (especially in Australia), and shows that they are not based on science or reality – particularly the idea that unvaccinated children are the germ carriers endangering all good, vaccinated citizens (see later for much more detail on this phenomenon).

Ben Goldacre (well-known populariser of positivist-materialist science) is quoted as calling those challenging vaccination ideology, people ‘... **who will seek to do harm or are reckless about the harm that they do [...] very destructive people [...] kill people through their own acts [...] very anti-social people**’ (quoted on p. 43, her emphasis). The pro-vaccination lobby clearly has its own well-briefed scorched-earth attack-dogs.

UNICEF itself has no scruples about joining in with the carefully calculated mass demonisation strategy, ‘calling on governments and organizations to “combine forces” and develop... the “special strategies” that they can use to crush anti-vaccination hesitations and movements’ (p. 55). Thus, ‘Unicef... unambiguously stresses that everybody doubting vaccination or criticizing it is an enemy and a threat... They have to be identified and kept under surveillance, and their impact on “ordinary parents” disabled’ (p. 56); and ‘manipulative techniques and strategies [are developed] to neutralize critics’ (ibid.). Trolling is also called out by Černič – with trolls being employed by corporations and governments to influence public opinion in online debates (ibid.).

Finally, once medical doctors’ or scientists’ investigations lead them to question the prevailing orthodoxy – vaccination or otherwise – they are immediately reclassified as ‘quacks’ by their less enquiring, more subservient, and possibly lazy colleagues who close ranks to protect themselves, their practices and their jobs.

Power

Černič’s chapter on power is also most welcome, and an essential ingredient in trying to understand the phenomenon of pro-vaccination ideology. Mirjana Ule is quoted (who also draws on Foucault) as saying that medical power consists in ‘a social construct that relies on the dominant ideology of science and expert knowledge... with the medical profession [being] part of how surveillance systems project into civil society’ (p. 58). And Foucault himself is quoted as referring to ‘the strict, militant, dogmatic medicalization of society’ (p. 59). For Černič, then (quoting Zola, 1972), ‘medicine has become “a major institution of social control... It is becoming the new repository of truth, the place where absolute and final judgments are made by supposedly morally neutral and objective experts... , “medicalizing” much of daily living’ (ibid.) – with Domaradzki (2013) referring to how ‘medicine becomes omnipresent and omnipotent’

(quoted on p. 59, n).

In the metaphysical worldview promulgated by the public-health discourse, in turn underpinned by allopathic medicine, ‘the body is treated as dangerous, problematic, as something that can run out of control, attracts disease and poses imminent danger to the rest of society’ (p. 60) – and is therefore ‘something that has to be controlled’ (ibid.; note the inherently and unconsciously *patriarchal* nature of this ‘scientific’ ontology). This in turn manifests in terms of society claiming the right ‘to control individual bodies in the name of public health’ (p. 61); and with the ‘extreme medicalization of society... , an increasing number of everyday life areas... are becoming fields of medical valuation and intervention in the name of “health protection”’ (pp. 60 n, 61). For Černič, it is the economic interests of Big Pharma (*aka* the pharmaceutical industry) that constitute the main cause of societal medicalisation (p. 60, n). This is certainly a subject that warrants a major study in its own right (and will be referred to again much later).

Abuse of Medical and State Power

The final chapter in Part 2 is titled ‘Instances of the abuse of medical and state power’. Here, Černič first looks at medical experiments on children. She certainly pulls no punches in condemning the collateral impact of vaccination on children, saying the following about McIntosh et al.’s (1999) study of the toxicity of the drug Dapsone:

This study is a great example of sickening and disgusting pretense, unethicalness, delusion, but also probably callousness and financial self-interest.... The side effects are not questioned.... [T]he very obvious cause and effect relationships are characterized as ‘accidental’, ‘coincidental’, ‘requiring further studies’ or, as in the case [here], ‘unexplained’. [p. 67]

Next we find a disturbing discussion of the eugenics issue (9 pp), which is highly relevant to current concerns around the Covid-19 vaccines and the global population-culling agenda that has been openly discussed by certain very powerful and wealthy Big Tech billionaires. Shockingly, we read that ‘the USA eugenically **sterilized about 70,000 Americans** in the twentieth century. The system labeled these people as unfit and defective, [with] a third of them [being] sterilized **after** the Nuremberg Trials declared compulsory sterilization a crime against humanity’ (p. 69, her emphasis). And quoting Black (2003), we tellingly read that at the time, ‘Eugenic principles and ideology were widely supported by scientific, political and economic elites’ (p. 70).

Part 3, the main body of the book, is titled ‘The ideological constructs of vaccination’, with the primary objective of such constructs being to ‘legitimize, legalize and implement vaccination’ (p. 78).

Mortality from Infectious Diseases

The first chapter in Part 3, then, ‘The Decline in Mortality from Infectious Diseases’, is over 50 pages in length, and critically interrogates the claim that vaccines are ‘a primary or even the sole protective measure to reduce mortality from certain infectious diseases’ (p. 79). Černič begins with a series of tell-tale quotations from establishment institutional sources – for example: the UK National Health Service – ‘...**No other medical intervention has done more to save lives**’; WHO and UNICEF – ‘**Immunization has eradicated smallpox, substantially reduced morbidity and mortality from diphtheria, pertussis, tetanus and measles, and is on the verge of eradicating polio**’; the US Department of Health and Human Services – ‘immunizations **have saved billions of lives** around the world’; and UNICEF again – ‘immunization is a critical, unfinished agenda in child health’ (pp. 79–80, her emphases). The remainder of the chapter consists of a detailed statistical analysis of mortality rates for ten of the main infectious diseases, as ‘a closer look at mortality reports... [and the associated] historical statistics clearly show how unfounded, misleading and false are such claims’ (p. 80).

The general, ‘very problematic’ nature of morbidity statistics is highlighted (p. 81); for example, in the case of measles, morbidity statistics are ‘not a direct reflection of the situation’, with it having been estimated that only 40–60 per cent of measles cases are notified (p. 115, n). In contrast, we read that ‘statistics on death are still very reliable’ (pp. 81, 82); and the author draws upon such statistics for England and Wales, the USA and Australia to generate twelve graphs and 40 tables in all. The first sub-section examines tuberculosis (TB) in the three countries. The historical trajectory for all ten diseases discussed tells much the same story; here, I will look specifically at the findings for TB, diphtheria, pertussis (whooping cough) and measles.

A detailed historical analysis of the mortality statistics from TB in England and Wales finds that ‘BCG vaccination didn’t have any significant impact on the mortality rates in children – with mortality in all three age-groups diminishing by 82–86 per cent *before* vaccination (p. 86, my emphasis). Similarly, in Australia ‘Vaccination quite obviously wasn’t a major or even the sole cause of the mortality reduction’ (p. 87).

Next, in the case of diphtheria, Černič concludes that ‘no-one can rightfully claim that vaccination was a major or even the sole cause for the [observable] decline in diphtheria mortality.... The role of the vaccination is very questionable and, in the best case scenario, minimal’ (p. 91). In the case of the USA, the finding is even more dramatic: ‘before the introduction of the routine vaccination (1936–1940), the average death rate of children under 1 year of age from diphtheria **diminished by 88%**. In all other age categories the average death rate **diminished by 92–98%**. (p. 94, her emphasis)

In the case of pertussis (whooping cough) (which I myself had a severe bout of when a small baby in the 1950s), this was ‘one of the deadliest childhood diseases’ (p. 97). In the case of England and Wales, we read that ‘Before the introduction of vaccination (1938–1942), the average death rate dropped to 115.7. This means that there was a **80.9% decline** in mortality from pertussis in children under 1 year compared to the initial

period; (ibid., her emphasis). For children under 5, the comparable decline was 84.45% – meaning that mortality was reduced by 6.4 times *before* the introduction of vaccination (ibid.). Černič concludes thus:

To claim... that pertussis vaccination was a major or even the sole cause for this substantial decline (**81%–89.5%**) is unfounded and deliberately misleading. It is doubtful if it had any impact at all. [The] factors truly responsible for such a decline (better living conditions)... didn't suddenly appear with the beginning of the vaccination. On the contrary, their role became even more prominent. [ibid., her emphasis]

Perhaps the most controversial and widely publicised infectious disease is measles. In the case of England and Wales, coverage of measles vaccination was low between 1968 and the 1980s, and when the MR (measles-rubella) vaccine was introduced in 1988, over 8 million children aged 5 to 16 were vaccinated (p. 107). Černič finds that before the introduction of measles vaccination in the 1960s, the average death rate declined by *99.25 per cent* for children under 1 year of age compared to the initial period – a 134 times reduction in mortality *before* the measles vaccine was introduced (p. 109). Her conclusion is clear and robust:

This data clearly and unequivocally proves that measles vaccination played absolutely no role... in the reduction of measles mortality. In all age categories, mortality rates declined by more than **99%** and measles mortality was reduced **by 125–161 times** before the introduction of measles vaccination.... Any claims that measles vaccine played any role at all are false, misleading and unfounded. ...all claims about vaccination being critical or even the only measure to prevent measles deaths are **hideous, deliberate lies**. ...[I]t is completely inexcusable... when such deliberate lies are spouted by distinguished governmental or non-governmental institutions. [ibid., her emphases]

And later, 'It is sickening how institutions and authorities **continue to lie** about this, despite the available historical data' (p. 112, her emphasis). Further, 'in 1994 there wasn't a single death despite the fact that 16,375 people contracted measles.... The picture is clear: claims that "1 to 3 in 1,000 children who contract measles will die" are **blatantly untrue**' (p. 116, her emphasis). We will have cause to return to measles later in this summary review.

Adverse Drug Reactions

After these detailed historical analysis, Černič next addresses the comparison of diseases in relation to so-called 'Adverse Drug Reactions' (ADRs) – a key study being that of Lazarou et al. (1998), who analysed drug reactions following medically prescribed dosages only (p. 123). Overall, well over 2 million hospital patients (2,216,000) experienced a serious ADR in the USA in 1994; and quoting the researchers, 'we estimated that 106,000 deaths were caused by ADRs in the United States... [W]e found that fatal ADRs ranked between the fourth and sixth leading cause of death.... Our most surprising result was the large numbers of fatal ADRs' (ibid.). Moreover, the situation is

similar in the European Union, with the European Commission estimating in 2008 that there are 197,000 such deaths each year (p. 124). So in the USA, for example, in 1994, deaths from ADRs were 169 times higher than deaths from measles in the period before measles vaccination was introduced, and 4,000 times more than in the case of rubella. Černič concludes: ‘These numbers... call into serious question not only a mandatory vaccination, but also the intensive vaccination campaigns and vaccination coercion in general’ (p. 125).

Manipulation and Deception in Scientific Papers

The next sub-section addresses the manipulation and deception observable in published scientific papers. In the stream of the famous saying ‘Lies, Damned Lies and Statistics’, Černič takes as a case study a paper by Roush et al. (2007), which she characterises as a paradigm case of ‘how to lie without actually telling a lie’ (p. 125). At the time of writing her book (circa 2017), this article had been cited in 257 scientific journals, it is freely available on the internet and it is used as a reference in medical textbooks. Černič maintains that the study is characterised by ‘intellectual dishonesty, manipulation and deception’, creating ‘a completely false and untrue picture on the basis of official mortality statistics’ (p. 126). The key problem with this paper is the way in which the authors defined their ‘historical pre-vaccine era’ (p. 127), for ‘a 3 to 10 year period cannot pass as a “historical era”, especially [when] American mortality statistics are available... from the mid nineteenth century onwards’! (p. 128). Thus, ‘if we look at the *entire* timeframe instead of only a small part of it, we get a completely different picture’ (ibid.; see Černič’s detailed statistical analysis on pp. 128–9).

So, contrary to these authors’ findings that four major infectious diseases declined by 99 per cent following the introduction of routine vaccination, the actual figure of decline using a more realistic time-frame is between 23.8 and 1.3 per cent (p. 129). As Černič puts it, ‘There is absolutely no reason for attributing the additional mortality decline solely to vaccination, as there are no grounds to assume that the factors causing the decline before the vaccine introduction suddenly lost their influence or changed their action’ (p. 130, n). She robustly concludes: ‘To attribute a 99% mortality reduction to vaccination is a straightforward manipulation and a deliberate lie’ (ibid.).

Černič’s overall conclusion regarding the impact of vaccination programmes on mortality is resounding and unequivocal:

It is glaringly clear that **vaccination never was a major or even the sole factor in reduction of mortality due to infectious diseases**. To tout vaccines as the most important... measure to reduce mortality is completely unfounded, misleading and untrue. [p. 132, her emphasis]

Thus, for example, in the case of measles, mumps and rubella, mortality from these diseases declined by more than 97 per cent *before* the introduction of vaccination. In light of this, Černič calls claims like that of the WHO, that ‘Accelerated immunization activities have had a major impact on reducing measles deaths’, ‘deliberate, inexcusable lies’ (ibid.). She then corroborates her findings by citing a key historical study by

Humphries and Bystryanyk (2013), which shows that ‘better living conditions... did have a major impact on the reduction in mortality. **Socio-political changes and improvements played a crucial and fundamental role** in the significantly improved health and longevity of the population’ (p. 133, her emphasis).

It seems therefore that delusional myths have grown up around the effectiveness of vaccination programmes in reducing mortality, which a careful analysis of the actual historical data comprehensively refutes. Just how it is that such myths have taken root and grown into establishment ‘truths’ will be explored later.

Adjuvants Added to Vaccines

The next chapter looks at adjuvants that are added to vaccines, with particular attention given to aluminum (Al), pharmacokinetics and children’s exposure. Aluminum takes up some eight pages, and Černič finds it to be toxic at many levels, listing no less than 14 neurotoxic effects (p. 145). She concludes that the evidence points to at least three risks associated with Al in vaccines: persistence in the body, the triggering of pathological immune responses, and its penetration into the central nervous system (p. 146). Thus, Al has been shown to impair both prenatal and postnatal brain development (p. 156). More generally, while medical and government institutions repeatedly claim that vaccine adjuvants are safe and harmless, ‘In reality, adjuvants are very far from safe’ – with ‘their precise mechanism of action remain[ing] poorly understood’ (p. 138).

In terms of children’s exposure, we read that US children who follow the recommended vaccine schedule (i.e. 22 vaccines by age six months) receive 2,750 mcg of Al in the first six months of life; and for Australian babies, the respective figures are 25 and 3,085 mcg, and for British children, 25 and 4,210 mcg (pp. 153–4). Yet according to an important study by Shaw and Tomljenovic (2013), ‘The [US Food and Drug Administration – FDA] does not appear to have done **any testing on the toxicological and safety issues of aluminum in vaccines**’ (p. 154, her emphasis); and there currently exist no studies ‘upon which we could safely estimate acceptable upper levels of Al from parenteral or injectable sources in healthy children’ (p. 155). And we read further that ‘At their third regularly scheduled vaccination appointment, babies weighing approx. 5.5 kg at two months (12 pounds) receive **45–50 times** more Al than what is considered safe by the FDA. **The long-term consequences of such an aggressive vaccination policy have not been adequately investigated....**’ (ibid., her emphases). Is it a coincidence that since the sharp increase in the number of vaccines deemed to be necessary before school entry, (citing Tomljenovic, 2011a), ‘the prevalence of neurological disorders in children in developed countries has increased by **2,000–3,000%**’? (ibid., her emphasis) – and especially as ‘vaccines are administered frequently **during the most critical period of brain development**’ (p. 158, her emphasis).

Finally, though one must be careful not to assume causality in a simplistic positivistic way from ecological correlations, it is surely at least suggestive that ‘**Those countries**

with the highest level of aluminum-adjuvanted vaccines had the highest autism rates' (ibid., her emphasis). Little wonder, then, that Bishop et al. (1997) concluded that their research results 'provide support for our hypothesis that intravenous aluminum may have neurotoxic effects, with longer-term consequences for neurologic development' (quoted on p. 157); and Tomljenovic and Shaw (2015) concluded that '**the consequences of continuous life-long exposure to this neurotoxic agent can no longer be seen as benign**, in view of the current scientific literature' (quoted on p. 159, her emphasis).

The Immune System

The next chapter in Part 3 then looks at the immune system, in which Černič explores the dangers that vaccines pose to it. Quoting Tomljenovic and Shaw (2012), she begins by listing five key issues that vaccines pose for the immune system (p. 161). For Černič, there are two broad risks stemming from current child vaccination programmes: the disruption of the delicate balance of immune mediators needed for normal brain development; and the magnification of an inflammatory response (p. 162). Moreover, 'The repetitive taxing of the immune system by high doses of Al adjuvants may also cause a state of **immune hyperactivity**, a known risk for autoimmune diseases (Tomljenovic and Shaw, 2012)' (ibid., her emphasis).

We read further that 'The proper functioning of the immune system involves a delicate balance between the two arms of the immune equilibrium (Th1/Th2)... It appears that the necessary Th1/Th2 balance is better provided by natural challenges (i.e. relatively benign childhood diseases such as chicken pox and mumps)... rather than [by] vaccination' (pp. 162–3). Note also that vaccination 'excessively stimulates the humoral immune system', leading to Th1/Th2 imbalance and thence stunted cellular immunity (p. 163). And quoting Tomljenovic and Shaw (2011), 'naturally acquired immunity against common childhood diseases may protect against certain aggressive types of tumors in humans, asthma and other allergies, as well as neurodegenerative disorders....' (p. 163, n). Indeed,

immunity of the infant immune system is a normal and natural, not a pathological condition. It is not something that should be 'fixed' or 'repaired' or interfered with. On the contrary, interference... leads to [an] impaired and damaged immune system. [p. 165, n]

It is fitting to end this discussion of the immune system with the following (double negative) quotation from Sienkiewicz and colleagues (2012; full reference missing from the text): '[I]t is not reasonable to assume that manipulation of the immune system through an increasing number of vaccinations during critical periods of brain development will not result in adverse neurodevelopmental outcomes' (quoted on p. 164).

Finally, we read later that 'Currently available vaccines have largely been developed empirically, with little or no understanding on how they activate the immune system' (p. 305 n, quoting Siegrist, 2013) – which certainly doesn't inspire much confidence in 'the science' underpinning vaccination ideology.

Vaccine Side-Effects

Next, there is a major chapter of over 80 pages on the side-effects of vaccines. Černič begins with five epigraphs quoted from establishment sources that downplay the possibility of vaccine side-effects – for example, ‘Vaccines are safe’ (WHO); and ‘The majority of problems thought to be related to the administration of a vaccine are actually... coincidental events that just happen to occur at the same time as vaccination’ (Australian Government) (p. 169). Again, Černič doesn’t pull her punches: ‘The above claims... are a shocking example of misleading and blatant lying to the public. These prominent institutions knowingly and intentionally disregard a sea of scientific studies and case reports about serious side effects of vaccines’ (ibid.). To be sure, there is a discussion to be had about where deliberate lying ends and ignorance begins, of course; and Černič concedes that most medical doctors seem to be convinced that vaccines are completely harmless (p. 172). (More on why this might be later.)

A detailed discussion of autoimmune diseases is followed by a major section on injuries to the brain and nervous system. It is at this point that the key role of case-study and case report methodology comes to the fore in the book. The importance of case studies is returned to at a number of points throughout the book (e.g. pp. 190, 225, 239 and 358). Thus, we read that ‘field reports and “anecdotal cases” are an indispensable detector of those consequences and actions of pharmaceuticals which were missed or overlooked by clinical studies’ (p. 190); and ‘Disregarding “anecdotal cases” represents a serious obstacle for the attainment of a more comprehensive scientific understanding. It is methodologically incorrect and unscientific’ (ibid.). It is an arrogant uncritical positivism that claims that aggregate ecological statistical analysis is the ‘gold standard’ of scientific research methodology, and that case study is a significantly inferior research approach; for case study can and does pick up *individual* effects that aggregative analysis, which simplistically generalises to *all* cases with its so-called ‘statistically insignificant’ findings, is unable to notice, precisely because of its methodological approach. Černič certainly recognises this issue: ‘[Statistical analyses] should not stand alone, but should be used together with other modes of research to piece a clearer picture’ (p. 199, n).

Here, Černič describes in detail a number of peer-reviewed case studies that detail injuries due to vaccination (pp. 181–6). For example, Aydin and colleagues (2010) reported on a previously healthy 6-month old boy who was admitted to hospital with lethargy, hypotonia and focal chronic seizures six days after receiving the second dose of diphtheria, tetanus toxoid and whole-cell pertussis vaccine (p. 181).

Autism

Černič then tackles the controversial issue of autism in a section of over 30 pages. The scene is set with an epigraphic quotation from the US Centers for Diseases Control –

‘there is no plausible evidence that vaccines cause autism.... No-one has proven that vaccines cause autism, and in fact virtually all reliable evidence says that they don’t’ (p. 187). I will spare the reader a detailed linguistic analysis and deconstruction of these carefully worded assertions, tempting though it is. Predictably, Černič begs to differ:

It is not true that all (reliable and methodologically correct) studies have failed to show any connection between autism and vaccines. It is also not true that there is no plausible evidence that vaccines cause autism. On the contrary, there is a very strong biological plausibility [where the latter is defined as the existence of a physiological mechanism which can explain a causal association]. [ibid.]

And she continues, ‘This plausibility is so strong that disregarding and denying it is a sign of the utmost scientific negligence, ignorance, nonchalance, conflict of interests and/or corruption’ (ibid.).

The background to all this is that ‘in the mid-1990s, parents started seeing perfectly healthy children regress into autism after receiving their vaccines..., [with] the greatest increase in ASD [Autism Spectrum Disorder] prevalence occur[ing] in the cohorts born between 1987 and 1992’ (p. 191, n). Černič usefully describes the reasons why a study may fail to find a correlation between two variables (pp. 188–9), convincingly adding that ‘an approach which dismisses a temporal correlation between two phenomena as irrelevant and incidental, *without identifying the factors influencing both phenomena*, and ignores the existing biological probability is extremely unscientific and unacceptable’ (p. 189, my emphasis). And she maintains that in autism, we observe ‘both the clustering phenomenon (the occurrence of autistic disorders after vaccination in previously healthy children) and a very high biological probability..., indicating that vaccination is one of the factors causing autism spectrum disorders’ (ibid.).

We also read of a tell-tale study by Kern and colleagues (2017), in which they found that in autism research studies without public health or industry affiliations, only 21 per cent (13 out of 62 studies) failed to reject the null hypothesis that there is no association between vaccination and the onset of autism; whereas in studies whose authors *did* have such an affiliation, an extraordinary 86 per cent (or 12 out of 14 studies) failed to reject the null hypothesis, concluding that there was no such effect (p. 188, n). Kern et al. concluded from this highly significant finding that ‘The dramatic discrepancy in these results... provides evidence of biased outcomes, indicative of a conflict of interest’ (quoted on p. 189, n). Little surprise, then, when Černič argues that ‘studies based on correct methodological premises... are practically non-existent in the field of vaccines’ (p. 190).

Regarding prevalence and characteristics of autism, Černič deems ‘absurd and unfounded’ the claims that changing diagnostic procedures and better detection account for the dramatic increase in diagnosed cases (p. 195; see Blaxill, 2004). In California, for example, comparing the 1998 prevalence of autism to 1987, one finds a *273 per cent increase* in recorded cases. And in just 16 years between 1996 and 2012, the number of 8 year-old American children increased by around 4.3 times, or by about *330 per cent* – an

increase from 1 in 294 children to 1 in 68 (ibid.).

Extending the historical time data even more, we find that in the 32 years between 1980 and 2012, there was a 21-fold increase, from 1 child in 1,470 to 1 in 68. And in the 36 years from 1980 to 2016 (the most recent data available for Černič at time of writing), the number of children diagnosed with ASD rose *41-fold*, from 1 in 1,470 to 1 in 36 (all data gathered by the US National Center for Health Services). For Černič, ‘This data is unbelievable.... Such a drastic increase in such a short time period cannot be attributed to changes in methodology, diagnostic criteria or better detection.... It is crystal clear that environmental factors are responsible for it... – **the only possible cause**’ (pp. 196, 197, her emphasis, citing Blaxill, 2004 and Singh, 2009). In short, ‘we are... dealing with an epidemic of neurologically injured children’ (p. 197).

We read further that ‘Reviews that have downplayed the rising trend [in autism] have over-emphasized unimportant methodological problems, employed flawed meta-analytic methods, and failed to take into account the most relevant biases in survey methodologies’ (p. 198). Moreover, there has never been an adequate response from the pro-vaccination lobby to research like that of DeLong (2011), who found a statistically significant correlation across US states between the proportion of children receiving recommended vaccinations and the prevalence of ASD. Černič also makes the crucial point that explains why some children are more susceptible to vaccine toxicity than others; for ‘a child with a strong constitution, healthy gut flora and effective and unimpaired detoxification... can usually sustain numerous vaccine doses without apparent damage. Weaker child[ren] will succumb earlier, after a few or even after a single vaccination’ (p. 202).

Černič then argues that there are ‘numerous components’ of vaccines that are ‘deleterious’ to the body (p. 207) – focusing specifically on mercury (Hg, pp. 207–12) and Aluminum adjuvants (see earlier). She lists four ‘striking similarities’ between autism and Hg poisoning (p. 210), showing that Hg is a neurodevelopmental poison. The controversial MMR vaccine is then considered, which, we are told, contains live viruses and entails the risk of vaccine-induced infection, which is especially dangerous for young children with a natural immune system that is impaired (p. 216). Černič maintains that the MMR can cause ‘**chronic, often atypical and latent infection with measles-vaccine virus. The chronic, vaccine-induced measles infection is what causes autism**’ (p. 215, her emphasis). This was certainly the finding of Singh et al. (2002), who found that

a considerable proportion of autistic cases may result from an atypical measles infection that does not produce a rash but causes neurological symptoms in some children. The source could be a variant MV [measles virus] or it could be the MMR vaccine. [quoted on p. 217]

Černič concludes her discussion of autism as follows:

in a (major) sub-group of autistic children, autism is caused by the MMR vaccine, specially

by the measles component of the vaccine. Measles vaccine causes **chronic, latent, atypical infection with vaccine-derived measles virus**. This... vaccine-induced infection... causes neurological symptoms. It induces the autoimmune reaction, localized in the brains of autistic children. [p. 219, her emphasis]

Deaths Due to Vaccination

The next section then looks at deaths caused by vaccination. We read that this phenomenon is hardly ever acknowledged, and that ‘there are no reliable statistics about the actual death rate caused by vaccines’ (p. 220). Further, what autopsies reveal crucially depends on what is being looked for, with no one knowing how often vaccine injury is missed (p. 224). After reviewing a number of studies, Černič concludes that ‘vaccines can and do cause death (often preceded by severe injuries to the brain)’ (p. 228), part of which are deaths caused by vaccination-induced SIDS (sudden infant death syndrome) and SUDS (sudden unexpected deaths) (ibid., n).

A detailed section (14 pages) then looks at parental reports. We read that ‘observations and reports from parents are... routinely degraded and dismissed as inadequate, incorrect, unscientific, unimportant, unreliable, false, delusional etc...., when they tell their physician how their child reacted to vaccinations’ (p. 229, n). Here again, we see the crucial role of case reports in studying the effects of vaccines, as discussed earlier. In this important section, then, we read seven detailed verbatim parental reports of real-life stories of families with vaccine-damaged children. Here are just two excerpts from these often deeply moving and distressing reports.

(1) ...After vaccine reactions, parents and children are left to themselves. Medical personnel treat vaccines as a sacred thing, which could never cause any harm to our little babies. Every question, no matter how justified, is regarded as an attack to their authority. We couldn't have any discussion with them. I left the vaccine bandwagon, as I do not wish for my children to be guinea pigs in experiments with such doubtful results.

(2) ...**Before vaccination with MMR, M. was a happy and lively child who developed even quicker than his older sister. After vaccination, everything stopped.** Doctors never acknowledged that MMR vaccine caused her problems. Medical personnel pushes you into vaccination, but when you do vaccinate and experience fatal side effects, **you are left alone, excluded, ridiculed.** [family 5's emphases]

Safety and Efficacy Studies

There then follows a major chapter on safety and efficacy studies (63 pages in all). A highly revealing epigraph opens this chapter, from the US Centers for Disease Control and Prevention – viz.: ‘Observing vaccinated children for many years to look for long term health conditions would not be practical, and withholding an effective vaccine from children while long-term studies are being done wouldn't be ethical’ (quoted on p. 253).

(Any medical ethicist-philosopher worth their salt would have a field day with such an extraordinary assertion – RH.)

Černič begins the main text of this chapter with one of the most searing statements in the whole book – viz.:

Claims that vaccines ‘undergo rigorous and extensive testing’, that they ‘are held to the highest standard of safety’, etc. are utter lies. The fact that these claims [are] made by distinguished state institutions, charged with vaccine safety surveillance and monitoring, makes these lies absolutely inexcusable. [ibid.]

The rest of this chapter gives chapter and verse to substantiate this bold claim.

Černič’s first point picks up on the earlier theme of methodology, pointing out that

The studies that are used for the bases of marketing authorizations are **a complete and utter methodological mess**. They are designed so very badly that they do not allow the detection and evaluation of short-term, let alone long-term vaccination effects. [ibid., her emphasis]

She then lists and briefly describes some common characteristics and problems of vaccine studies, listing four in all (pp. 254–5) – including pharmacokinetic studies not being required (see pp. 255–6), methodological designs being ‘disastrous’, and vaccines not being adequately checked for contamination. (Note also that later, on pp. 312–17, she lists ten of the most common ‘methodological flaws’ in vaccine studies; see below.)

Černič then goes on to provide a number of examples of vaccines that were granted marketing authorisation ‘on the basis of totally inadequate studies’ (looking only at studies that were submitted during a marketing-approval process – p. 260). Infanrix, a ‘basic’ DTaP vaccine, is studied in great detail (five separate studies, pp. 260–76), followed by M-M-Rvaxpro and M-M-R II (pp. 277–84), and hepatitis B vaccines (three studies, pp. 285–300). Summing up the latter section, Černič concludes that:

all described versions of Hepatitis B vaccine... were granted a marketing authorisation on the basis of studies where:

- no placebo... was ever used;
- ...there was no control group;
- no examinations or tests to detect consequences of vaccination were ever done; • children were simply ‘observed’ for 6–14 days after each dose;
- ...all serious adverse events were ‘determined’ as non-related to the vaccination.

Such studies cannot reliably detect even short-term side effects, much less any medium and long-term consequences. [p. 300]

Černič then draws upon Slovenian experience to illustrate why the universal vaccination of children with hepatitis B ‘isn’t just unnecessary and unjustified, but downright

criminal' (p. 302). In Slovenia, we read, children receive three mandatory doses of the hepatitis B vaccine before starting school. This is in the context of just **one child in 179,493** becoming acutely infected with hepatitis B before the introduction of routine vaccination (ibid.).

Effectiveness

We read first that 'efficacy and effectiveness of vaccines... [are] never tested in clinical studies' (p. 304). All producers need to show is that 'a vaccine can induce a certain concentration of antibodies' (p. 305); yet as Černič emphasises at various places in the book, '...presence and levels of antibodies are very unreliable indicators of immunity. Clinical signs of disease can develop even in the presence of very high levels of vaccine induced antibodies' (p. 164, n). We are also told that both parents and the medical profession routinely (and erroneously) interpret the word 'effectiveness' as meaning *conferring protection* – so the cosy language used is often misleading. Quoting Tenpenny (2008):

How can researchers prove that a vaccine saved a life? The assumption of those who promote vaccination is that all persons will be exposed, and when exposed, every person will become ill, unless the person has been vaccinated. This is a false premise. [quoted on p. 305]

We also read that 'immunological correlates of protection are largely unknown' (p. 310); and 'Vaccines do not confer any "absolute" protection of any kind, even when they do manage to induce some level of immunity' (p. 311). A paper by Plotkin is also cited, in which he writes that '**Protection is a statistical concept**. When we say that a particular tier of antibodies is protective, we mean that under the usual circumstances of exposure, with an average challenge dose and in the absence of negative host factors' – or in other words, '**large challenge doses may overwhelm vaccine-induced immunity**' (quoted on pp. 310–11, Černič's emphasis).

Černič concludes this section about effectiveness by maintaining that vaccination 'Studies...are... intentionally designed so poorly that they would be barely fit for a college assignment, if that' (p. 312). And more specifically, 'They are designed in such a way that they cannot reveal the actual safety and efficacy profile of individual vaccine [sic], they do not allow for any reliable and correct evaluation of vaccines' (ibid.). Černič then sets out the ten core methodological flaws of these studies, referred to earlier (pp. 312–17) – viz.:

- 1 Preclinical safety studies are often not done
- 2 Pharmacokinetic studies are not mandatory
- 3 Observation periods are extremely short
- 4 Placebo (saline solution) is practically never used
- 5 ...There is no true control group
- 6 Side effects are literally observed

- 7 The majority of clinical trials is financed by producers
- 8 Study reports are often too incomplete
- 9 Only healthy children are included in trials
- 10 Vaccines are declared effective on the basis of their ability to induce the production of antibodies.

The next chapter then looks at vaccine contamination, pointing out that this issue is rarely discussed, and even more rarely examined (p. 318). However, there are concerns about contamination from viruses (one example being the Simian virus 40), bacteria, DNA particles, nano-particles, and fetal and retro-viral contaminants (pp. 318–23).

Next, Černič looks at the work of paediatricians, maintaining that their knowledge about vaccines' actions is 'very poor' (p. 324), with many of them being satisfied with merely reading the safety brochures of producers and regulatory agencies (ibid.). Moreover and shockingly (and as already discussed), parents who express any doubts about vaccines 'are often subject to harassment, intimidation, lies, emotional blackmail, manipulation, humiliation, insults, threats, and occasionally they are even reported to the Child Protection Services due to "parental neglect"' (ibid.). Quoting Chervenak et al. (2016) in their extraordinary paper addressing 'how to deal with disobedient parents':

If parents remain unpersuaded, their informed refusal becomes child neglect, because they are refusing to authorize evidence-based, effective, and safe preventive care required by the best interests of the child standard as the norm. There is a strict legal obligation to report child neglect to the local child protective services agency. [pp. 333–4]

The level of condescending arrogance displayed here, not to mention the condoning and encouragement of 'professional' bullying, is breathtaking. Černič again pulls no punches: 'The ideas put forward in this paper are truly disgusting and inhumane' – and for her, this is 'the ever more brutal interference of the state' into family life and responsibilities (p. 334).

Černič then quotes Dr Suzanne Humphries (American Board of Internal Medicine) as saying that '**...most doctors are little more than blind slave-technicians who follow the dogma that they were taught and were rewarded for repeating.... Doctors are trained that NOTHING bad should be said about any vaccine, period.**' (p. 329, Černič's emphasis)

The next chapters look at the adverse-effect monitoring system, which includes a detailed Slovenian case study (pp. 343–5). Not only do there not exist reliable data on the actual incidence rate of vaccine adverse effects, but it is also impossible to make even an approximate evaluation (p. 337), with existing systems 'only detect[ing] only a very small part of adverse effects' (p. 338). Moreover, and as intimated earlier, 'medical staff are quite reluctant to accept the possibility that a reaction more distant in time has... something to do with the vaccination' – so they typically don't report them (p. 339); and staff typically either ignore or deny adverse effects (p. 340). Moreover,

passive/spontaneous as opposed to proactive reporting systems (like the US Vaccine Adverse Event Reporting system) ‘**suffer from incomplete recognition of potential adverse events, administrative barriers to reporting, and incomplete case documentation**’ (ibid., her emphasis). Černič variously refers to the underreporting, the ‘huge unreliability’ and the ‘utter invalidity’ of passive surveillance systems (pp. 340, 341) – and yet these systems ‘represent the core of the post-marketing surveillance of drugs and vaccines’ (p. 342).

In one of the most comprehensive evaluations of these systems, Fletcher (1999) maintains that ‘when the doctor is asked to make a judgment of causality..., he is highly influenced by current perceptions and prejudices’ (p. 343), with only about 2 per cent of actual side effects being detected (ibid.).

A further chapter then examines the integrity, or otherwise, of state institutions, including a detailed case study of the UK Joint Committee on Vaccination and Immunisation.

Tomljenovic (2011b) is quoted as finding that ‘the British health authorities have been deliberately concealing information from the parents for the last 30 years, apparently for the sole purpose of protecting the national vaccination program’ (p. 347). For example;

...the JCVI made continuous efforts to withhold critical data on severe adverse reactions and contraindications to vaccinations to both parents and health practitioners in order to reach overall vaccination rates.... In summary, the transcripts of the JCVI/DH meetings from the period 1983 to 2010 appear to show that [to mention just three of eight points listed – RH]:

- ... persistently relied on the methodologically dubious studies, while dismissing independent research, to promote vaccine policies
- persistently and categorically downplayed safety concerns while over-inflating vaccine benefits
- ...actively discouraged research on vaccine safety issues

Any of this sound familiar? Those who have been observing the industrial, breakneck speed ‘roll-out’ of the Covid-19 vaccines in the UK since December 2020 would be forgiven for thinking so.

In what is an exhaustive analysis, great detail is given by Černič on each of the eight points listed (pp. 348–57). In conclusion, she finds that JCVI and the CSM appear to have signally failed their fiduciary duty to protect individuals from vaccines of questionable safety.... [T]he UK government’s and the JCVI’s official position on vaccine damage... is one of persistent denial’ (p. 357). And ‘To convince the population of the benefits and necessity of vaccination they resort to falsification and selective withdrawal of negative information about vaccines, active hindering of research on vaccination safety and to lies and manipulation’ (p. 358)

Nor is this phenomenon confined to the UK, for ‘lies, cover-ups and manipulation’ in the service of Big Pharma is a global problem applying to state and health care agencies worldwide (ibid.), with:

first-hand experiences of how regulatory bodies... do[ing] their very best to preserve a spotless, illusory image of vaccines and to disable any critical judgment.... They actively [restrict] public access to relevant information about vaccines and by doing anything they can to keep any detailed information about vaccines unavailable and secret.... [T]hey make use of... unresponsiveness, delays, evasion, ‘not understanding’ questions, misleading and litigation. [p. 358]

Referring to her own country of Slovenia, we read that

state organs, including the PAMPMD, make use of **intentional cover-ups in order to manipulate the public**... and [try] to block any disclosure of the studies of safety and efficacy that were the basis for vaccine marketing organizations..., as – to sum up the official position – if the public knew the truth, nobody would get vaccinated.... [T]he public must be prevented by all means from accessing **the studies that were the basis for the vaccines’ marketing authorizations**. [pp. 362, 365, her emphases]

And in an ‘expertocracy’, we read, ‘people are immature children who need to be protected against themselves’ (p. 363).

The penultimate chapter in Part 3 then looks at so-called ‘herd immunity’ (defined on p. 374) and the notion of ‘harming other people’. Organisations like the US Centers for Diseases Control openly argue that ‘immunization laws exist not only to protect individual children, but to protect all children’ (quoted on p. 373). For Černič, the concept of ‘herd immunity’ is ‘utterly flawed’, and is ‘one of the most often used tools in the process of legitimization of routine mass vaccinations’, with the ‘unvaccinated regarded as a danger to others, and egoistic free riders’ (ibid.). And in comments that will likely resonate with many readers of this review essay, ‘In the last few year, attacks on “anti-vaxxers”... have greatly intensified’ (ibid.), with ‘a large part of the public... becom[ing] increasingly hostile towards “anti-vaxxers”, [as] whenever there are a few cases of, for example, measles, [an] intense fear-mongering campaign is carried out’ (ibid.). (Some typical newspaper and blog titles are listed at p. 374, n.)

We are also told of how the producer of the film *Vaxxed*, Polly Tommey, had her visa cancelled by the Australian government in 2017, with an official document stating that ‘you are a prominent anti-vaccination activist.... You recently visited Australia participating in delivering seminars at numerous locations about anti-vaccination and promoted an anti-vaccination film titled *Vaxxed*’ (p. 374, n). So much for free speech in the allegedly ‘democratic’ Western world.

We next read about vaccines as vehicles and agents of infection. Contrary to the conventional ‘wisdom’ about unvaccinated people/children being some kind of threat to others (which we are repeatedly hearing at the present time in relation to the Covid-19 vaccines), Černič maintains that *the very opposite* is the case – that is, ‘vaccinated persons represent a bigger threat for two reasons: 1) vaccinated individuals are often vehicles of silent infections; and 2) through vaccination, the virus used in vaccines can be transmitted and even induce outbreaks of the disease’ (p. 379) – that is, ‘the vaccinated

are ‘unrecognized reservoirs for infection’ (pp. 381–4). In the specific case of measles, we read that a ‘large percentage of vaccinated individuals get measles, if exposed to the virus, [but] their measles often manifest in [an] atypical, hard to recognise way’ (p. 386). We are also reminded that in the complementary and alternative medicine world, measles is regarded as ‘a beneficial childhood disease’ (ibid.).

Much earlier in the book, we are told that ‘...alternative medicine [claims] that measles infection in childhood stimulates the correct development of the immune system and reduces the probability to develop cancer in adulthood’ (p. 84); that ‘...natural infection induces higher antibody levels than vaccination’ (p. 167); and that ‘levels of vaccine induced antibodies do not correlate with the level of protection’ (p. 304). We are also told that the ‘lethality of measles... depends on a plethora of factors... [including] the characteristics of the individual and the population... Measles mortality depends on the characteristics of the population, *not on measles themselves*’ (pp. 114–15, my emphasis). This kind of ‘Terrain Theory’ approach to infectious diseases (as opposed to the conventional ‘Germ Theory’ that underpins mainstream allopathic medicine and vaccination ideology) represents the kind of holistic, truly scientific thinking to which Černič no doubt subscribes (see, for example, Hume, 1989; Trebing, 2006; Lester & Parker, 2019, Chapter 3).

In the case of polio, we are told how, for years, ‘we have been bombarded by a propaganda campaign telling us that “thanks to an effective vaccination program, polio is on the verge of elimination”’ (p. 389). But polio cannot be eradicated (p. 390); and in India (quoting Vashisht & Pulyed, 2012), we are told,

the incidence of AFP [Acute Flaccid Paralysis], especially non-polio AFP, has increased exponentially in India after the high potency polio vaccine was introduced.... [C]hildren who were identified with non-polio AFP were at more than twice the risk of dying than those with wild polio infection.... On 2011, an additional 47,500 children were newly paralyzed in a year.... [T]his large excess in the incidence of paralysis was not investigated as a possible signal.... [ibid., Černič’s emphases]

This example makes it clear that any assessment of the impact of a given vaccine cannot be properly and *scientifically* assessed without taking into account its *total collateral impacts*, both spatially and also across time. Just how often are such genuinely scientific assessments carried out before vaccines are introduced, one wonders? And what is the status and legitimacy of a ‘science’ that chooses *not* to do such wide-ranging studies?

Finally in this section, we read of the ‘pathetic performance of influenza vaccines’ (p. 392). Černič writes, ‘perhaps 1 adult out of 100 vaccinated will get influenza symptoms compared to 2 out of 100 in the unvaccinated group. [That is], **we need to vaccinate 100 healthy adults to prevent one set of symptoms** (Jefferson statement, quoted on p. 392, Černič’s emphasis).

‘Big Pharma’

The final chapter in Part 3 is titled ‘Merger between Science and Pharmaceutical Industry’. We are told that

...the pharmaceutical network, supported by science and education which it instrumentalized and subordinated to its own interests, has been deliberately building up a system of creating a perception of efficacy, safety and cost-effectiveness of its own products. In parallel, it has been creating an artificial need for medications and, within the political sphere, favourable conditions for their placement. [p. 393, Černič’s emphasis]

Černič then spends just six pages looking at the economic and political power of the pharmaceutical industry (such a topic surely warrants a major study in its own right). We read, for example, that Prevnar, the pneumococcal vaccine produced by Pfizer, generated US \$5,718 million (or \$5.71 billion) in sales in 2016 alone (p. 394). And Gardasil/Gardasil 9, ‘a vaccine leaving thousands of neurologically injured, crippled girls in its wake, has brought in more than 2.1 billion of dollars in 2016’ (pp. 396–7). Černič goes on to write of ‘extremely aggressive marketing strategies employed by the pharmaceutical companies’ (p. 398), and with the industry having by far the biggest lobby in Washington – e.g. in 2002 it employed 675 lobbyists at a cost of over US \$91 million (p. 399).

We also read about the pharmaceutical industry and organised crime, citing Gotzsche (2013), who devoted a whole book to this subject. To be blunt, ‘Pharma silences anybody that endangers their profits.... No one is safe from Pharma – they will go with a vengeance against anybody, be it a researcher, a reporter, a journal, a college, a state department or anybody else’ (pp. 400, 401). Furthermore, the ‘criminal behaviour... of pharmaceutical companies... is systematic and repetitive, it is their business model. [The pharmaceutical industry is one of the most corrupt (morally and otherwise) industries on the planet’ (p. 401). Table 22 on page 403 lists the ten largest settlements and judgments made against the pharmaceutical industry from 1991 to 2015 – the largest being US \$3,400 million against GSK for financial violations.

The final section in Part 3 looks at the intertwinement with the medical profession. Weiss (2009, reference missing) is quoted as saying that pharmaceutical companies pay around 16,500 doctors all over the world ‘to promote their products in various ways’ (p. 405); and Angell (2004) writes of how trials can be rigged in many ways, and ‘it happens all the time’ (ibid.). For Černič, ‘the most dramatic form of bias is **out-and-out suppression of negative results**’, with companies only publishing positive results (p. 406, her emphasis). According to Černič, ‘The practice leads doctors to believe that drugs are much better than they are, and the public comes to share this belief, on the basis of media reports’ (ibid., citing Angell, 2004).

More specifically, for Černič it is new that ‘drug companies now have considerable control over the way the research is carried out and reported.... In the 1980s, researchers were largely independent of the companies that sponsored their work’ (ibid.). Today, in stark contrast, ‘companies are involved in every detail of the research from design of the

study through analysis of the data to the decision whether to publish the results. **Researchers don't control clinical trials any more; sponsors do'** (ibid., her emphasis). Moreover, the traditional boundaries that formerly existed between academia and industry have also become blurred (witness the major UK university involvement in the development of the Covid-19 vaccines, for example).

We read further that

the sponsoring [drug] companies keep the data, and in the multicenter trials, **they may not even let the researchers themselves see all of it.** They also analyze and interpret the results, and decide what, if anything, should be published. All of this makes a mockery of the traditional role of researchers as independent and impartial scientists. [p. 406, her emphasis]

This, then, is one key way in which 'the science' has been captured by Big Pharma, as *these companies will be the very last to be asking deep metaphysical, philosophical and paradigmatic questions about the assumptive worldview underpinning and driving their medicalisation of modern life.* As Černič herself writes, '**Holding a monopoly over health, disease and the human body, medicine aims to control every dimension of everyday life'** (p. 32, her emphasis).

If this weren't already sufficient to load the dice completely in Big Pharma's favour, we also read that 'patient advocacy groups and health charities now rely on funding from drug companies or device manufacturers' (p. 407). Clearly, no stone has been left unturned in Big Pharma's exercising of its hegemonic power in order to entrench its interests, and so capture and orchestrate modern health culture in its own image – including recently (as I write) deploying the British Royal Family in the shape of the Queen and Prince William, separately extolling the virtues of the Covid-19 vaccines in live broadcasts (e.g. 'Queen urges jab take-up', *The Times*, Friday 26 February, p. 1).

The courageous author of this book does not trim, then, on the stranglehold that multinational pharmaceutical companies have with the development and practice of medicine, the numerous times pharmaceutical companies are found guilty of malpractice and how their penalty fines, though millions of dollars, are as but a drop in the ocean compared to their profits.

Černič fittingly draws Part 3 to a close with a telling quotation from the then editor-in-chief of *The Lancet*, Richard Horton:

The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession with pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.

Concluding Thoughts on the Ideological Constructs of Vaccination

Černič's overall conclusions about vaccination are unequivocal and robustly expressed. We read that:

The pro-vaccination side... possesses enormous amounts of socio-political and economic power which they use zealously and systematically to improve and consolidate their position, as well as to ultimately discredit and incapacitate all other positions and actors.... Representatives of governmental and scientific institutions present the critics of vaccination in the media as deluded, ignorant, irrational, uninformed, emotionally and mentally immature, infantile, incapable of judgment, irresponsible, unconstructive, dangerous, lacking empathy and sense of community... putting all of 'us' at risk, endangering 'our' lives. (p. 409)

Sound familiar?... Alas, in the age of Covid-19, yes it does.

Černič ends her book by listing, and comprehensively refuting, 20 of 'the most typical constructs/myths about vaccination... which prevail in society' (p. 411) – as follows:

- 1 'Vaccination has considerably reduced mortality from contagious diseases; without vaccines we would still be dying in droves from infectious diseases.'
- 2 'Adjuvants are safe and harmless.'
- 3 'Aluminum in vaccines is equivalent to aluminum in food.'
- 4 'A baby receives more aluminum from breast milk than from vaccines.'
- 5 'The amount of aluminum in vaccines is negligible.'
- 6 'A child can get any number of doses without any harm.'
- 7 'Vaccination is the best protection against infections.'
- 8 'A sufficiently high level of antibodies guarantees protection against infections.'
- 9 'Adverse effects are rare, mild and temporary.'
- 10 'Baby cries because of the sting of the needle.'
- 11 'Adverse effects occur within 48 hours after vaccination.'
- 12 'Vaccines do not cause autism. It has been proven that vaccines do not cause autism.'
- 13 'There is no rise in the number of autism cases – in the past, autistic individuals simply weren't diagnosed as such.'
- 14 'Vaccines (almost) never cause death.'
- 15 'Vaccines are thoroughly tested in rigorous scientific studies.'
- 16 'Doctors know the property of vaccines very well.'
- 17 'Adverse effects are meticulously monitored and recorded.'
- 18 'Regulatory authorities keep a vigilant eye on the safety and adequacy of vaccines.'
- 19 'Vaccines provide herd immunity which protects us against outbreaks of dangerous epidemic illnesses.'
- 20 'There is no money in vaccines.' (pp. 411–16)

And Černič resoundingly draws her book to a close in the following way:

A fascist, totalitarian system in which the state claims the right to decide about our bodies is unacceptable.... It is high time for the general public to start asking questions [about vaccination]. And demand answers. It should also obtain a full access to safety and efficacy studies (including... unpublished studies and data).... The right of an individual to accept or reject any kind of vaccination... without any sanctions... is undoubtedly one of the most fundamental human rights that we must all fight for. [p. 418]

Reviewer's Commentary and Concluding Thoughts

There are a number of important issues which are not directly addressed in the book – not least, the (usually unconscious) metaphysical assumptions being made about ‘reality’ by vaccination discourse (e.g. Germ versus Terrain Theory); the scientific inadequacy of the Germ Theory that underpins vaccination ideology; the issue of a control- and domination obsessed ‘science’ being fundamentally *patriarchal* in nature; the question of what impact a narrowly *materialist worldview* and superficial *causal-positivistic methodology* have on ‘the science’, and on what is deemed to count as legitimate scientific knowledge; the *ecological* impact on humanity, and on the human and natural ecosystem, of mass vaccination programmes; the role of psychology and psychodynamics in the mass cultural compliance to vaccination ideology; the nature and motivations of the actors behind the putsch for ‘the vaccination of everyone’ – including insight into malign spiritual forces that might be at work; and the place of so-called ‘conspiracy theories’, the World Economic Forum, the so-called ‘Great Re-set’ and Agendas 21 and 30 in the whole picture. Any one of these issues deserves a major study in its own right; and for this reviewer, the philosophical deconstruction of the metaphysical assumptions underpinning and directing materialist science, and the ways in which an all-pervasive *patriarchal ideology* saturates mainstream science and technology, are especially important.

I was struck by how, in Černič's view, ‘allopathic medicine hardly ever addresses the **content** of its critics’ arguments...; it almost never provides counterarguments of any **substance**..., [employing] two tactics:

- It denies (or even explicitly prohibits) those who are not part of the allopathic medicine apparatus the right to think and talk about anything relating to health and illness..., [maintaining] a total monopoly over health and illness.
- It does not answer criticisms with arguments; instead, it makes use of the heretics’ (sometimes total) personal and professional discreditation. [pp. 20–1, Černič's emphases]

The issue of children's exposure to mass vaccination from a very early age must also be of great concern. For Černič, ‘nowadays children receive vaccines at a younger age and more closely spaced than in the past, which represents an even greater assault on their immune and nervous system’ (p. 229, n). Where *is* the scientific research into the impact on children's natural immune system and its functioning from these relentless assaults?

(e.g. in the USA in 2016, 22 cumulative doses by the age of 6 months, 34 by 18 months, 42 by 4–6 years of age, and 50 by the age of 18 – see her Appendix 1, p. 419).

It will be interesting to see how the pharmaceutical establishment and the Vaccination Industrial Complex respond – if at all – to the recent California law suit filed by Dr Gregory Glaser showing incontrovertible evidence that unvaccinated people are far healthier on a range of measures than are the vaccinated.³

In a review of Dr Černič's book posted on the USA's Amazon website on 25 March 2019, titled 'Immunity to Indoctrination', the reviewer tellingly wrote of 'the sudden outcry for censoring any materials expressing a critical view of mass vaccination' – and note that this was posted *a full year* before Covid-19 became a global phenomenon. Readers will no doubt draw their own conclusions about the pro-vaxx propaganda assault to which the world has now been subjected for some years. This particular reviewer added: '...I made sure to buy books such as this before corporations, libraries, schools, and government pull them from shelves or the marketplace.'

In conclusion: first, let me emphasise again that this review essay should emphatically not be seen as a substitute for reading this *tour de force* in the original. The book itself is essential reading for anyone with concerns about vaccination, and who wants access to *all* the relevant information and arguments about vaccination, and not just the one-sided propaganda lines masquerading as 'science' that we incessantly hear from an establishment that has been comprehensively captured by Big Pharma and patriarchal medical science.

The late Dr Mayer Eisenstein MD reputedly once said, 'Educate before you vaccinate' – and Dr Eisenstein would surely have approved of the new opportunities that Dr Černič's book affords to seekers after balance and truth about vaccination. It should be essential reading for all medical practitioners, scientists, lawyers, law-makers, and the general public at large. Perhaps the key message of the book is that the constructs upon which public health policy is made are ideologically and propaganda-based, *not* science-based, with scientists routinely choosing silence and complicity, for fear of the vicious retribution they know they will receive if they as much as dare to question vaccination ideology and the Vaccination Industrial Complex.

Medical practitioners should abide by their Hippocratic Oath to 'do no harm'. The very least that can be expected is that informed consent should be inviolate; for compulsory vaccine mandates are outrageous intrusions by the corporatocratic State into parents' decision-making authority, and the inalienable human right to autonomy over our bodies and those of our children.

Let's finish with the resounding words with which Dr Černič completes her masterpiece:

Are criticisms, doubts and the rejection of vaccination, after taking into account everything that was discussed, really unfounded, irrational, deceptive and

unjustified? Or is it in fact the other way around? [p. 418, her emphasis]

Notes

- 1 This review article can be downloaded as a pdf file at <https://tinyurl.com/cernic-vacc-review>, and can be widely disseminated, entirely free of any copyright restrictions, including being posted on to websites.
- 2 See <https://www.ideologicalconstructsofvaccination.com/>.
- 3 See <https://childrenshealthdefense.org/defender/vaxxed-unvaxxed-lawsuit-protect-americans-from-vaccination-status-discrimination6/>.

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