

Critical Vaccine Studies: 400 Vital Scientific Papers Parents and Pediatricians Need To Be Aware Of

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STORY AT-A-GLANCE

- › Comparing vaccination rates in 34 developed nations revealed a significant correlation between infant mortality rates and the number of vaccine doses infants receive. The U.S. requires the most vaccines and has the highest infant mortality
- › Research shows the more vaccines an infant receives simultaneously, the greater their risk of being hospitalized or dying compared to those receiving fewer vaccines
- › The earlier in infancy a child is vaccinated, the greater their risk of being hospitalized or dying compared to children receiving the same vaccines at a later time

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Vaccines: Are they safe? Are they effective? To help answer those questions is Neil Z. Miller,¹ a medical research journalist and director of the Thinktwice Global Vaccine Institute.

Miller has investigated vaccines for three decades and written several books on the subject, including "Vaccines: Are They Really Safe and Effective?," "Vaccine Safety Manual for Concerned Families and Health Practitioners" and "Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers."

"Miller's Review," published in 2016, is a magnificent piece of work. In it, he reviews the concern about vaccine safety and efficacy raised by 400 peer-reviewed published studies. The book doesn't review studies that support vaccination (almost all of which are funded by the industry and the government, by the way) as those studies are available on the CDC website.

"I got started when my own children were born ... over 30 years ago ... When my wife was pregnant, I felt I had to do due diligence about vaccines. I have to be honest, though. Before I even started to research vaccines, my wife and I pretty much knew intuitively that we were not going to inject our children with vaccines.

When I give lectures, I often tell people, 'How can you expect to achieve health by injecting healthy children with toxic substances?' I intuitively knew that ... but still felt an obligation to do my due diligence and to do the research," Miller says.

"The thing is that when I do things, I do them pretty thoroughly ... I was doing my research at medical libraries. I was gathering everything and I started to collate it and coordinate it ... People started to find out about the information I had organized. They were asking me about vaccines even way back then. I organized it into a booklet. I started to share that with people. Everything snowballed from that first booklet."

Don't Believe the 'There's No Evidence' Argument

"Miller's Review" was created in response to the common refrain that "there are no studies showing vaccines are unsafe or ineffective."

"I hear this often," Miller says. "Parents come to me all the time, saying, 'My doctor told me that vaccines are safe and there are no studies that prove [otherwise]. I've been doing the research for 30 years. I know of literally

thousands of studies that document [concerns]. My books all document [those] studies."

"Miller's Review" is unique in that it summarizes 400 studies in bullet points with direct quotes from the study – with one study per page – plus citations so that you can find and read the study in full should you decide to do so. All of the studies are published in peer-reviewed journals and indexed by the National Library of Medicine.

"These are valid studies by valid researchers in many journals that people have heard about – The Lancet, New England Journal of Medicine, all the mainstream journals (and some of the smaller journals, but they're still valid peer-reviewed studies) that show there are problems with vaccines: There are safety problems, there are efficacy problems.

They're all in one place so that people, like doctors, can get this information all in one convenient place. This book has been very effective with medical doctors. When medical doctors who are on the fence, or who are pro-vaccine, get this book and read it, I hear back from parents that their doctor is no longer pressuring them to get the vaccines.

Their doctor is now respecting their decisions to not vaccinate or to go to some sort of alternative vaccine schedule if that's the choice these parents make ...

I am all about having uncensored, unfettered access to all of the available information out there about vaccines. Not just what your medical doctor wants you to know. Not just what the pharmaceutical companies want you to know and not just what the Centers for Disease Control and Prevention (CDC) is telling doctors to share with their patients.

I want [parents] to be absolutely free to make a decision whether or not they want to vaccinate their children ... It's really a human rights issue. It's really about the mandatory aspect of vaccines. I think all vaccines are problematic. I think this not just based on my own feelings, but based on the evidence I've researched over the years."

Uninformed Decision-Making Is Part of the Problem

Ultimately, every parent will make a decision about whether or not to vaccinate. The problem is, most of the time, it's an uninformed decision. An issue brought up in some of his earlier books is that there's been a deliberate misinformation campaign aimed at making you believe vaccines are far more effective than they actually are.

For example, disease incidence data is used to suggest vaccines have dramatically reduced the incidence of a given disease, when in fact the disease rate had already declined by 90%, or more in some cases, before a vaccine was ever available.

Measles has been problematic in developing nations, mostly because of malnutrition, vitamin A deficiency, lack of clean water, sanitation and quick access to medical care. As these measures are addressed, the mortality from measles declines on its own.

Vitamin A appears particularly important, and studies sponsored by the World Health Organization (WHO) have confirmed that high doses of vitamin A supplementation protect children against complications and death associated with the disease.

"By the time the measles vaccine was introduced in the United States in 1963, by the late 1950s, the mortality rate from measles had drastically dropped. This was due to the [fact] that the population had gained protection against the more dangerous ravages of the disease. This happens with a lot of different diseases.

In my book, I've got many different types of graphs and illustrations to help the reader understand the main points I'm making ... [M]any of these graphs show that these diseases were declining significantly on their own, well before vaccines were introduced.

For example, scarlet fever. Where did scarlet fever go? Why don't we see cases of scarlet fever when we didn't have mass vaccinations with a scarlet fever vaccine? That's an important point to be made."

Many Childhood Diseases Are Protective Against Cancer

Another significant point is there are dozens of studies demonstrating that contracting certain childhood diseases actually protects you against various types of cancer later in life – everything from melanoma to leukemia.

It's important to realize that when you have a naturally acquired infection, you're really exercising your immune system quite profoundly, developing authentic, lifelong immunity in the process, which is radically different from the type of artificial and temporary immunity you get from a vaccine.

One of the reasons for this is because vaccines stimulate a completely different part of your immune system than does fighting off a naturally acquired infection. There's even evidence suggesting childhood diseases help protect against future heart disease.

"[A] Japanese study ... looked at over 100,000 men and women of elderly age. They looked back at their history of catching these common childhood illnesses. Did they catch chickenpox, rubella, measles and mumps? What they found was it's actually protective against heart disease.

You're protected against heart attacks and various types of arteriosclerotic disease of the artery systems. It's protecting the arterial system so that you are protected not only – when you catch these diseases – from cancers, but from heart disease, heart attacks and strokes as well ... There are different theories on why that takes place. But the important thing is that study after study confirms that it takes place."

Vaccines Create Problematic Mutations

Another vaccine-related problem that many are completely unaware of is the fact that vaccines cause mutations in the disease-bearing microorganisms, much in the same way antibiotics cause bacteria to mutate. The diphtheria, tetanus and pertussis vaccine (DTaP), for example, has caused the pertussis microorganism, *Bordetella pertussis*, to mutate and evade the vaccine. The same thing happened with the pneumococcal vaccine and the *Haemophilus influenzae* type B vaccine.

"They're finding, for example, when you've got a vaccine that targets only certain strains of disease where multiple strains are actually causing the disease, the vaccine is pretty effective at reducing the incidence of disease from that particular strain. But what happens is the other strains come and take their place ... They come back even stronger.

That's what [happened] with Prevnar, a vaccine for pneumococcus, pneumococcal disease. All infants that receive vaccines according to the CDC's standard immunization schedule receive a pneumococcal vaccine at 2, 4 and 6 months of age. That vaccine only targeted seven strains. Pneumococcal has 90 different strains capable of causing pneumococcal disease.

They were pretty effective at reducing the amount of disease caused by the pneumococcal strains targeted by the vaccine. But what happened within just a few short years, the other strains became more prevalent ... taking the place of the original strains [and] they became more virulent.

They came out with a new vaccine in 2010 ... to deal with the vaccine losing its efficacy because of what I just explained. The new vaccine included the original seven strains plus six additional strains, the ones that were causing most of the pneumococcal disease now. Within two years of the new upgraded, updated pneumococcal vaccine, the strains had already mutated ..."

Tragically, parents are being blamed and harassed for many of these vaccine failures. Parents are being told that if you don't vaccinate your kids, you are responsible for spreading the disease. That's the idea the CDC, the medical industry and the pharmaceutical industry are promoting. However, if you actually read the studies, you'll find what the scientists know — the real problem is evolutionary adaptation.

Herd Immunity Cannot Be Achieved Through Immunizations

Another core argument for mass vaccinations is achieving herd immunity. Miller believes, and I agree with this belief, that herd immunity may never be achieved through

vaccination because high vaccination rates encourage the evolution of more severe disease-causing agents. In a vaccinated population, the virulence increases due to selective pressure, as the pathogen is strengthened and adapts in its fight for survival against the vaccine.

Meanwhile, in an unvaccinated population, the environment actually promotes lowered virulence, as the pathogen does not want to kill its host. A wise pathogen is one that's able to infect many hosts without killing them, because when the host dies, the pathogen loses the environment upon which its own survival depends.

However, once the disease organism mutates and becomes more virulent within the vaccinated population, it raises the stakes not only among the vaccinated but also among the unvaccinated, who are now faced with a far more virulent foe than normal.

"In terms of herd immunity, you not only have ... this selective pressure that's keeping you from being able to achieve herd immunity (because the microorganisms are always attempting to evade the vaccine), but pertussis vaccine is only 60% effective. That's with the best estimates. And that's only for a couple of years.

Studies show that even after three, four or five years, you're back to almost no efficacy whatsoever, almost back to the pre-vaccine period.

How can you expect to achieve herd immunity with a vaccine that is only 60% effective? You can vaccinate 100% of the population and you cannot achieve herd immunity with a vaccine that is only 60% effective. Influenza vaccines – many years, these vaccines are not good matches for the circulating virus – so you have 0% efficacy. In the best years, you only have 30%, 40% or 50% efficacy."

Studies Show Vaccinations Increase Infant Mortality

One of the tenets of conventional medicine is that if you vaccinate a population, everyone is going to be healthier. There will be less disease. But when you compare

vaccination rates and health statistics, you find the converse is actually true. This is some of the most compelling information Miller shares in his book.

For example, when comparing vaccination rates in 34 developed nations, they found a significant correlation between infant mortality rates and the number of vaccine doses infants received. Developed nations like the United States that require the most vaccines tend to have the highest infant mortality. You can [read this study here](#).²

"I'm the lead author on that study, actually. My co-author was Gary Goldman [Ph.D., who] worked for the CDC for seven years. He quit when he found that the CDC was not allowing anything detrimental [to get out]. Goldman found problems with the chickenpox vaccine and wanted to publish that data. The CDC said, 'We're not going to allow you to do that.' That's when Goldman quit ...

Goldman and I did two peer-reviewed studies ... The children in the United States are required – if they follow the CDC's immunization schedule – to receive the most vaccines in the developed world, actually throughout the world. Globally. Twenty-six vaccines. Other developed nations require less.

Some nations only require 12 vaccines – Switzerland, Sweden, Iceland and other European nations – yet they have better infant mortality rates. That's what our study looked at. [V]accines are promoted as being lifesaving. They're given to children to protect them against dying from infectious diseases.

We gathered all the immunization schedules from the 34 nations [and found] the United States had the 34th worst infant mortality rate ... It had the worst. Thirty-three nations in the developed world had better infant mortality rates. We did the study and we found what many people would find to be a counterintuitive relationship.

We found a statistically significant relationship. There was a direct correlation between the number of vaccines that a nation required for their infants and the infant mortality rate. The more vaccines that a nation required, the worse the infant mortality rate."

Why Is This Not Front-Page News?

Many naïvely believe that if all of this is true, if vaccines truly were doing more harm than good, it would be front-page news. The reason you rarely if ever hear anything about studies such as this one is because the vaccine industry has an iron grip on the information being publicly disseminated. Collusion between federal regulatory agencies, the government and the industry is just one of several hurdles preventing this kind of information from being widely known.

You have individuals like Dr. Julie Gerberding, who headed up the CDC and was in charge of infectious disease recommendations for seven years before moving on to become president of Merck Vaccines, one of the largest vaccine manufacturers in the world. That's just one of many dozens of examples of this revolving door, which in turn has led to the breakdown of true science-based medicine.

"We have a serious problem where top scientists admit that they drop data points from studies that they've been influenced by the people who are funding their studies to sometimes not publish the study because it didn't come up with the results they wanted, and so on," Miller says.

"We have a serious problem with the pharmaceutical industry controlling which studies get published. Also, there's a serious problem because the pharmaceutical companies are controlling the advertising dollars that go out to the major media.

Mainstream media makes approximately 70% of its income from pharmaceutical ads. They do not want to publish or promote anything, even in their newscasts that would be critical of vaccines because it could compromise their potential to keep bringing in these millions of dollars they make every year from the pharmaceutical companies."

The greatest, most serious problem we currently face is the concerted push to mandate vaccines and eliminate personal belief exemptions. For example, to go to school in

California, you now have to be fully vaccinated. No exemptions are allowed, which is really a violation of human rights.

Giving Multiple Simultaneous Vaccines Is Extremely Risky, Study Shows

The [second study](#)³ Miller and Goldman published analyzed nearly 40,000 reports of infants who suffered adverse reactions after vaccines. Here, they found that infants given the most vaccines were significantly more likely to be hospitalized or die compared to those who received fewer vaccines.

It's worth noting that this data was obtained from the vaccine adverse event reporting system (VAERS) database, a passive reporting system, and that research has confirmed passive reporting systems underreport by 50 to 1.

What this means is that when you find one report in VAERS, you have to multiply that by 50 to get closer to reality because, on average, only 1 in 50 adverse events are ever reported. Doctors have a legal obligation to report side effects to VAERS, but they don't, and there are no ramifications for failure to make a report. Parents can also make a report to the database, and I encourage all parents to do so, should your child experience a vaccine reaction.

At present, VAERS has over 500,000 reports of adverse reactions to vaccines, and every year, more than 30,000 new reports are added to it. Miller and Goldman downloaded this database and created a program to extract all the reports involving infants. In all, they extracted the reports of 38,000 infants who experienced an adverse reaction following the receipt of one or more vaccines.

They then created a program that was able to determine the number of vaccines each infant had received before suffering an adverse reaction, and stratified the reports by the number of vaccines (anywhere from one to eight) the infants had received simultaneously before the reaction took place. They specifically honed in on serious adverse reactions requiring hospitalization or that led to death. Here's what they found:

- Infants who received three vaccines simultaneously were statistically and significantly more likely to be hospitalized or die after receiving their vaccines than children who received two vaccines at the same time
- Infants who received four vaccines simultaneously were statistically and significantly more likely to be hospitalized or die than children who received three or two vaccines, and so on all the way up to eight vaccines
- Children who received eight vaccines simultaneously were "off-the-charts" statistically and significantly more likely to be hospitalized or die after receiving those vaccines
- Children who received vaccines at an earlier age were significantly more likely to be hospitalized or die than children who receive those vaccines at a later age

Childhood Vaccination Schedule Is Based on Convenience, Not Science or Safety

As noted by Miller:

"The industry, the CDC and Dr. Paul Offit tell us that you can take multiple vaccines. Offit said you could theoretically take 10,000 vaccines at one time; that an infant can be exposed to that many pathogens simultaneously without hurting the child. The CDC's immunization schedule requires that children receive eight vaccines at 2 months of age, eight vaccines at 4 months of age and eight vaccines at 6 months of age.

I ask parents, 'When did you ever take eight drugs at the same time? ... If you did take eight drugs at the same time, would you think it was more likely that you would or would not have an adverse reaction?' Because toxicologists know that the more drugs you take at the same time, the more potential for some kind of a synergistic or additive toxicity ... What this study confirms is that it's a dangerous practice to give multiple vaccines simultaneously.

The CDC has put together a schedule based on convenience. They say '[G]ive eight vaccines at 2 months, give eight more vaccines at 4 months and give eight more booster shots at 6 months' because it's convenient. They're afraid that parents will not come to the pediatrician again and again and again if they have to keep coming back for more vaccines, so they get multiple [shots all at once].

They said, 'We're going to make this schedule based on convenience.' Not based on evidence. Not based on science. There's nothing scientific about the CDC's recommended immunization schedule. We've shown it with our study ...

We also showed that children who received vaccines at an earlier age are statistically significantly more likely to be hospitalized or die than children who receive it at a later age. We divided it up to children who receive their vaccines in the first 6 months of age versus children who receive their vaccines in the last six months of infancy.

Again, off-the-charts statistically significant, it's much more dangerous to give younger infants multiple vaccines than to give older infants multiple vaccines. This makes sense because they're giving the same dose to a newborn or a baby that might be 8, 9, 10, 11 or 12 pounds at 2 months of age versus a child who might be 15 or 17 pounds ... at a later age."

More Information

You can find "Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers" on ThinkTwice.com. This book is an invaluable resource for parents who want to do their due diligence before making up their mind about whether or not to vaccinate their children. On his website, you will also find his other books, along with studies and publications relating to vaccine safety and efficacy concerns.

Another resource is the [National Vaccine Information Center](#) (NVIC). NVIC is leading the charge when it comes to educating the public about efforts to impose mandatory

vaccinations, and how to preserve our health freedoms on the local, state and federal levels.

Ultimately, everyone will have to make a choice about vaccinations. The key is to make it an informed one – to understand and weigh the potential risks and benefits. To do that, you need access to both sides of the debate, and Miller has done us all a great favor by making the largely hidden side of the equation more readily accessible.

Sources and References

- ¹ PR Log, Neil Z Miller
- ² Human and Experimental Toxicology 2011 Sep; 30(9): 1420–1428
- ³ Human and Experimental Toxicology 2012; 31(10): 1012-1021 (PDF)