

Vaccines: Facts That Matter

Are vaccine manufacturers liable for injury and/or death?

The National Childhood Vaccine Injury Act (NCVIA), commonly known as the “1986 Act,” **eliminated liability** for vaccine manufacturers and providers in cases of vaccine-related injury or death.

Next, the Public Readiness and Emergency Preparedness (PREP) Act broadened the liability shield, exonerating everyone at every stage from public health emergency countermeasure product injury liability.

Under PREP, manufacturers, distributors, product administrators, and public/private individuals who mandate the products are all shielded from lawsuits.

Humans do not behave well in the absence of responsibility or accountability. The fallout of these immunity shields has been devastating.

What about placebo controlled studies?

With the exception of the COVID-19 and Dengue vaccines, **none of the routine childhood vaccines recommended by the CDC were licensed by the FDA based on long-term, placebo-controlled clinical trials.** Looking for proof, [simply click here.](#)¹

Statements on improvement in sanitation, nutrition and healthcare:

Many diseases that once posed a serious threat in the early 1900's no longer carry the same level of risk today. **Advances in society like improved sanitation/plumbing and access to clean running water have dramatically changed the landscape of public health.** It's important to acknowledge these changes rather than assume the risks remain unchanged.

“Between 1900 and 1998, the death rate from the major infectious diseases declined 99.7%, from 466 to 0.7 deaths per 100 000 (Fig 9). The percentage of child deaths attributable to infectious diseases declined from 61.6% to 2%. . . . Once again, nearly 90% of the decline in infectious disease mortality among US children occurred before 1940, when few antibiotics or vaccines were available.”²

What about Herd Immunity?

COVID19: In 2021, public health officials indicated that COVID-19 vaccines could reduce transmission of the virus. However, subsequent data revealed that it does not prevent infection or transmission at all.

INFLUENZA: The flu vaccine does not stimulate a strong enough mucosal immune response in the nose and throat to prevent upper respiratory infections, and therefore cannot fully stop the transmission of the flu virus. Studies indicate flu vaccination is associated with heightened susceptibility to non-influenza respiratory infections and negative efficacy.

MEASLES: Studies show that herd immunity is not achievable with measles vaccination due to vaccine failure. “...measles outbreaks also occur even among highly vaccinated populations because of primary and secondary vaccine failure...”
-[National Institute of Health](#)³

Vaccines: Facts That Matter (cont.)

What about Herd Immunity? (cont)

HEPATITIS B: The Hepatitis B vaccine does not impact public transmission in typical school or community settings, as Hep B is spread through blood and sexual contact—not casual contact. Infected children can attend school without posing a risk to others.

PERTUSSIS: The pertussis-containing vaccines do not prevent infection or transmission — they only reduce a person’s risk of developing symptoms. That’s why newborns are still catching whooping cough from fully vaccinated siblings and adults.

POLIO: The inactivated polio vaccine (IPV) protects against symptoms of polio but does not prevent the virus from colonizing the gut or being shed in stool. This means vaccinated individuals can still spread the virus. Countries where wild polio is still circulating do not rely solely on IPV to control outbreaks. As of 2022, the [CDC](#) has also issued warnings about vaccine-derived polio strains.⁴

TETANUS: The tetanus vaccine is designed for individual protection, not community-wide disease prevention, as it is not a communicable disease—it doesn’t spread from person to person. Because it isn’t transmitted through the air or contact, the concept of herd immunity doesn’t apply.

CHICKENPOX: We cannot have herd immunity if the vaccine is transmissible, *“Due to the concern for transmission of vaccine virus, vaccine recipients should attempt to avoid whenever possible close association with susceptible high-risk individuals for up to six weeks following vaccination with VARIVAX.”*⁵

MUMPS: Mumps outbreaks are occurring in fully vaccinated populations because the vaccine frequently fails and its protection wanes quickly over time.

MENINGOCOCCAL: *“Rates of meningococcal disease have declined in the United States since the 1990’s and remain low today. Much of the decline occurred before the routine use of MenACWY vaccines...Data suggest MenACWY vaccines have provided protection to those vaccinated, but probably not to the larger, unvaccinated community (population or herd immunity)”*⁶

References:

- [1 https://icandecide.org/wp-content/uploads/2024/03/no-placebo-101823.pdf](https://icandecide.org/wp-content/uploads/2024/03/no-placebo-101823.pdf)
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