Health versus Disorder, Disease, and Death: Unvaccinated Persons Are Incommensurably Healthier than Vaccinated

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ABSTRACT

Results from the 2019/2020 nationwide Control Group Survey of Unvaccinated Americans (CGS) show that those refusing vaccines are thriving while those accepting them are being injured and met with a multiplicity of grave injuries as well as sudden unexpected death. This survey quantified the long-term health risks of total vaccine avoidance against the health outcomes observed in the 99.74% vaccine-exposed American population. Based upon the sample sizes for the controls vs. the exposed population, the *p*-values and odds ratios evidence the astronomical odds against the innocence of vaccines as the actual cause of well over 90% of the disabling and life-threatening chronic conditions suffered by Americans. The true "controls" (calculated to represent 0.26% of the population in 2020) have established the baseline disease risk incurred by those without exposure to vaccination. The null hypothesis, that no significant difference would be found between vaccinated vs. unvaccinated persons in heart disease, diabetes, digestive disorders, eczema, asthma, allergies, developmental disabilities, birth defects, epilepsy, autism, ADHD, cancers, and arthritis, is rejected with overwhelming statistical confidence and power in every single contrast. Because 99.74% of the U.S. population is vaccine-exposed, published national disease rates invariably reflect the frequency of observed negative outcomes arising from exposure to vaccines. The Control Group comparison graphs lead to the inescapable conclusion, and near mathematical certainty, that vaccine exposure is the actual cause of the observed disparity in health outcomes between vaccinated and unvaccinated populations. Vaccines are NOT moving the population toward better health, as suggested by the World Health Organization and the US Department of Health & Human Services, but rather toward epidemic levels of lifelong debilitating chronic disorders.

INTRODUCTION

Whether for use in the context of a collective or individual risk/benefit assessment, population-based analysis of the risk-to-benefit ratio of vaccination must be determined empirically. Numerically unsubstantiated marketing slogans such as "rare", and therefore "safe", are no basis for any meaningful assessment of injuries from vaccines. In the U.S., the Vaccine Adverse Event Reporting System (VAERS) is the system relied upon to support the claim that injuries and deaths observed after vaccination are "rare". The only authoritative study of the VAERS (Lazarus et al., 2010) ever published, and which remains unrefuted to this day, established that the VAERS accounts for less than 1% of the actual injuries and deaths observed shortly after vaccination. And the VAERS database provides no data relevant to the frequency of long-term health damage produced by vaccine exposure. No improvements to the accuracy of the VAERS methodology for collecting or reporting data about vaccine injuries were ever made by the government as a result of the Lazarus et al. study.

The Cause of Most Long-Term Health Injuries and Morbidities

Based upon the size of the random sample of adult controls, the odds that vaccines are *not* the cause of well over 90% of the disabling chronic conditions suffered by Americans over the age of 18 are 1 in 245,083,100,778,672,000,000, 000,000,000,000,000,000,000,000,000,000,000,000,000,000 (or *p* < 4.08E-63). This profound evidence of cause is exponentially more certain than the highest threshold standard of proof relied upon in any branch of science in existence today.

For context, one must understand that in particle physics the gold standard threshold for proving the existence of a theoretical particle is five standard deviations — also known as "five sigma" — represents a 1 in 3,500,000 chance that an observed event or outcome is owed to mere chance. This standard is higher than in any other field of science because it seeks to prove the existence of *theoretical* particles which cannot be observed. The health outcomes observed in the 99.74% vaccine exposed American population are not theoretical, nor are the observed health outcomes in the controls. See Scientific American — *"5 Sigma, What's That?"* by Evelyn Lamb, July 17, 2012.

FAULTY BASELINE RATES

Mainstream vaccine science bases the natural background rates for diseases and disabilities upon the rates observed in the 99.74% vaccine-exposed population. This baseline is used to argue that if a new vaccine does not "significantly increase" the risk of illness or death from whatever condition(s) is (or are) tageted by the vaccine at issue, it can be declared "safe". When comparing new vaccine injuries to old vaccine injuries, however, there is apt to be far less difference than if the vaccine injured persons were compared against persons who never received any vaccine. And yet, the comparison of new injurious vaccines to similarly injurious vaccines already on the market, has been the actual basis for CDC sponsored "placebo versus vaccine" or "treatment versus control" studies of new vaccine products. If the injuries from the new product are not significantly worse than the injuries from similarly injurious vaccine products (commonly regarded falsely as placebos) already on the market, the new product, the promoters and regulators argue, is therefore "safe". Subsequently, post-marketing injuries can be written off as owed to chance.

RISK-TO-BENEFIT EVALUATION

By enumerating the risk values for total vaccine avoidance, the *CGS*, by contrast, has established valid baseline risk values against which to measure the actual risks of diseases and disorders observed in the 99.74% of the American population who are heavily vaccine-exposed. The truth is that no infectious diseases, nor any combination of them, have ever produced the level of chronic diseases that are now

observed and documented by the CDC in the vaccine-exposed American population (Rezaee & Pollack, 2015; CDC, 2021; 2022). In what follows here, for the first time in any peer-reviewed journal as far as is known to the author (and as confirmed by the editors of this journal who have reviewed this paper), multiple genuine, and valid comparisons are made between the heavily vaccinated American population and statistically representative stratified samples of those who were actually exposed either to many fewer vaccinations, or to none at all. This is not to say, however, that the American public is not becoming increasingly aware of the false logic and deceptive reporting underlying the claim that vaccines in general are "safe and effective". On the one hand, the *CGS* data analyses shows that the vaccines collectively are not safe, and, on the other hand, it shows that they certainly are effective in causing the highest rate of chronic disease conditions and related fatalities in the history of the modern world (see R. F. Kennedy, Jr., 2021).

METHODS

In the 14-year period from 2001 to 2015, the relevant CDC statistics showed an increase from 0.3% to 1.3% of entirely unvaccinated infants in the US population. During those years, evidently, public wariness about vaccine injuries was being expressed in increased avoidance. To take that into account, the yearly-rate-of-increase in the proportion of unvaccinated persons in the population was averaged and applied to the relevant birth years of the persons counted in the *CGS* of 2019-2020. In the period from 2016 to 2020, because of new policies and regulations in many states introducing penalties for persons refusing to be vaccinated, the actual proportion remaining unvaccinated began to decline. In two states — namely, Iowa and Mississippi, the only states excluded from the *CGS* — the entirely unvaccinated numbers dropped so close to zero that it made no sense to persist in trying to locate unvaccinated persons in those two states. Using data from the CDC, US Census, and survey results, a series of progression and regression models produced a calculation that in 2020, the persons who remained entirely unvaccinated after their birth, the "post-birth controls" represented less than 0.26% of the U.S. population, with the adult population (those 18 years or older) who were entirely unvaccinated at only 0.042%.

PROCEDURES FOLLOWED

Because the subpopulation of the entirely unvaccinated individuals in the US is such a small minority, to encourage participation, survey notices were posted on social media outlets, podcasts, and radio broadcasts across the nation, and even in foreign countries. Also, in-person surveys were conducted in key population centers. On the whole, these methods produced a robust and representative sample of the population of interest.

The *CGS* data were collected by (1) completed mailed-in surveys; (2) in-person interviews; and (3) telephone follow-up conversations to complete some surveys. Respondents to the *CGS* reported current and historical health issues, mental, or other conditions, including deaths in post-birth unvaccinated members of their families. The vast majority of the *CGS* forms were handwritten in ink with post-marked envelopes verifying the physical address of the source and the date of mailing.

IDENTIFICATION & QUANTIFICATION OF THE POPULATION OF INTEREST

The size of the population of interest, i.e., the unvaccinated "controls" within the U.S. in 2020, was calculated via a combination of CDC data and the more recent and direct evidence presented through 2019/2020. A robust 0.178% random sample of the control population from across 48 American states in all ages was obtained.[1] In 2020, the adult population (over 18) of entirely unvaccinated (post-birth) was less than 0.042% of the total U.S. adult population. The entirely unvaccinated (post-birth) population under the age of 18 is calculated at slightly below 1% of the U.S. population in 2020, or 727,487 entirely unvaccinated post-birth controls.[2]

SAMPLE SIZES

The *CGS* resulted in a 0.2% random sample of the unvaccinated (post-birth) adults (210 of 105,034) and a 0.175% sample of unvaccinated (post-birth) children (1,272 of 727,487). The sample/fraction percentage for the entire population of interest in all ages is 0.178%. These findings indicate a trend of increasing total vaccine avoidance beginning before 2001. However, the rate of total vaccine avoidance in children under 18 years declined sharply after 2015 due to the passage of harsh new vaccine mandate laws in the most populated states. Details on additional data sources, calculations, and applied sampling methods are available in the *CGS* full report.

ACCURACY

Axiomatically, as the sample size increases — provided other factors are held the same — the accuracy of measurements based on the dataset also increases. The *CGS* dataset produced an exceptional level of accuracy, with a 99% confidence level in an interval (error) spanning less than 0.04% from the sample means — interval at 5.953 to 5.987.[3] For context, consider the National Survey of Children's Health ("NSCH") commissioned by the HRSA, which netted a 0.06% sample for its 99.74% vaccine-exposed population of interest between 0 to 17 years. For this 0.06% sample/fraction of the NSCH's population of interest, a "95% confidence level" is claimed. However, the error (interval) in which this level of confidence is given, is not openly disclosed on the NSCH website. The NSCH survey also excluded all children housed in institutions, which is precisely where one would expect to find the highest concentration of affected children. As disclosed on the NSCH's main page, under the "Representative" section, the results are: "Weighted to be representative of the U.S. Population of non-institutionalized children ages 0-17."

THE CGS SURVEY

The survey portion of the *CGS* was conducted in similar fashion to the NSCH, with the primary differences being that: (1) the *CGS* did not specifically exclude populations who are likely to be particularly injured; (2) there was no possibility of surveyor bias in the *CGS*, and (3) the *CGS* achieved a substantially higher sample for its population of interest than the NSCH, resulting in a far more accurate dataset. The details on sampling methods are seen in the Full Report.

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[1] The two states from which no data were obtained are Iowa and Mississippi. The entirely unvaccinated populations of these two states are too minute to affect the confidence intervals for this dataset, and do not alter the *p*-values or odds ratios.

[2] Baseline and trend calculations for the % of entirely unvaccinated were gleaned from two CDC studies which calculated the number of entirely unvaccinated infants in 2001 and again in 2015. See "Vaccination coverage among children aged 19–35 months — United States, 2017". These calculations were further refined, based upon the ages of the reporting subjects at the time of the surveys, i.e., the % over the age of 18 who reported themselves as entirely unvaccinated.

[3] For details on standard equations relied upon see the GCS Summary & Guide to Graphs.

HEALTH DATA

All *CGS* control participants were prompted to report all historical and current physical and mental conditions suffered, and to provide the specific medical diagnosis for each. The only participants excluded from the *CGS* were those who had incorrectly assumed they were qualified for the study because, although they had been vaccinated, they were not fully "up to date" on the CDC's vaccine schedules, and therefore wrongly believed this qualified them as "unvaccinated". No entirely unvaccinated (post-birth) participants were excluded from the *CGS*. The zip codes and dates for the mail-in surveys are confirmed and are currently preserved as admissible evidence with the postmarked envelopes and handwritten surveys. The study was initiated as a product safety survey, conducted in accordance with the requirements of the federal rules of evidence for admissibility in product safety actions. A blank "Intake Sheet" exemplar in PDF format is downloadable here; Individual Health Survey exemplar in PDF can be downloaded here. The raw (identity-redacted) intake dataset in PDF format is here. The raw (identity-redacted) complete Health Survey dataset in PDF format is here.

POTENTIAL CONFOUNDERS

In order to identify, quantify, and evaluate additional biological exposures as potential confounders, *CGS* participants were also prompted to report exposures to the vitamin K shot (at birth), as well as any pre-birth vaccine exposures, or "maternal vaccines".[4] These exposure groups were evaluated separately, but they are also combined with the entirely post-birth unvaccinated controls for the primary graph values and were included in the sample means calculations (the % with at least one condition) for the entire dataset.

RESULTS

The vaccines we focused on in the *CGS* include the entire CDC protocol for "well-baby visits", the vitamin K shot promoted at birth supposedly to prevent phenylketonuria ("Phenylketonuria," 2017), and the pre-birth vaccines pressed upon the mother during the baby's gestation. All these experimental treatments (toxicant exposures), according to the public narrative, are given in order to "save millions of lives". For instance, according to Ianelli (2018) the vitamin K shot is purported to "nearly eradicate hemorrhagic disease of the newborn".

The vitamin K shot administered at birth to nearly all infants born in the US was examined in the survey as a potential causal factor in chronic disease conditions because it contains some of the same crucial toxicants of interest as some of the vaccines, in particular, the aluminum adjuvant (Tomljenovic & Shaw, 2012; Luján et al., 2013; Crepeaux et al., 2020; Pujol et al., 2021) along with benzyl alcohol, hydrochloric acid, synthetic vitamin K, polysorbate 80, propylene glycol, sodium acetate anhydrous, and vinegar (Aylin Ozdemir, 2020). It contains ToIs that are also found in many of the supposedly "safe and effective" vaccines.

In the full report (available for downloading in PDF format) at the *CGS* website — an extensive series of analyses and other documents are provided. Here I will merely summarize and graph some key contrasts testing the obvious forms of the generalized experimental treatment hypothesis — the testable proposition that more and greater vaccine exposures will lead to more numerous and more severe disorders and disease conditions than fewer exposures.

Only 2.64% (or 27 of 1,024) of the post-birth unvaccinated controls (all ages) who also avoided exposure to the vitamin K shot and pregnancy vaccines, reported any disorders or disease conditions. This is the baseline "background rate" of reported conditions from all other possible causes in all ages combined. The smaller

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[4] The vitamin K-shot contains the same immune-system-triggering aluminum adjuvant found in vaccines, as well as other known toxicants.

unvaccinated (post-birth) group who reported exposure to the vitamin K shot and/or maternal vaccines were the minority of those surveyed, at 31.9% of the total "control group" of (post-birth) unvaccinated controls. However, 69.32% of those reported to be suffering at least one condition in the *CGS* were within this minority K shot and/or maternal vaccine exposure group. The risk of at least one condition rose to 13.32% (61 of 458) in those persons unvaccinated (post-birth) who were exposed to the vitamin K shot, and/or maternal vaccines.

PATTERN OF INCREASING CONDITIONS ACCORDING TO ADDITIONAL EXPOSURES

Of those unvaccinated controls who reported exposure to the vitamin K shot alone, 11.73% were reported to be suffering from at least one disorder/disease condition, which is a 344% increase over the baseline rate

Table 1
Individuals Abstaining from All Post-Birth Vaccines as Counted in the *Control Group Survey*

Groups of Individuals Counted in *CGS*	Age Ranges	Estimated Number of Targeted Individuals with Zero Post-Birth Vaccines in Each Subsample	Non-Compliant Respondents with No Post-Birth Vaccines Estimated at 0.76% of Total Population					
			Percentage of Targeted Subpopulation Actually Sampled by the *CSG*	The *n* in Each Subsample	Percentage of Sub-subsample with Zero CDs	The *n* of Each Sub-subsample with Zero CDs	Percentage of Sub-subsample with Two CDs	The *n* of Each Sub-subsample with Two CDs
All US Persons Counted	Under 18	727,487	0.175%	1,272	66.431%	845	5.975%	76
	18 and Older	105,034	0.200%	210	93.333%	196	5.714%	12
	Total†	832,521	0.178%	1,482	69.096%	1024	5.938%	88
California (all ages)		122,496	0.517%	633	94.313%	597	5.687%	36
New York (all ages)		55,853	0.652%	364	93.956%	342	6.044%	22
46 Other States (all ages)†		765,878	0.063%	485	93.814%	455	6.186%	30
Total Individuals at All Ages Counted in Other Countries			62	91.935%	57	8.065%	5	
All Individuals Counted in *CGS* from All Sources			1,544	93.977	1,451	6.023%	93	

†The states of Mississippi and Iowa, because of their restrictive laws and regulations concerning post-birth vaccinations put the rate of vaccine abstinence too near 0% for sampling. The populations in those states were excluded from all of the tabled estimates from the 48 states concerning which meaningful samples were obtained.

of 2.64% for those with zero exposure to any vaccines, no vitamin K shot, and no maternal vaccine. In the post-birth unvaccinated control group with exposure to the K shot and/or maternal vaccine, the risk of at least one condition rose to 13.32%, or 405% above the baseline rate. Of those persons unvaccinated (post-birth) with a 100% rate of exposure to maternal vaccines, but no K shot, 21.05% were reported suffering

from at least one condition, an increase of 697% over baseline. Still more alarming is the 30% risk of at least one condition in the group with a 100% rate of exposure to both the K shot and maternal vaccines, which increased the risk by 1,036% above the baseline of 2.64%.[5]

Table 1 reports the main demographic features in the distribution of data points received from respondents to the *CGS*. At the leftmost column the main group of interest consists of all US persons surveyed. They are represented in the top three rows in two groups: those under 18 years of age and those over. Then, across the third row of numbers are the measured values for the totals. Beneath that are values for the largest states on our opposite coasts and a combined count for all other states. There were 62 surveys returned from other countries, and the bottom-most row reports the *N* and overall percentage of respondents reporting at least one chronic disease/disorder.

RELIABILITY OF THE MEANS CALCULATED

For respondents who reported at least one chronic disease condition — (see the next-to-last column at the right hand side of Table 1, also columns 3 and 5 in Table 2 for only one chronic condition versus more than one, respectively — formula (1) was used to compute confidence intervals from the margin of error (MoE). The simple formula is based on the normal distribution for a sample of size *n* drawn repeatedly from a given large population. As Isserlis showed in 1918, if the *n* drawn from a finite population happens to be greater than 5% of the whole, the *finite population correction* (*FPC*) in formula (2) should be applied. Its effect for the data reported in Table 2, columns 2 and 4, is to further reduce the MoE. The upshot is that the contrasts captured in the reported ratios can reliably be interpreted as being caused by the treatment (one or more ToIs) in each instance:

$$\text{confidence interval} = \mu \pm Z\alpha/3 * (s/\sqrt{n}) * \sqrt{FPC} \qquad \text{formula (1)}$$

where the confidence interval is based on the margin of error for a mean of μ with α set at 99% for plus or minus 3 standardized deviations (always equal to unity in the standardized sampling distribution) for samples of size *n* therefore yielding a standard deviation in the sampling distribution equal to the observed standard deviation in the sample divided by the square root of *n*, which is the size of the sample.

If *n* represents more than 5% of the finite population targeted by the sampling procedure, the whole of the preceding quantity is to be multiplied by the FPC shown in formula (2) as spelled out by Isserlis (1918);

$$FPC = \sqrt{\frac{N-n}{N-1}} \qquad \text{formula (2)}$$

In the short style calculation of a 99% confidence interval, without any finite population correction: with a mean at 5.97 (99% CI 5.95 to 5.99), the margin of error comes to 0.01689. Regardless which method is used, with or without the FPC factored into the picture, the contrast between the incredibly stable estimates based on the *CSG* and the CDC estimates of the percentage of adults with one chronic disease condition set at 60% tells the tale in Figure 2. The contrast is too huge by many orders of magnitude to occur by chance. It is caused by the treatment exposure to vaccines.

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[5] The Full Report contains totals for all stratified subset groups according to exposures, which are grouped according to ages, also granulated down to the year of birth, separate conditions, and the frequencies of these separate conditions within each exposure group.
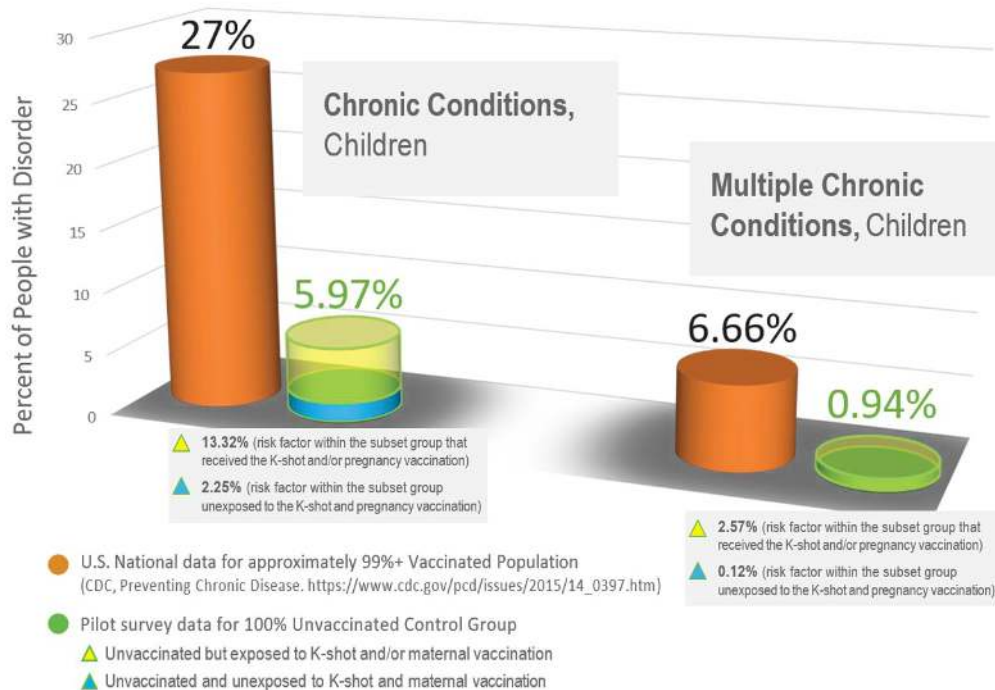
Figure 1. The Control Group Pilot Survey of Unvaccinated Americans (CGS) contrasting children under 18 years of age with no post-birth vaccinations (green, yellow, and blue) against those with post-birth vaccinations (orange). Subsets in the unvaccinated group consisted of those exposed to the post-birth vitamin K shot and/or a maternal pregnancy vaccine (blue) against those not exposed (transparent green and yellow).

COMPARISON IS REASONABLE AND NECESSARY

In anticipation of the false complaint that I am comparing all the adults (at all ages) in the whole of the US population against the smaller range of adults in the *CGS* sample that is addressed in Figure 2, the contrast in Figure 1 — which also astronomically favors the unvaccinated persons — only includes the children younger than 18 years from CDC data reported for that age range by Rezaee and Pollack (2015). In that age group, the contrast between the vaccinated treatment group and the unvaccinated controls, is hugely in favor of the controls. The margin of error for a confidence interval at 99% for all possible samples drawn from the subpopulation of interest cannot possibly cancel the necessary conclusion: namely, that the contrast observed between the mean percentage of persons with at least one or more chronic disease conditions in the treatment group, as contrasted with only one chronic condition in the control group, must be attributed to the exposure(s) of the treatment group to the toxicants of interest, the ones in the vaccines.

UNVACCINATED CHILDREN ARE LESS INJURED

In every possible contrast, with overwhelming statistical power and significance, the null hypothesis must be rejected. In Figure 1 at the left side, according to the CDC (Rezaee & Pollack, 2015), 27% of vaccinated children have at least one chronic condition whereas the *CSG* found that only 5.97% of post-birth unvaccinated children had any chronic condition. The contrast is large and likely to occur by chance at $p < 1/1.18E-83$. The latter number is 76 orders of magnitude greater than the probability level set by the world's largest physics laboratory for the

detection of the elusive, never yet discovered Higgs boson.[6] It is also 3 orders of magnitude greater than the number of atoms in the universe estimated at 10^{80th} (Villanueva, 2009) based on modern refinements of Eddington's "fine structure constant" (Aoyama et al., 2012). Vaccines are causing chronic disease and disorder conditions. Figure 1, comparing only children under the age of 18 (n = 1,272 in the *CSG*) against an extremely low estimate from the CDC (see Rezaee & Pollack, 2015) for that age range set at 27%, the post-birth unvaccinated children are much less likely to have one chronic disorder/disease condition, and even more unlikely to have more than one as contrasted with their vaccinated counterparts.

VITAMIN K SHOT AND MATERNAL PRE-BIRTH EXPOSURES HARM CHILDREN

Drilling down into the subgroups within the post-birth unvaccinated individuals in the *CGS*, those exposed to the post-birth vitamin K shot and to at least one maternal vaccination during their gestation were more likely (at a risk factor of 13.32%) to have a chronic disease condition than those who were not exposed (with a risk at 2.25%).
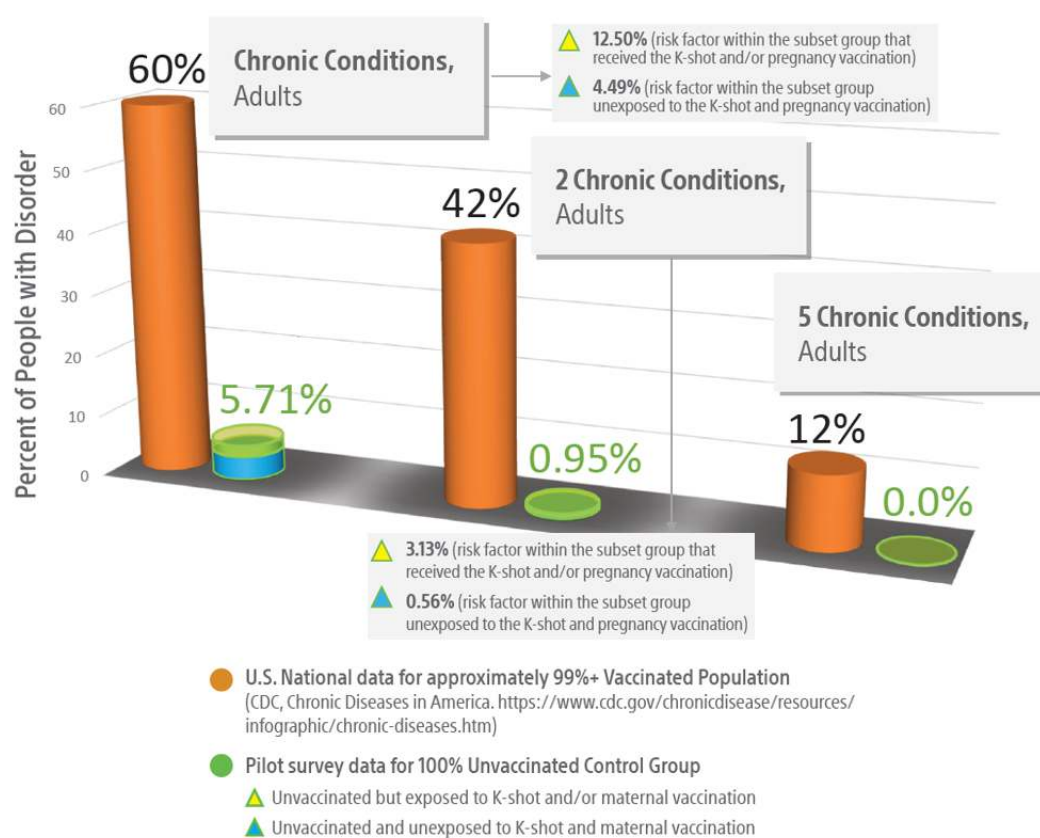

Figure 2. The *Control Group Pilot Survey of Unvaccinated Americans* (*CGS*) contrasting adults with no post-birth vaccinations (green, yellow, and blue) against those with post-birth vaccinations (orange). Subsets in the unvaccinated group consisted of those exposed to the post-birth vitamin K-shot and/or a maternal pregnancy vaccine (blue) against those not exposed (transparent green and yellow).

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[6] The largest particle physics laboratory in the world, Conseil Européen pour la Recherche Nucléaire (CERN) [the European Counsel/Organization for Nuclear Research] sets a threshold at p = 0.003 (with three chances in a thousand the measure obtained could be the result of chance) for detecting previously measured particles. For the yet to be found Higgs boson, CERN requires p = 0.0000003 (3 chances in 10 million tries that the measure obtained might have occurred by accident).

MULTIPLE DISORDERS FOLLOW FROM MULTIPLE EXPOSURES

Next, looking to the right hand side of Figure 1, children who got one or more of the usual post-birth vaccines had a 6.66% risk of having multiple chronic disease conditions whereas their post-birth unvaccinated counterparts had a far lower risk at 0.94%. Also, looking to the relevant subgroups in the unvaccinated children, those exposed to the post-birth vitamin K shot and a maternal vaccination during their gestation had a higher risk of multiple chronic conditions at 2.57% than those who were unexposed with a risk level at 0.12%.

UNVACCINATED ARE LESS INJURED THAN VACCINATED

Figure 2, then, shows the main contrasts of interest between post-birth vaccinated adults (orange) and post-birth unvaccinated persons (transparent green and yellow, and blue). At the left hand side, the 60% of adults with chronic disease conditions is a statistic from the CDC (2022). It contrasts markedly with the 5.71% of unvaccinated adults with just one chronic illness in the *CGS* data. The probability that such a large contrast could arise by chance is estimated at $p < 1/4.08E\text{-}63$. Such a contrast simply cannot occur by chance. In the middle of Figure 2, vaccinated adults with two chronic disease conditions stand at 42% whereas unvaccinated are at 0.95%, $p < 1/2.44E\text{-}46$. At the extreme right of the figure, adults with at least five chronic conditions are estimated at 12% of the vaccinated population and in the *CGS* data the unvaccinated are at 0.00%. This contrast yields $p < 1/2.19E\text{-}12$. The inevitable conclusion to be drawn from the main contrasts in Figure 2 is that the unvaccinated adults in the US are incommensurably healthier than those who are vaccinated.

Table 2
Percentages of Persons Under 18 Years of Age Classed by Increasing Toxicant Exposures with Only One Chronic Disorder/Disease Condition (CD), or Only Two CDs

One or More Exposures to Toxicant(s) of Interest: Classes of Increasing Exposure	Ratio of Sample *n* to All Cases in the Class with One CD	Percentage in Toxicant Class with One CD	Ratio of Sample *n* to All Cases in the Toxicant Class with Two CDs	Percentage in Toxicant Class with Two CDs
Zero Exposure to K shot or Maternal Vaccine	19/845	2.25%	1/845	0.12%
Vitamin K Shot Only	44/379‡	11.61%	9/379	2.37%
Maternal Vaccine Only	4/19‡	21.05%	4/48‡	8.33%
Both Vitamin K & Maternal Vaccine	9/29‡	31.03%	4/29‡	13.79%

‡ If the ratio in this column subsample/sample exceeds 5%, the *finite population correction* of formula (2) above applies.

A CLOSER LOOK AT THE VITAMIN K SHOT AND MATERNAL VACCINES

Table 2 shows a graduating series of exposures to toxicants focusing on the largest subgroup samples — namely the 1,272 persons who received no post-birth vaccines. The first subgroup of interest in Table 2 consists of those under the age of 18 who did not get either of the additional toxicants of interest. These

are referred to as the Zero Exposure to K Shot or Maternal Vaccines ($n = 845$). Next there is the Vitamin K shot Only subgroup ($n = 379$), whose mothers did not receive any vaccinations during that person's gestation. The third subgroup, the Maternal Vaccines Only Subgroup ($n = 19$), and the fourth, Both Vitamin K and Maternal Vaccine ($n = 29$).

MORE EXPOSURE YIELDS MORE INJURY

Numerical columns 3 and 5 in Table 2 report data from the *CGS* concerning persons exposed to one or more toxicants of interest who also had at least one chronic disorder/disease condition and some had more than one. What is most obvious is that the general alternative hypothesis is confirmed and the general null hypothesis, and all its specific forms, must be rejected. Without belaboring the details that are spelled out meticulously in the full *CGS* report at this link (downloadable as a PDF file), it is obvious that the no-post-birth-vaccine classes across the board are less likely to have one or more chronic disorder/disease conditions if they receive fewer exposures to the toxicants of interest focused on in Table 2 and also in Figure 3. Exposures, as expected, are harmful and become more so with respect to their incremental dosage.

Figure 3 shows that with increasing toxicant exposure comes increasing injury. As already shown for the contrasts in the targeted minority of persons receiving no post-birth vaccines in Figures 1 and 2 above, it is plain to see in Figure 3 that the post-birth vitamin K shot with its aluminum adjuvant and the vaccines pressed upon pregnant women during the delicate gestational development of their unborn babies are doing harm.
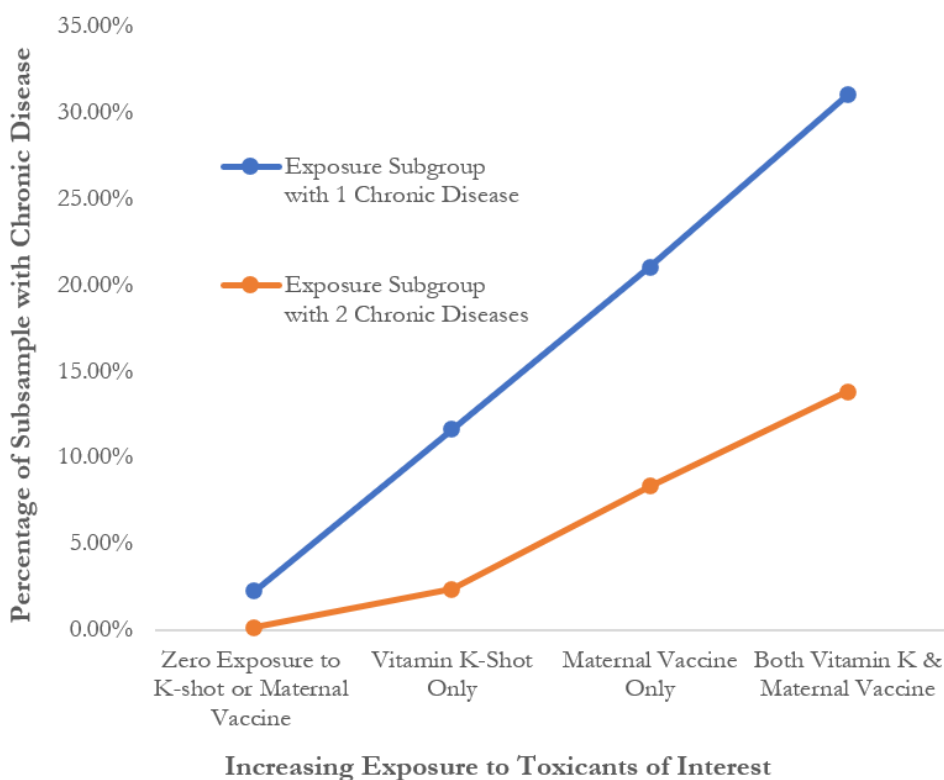

Figure 3. An increase in the toxicant exposures to the vitamin K shot with its adjuvant and the maternal vaccines with their cocktail of additional toxicants leads, unsurprisngly, to measurable increases in toxicity with each added toxicant of interest.

Because the effects of toxicants are known to interact, sometimes in multiplicative ways, making their synergistic impact possibly many times more intense than if the toxicants were not concomitantly impacting the recipient (Haley, 2005; D. Kennedy, et al., 2016; Rahmani et al., 2019), it is unsurprising that combined toxicants of interest such as the vitamin K shot and exposure to one or more maternal vaccines will tend to magnify their adverse effects. It is exceedingly unlikely, statistically speaking, for combinations of toxicants of interest ever to cancel out their combined harmful effects. Also, the likelihood of such effects being examined in systematic clinical safety studies rapidly drops to zero as the number of combined toxicants of interest, such as the many toxic ingredients in a vaccine, increases beyond 5 or more. But the number of

toxicants in vaccines is greater than 5 in every cocktail and the cost of examining the interactions of pairs, triplets, quadruplets, etc., accelerates out of reach at about the number 5. There are also known toxic ingredients and contaminants that are not named in the published warnings (Gatti & Montanari, 2005, 2017, 2018). The excipients, adjuvants, animal proteins (CDC, 2019), not to mention the un-named, unknown, or denied components that are invariably in the vaccines are sufficiently numerous to guarantee that almost none of the potential interactions of the known toxicants — never mind their differential impact on persons with radically different medical histories and genetic constitutions — have ever been clinically tested by the manufacturer(s) of the vaccines.

A CLOSER LOOK AT AUTISM & VACCINES

Of the 1,482 unvaccinated (post-birth) subjects in all ages, 2 autism cases were reported in the U.S., yielding a risk value of 0.13%. Of imperative note, however, is that both of these autism cases were reported within the smaller K shot and/or maternal vaccine exposure groups. For those with zero exposures to post-birth vaccines, pre-birth vaccines, or the K shot, the total rate of autism in the entire *CGS* is 0% (0 of 1,024). As a cohort age-group for comparison against the NSCH survey of those aged 3-17 years, the rate was obviously also 0% (0 of 639).

The *CGS* revealed a 0.24% risk of autism in the unvaccinated subset group who reported exposure to the K shot alone (1 of 409 in all ages). In children between the ages of 3 to 17 years, the group with maternal vaccine exposure (with or without K shot) showed a 3.13% risk of autism. In the group with a 100% rate of exposure to both the K shot and maternal vaccine, (but no post-birth vaccine exposure) the rate of autism in children between the ages of 3 and 17, came in at 4.76%. Maternal vaccine exposure alone appears to carry the highest risk. It also appears this risk is increased when combined with K shot exposure.

According to the CDC, approximately 50% of all pregnant women in the U.S. are now vaccinated during pregnancy. However, no taxpayer-funded studies have ever attempted to determine the long-term health risks for maternal vaccination, or for K shot exposure. The claim that an entirely unvaccinated (post birth) child can become autistic is correct. However, it is illogical to conclude therefore that vaccines are powerless to cause autism. The fact that there were precisely zero autism cases reported in those entirely unvaccinated persons who also avoided exposure to the K shot and all pre-birth vaccines, speaks for itself. Vaccinating women during pregnancy, as well exposing most newborns to the K shot, does confound the issues by producing "unvaccinated" (post-birth) children with many of the same conditions observed in vaccinated children.

AUTISM, VACCINES AND GLYPHOSATE

According to the 2018 U.S. National Survey of Children's Health, the autism rate in children between 3 and 17 years was 2.8%. The latest available report from *JAMA*'s coverage of the National Health Interview Survey (NHIS) states that the prevalence of autism spectrum disorder was 2.79% in 2019, and 3.49% in 2020 — a 25% increase in one year.

Glyphosate is the active ingredient in the pervasive herbicide Roundup, which is by far the most used herbicide on the planet. The United States uses more per person than any other country. Glyphosate is widespread in the American food supply, especially since the introduction of genetically modified glyphosate-resistant crops in the late 1990s. A paper published in 2014 by Swanson et al. presented several graphs showing extremely strong correlations between the rise of a number of different chronic diseases and the rise in glyphosate usage on core crops in the United States. Figure 23 in that paper showed the correlations between autism prevalence in children aged 6 to 21 years who were served by the Individuals with Disabilities Education Act (IDEA) based on an autism diagnosis. The correlation coefficient *r* was determined to be 0.99, with a *p*-value less than 0.00000036.

Based on a concern that glyphosate might be a contaminant in vaccines due to the ingredients used in vaccine manufacture, two investigators independently tested several vaccines on the childhood schedule for glyphosate contamination, and the results were quite consistent between the studies according to relevant reports (Bus, 2015; Samsel and Seneff, 2017; Moms Across America, 2022). Glyphosate was found at detectable levels in all of the live virus vaccines, whereas the antigen-based vaccines typically tested negative. This result is consistent with the fact that live viruses are grown on nutrients derived from eggs, collagen, and fetal bovine serum from animals that consume heavy doses of glyphosate in their feed. The gut mucosal barrier helps to keep ingested glyphosate out of the circulation, but the vaccine is injected past all the barriers.

Strikingly, the Measles, Mumps and Rubella (MMR) vaccine was found to have significantly higher levels than any other vaccine, by both teams of investigators. Many parents of children with autism have claimed that their child regressed into autism following an MMR vaccine. At least two peer-reviewed papers provide arguments to support a link between glyphosate and autism (Beecham & Seneff, 2015, 2016).

DISCUSSION

The general rule in toxicology is that, all else being equal, incrementing toxicant exposures must trend toward a greater number and severity of disorders, diseases, and deaths with algebraic certainty (Oller, 2010, 2014; Davidson & Seneff, 2012; Gryder et al., 2013; D. Kennedy et al., 2016; Blaylock, 2021). That idea, in fact, was the starting premise for the *CGS*. The reason for applying it as a working hypothesis to the standard vaccines, the increasingly promoted maternal shots during pregnancies, and the vitamin K shot that mainstream doctors and nurses widely recommend for neonates at birth, was the foreknowledge that incremental exposure to the toxicants of interest already contained in vaccines, including the known pyrogens named above, according to all that is known of toxicants in general, must trend toward increasingly harmful injuries and at a limit, must precipitate the catastrophic systems failure in death. Besides all this, in my own research, I came upon an increasing number of personal testimonies from reliable witnesses that the children exposed to such toxicants of interest were being injured and killed in far larger numbers than the CDC has ever hinted at, or even bothered to deny, according to the relevant literature.

Why Are Epidemic Disorders and Diseases Increasingly Common?

When we read on the CDC's own website about chronic life-threatening diseases and disorders, where they assert that such conditions are exceedingly common in the US population and are becoming even more so (CDC, 2022), it seems that the main government agency responsible for protecting the public by preventing diseases and disorders is almost boasting that all these unhealthy disorders, diseases, and causes of mortality are "driving" their $4.1 trillion dollar industry. The agency is thriving on rising annual healthcare costs and is promoting the very pharmaceuticals that are the primary causal factors, as the data from the *CGS* show conclusively. To explain the exponential growth in the number and severity of morbid conditions, the CDC, on the other hand, explicitly blames its constituents for their "lifestyle risks" consisting of "tobacco use", "poor nutrition", "lack of physical activity", and "excessive alcohol use" (CDC, 2022). By contrast, the vaccines and prescription drugs that the trillions of dollars are being spent to maintain are regarded as the only possible basis for solving the nation's chronic disease issues (CDC, 2021).

CONCLUSIONS

It is generally claimed that unvaccinated persons have higher rates of infection with "vaccine preventable" diseases than do those who are vaccinated, but here it is demonstrated that the unvaccinated have lower rates of injuries leading to disease, disability, and death. If the ultimate goal of vaccination were to *prevent* injury, disabilities and deaths, (which does not appear to be the case) it is plain that they have failed. Instead

they have dramatically *increased* both deadly health conditions and associated deaths. On the whole, there is no reason to doubt the essential findings of the *CGS*: people who avoid the vaccines and the vitamin K shot are much healthier than those who accept the false narrative promoted by the CDC. Vaccines are not saving millions of lives and they are not safe. Whereas infections with vaccine-targeted pathogens were not the focus of the *CGS*, it is hard to believe that these infections could lead to worse outcomes than the conditions people acquire after receiving the vaccines that are supposed to prevent them.

The *CGS* has exposed the fact that the number one most imperative preventative "health measure" anyone can take to reduce their risk of disabling and deadly diseases and disorders is simply to avoid exposure to vaccines and all related pharmaceutical products. According to the data presented here, avoiding these products reduces the risk of any chronic condition in adulthood to less than 5%. Dropping one's risk of chronic conditions from 60% (if one indulges in vaccine-exposure) down to 5%, by avoiding all of these pharma products, is clearly a wise health choice. In my view, there is no question vaccines are capable of causing long-term and progressive health destruction, and that they can also cause death. The only remaining question, which has now been answered by the *CGS* is: how many victims are there? The Control Group graphs demonstrate how many victims there were in 2020, and this was before the roll-out of the poorly evaluated new technology used in the COVID-19 vaccines. Vaccines seriously injure the immune systems of most people who are exposed to them, thereby causing these disabling and deadly conditions, most of which lead to an early grave. As a final word, people only have to look at the results of multiple boosters with the mRNA COVID-19 shots to see that those vaccines in particular, the most costly and the most widely distributed in the history of the world, are not only unsafe, but, in the final analysis, they are remarkably ineffective at preventing either disease from the SARS-CoV-2 virus or death after bring infected and injected multiple times with a COVID-19 vaccine.

Conflicts of Interest

The author declares no conflicts of interest.

Acknowledgments

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Appendix A: HEALTH SURVEY SHEET

INFORMATION FOR <u>UNVACCINATED</u> CHILD OR ADULT

1. AGE of UNVACCINATED person/child_____

2. SEX: Male____   Female____

3. Was the mother vaccinated during pregnancy?   Yes _____ No _____Don't Know_____

4. Did this person/child receive a "Vitamin K" shot at birth? Yes _____ No _____Don't Know_____

5. Please list below, all professionally diagnosed <u>*chronic diseases*</u> known to be suffered by the subject of this survey sheet, such as; autoimmune disorders, cancer, arthritis, heart problems, thyroid issues, kidney, liver, and/or other organ dysfunction, severe or chronic digestive dysfunction, neurological or brain dysfunction, serious or life-threatening allergies, diabetes, learning disabilities, and/or any other permanent disabilities, that this unvaccinated child/person has, or has ever had, by listing the known name/s of any and all medical diagnoses below: (**Note:** Do <u>*not*</u> include disabilities caused by sudden accidental physical injuries)

5.1._____ Approximate date of diagnoses _____

5.2._____ Approximate date of diagnoses _____

5.3._____ Approximate date of diagnoses _____

5.4._____ Approximate date of diagnoses _____

5.5._____ Approximate date of diagnoses _____

5.6._____ Approximate date of diagnoses _____

5.7._____ Approximate date of diagnoses _____

5.8._____ Approximate date of diagnoses _____

5.9._____ Approximate date of diagnoses _____

5.10._____ Approximate date of diagnoses _____

5. 11._____ Approximate date of diagnoses_____

Please request, or add your own, extra sheet if more space is needed.

6. Estimated number of **"serious"** <u>*infectious*</u> illnesses <u>*recovered from*</u> since birth: _____

7. **CONFIDENCE RATING:** With ten (10) as the highest "Confidence Rating", and one (1) as lowest Confidence Rating, what is your Confidence in the health (i.e., ability for regular physical and mental activities) of the subject of this survey? Confidence Rating: _____

I swear under penalty of perjury in the State of California that I have direct personal knowledge of the health information of the person who is the survey subject above, and that, to the best of my knowledge, this person has never received a vaccination and the health information listed above is accurate.

DATE:_____**Signature:** _____ **(FOR REDACTION)**

PRIVACY NOTICE: The Control Group Initiative hereby warrants that all personally identifying information will be REDACTED before any documents are copied or shared, and that, originals *shall* at all times be kept in a secured location until destroyed. *Our Surveyors may need to testify under oath ("authenticate") that our respondents are real people who swore their answers were truthful.* However, the law does not require us to share the *identities* of our respondents with anyone, even when submitting these surveys as evidence in court. **The law prohibits disclosure of identifying health info.**

Appendix B: INTAKE FORM

FOR PARENT OF UNVACCINATED CHILD/REN or UNVACCINATED ADULT

PRIVACY PRIORITY WARNING & NOTICE: <u>NOT FOR RELEASE-</u> THIS FORM SHALL BE KEPT IN A SECURE LOCATION AT ALL TIMES & MAY <u>NOT BE COPIED WITHOUT REDACTION</u> OF <u>ALL</u> PERSONALLY IDENTIFYING INFORMATION

Instructions: If you are the unvaccinated ADULT subject of this survey please skip all questions that do not apply to you and complete the Survey Sheet. If you are a parent and you have ever had one or more infants/children die, please obtain and fill out a separate INTAKE FORM for <u>each</u> deceased child, whether that child was, or was not vaccinated. If you are a parent with *more than* one (1) *un*vaccinated child, please use a separate "Health Survey Sheet" for *each* unvaccinated child, but only one (1) Intake Form.

1. Date: _____2019
2. Current Resident of California? Yes _____ No_____
3. Name of Parent OR adult respondent/subject (Print)_____
    (FOR REDACTION - "Anon" may be used)
4. Any child/ren or infant/s who have died, *other than by a sudden physical accident*? Yes___ No___
5. Cause of death?_____Date of death? _____Age at time of death?_____
6. Was this now-deceased-child ever vaccinated? Yes____ No_____
7. Approximate Date of last vaccination of this now-deceased child:_____
8. Was this now-deceased-child injected with a Vitamin K shot at birth? Yes___No___
9. Total Number of Entirely Unvaccinated Children _____
10. May we contact you, if needed, to clarify the information provided? Yes____No_____
11. If the answer to 10 above is "yes", what is your preferred Contact Method and Information?:
    _____
    (FOR REDACTION)
12. Is there a possibility you would be willing to testify in Court if asked? Yes ____ No____
13. Willingness to Volunteer in this effort to compile health data? Yes___ No _____
14. If you belong to, or can suggest, any groups that may contain a concentration of unvaccinated people or children who you believe would like to participate, whether or not they would prefer to remain anonymous, please find a surveyor and alert them to this information, or notify us at: ***info.cg@thecontrolgroup.org***.

Volunteer Anonymous and other Surveyors may also participate. **PLEASE Mail Surveys….**
The Control Group - Website: *www.thecontrolgroup.org*
Write to Joy at: info.cg@thecontrolgroup.org with questions, and/or for complimentary speakers to further this cause.

The Survey is comprised of 2 parts: The "Intake Form" and the
"Survey Sheet" We need hard copy — PLEASE mail to:

Joy Garner, ATT: CONTROL GROUP
P.O. Box 1504
Roseville, CA 95678