

A terribly frustrating ACIP meeting, punctuated over and over by Pharma's talking points and (credentialled) shrill shills.

Who insist on sacrificing newborns on the altar of Pharma: only adding vaccines to the childhood schedule, never rethinking any. Never asking what happened to the safety



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I missed the very beginning of the ACIP meeting today (Dr. Pebsworth's talk) as my tour to Italica today got back late.

Dr. Nevison, a CDC consultant, presented actual data on Hep B incidence, and compared it with CDC models (especially the Armstrong model) which exaggerated predicted cases (by a factor of 100 when compared with CDC's actual numbers) if vaccine is not given to every baby.

61% of Alaskans vaccinated as children over 5 still showed antibody titers 30 years later, but only about half vaccinated at earlier ages still had antibodies 30 years later. The issue is that there is no good evidence that vaccinating very early will in fact protect through adulthood.

And sure enough, what age groups are currently developing Hep B in the US? Ages 40-60! Her analysis of CDC data also showed that the newborn vaccine program made no visible difference to the downward trend in new Hep B cases that began long before the program started.

Mark Blaxill was very restrained in his report and responses. Kudos to him for his careful literature review. I want to state, for the doctors who gleefully state there is no evidence of harm when the vaccine is given to newborns (or to later humans)—that **France vaccinated half the country with this vaccine in the 1980s, and had a**

increase in multiple sclerosis cases. So they then relabeled the cases as Neu damage, NOS (not otherwise specified) to confuse everyone.

Below is an abstract from the MD PhD toxicologist expert witness on Hep B vacci France: Dr. Marc Girard served as the **expert for both sides** after being given access to all the unpublished trial data. Seems odd but that is how French law works. De CDC toadies continually claiming there is no evidence of harm, **in fact there is h evidence but most has not been published and remains hidden.** Which must taken a concerted effort. But Dr. Girard got to see it, and it was horrendous.

And it makes me wonder if the public poisoning via COVID vaccines is a later iteration of a plan that was earlier carried out with Hepatitis B vaccines, beginning in the late 1980s, to weaken or reduce the population. Sorry, but I have heard and seen so many anecdotes about the serious harms this vaccine has done. Before COVID, imo it was the most dangerous vaccine (and least needed) on the childhood schedule. HPV is close.

Most readers probably missed it, but in 2021 the CDC began yet another **campaign to universally vaccinate all US adults up to age 60 for Hepatitis B**. Their campaign never really got off the ground. They had tried it also in 2013, and earlier.

The CDC went after newborn babies in 1991, knowing that mothers were hardly in a state to carefully consider whether they should accede to the vaccine, immediately after having given birth. Hospitalized newborns in their first 12 hours of life were a captive audience, and CDC captured them.

Also worth emphasizing is that the pivotal clinical trials just looked for side effects 3-5 **DAYS** post-vaccination. What a great plan to miss all the autoimmune, chronic complications. How did the manufacturers and FDA and CDC get away with this? and keep it going for 34 years? As I have said before, when you vaccinate babies at birth, the parents will never know if they had a normal baby at birth that got damaged or whether the baby was damaged before receiving the shot. Not only won't they know, they won't be able to prove anything. Clever, huh?

That IS the 64,000 dollar question. Who paid, and kept on paying. WHY?

Luckily Dr. Marc Girard's article did get published (and his other articles and speeches but few today know about them). He had a conscience, something rare today. I met with him near his home in Versailles, about 22 years ago, to learn about his work firsthand:

<https://pubmed.ncbi.nlm.nih.gov/15722255/>

Abstract

According to Hippocratic tradition, the safety level of a preventive medicine must be very high, as it is aimed at protecting people against diseases that they may contract. This paper points out that information on the safety of hepatitis B vaccine (HBV) is **biased** as compared to classical requirements of evidence-based medicine (EBM), as exemplified by a **documented selectivity** in the presentation or even publication of available clinical or epidemiological data. Then, a review is made of data suggesting that **HBV is remarkable by the frequency, the severity and variety of its complications, some of them probably related to a mechanism of molecular mimicry leading to demyelinating diseases, and the others reproducing the spectrum of non-hepatic manifestations of natural hepatitis B. To be explained, this unusual spectrum of toxicity requires additional investigations based upon complete release of available data.**

One thing that has not been emphasized today: the ingredients in the 2 hepatitis B vaccines sold in the US, in addition to the Hep B antigens:

Hep B (Engerix-B): 250 mcg **aluminum** as aluminum hydroxide, up to 5% yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate. (Dr. Mark Geier, David's father, told me that there was a much higher rate of adverse event reports to VAERS for Engerix compared to Recombivax B.)

Hep B (Recombivax): soy peptone, dextrose, amino acids, mineral salts, phosphate buffer, formaldehyde, 250 mcg **aluminum**, yeast protein

Despite 34 years of the policy to give all newborns the Hep B vaccine (and nearly all newborns receive it) there has been almost no safety data collected since then to provide support to the program. Why would our public health agencies avoid demanding a study from industry—or paying for a study of safety in all that time? The most obvious reason is that they did not want to document serious adverse events that they likely knew were occurring. And now probably no one is left at CDC who made the crucial decisions and initiated the coverup.

The “Healthy Vaccinee Effect” that was mentioned refers to the fact people are often not vaccinated when they have an acute illness, or chronic illnesses that weaken them. It also refers to premature and low birth weight infants, who are generally not vaccinated at birth. The sick or tiny babies who can’t get the birth dose are therefore put into an “unvaccinated” category that is compared overall to babies who were vaccinated at birth. Then their death rates are then compared. And what do you find? Of course the sick and tiny babies have higher death rates. Which makes the vaccine appear safe.

No randomized, placebo-controlled studies have ever been done on the birth dose of Hep B vaccine. IOM would not commit to whether there is sufficient evidence to accept or reject whether the vaccine causes serious harms.

In a Kaiser study, there were 8 SIDS deaths in a large group of vaccinees, but no SIDS deaths in the unvaccinated group, who were dying at a high rate from many other things. Then the Kaiser authors restudied the groups and said they found 4 SIDS deaths among the unvaxxed, and claimed the two groups were statistically similar according to Blaxill—throwing Kaiser’s methodology into serious question.

This meeting was painful to watch in a new way. I found myself yelling at the screen after some of the liaison members kept saying the same stuff over and over again, getting more loud, more shrill. And the interrupting! This was by far the rudest ACIP meeting I’ve ever attended. And the interrupting! This was by far the rudest ACIP meeting ever. I don’t think I ever shouted at the screen before during an ACIP meeting.

And so many of these “liaison” members were performing the same type of insult theater. **I finally realized they had gotten not only the same TALKING POINT**

from their Pharma lobbyist handlers, but they had also been told to be rude, interrupt, to repeat, to raise the tenor of their voices, to challenge the credentials of the ACIP members. Else why would so many of them be doing the same thing?

So here are the talking points that I noticed. Wonder how much Pharma paid for this @#\$_show ?

1. **There is no evidence of harm from this vaccine.** Therefore why not vaccinate 10 million babies yearly who don't need it?
 Forget the carefully crafted lack of evidence
 Forget the massive cost
 Even one unnecessary Hep B infection is too much!
 No vaccine injuries should ever be mentioned since they are all imaginary
2. **The ACIP members have no credentials.** They have no vaccine experience. They are the experts, not them. We should have time to spout off all we want. With repeated talking points. You have hidden their backgrounds from us. They should be fired. How dare you?
3. Because the percentage of mothers who have a Hep B Surface Antigen on their hospital chart at the time of delivery has fallen from 96.5% 10 years ago to 87% today, **we would miss far too many babies with positive mothers if we do not vaccinate every baby.** Yet **none** of these clown doctors (did I miss any?) in this liaison business suggested pressuring doctors and hospitals to do this simple 5-minute test once the mothers got to the hospital in labor, to resolve this problem if there was no test result in the chart. Make the hospitals PAY for this negligence. In medicine, **once you define this as a serious breach of care, a serious, reportable medical error, hospitals will make sure it never happens. How hard is that?** But the clowns don't want that fixed.
4. An example of how the naysayers don't really care about health is that it is **critical to test every mother, because simply vaccinating newborns is insufficient to prevent infection. They also need to receive passive immunity:** a shot of antibodies. So reducing Hep B cases **requires** testing all the mothers in order to get this treatment to the babies that need it. **The lobbyists who wrote the**

talking points studiously avoided this issue, as did their MD skills who are so credentialled and oh so heartless..

5. Syphilis rates are rising. They likely parallel Hep B cases, since both are sexually transmitted. So even if we are not seeing growth in Hep B cases, we must be missing them! Don't trust the CDC experts who came up with the incidence from real data.. Trust the models instead. Where is Neil Ferguson when you need him?

I have probably forgotten some talking points, but you get the idea. No vote were taken. Tomorrow, get ready for more fireworks!

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Maurine Meleck Maurine's Substack 1d

♥ Liked by Meryl Nass

I heard you yelling back but did you hear me? My youngest grandson (later diagnosed with an ear infection within 24 hours after his Hep B vax. The Hospital(Medical College of Ga. in Atlanta Ga.)) said they had never seen this in such a young infant before. And of course both grandkids (with autism) went for years with more ear infections and dozens of antibiotics, not to mention encephalopathy and gut issues.) Thank you for all your terrific reports.

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3 replies by Meryl Nass and others



Gaye 🌟 Gaye 1d

♥ Liked by Meryl Nass

In spite of what these Pharma shills do, people are waking up.

"Men...think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, and one by one."

— Charles Mackay, Extraordinary Popular Delusions and the Madness of Crowds (1841)

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