VAX FACTS

WHAT TO CONSIDER *BEFORE* VACCINATING AT ALL AGES & ALL STAGES OF LIFE

Paul Thomas, M.D.

Author of *The Vaccine-Friendly Plan*

DeeDee Hoover

Just a Mom

Morgan James PUBLISHING

Vax Facts

"Dr. Thomas is the first credible pediatrician to publish a meticulously maintained medical record data set for an entire health clinic (thousands of children) comparing vaccinated and unvaccinated. Other physicians *could* do it, but Dr. Thomas is the only physician who *did* do it. Only days after publication, and without a due process hearing, a State medical board removed Dr. Thomas' license to practice medicine, and demanded he stop publishing his data. Why? Because his clinic's data proves unvaccinated children are exponentially healthier. The data is so damning on medical causation it proves the world's children should be due many trillions of dollars in damages. For this reason, I call Dr. Thomas the 500-Trillion-Dollar Man. Read this book and you'll see why Big Pharma made him target #1 for removal. He is dangerous to the enemies of children."

—Greg Glaser, JD,
vaccine rights attorney

"Dr. Paul Thomas' tireless crusade to provide parents with an honest account of the benefits and risks of vaccines is to be commended. He masterfully presents crucial information allowing parents to make truly informed vaccine decisions. *Vax Facts* is a must read and belongs in everyone's personal library."

—Neil Z. Miller,
author, *Miller's Review of Critical Vaccine Studies*

"Facts matter. Ethical physician Dr. Paul Thomas and his coauthor, DeeDee Hoover, bring an instant must-read for those thirsting for facts and wisdom about the safety of childhood vaccines. I cannot recommend this book strongly enough, especially for new and expecting parents. Family won't listen? Let Paul and DeeDee do the talking. School board knows nothing? Tell them you have a gift for them, and they can expect a quiz. Given the realities this book contains, it's a very good thing parents have the right to say 'No' to the CDC's never-ending prospective, long-term vaccine study with no control group."

—James Lyons-Weiler, PhD,
founder of the Institute for Pure and Applied Knowledge and author

of *The Environmental and Genetic Causes of Autism* (https://ipak-edu.org, use "DRPAUL" for a discount on IPAK courses)

"Dr. Paul Thomas was the pediatrician to my children. While most of his colleagues looked the other way as chronic illness skyrocketed amongst our children since the late 1990s, Paul demanded answers. What he discovered put him at odds with the medical establishment, but put him in lockstep with what's in the best interests of our children. I highly recommend listening closely to Paul's wisdom and experience, it just might save your child."

—J.B. Handley,
author of *How to End the Autism Epidemic* and coauthor of
Underestimated: An Autism Miracle

"Dr. Thomas puts together a compelling and well-referenced presentation on the theory that children raised without vaccines may very well be healthier than kids who are vaccinated. I welcome the CDC or any reputable medical organization to do the research on this to either prove him wrong, or find out he's right!"

—Bob Sears, MD,
pediatrician and author of *The Vaccine Book*

"Dr. Paul Thomas has written what is one of the classics on this subject. It is easily read and understood and filled with very important information for all parents. All should read and study this vital book."

—Russell. L. Blaylock, MD,
neurosurgeon

"Dr. Thomas is a superb pediatrician who honors informed consent. He and his coauthor have mastered the pros and cons of each vaccine and offer in-depth assessments of risks versus benefits. Their research reveals the gaps in vaccine science and empowers parents to make good decisions."

—Elizabeth Mumper, MD, IFMCP

"In my book *The War on Informed Consent*, I documented how the Oregon state medical board attempted to characterize the heroic Dr. Paul Thomas as a threat to 'public health' for respecting parents' right to make their own choice about childhood vaccinations despite his own clinical data clearly demonstrating that his unvaccinated patients had vastly superior health outcomes compared to vaccinated children. One of the reasons he was attacked was his earlier book *The Vaccine-Friendly Plan*, which provided parents with an alternative schedule aimed primarily at reducing the amount of neurotoxic aluminum children are exposed to from the CDC's routine childhood schedule. It is much to his credit that he now acknowledges that his alternative schedule was not "friendly" enough. In his new book *Vax Facts*, Dr. Paul goes even further in confronting the medical establishment's preposterous contention that every child should receive every vaccine. *Vax Facts* is an essential guide to navigating the decision-making process for any parent reasonably questioning the wisdom of adhering to the CDC's anti-science recommendations."

—Jeremy Hammond,
investigative journalist and author of *The War on Informed Consent*

"Embark on a journey through the intricate landscape of pediatric vaccinations with Dr. Paul Thomas as your guide. With a blend of humility and expertise, Dr. Thomas navigates the tumultuous waters of the vaccine debate, shedding light on the current state of inoculations, including the mRNA vaccines.

Vax Facts presents an engaging dialogue between Dr. Thomas and 'Just a Mom' that weaves together a tapestry of knowledge that unravels decades of misconceptions surrounding vaccinology. This isn't just another medical tome; it's a digestible, yet comprehensive exploration of a crucial aspect of modern childhood healthcare.

What sets *Vax Facts* apart is Dr. Thomas's willingness to evolve, gracefully transitioning from his previous stance outlined in *The Vaccine-Friendly Plan* to his current perspective. It takes courage and integrity to reevaluate one's beliefs, and Dr. Thomas does so with eloquence and conviction.

Whether you're a seasoned healthcare professional seeking academic enlightenment or a soon-to-be parent navigating the maze of vaccination decisions, *Vax Facts* is an essential addition to your library. Gift it to expecting parents, recommend it to colleagues, and dive into its pages yourself to uncover the truth about vaccines."

—Michelle Perro, MD,
author of *What's Making Our Children Sick?*

"I am excited to share this book with people needing to make decisions for themselves or their children. The decision to vaccinate is a life-altering decision, and there is only one side being heard; this book is the other side of the story. I am blessed to know DeeDee ('Just a Mom') and Dr. Paul. They have spoken at my school, Centner Academy, and we have shared the stage at many conferences. I admire their passion and resilience in educating the masses so parents can understand the issues well enough to give informed consent if they choose to vaccinate.

Vax Facts will be invaluable for anyone making vaccination decisions. The book includes actual data for the thousands of patients born into Dr. Paul's practice. This is the most powerful data comparing vaccinated to unvaccinated in the world, representing real-world, actual patient outcomes, making it more powerful than any epidemiological study or meta-analysis. This book has the actual facts, not just anecdotal evidence. *Vax Facts* covers most of the published literature in the world comparing vaccinated to unvaccinated children and their health outcomes. Understanding the information in *Vax Facts* gives the reader the opportunity to avoid or minimize the massive harm possible from vaccines.

The world has needed a book like this. One that lays out the facts, the data, and the choices parents and all of us can and should make. It contains a wealth of knowledge but is not overwhelming. Easy to digest and understand, it doesn't take a medical degree to read. But it will empower you to stand up for your right to bodily autonomy and your right to decide what, if anything, gets injected into your body and the bodies of your children.

The 'Just a Mom' sections at the end of each chapter are a powerful addition, the perfect way for the reader to connect directly with the information provided and see it from a mom's perspective. The communication chapter DeeDee writes gives important information to provide the reader support when communicating their decisions with others.

Vax Facts will be a phenomenal resource for my school and wellness spa. This is a book that will be powerful in all I do for children moving forward, one that every parent needs to own and read. Thank you for writing this book."

—Leila Centner,
founder and CEO of The Centner Academy (Centneracademy.com)
& Wellness (Centnerwellness.com)

"Informed consent lies at the heart of medical ethics, and this book endeavors to empower parents and individuals with the information necessary to make educated choices regarding vaccination.

Vax Facts beautifully lays out vital information necessary to make sound decisions whether or not to vaccinate infants, children and adolescents. This book is required reading for all who want the best health for their children."

—Brian Hooker, PhD,
chief scientific officer, Children's Health Defense, and coauthor of
Vax-Unvax: Let the Science Speak

"Dr. Paul Thomas and I joined a state capitol full of fierce Mama Bears dedicated to defeating the pharmaceutical industry's attempts to make vaccination mandatory for all school-aged in Oregon. We won that fight, but to win this war on natural health we must educate ourselves and our loved ones on the real harm to our children caused by vaccines.

Dr. Paul is a man who has dedicated his life to helping children as both a father and physician. He has been relentlessly persecuted at every twist and turn for simply being an incredible doctor and doing what is right.

There is a deeply disturbing trend of intelligent people bury their heads in the sand, ignoring the elephant in the room that is vaccine injury. Dr. Paul

presents facts here that every person, and especially every parent, must read before finalizing their decision to take a grave risk in the name of a false belief such as "safe and effective" or to avoid the inevitable confrontation. Your children are worth this confrontation. *Vax Facts* doesn't require your belief, just your objectivity. Being objective means reserving the right to change your opinion in the presence of new information.

Additionally, the wisdom gained and shared by DeeDee Hoover, sadly from personal experience, is powerful. For what could ever be more powerful than a mother's love for her children? What I love about *Vax Facts* is that it is openly candid, matter of fact, and composed in language that makes it easy for everyone to understand.

I hope you enjoy this masterpiece and share these facts with everyone you love."

—Henry Ealy,
founder of the Energetic Health Institute,
https://www.energetichealthinstitute.org

"Dr. Paul Thomas serves as a beacon for all medical practitioners, reminding us of our duty to uphold the fundamental right to bodily integrity while uncovering instances of medical deceit. It is incumbent upon each of us to sift through the truths in a realm frequently obscured by misinformation and competing interests."

—Jim Meehan, MD

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DEDICATION

This book is dedicated to all the parents who strive to understand the complex topic of vaccines so you can make the best decision for your children.

This book also honors and is dedicated to all who have suffered harm from vaccines and have bravely shared their stories with others in an effort to protect the rest of the world's children.

A special dedication and thank-you goes to Zoey O'Toole, the queen of editing who has blessed us with her amazing gift. Her impressive knowledge, patience, hard work, and incredible enthusiasm was exactly what we needed every step of the way. It is her understanding of the topic and her loving, personal passion that has made this book the masterpiece it is.

DISCLAIMER AND COMPLIANCE

All information shared in this book is for educational purposes. Statements have not been evaluated by the US Food and Drug Administration (FDA). The information in this book is NOT intended to advise, diagnose, treat, cure, or prevent any disease, including COVID, and is not to be considered as medical advice, guidance, or direction with respect to whether an individual should or should not receive COVID shots or any other vaccine, nor is it intended to constitute legal advice or service.

Always consult with qualified licensed medical professionals and legal experts before acting on any information presented herein.

You are encouraged to review available safety and efficacy data, published by the CDC through the vaccine adverse events reporting system (VAERS) and the CDC's COVID data tracker, and with your trusted healthcare team to make the decision that is right for you. The authors support every individual's right to agree to or decline any medical procedure as stated in the American Medical Association's Code of Medical Ethics 1.1.3 (d).

We also support every individual's right to decline participation in CDC's ongoing prospective, uncontrolled, non-randomized clinical trial studying the long-term health consequences of their ever-changing vaccine schedule per US 45 CFR 46.

The information presented in this book represents a collection of peer-reviewed evidence, and the authors' experiences, but has not been evaluated by the FDA for safety and efficacy. None of the information provided is

intended to replace the care and supervision of qualified licensed medical professionals or the legal advice of licensed attorneys.

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ACKNOWLEDGMENTS

We want to thank everyone who supported our efforts to make this book everything it can be. You know who you are. Unfortunately, there are simply too many people for us to thank each of you individually. If, somehow, you do not find your name in this list, please know you have earned our heartfelt thanks for loving us, encouraging us, and supporting us.

Below are people who have earned our profound thanks. We wish to acknowledge them for the part they played in bringing this book to those who need accurate information and support in order to make the best decisions for their families with regard to vaccination.

Dr. Jack Lyons-Weiler, Dr. Henry Ealy, Dr. Russell Blaylock, Dr. Bob Sears, Dr. Brian Hooker, and Neil Miller significantly enhanced the scientific rigor of this book. Their attention to detail and knowledge of the literature helped make this book scientifically accurate.

Catherine Gentle had the daunting task of gathering and formatting the book's references, many of which were missing or incomplete at the time. Her hard work and dedication to detail added enormously to the scientific integrity of the book.

Jonathan Cantrell edited the images in this book, many of them multiple times, to get them right and acceptable for publication.

Dr. Liz Mumper and Dr. James Neuenschwander—along with so many of the professors and instructors at Defeat Autism Now! and MAPS (Medical Academy of Pediatric Special Needs)—provided the invaluable research that was the foundation for understanding vaccine injury and vaccine effects.

Jennifer Margulis, coauthor of *The Vaccine-Friendly Plan* and *The Addiction Spectrum*, is largely responsible for teaching Dr. Paul what he

needed to know to become the author he is today.

Del Bigtree's motivation to help the world's children is a powerful force in the health freedom movement. The support and encouragement provided by Del, *The Highwire*, and the team at ICAN has been a blessing that will help speed this book into the hands of so many who need this important information. Their contribution to the world's ability to move forward in a healthy way is invaluable.

Mary Holland, Polly Tommey, and their team at Children's Health Defense (CHD) have always given the kind of unwavering support that was needed to make this book possible. CHD-TV and the online journal *The Defender* are critically important platforms for disseminating the information that can help get and keep our children as healthy as possible.

Morgan James Publishing has provided the opportunity for this book to reach the world quickly so it can become the guide parents have needed to make the best possible decisions regarding vaccines. From the first interview, Karen and Dave and our publishing team have made this a seamless and enjoyable experience.

Vax Facts owes its existence to the close cooperation DeeDee and Dr. Paul have as a team. Their joint passion to help children in all four areas of their lives—physical, mental, emotional, and spiritual—has played a central role in the creation of this book. DeeDee ("Just a Mom") provided the support and encouragement that made this book both possible and what it is. She helped shape the journey that brought this book into being at every step of the way.

This book would not have been possible without Dr. Paul's unusual medical journey and his dedication to children. His enthusiasm for sharing what he knows in order to educate parents—always guided by the concept of informed consent—make this book the powerful ally you need when considering vaccination.

FOREWORD

My dive into the dark and bottomless vaccine research rabbit hole began in 2011. My wife was expecting our first child. Like most modern-day Americans, we were pro vaccine, but we also had enough common sense to take a pause and question the need for a child to endure the full CDC schedule. Why would any natural-born being require 70-plus doses before the age of six?

What began as a casual search for basic information on the pros and cons of childhood vaccination swiftly descended into an obsessive quest to make sense of mountains of conflicting data, confusing studies, papers, and opinions. I spent countless hours every day trying to find nuanced information that might help us make an informed decision. Having lost a brother and mother to bad medicine, I wasn't willing to take a chance on our child.

After several weeks of researching the science, I began reading and watching testimonials from parents of vaccine-injured children. Their stories were heartbreakingly detailed and impossible to shrug off.

By the time I clawed my way out of that rabbit hole, I was a changed man. I was broken-hearted and angry. I went into my investigation with the belief that the vaccine industry existed to sincerely help us live longer and healthier lives. However, I emerged from the depths possessing a painful awareness that the empire known as Big Pharma operates under one key objective: create lifelong customers.

In 2011 there was no single source of information I could find to help my wife and I answer the questions that were burning inside of us. Today, because of brave professionals and parents like Dr. Paul Thomas and DeeDee Hoover, there is.

Dr. Paul Thomas and DeeDee Hoover have written one of the most comprehensive and important books on this subject to ever exist. And post pandemic, I believe they finally have an American audience who is willing to at least listen to what they have to say. *Vax Facts* offers data to back up any suspicions you may hold regarding the ever-increasing childhood vaccine schedule and, unlike mainstream medicine, leaves *you,* the reader, to consider the evidence and decide for yourself what to do with the information provided.

Dr. Thomas risked everything coming forward with his concerns regarding the risks associated with repeated vaccination, especially when the child is in infancy. In his own practice in Oregon, Thomas noticed that the children he saw who had received the CDC schedule often were worse off than the patients he had placed on his own, more pragmatic program, which he termed the "Vaccine Friendly Plan" which takes a more graduated approach to the administration of vaccines to lessen the effects of overexposure in a single instance.

Even more surprising for Dr. Thomas, when his reputation as an openminded pediatrician spread across Oregon, Paul started to see the patients no one else would, the unvaccinated. The children in his practice who had not received a single vaccine recommended by the "experts" were overall healthier. His unvaccinated patients generally experienced fewer neurological disruptions like ADHD, allergies, or even asthma, and presented with *no instances of autism*. Even more astonishing, these children contracted seasonal sicknesses less often than their peers, if ever.

In 2019, the state of Oregon formally responded to Thomas's alternative approach to the recommended childhood vaccine schedule and put the burden on him to prove that his graduated vaccination process was indeed as safe as the CDC's recommended timeline. Upon reviewing this request with his attorney, he was made aware that his medical license was on the line.

In response to the state's request, Thomas decided to bring in an outside expert in pediatric neonatology, pediatrics, and informatics to gather the data on every baby born into his practice. He then teamed up with a rigorous scientist to analyze and review the data he had collected for over a

decade within his practice. A retroactive study of the thousands of pediatric patients he had seen over the last decade was then performed. What he found will astonish you. What probably won't surprise you, though, is that even though the medical journal that issued his study intensely peer-reviewed the paper prior to publication, it was eventually retracted from the journal despite the fact that 250,000 people had viewed the article and offered no complaints prior to its mysterious removal.

Herein lies the crux of the argument for the everyday citizen of the United States: If vaccines are scientifically proven to be safe and effective regardless of the amount recommended in a single office visit, then why are we not able to talk about the potential risks outside of the framing of simple wrong-think? As it stands, the argument proffered is emotional at best.

"The science is settled. Stop asking questions. Only crazy people distrust vaccines."

Post-pandemic this "social norms" approach to winning a scientific argument falls flatter than ever before. As Americans continue to wake up to the real dangers of the pharmaceutical industry, we finally find ourselves in a space to hear the data-driven and anecdotal observations of practitioners and parents like DeeDee Hoover and Dr. Paul Thomas. The illusion has been shattered. At the end of the day, Pharma's track record offers more cause for caution than blind faith in their intentions as companies.

Every day, it becomes increasingly clearer that we as Americans are dealing with a corporatocracy that puts profits over populations. Federal regulation is practiced as ceremonial process in public. Behind closed doors, money makes its way through the FDA and CDC to buy drug approval rather than participate in consistent, rigorous oversight of American medicine.

What I love about how Thomas and Hoover approach this concept is that they take the time to explain their observations through exploring the body's internal mechanisms acknowledged by both sides of the argument. I also appreciate as a parent that the purpose of this book is to inform parents of the threat landscape surrounding vaccines. They also approach the subject with consideration of other factors like nutritional decline and

chemical exposure making sure not to approach this topic with the same kind of presuppositions the pro vaccine crowds employ.

In order to deal with a problem, it must first be diagnosed. If we are constantly redirected away from one of the potential contributors to the autism question, as research has time and time again indicated that there is little genetic correlation, then we must at least ask why that is. Dr. Thomas and DeeDee Hoover push back on the vaccine moratorium in a pragmatic, scientifically driven manner.

Whether or not you reach the same conclusions is up to you. The authors want you to make up your mind for yourself; I, too, want that. As a parent in 2011, all I wanted was to be able to review the evidence and employ the informed consent "required" by medicine practiced in this country. But I feel I must end by offering you this: One side of the argument wants to have the debate; the other doesn't. When major profits are involved on one side, and the loss of reputational validity and licensure characterizes the other, the why should and must be explored.

Dr. Thomas and DeeDee Hoover help get this conversation started. I implore you to, at the very least, digest their positions with an open mind. I, unlike the mainstream, do not think ideas are dangerous. However, this goes beyond a simple idea; their hunch is backed up by data. Whether or not you find this data compelling is up to your own faculties of reason. The worst thing that can happen to you after you read this book is that you will leave with a better understanding of the counterarguments for the debate you've never heard.

—Mikki Willis, father, filmmaker, and creator of the Plandemic Documentary Series.
Plandemic.com

INTRODUCTION

I wrote this book for all parents who are struggling with the question of which vaccines to give their children and when—or even whether to forgo them altogether. The hardest challenge is when both parents are not on the same page. My goal in writing this is to give each parent a full understanding of the risks, the benefits, and the available alternatives.

As parents, we are called to love and protect our children. Many believe that vaccinating equals protecting, but I encourage you to read this book with a healthy amount of skepticism and an open mind. The information it provides may end up saving your child's life. Try as hard as you can to steer clear of contempt prior to investigation. It may be difficult to believe right now, but understanding the information in this book may be the key to avoiding a host of devastating chronic health conditions. You can raise vibrant, curious, happy, and healthy children, but you must be intentional about how you proceed.

The most important ingredient is love. I implore you to love your children so ferociously that you will not agree to any vaccine until you have read this book and truly understand the pros and cons of your decision for each vaccine.

Knowledge is power. The purpose of this book is to empower you with knowledge that is largely kept from the public so you will be ready when you step into a doctor's office. My motivation for writing this book is to save as many children as possible from harm, to help you fulfill your primary role as a parent—nurturing and protecting your children—and to share the latest data that forced me to rethink the recommendations I made in *The Vaccine-Friendly Plan*.[1]

As the coauthor of *The Vaccine-Friendly Plan: Dr. Paul's Safe and Effective Approach to Immunity and Health—from Pregnancy Through Your Child's Teen Years*, a book that has sold over 175,000 copies and been translated into many languages, I have come to realize that the guidelines for vaccination need to be re-examined. Given abundant new data showing that unvaccinated children are much healthier than the vaccinated, regardless of their schedule (CDC[2] or alternative), this book is written for parents who want to understand the risks and the benefits of vaccines. This book is for parents who want to be truly informed prior to giving consent to have their children vaccinated (informed consent). *The Vaccine-Friendly Plan* (VFP) is much more than just a vaccine book. It guides parents from pregnancy through the teen years on what to do, what not to do, and what to expect. That information is both valuable and timeless. If after doing your research, which should include the careful reading of this book, you still wish to vaccinate, then *The Vaccine-Friendly Plan* is still the book for you. It gives the scientific rationale for an approach that is clearly safer than the CDC schedule, but still provides some protection for some of the most concerning potential infections.

But we now have much more information on vaccines' effects and side effects—most significantly, my own published data comparing the health of children vaccinated according to the Vaccine-Friendly Plan to that of the unvaccinated.[3] I will cover that information in detail in this book, but for now I will simply say the unvaccinated were incredibly healthier when compared to those who vaccinated according to the VFP. Those who followed the VFP in turn were much healthier than those following the CDC schedule for childhood vaccines.

The unvaccinated were incredibly healthier when compared to those who vaccinated according to the VFP. Those who followed the VFP in turn were much healthier than those following the CDC schedule for childhood vaccines.

Virtually none of my patients followed the CDC vaccine schedule. Once they received informed consent, where an honest attempt was made to explain the real risks and benefits of vaccines, and parents were prepared to make truly informed vaccine decisions, almost none chose to vaccinate according to the official recommendations. In fact, I can think of only one family that still chose to give their baby the hepatitis B vaccine at birth, two months and six months of age, as the CDC recommends, once they had been given all the facts. Most of my patients' parents chose to slow down the vaccine schedule as outlined in the VFP book.

This book aspires to fulfill the role of the informed consent process that every parent should undertake prior to allowing any vaccine into their baby's body. You should, but likely will not, get this information from your pediatrician or doctor. If they don't tell you, it's not necessarily because they don't care. In fact, it's likely they don't know this information either. Feel free to share this book with them. If they will have a meaningful conversation with you and honor your choices, you have found one of the good ones. There are, however, doctors whose priority is not your child's health, but the more nebulous concept of "public health." Parents and guardians have a right to know when they visit a doctor whether that doctor puts patient-centered care with informed consent first or public health is their main priority.

There are four critical points to understand when you are considering any vaccine for your child:

1. You need to know how prevalent and how dangerous the disease you are seeking to prevent is where you live and where you may travel.
2. You need to understand how effective the vaccine being offered is at preventing serious illness or death from that disease.
3. You need to understand the real risks the vaccine carries and know that it is your right to say NO to one, several, or all doses of any vaccine.
4. Finally, you need to understand the potential risks of choosing not to vaccinate.

We have an inborn right to decide what gets injected into our bodies and those of our children.

We have an inborn right to decide what gets injected into our bodies and those of our children.

You may be surprised to learn that most states in the US acknowledge this by granting philosophical and/or religious exemptions to vaccine "requirements" for school attendance. Sadly, however, this right is disappearing in some states. At the time of writing, California, New York, Maine, and Connecticut no longer have philosophical or religious exemptions. Interestingly, Mississippi, once praised by a prominent vaccine developer for having the highest vaccination rate in the country despite also having the least healthy children,[4] was on this list since 1979 but just enacted a law reinstating the religious exemption.[5] In addition, the legislature of West Virginia—second only to Mississippi for shortest life expectancy—recently voted to reverse long-standing policy and add religious exemptions for private schools. While every state officially offers medical exemptions, in most states they are virtually unavailable as doctors who dare to write them frequently end up losing their license to practice medicine. Some states require that doctors follow CDC guidelines for medical exemptions, which again makes them practically worthless—except to exempt your child from the specific vaccine that already nearly killed them due to an anaphylactic (severe and sudden allergic) reaction.

I consider this the most important information parents everywhere need to understand. This could well be the most pivotal time you will spend as a parent, whether you are reading the print version or listening on Audible.

As this information is intended to be as accessible as possible to parents, who—let's face it—are often stressed beyond the breaking point (especially right after a child's birth, when they may be under intense pressure to vaccinate), at the end of each chapter, my coauthor and partner, DeeDee Hoover, shares her perspective on these topics in what she calls "Notes from 'Just a Mom.'"

NOTES

I wanted to be a part of this book because I'm a mom! While I am and do many other important things, that is the most important role I have. In addition, I was injured by vaccines, and so was my son. I didn't know many of the things this book offers when I was making vaccine decisions. I now work with both the unvaccinated population and the vaccine injured. It's rewarding work, and I'm glad I know what I know now. But I believe it's even more important to share this knowledge with others and teach them how to make the decisions that are best for them and how to communicate with others why their decisions matter. Whether or not others agree, your vaccine decisions should not be negotiable.

> ***Whether or not others agree, your vaccine decisions should not be negotiable.***

This book offers us all an opportunity to learn more. It is written by a medically trained professional, a pediatrician who was willing to challenge the narrative (as well as his own preconceptions!) that vaccines are always safe and effective. If you think for one minute he did that for any other reason than to protect our children, you are mistaken. Challenging the power of the CDC and the Oregon medical board didn't come with any benefits or rewards. In fact, it almost destroyed him.

In each chapter Dr. Paul gives you an incredible amount of information, but if you are anything like me it can take a little bit of work to decipher the meaning or understand all the resources. Due to what Dr. Paul has seen in his practice, he holds a very firm—and

very well documented!—belief that vaccines aren't always safe and are often either ineffective or intended to prevent diseases that no longer pose a significant threat. This sometimes leads him to express his opinions forcefully. Please read with an open mind. Though at times he may state his opinion more strongly than you are comfortable with yet, please know that he truly cares about your child and absolutely supports you making the best decisions for you and your child.

—Just a Mom

PART ONE:

Understanding Vaccine History, Immunity, Informed Consent, and Vaccine Safety

CHAPTER 1

INFORMED CONSENT

Informed consent is the foundation of medical ethics. Before a doctor does surgery, gives a medication, or does any procedure like vaccination, you should be told the potential risks, the potential benefits, and the alternatives. The alternatives must always include the fact that you have the right to refuse altogether. You can choose to "just say no." Vaccine mandates that force people to vaccinate whether or not it makes sense to them have destroyed informed consent, and physician ignorance has made the concept of informed consent a joke.

Governments and regulatory agencies like the FDA and the CDC can approve, license, and recommend vaccines for use by those who wish to take them, but it is a violation of individuals' fundamental rights for a government, physician, or public health officer to force a medical treatment, including vaccines, without informed consent.

We all have the right to choose what goes into our body and our children's bodies. When that fundamental right to bodily integrity is removed, what rights are left? I believe vaccine mandates should be illegal. They are justified by arguments invoking the "greater good," but many crimes against humanity have been perpetrated in the name of the greater good.

When you go to your pediatrician and they hand you the Vaccine Information Sheet (VIS), you are being misinformed. Those sheets are prepared by the CDC, which is little more than a marketing division of the pharmaceutical industry at this point. The VIS describes the disease(s) that the vaccine is meant to prevent and implies the vaccine is perfectly safe for anyone who is not on the short list of folks who should "talk with their

health care provider." Even though many of the diseases we vaccinate against have largely disappeared in industrialized countries—making the vaccine's potential *benefit* minimal at best—the VIS minimizes vaccine *risks*.[6]

Parents and consumers, then, are left with the important task of informing themselves. But where do you go for accurate, truthful information that is not distorted by conflicts of interest? That's where this book comes in. By the time you finish this book, you will have become informed by learning both the benefits *and* the risks of vaccination. If after reading this book you consent to a vaccine, it will be with the full knowledge of the actual (not theoretical) risks and benefits in the real world you are living in.

Due to the lack of proper saline controls and the relative absence of studies comparing the health of vaccinated to unvaccinated people, most doctors and even the CDC and other public health agencies will tell you your risk of a serious adverse event from a vaccine is "one in a million." Unfortunately, my data unequivocally demonstrates that is merely a marketing slogan that would be laughable if it weren't obscuring the dangerous truth that vaccines are frequently associated with serious adverse events, including death. I will share some of the most relevant vaxed vs. unvaxed data. I guarantee it will be enlightening and will empower you to make meaningful and informed decisions.

I also cover the risks and benefits of *not* vaccinating. It is worth noting that, due to the National Childhood Vaccine Injury Act (NCVIA) of 1986, the pharmaceutical industry and all who are associated with the manufacture and distribution of vaccines, including the clinics, hospitals, nurses, and doctors who give the vaccines, are immune from any liability when there are negative effects, whether they are immediate or delayed, short or long-term. I believe that most—that's right, *most*—children experience negative vaccine effects. These effects can be subtle—such as rashes, eczema, allergies, and ADHD—or not so subtle—asthma, autoimmune diseases, severe autism, and even death.

Sometimes even the smallest truth changes everything by evaporating illusion. I used to be under the illusion, as most doctors are today, that we

can count on vaccines to be safe and effective. But I had several burning bush experiences to shake me out of my apathy and denial.

The first occurred at my first DAN! (Defeat Autism Now!) conference in 2003. During a lunch break, they showed video after video of beautiful, happy, smiling, and communicating one-year-olds who days, weeks, or months later, after the light had gone from their eyes, did nothing but spin or flap, clearly in pain, unable to speak and/or walk. I couldn't stop the tears as I thought to myself, *My God, we have poisoned a generation!*

The next wake-up call was in November 2007 when I walked into what was supposed to be a normal two-year well visit. In front of me was a little one in a stroller who moved his head back and forth, unable to make eye contact, and with no language. I was stunned. His development had been normal at 12 and 18 months. It was the fourth instance in my practice of a normally developing one-year-old succumbing to severe, nonspeaking autism by age two. That was the last straw for me; I could not continue to vaccinate as usual. I went to my partners and informed them I could no longer support the hepatitis B vaccine for newborns, and that I would be splitting out the MMR into separate shots for measles, mumps, and rubella. That option was removed in 2009 when Merck, at the urging of the CDC's Advisory Committee on Immunization Practices (ACIP), stopped making the separate shots available in the USA.[7] That was the birth of the approach I would later call "The Vaccine-Friendly Plan."

By 2015, I had the data from my practice, which had grown to about 15,000 patients, most of which were following the vaccine-friendly plan (VFP). I pulled the data and obtained an IRB (Institutional Review Board) waiver to look at my data retrospectively. Unfortunately, I was unable to get it published, so some of that data was included in my VFP book. The unvaccinated were by far the healthiest children when compared to children vaccinated on the CDC schedule, and even those on the VFP. There was also much less autism among the unvaccinated and those on the VFP than in those following the CDC-recommended vaccine schedule.

In January of 2019, I received a letter from the Oregon Medical Board saying that I needed to prove the vaccine-friendly plan was as safe as the CDC vaccine schedule. While their letter didn't convey an overt threat, my

attorney advised me that failing to comply with their demands, even when they were unreasonable, could cost me my license. So, we did. I hired an independent consultant (a pediatrician, neonatologist, and informatics expert) and tasked him with pulling the data on every baby born into my practice from the day we opened our doors (June 1, 2008) to the day he closed that dataset in February 2019. We had 10.5 years of data on many health outcomes. The analysis of the data was published in what is probably the most important paper to date comparing real-world patient data for the unvaccinated with that of the variably vaccinated, many of whom were vaccinated according to the vaccine-friendly plan. You will see this data soon.

When it comes to informed consent, solid data comparing the vaccinated to the unvaccinated is imperative. Unfortunately, this is data that most doctors do not have or even know about. The CDC, NIH, state and local public health departments, medical societies like the American Academy of Pediatrics (AAP), and even major scientific journals censor this information and try to discredit it using ad hominem attacks, a tactic known on the playground as "name calling."

A few days after my paper proving that vaccinating according to the VFP was not just "as safe" as vaccinating according to the CDC schedule, but was in fact *much safer*, was made available online, the Oregon Medical Board (OMB) emergently suspended my license. The reason? I was a threat to public health!

At the time, I thought that "emergency" suspension of my license was the most devastating thing that ever happened to me. But I have come to realize it was a blessing in disguise—the final push I needed to be able to speak completely openly about what I know about vaccines and the harm they are causing. When I no longer lived under the threat of the medical board taking my license, I was finally free to speak the truth. The power medical boards hold over physicians is very real. This cannot be overstated. *No matter how valid they are*, your doctor cannot even *support* the findings in this book without putting their license at risk—a license they spent many years and probably hundreds of thousands of dollars to obtain!

This book should shatter three illusions you may have about vaccines:

1. Vaccines are safe and effective.
2. Deadly infectious diseases will come roaring back and kill our children if we stop vaccinating.
3. Vaccinated children are healthier than unvaccinated children.

None of them are true, and I will prove it to you.

I understand that I am condensing what took me 20 years to process and understand into this book. I know it is hard to change the framework of our beliefs, to even question those we have held our entire lives. I know, too, that I'm asking a lot of my readers when I say it's important that, in addition to opening your mind to learn this new information, you must open your heart as well. Your children's future depends on it.

Even my own mom, who loved me ferociously, God rest her soul, asked me, "But Paul, how can you be right and all the rest of the doctors be wrong?" My answer, in short, is that my experience has provided me a unique opportunity to learn the truth. Allow me to explain.

As I honored informed consent, I listened to what the parents were saying. Over time I accumulated more and more families in my practice who chose not to vaccinate. Eventually, pediatricians in my community of Portland, Oregon, like many others around the country, started kicking families who wouldn't follow the CDC schedule out of their practices. Those parents came to me. Over the last decade, I heard over and over again from parents who watched their first child regress into severe autism after the 12-, 15-, or 18-month vaccines. When the parents then refused further vaccines for that child or their next child, they would be discharged from their pediatric practice.

I listened to hundreds of nearly identical tragic stories of parents losing precious, bright-eyed one-year-olds to autism. Usually, the first sign was a loss of eye contact, that blank stare I now call "vaccine eyes" that is so common in infants after vaccination. Then would come the catastrophic loss

of language, social, and even motor skills. Often the kids were in pain and no longer able to interact or communicate—locked in their own world of misery, a nightmare for themselves and the parents who love them.

Other doctors, especially the ones who automatically kick these families out, don't hear the hundreds of stories. They're likely to only see a few and —if they listen to the parents at all—to dismiss that handful as "coincidence." They also don't get to see how incredibly healthy all the unvaccinated children are. A story so common it has become "classic," after a child regresses into severe autism, the parents refuse to vaccinate subsequent children, and those children end up the picture of health. Not today's version of "health"—riddled with allergies and on medication for ADHD—but old-style, robust health. That is a clear indication that, contrary to popular belief, most autism is *not* simply genetic but rather develops because of something we are doing.

So, you see, Mom, I believe I was placed here at this time for a reason. I honestly had no choice. I was uniquely presented with all these stories and experiences that few other pediatricians and doctors had, experiences that made me question long-held beliefs and "look behind the curtain." That's how I can be "right" when most other doctors cannot find the courage to even investigate for themselves what we are saying here. Thankfully, though, I am not alone. More and more pediatricians and other doctors are waking up to the reality that is vaccine injury, as well as the outrageous manipulation of science when it comes to vaccines.

There is no question that vaccine decisions are complex, and there is a lot of pressure to conform. But as a society we must embrace valid information and reject the false narrative that has been crafted with precision for decades. Ask yourself why vaccines hold such a special status that we are not to question their safety or effectiveness. Why does doing so risk your being ostracized from family and friends, your losing your job, or your children being treated differently?

Discovering the truth will require you to reject fear. Your children are counting on you to do so. Once you know the truth, you may find that, like me, you are passionate about helping others who need this information.

NOTES

If only I had known everything I know now when my son was a baby, my wonderful 24-year-old might have been far healthier. I was blessed that he didn't have the hepatitis B vaccine at birth. Part of me believes that if he had, I would have been raising an autistic child. I blindly trusted doctors and gave him vaccines several times. I didn't know to ask more questions. Luckily, we moved a lot, so he wasn't vaccinated according to the CDC schedule.

Informed consent should be a must. Over the past years of meeting Dr. Paul and working with him I have frequently found myself asking, why?

Why is it that most people don't even know they have a right to informed consent?

Why would a doctor want to vaccinate my child when they are sick?

Why wouldn't I be told everything?

Why wouldn't every vaccine be tested against a placebo?

Why do parents feel they have no choice about what goes into their child?

Why are we so mean to each other when our opinions differ?

Why do we blindly follow a doctor's word over our own gut instinct?

Why are we taught to fear diseases that aren't even prevalent? The list goes on and on . . .

This book will answer many of those questions and, once you have those answers, in Chapter 21 I will do my best to arm you with everything you need to know about how to communicate with others!

Do not ever let someone—anyone!—tell you that you don't need informed consent. As parents **we need** to be told everything there is to know about anything given to our children, especially the risks! It is our responsibility to know exactly what the consequences of our decisions may be. We are the ones who deal with the outcomes—not the CDC, not the doctors. This cannot be stressed enough. If something goes wrong, we will be on our own with no help from those who pressured us!

—Just a Mom

CHAPTER 2

MY PHILOSOPHY

I believe most of us, at our core, are born good. Why do we love babies so much? Babies have a beautiful essence. You can sense their neutrality, their lack of judgment. When babies are not in pain and are receiving loving nurture and adequate nutrition, they are happy, engaging, and curious. We parents are looked to for love, nurture, protection, and guidance. What an awe-inspiring responsibility!

Our babies and our children need our love, nurture, and guidance in four areas: physical, emotional, mental, and spiritual. Each domain must be focused on from infancy and nurtured throughout our children's lives. As parents, a society, and a nation, putting kids' well-being first ensures our nation's and the world's health. The corollary, of course, is that if we don't, we risk all.

The **Physical** needs of our children are where we seem to place most of our focus. It is obviously important that babies get adequate nutrition and, if possible, mom's breast milk. If mom is herself eating a variety of organic whole foods, her milk will be the perfect food for most of infancy, supplemented with organic whole foods when baby is ready and able to eat solid foods. Love, healthy touch, and bodywork are essential for ensuring our children are as physically healthy as possible. No child thrives when ignored, left alone, or without hugs, love, and nurture.

The next most important responsibility for parents in the physical domain is to protect against toxins. We live in a toxic world. Toxins can come from injected vaccines, the water we drink, the air we breathe, the food we eat, and things we might apply to the skin. This book will take a

close look at the toxic burden from vaccines. Whether or not you allow your child to receive them may be the single most impactful decision you will make as a parent.

We will take a deep dive into the vital aspect of immunity, both natural and vaccine-induced. Sadly, most doctors and pediatricians do not provide true informed consent but rather use fear tactics to coerce parents to vaccinate their children. In 2016, the AAP changed its long-standing policy, stating that "a pediatrician may consider dismissal of families who refuse vaccination as an acceptable option."[8] This is not a "pro-vax" or "anti-vax" book. I am pro-health, and I suspect you are too.

None of us are born with a clear understanding of the risks we will face in our journey on earth. Most of us trust our parents and have been conditioned to trust government, religious organizations, doctors, public health officials, and even the press. What the COVID years exposed was how captured most of these authorities were. It takes a lot to shake our confidence in institutions we hold in high esteem. Yet, it has become blatantly clear that we need to be very careful about who and what we put our trust in.

The information contained in this book is readily available, but some of it has become very hard to find in recent years. Most search engines limit your ability to find much of it. Not because the information is wrong or bad, but because it could potentially negatively affect their advertisers. Their algorithms are designed to prioritize the websites they approve, ones that promote only the officially sanctioned narrative, no matter how flawed. In this narrative, "[all] vaccines are [always] safe and effective" and must be supported no matter what the data shows, and anyone who goes against that narrative must be censored and discredited. Somehow vaccines, including the recently introduced COVID mRNA injections, have attained a religious status, to be "believed in" without question.

Emotional needs are just as important as physical ones. Children are often told, "you're okay," after something bad or scary has happened. There can be a sense of abandonment when your parent tells you you're okay but you don't *feel* okay. Is it any wonder that as they get older they often turn to

their peers or to addictions to find relief? We need to pay attention to what our children feel emotionally. We need to encourage our children to communicate their feelings, and we, as parents, need to provide a safe environment for them to do so. Our children need to know that they are *loved and cared for unconditionally*. No matter what they do or say, we love them. Sometimes their actions or behavior need redirection, but love should always be the guiding force.

> **Our children need to know that they are *loved and cared for unconditionally.***

Our children are emotionally affected by everyone and everything in their world. If these experiences are negative, this can be a huge stress. Whether the challenge they face is anxiety, depression, poor self-image, or even losing the desire to live, it is our job as parents to support our child and give them a safe place to talk and share where they won't feel judged or that something is inherently wrong with them. This is not the traditional "how are you feeling?" approach, but a deep engagement that is empowering and healing. If parents or children want support, we are available. We offer such support at Kids First 4 Ever, online at https://www.kidsfirst4ever.com.

Mental health is critical to our youth as they grow and develop. Doctors think of mental health as a lack of depression and anxiety, along with a long list of other psychiatric conditions. What we are referring to here is much more than the absence of mental health problems, but rather nurturing our children to have brilliant, critical-thinking minds. Sadly, our public schools fail our children when they focus on memorization of facts rather than development of critical thinking. Even many private schools do the same thing. It is equally important that we know *what* information is being taught.

Spirituality is defined by love. Who you choose to worship and call your higher power is determined and defined by many things. Children can struggle with this concept if they feel forced to figure out what to believe or when what they are being told doesn't match how they feel. Whenever I'm invited to share on the topic of spirituality, I simply share with the family how to love unconditionally and guide both parents and children through this process. Faith over fear is key but not always easy. Love first and love unconditionally. Paying attention to the energy our children are putting into this world helps raise children who are spiritually healthy, where what they are feeling and doing resonates with their soul's purpose.

NOTES

Being able to support our children in all four areas is so important. We don't always know how to help them, and many times we can't. Yes, they must make their own mistakes. But if your children know you love them and that you will always be there for them, they will be more likely to turn to you for support when they need it.

I wish I had known how to be there for my sister when she struggled. We weren't raised by a mom who knew how to support us when the going got rough. She loved us wholeheartedly and unconditionally, but we didn't know how to do that for ourselves. The abuse we suffered as kids wasn't acknowledged until it was too late. The damage had been done.

Stay present in your children's lives even if they push you away. You can be loving from a distance.

Keeping all four areas in harmony can be challenging. Many times, our lives aren't in balance. Sometimes our kids will need more from us in one area than another. It is okay to reach out and ask for support when it comes to parenting. We all need a place to turn for

support when we struggle. Parenting is no different! That is the reason that I co-founded Kids First 4 Ever with Dr. Paul.

> **If you ever feel overwhelmed and alone and need a mom to help support you, go to kidsfirst4ever.com.**

—Just a Mom

CHAPTER 3

THE VACCINE-FRIENDLY PLAN REVISITED

Very few of us were born into a family with parents who already knew that vaccines could be harmful to children. Less than 1% of families in the USA have not had a single vaccine.[9] These rare families know something the rest of us don't know. Their children are robustly healthy, rarely get sick, and when they do they recover quickly. Most importantly these children and adults rarely have the chronic diseases that affect over 50% of children by the time they finish high school. Autism, learning issues, ADHD, depression, anxiety, allergies, and a host of other autoimmune and chronic conditions just don't seem to hit children who aren't vaccinated at anywhere near the rate they hit the kids who are.

What is their other secret knowledge?

They aren't dying of the diseases we vaccinate against, and they have little-to-no fear of those or any other diseases. Why is that? They have seen and understand the power of a healthy immune system. They also understand that the real risks posed by these diseases are far less than we have been led to believe. If you are thinking they are benefiting from the fact that most families *are* vaccinating, I encourage you to suspend that judgment until you get through this book. All is not as it seems. The stories you have heard passed on from generation to generation are distorted by those who profit from vaccination.

Most of us were raised with the idea, the story if you will, that vaccines saved the world from the deadly diseases of the dark ages, like smallpox,

polio, the deadly whooping cough, and brain-damaging meningitis infections.

I was no different. Since I was raised in Zimbabwe (called Rhodesia when I lived there) I saw lots more death as a child than children growing up in America or any other industrialized country. This experience reinforced the myth that it was vaccines that reduced infectious disease mortality. It was only later that I learned it was really sanitation—especially clean, safe water and flush toilets—refrigeration, and better nutrition that slashed the death toll of the infectious diseases of the past. Those funerals I attended as a child in that African village were typically young, malnourished children who got severe diarrhea and vomiting and had no access to the intravenous fluids that would have been lifesaving. Even there, for the most part, they weren't dying of the diseases for which we now have vaccines.

I recall getting two vaccines as a child, smallpox and BCG for tuberculosis. I had measles, mumps, rubella, and chicken pox like nearly all children born in the 1950s or earlier. Other than in the villages—where childhood mortality was increased because there was no running water, sanitation, or electricity and nutritional deficiencies were an added problem—we all got those "routine" childhood diseases, and the children in my schools growing up were robustly healthy. Other than the one person I knew who had an inhaler for asthma, there was no chronic disease and no autism, ADHD, or the host of other neurological and developmental challenges that our children face today. Other than that one case of asthma, which was mild and exercise-induced, there were no allergic or autoimmune conditions like eczema, peanut allergy, and type 1 diabetes. We also almost never got sick, despite the villages' challenges. Neonatal tetanus due to home births with poor sanitation and malnutrition along with dehydration from vomiting and diarrhea were the most common threats.

Contrast that to the epidemic of chronic disease in modern, developed countries: Nearly one in five (17%) American children born in 2001 was diagnosed with asthma by kindergarten.[10] The prevalence of food and skin allergies in American children rose 50% or more from 1997 to 2011,[11] and insurance claims for emergency treatment of anaphylactic reactions from food allergies rose 377% between 2007 and 2016.[12] Autism is now affecting

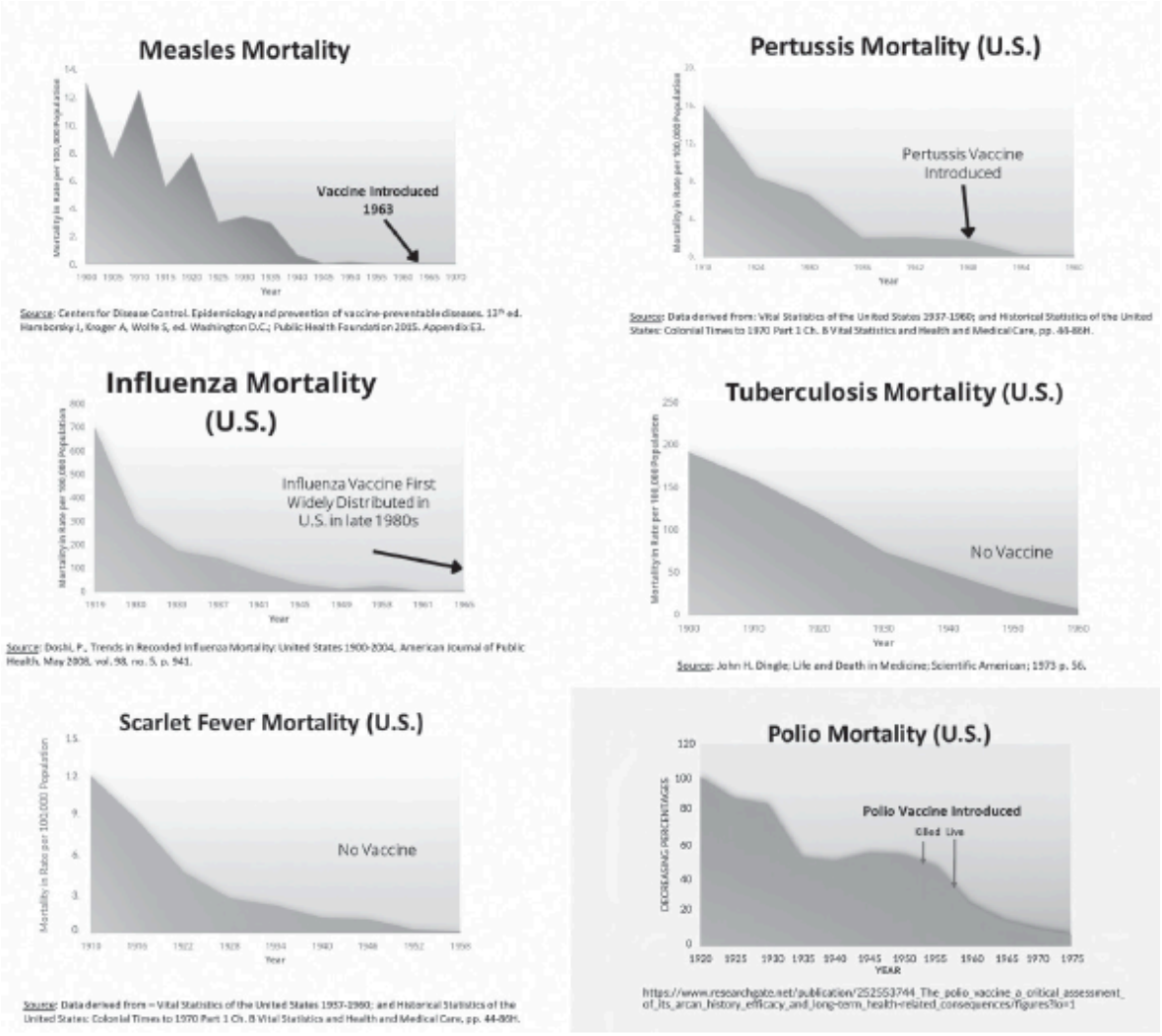
one in every 35 kids in the USA, and in the two-year period between 2014 and 2016 the prevalence of children 3–17 years old who had ever been diagnosed with a developmental disability increased 21%, from 5.76% to 6.99%.[13] A 2013 population-based survey revealed that one in six children qualified for an ADHD diagnosis according the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV.[14] Prevalence of type 1 diabetes in children and adolescents increased by 21% between 2001 and 2007,[15] and a 2017 study found approximately 30% of the kindergarten class of 1999 experienced obesity between the ages of 5 and 14, and 72% of those who had obesity at kindergarten remained obese.[16]

If you could drastically reduce the chance that your child will develop a chronic condition like the ones discussed in the last paragraph with virtually zero risk in doing so, would you be interested in learning how? Well, stay tuned because that's exactly what I'm going to tell you.

At Dartmouth Medical School in New Hampshire back in 1981–1985, we got two weeks of nutrition education from an oncologist who stepped up to give that class.[17] As you might guess, the cancer doctor wasn't exactly a nutrition powerhouse. I remember him telling us that McDonalds' fast food was "good nutrition" with adequate carbs, protein, and fat! We will discuss nutrition further, but I highlight this to illustrate the level of attention medical schools place on disease prevention and maintenance of health. Even 40 years ago when I was there, they did little more than train physicians to prescribe pharmaceuticals.

When it came to vaccines, we were taught that they eradicated smallpox and polio and were the best thing medical science could offer. The actual factors responsible for the vast improvements in infectious disease mortality that took place before vaccines or even antibiotics were widely available were not part of the education we got. Dr. Suzanne Humphries' book *Dissolving Illusions: Disease, Vaccines and the Forgotten History*[18] details the documented history and was vital in helping me understand that, while vaccines may have had a small impact for some diseases, it was really improved sanitation, clean water, the flush toilet, and refrigeration that was responsible for the virtual disappearance of most of the deadly diseases. The graphs below illustrate this, as you can see that deaths from *all* the diseases

—those we vaccinate against and those we have never vaccinated against—dropped dramatically regardless of the vaccines.



(The Real Anthony Fauci)

Deaths from all diseases, those we vaccinate against and those we have never vaccinated against, dropped dramatically regardless of the vaccines.

My journey as a pediatrician was typical in the 1980s and 1990s. I was a board-certified pediatrician, at the top of my game, teaching residents and

medical students and espousing the American Academy of Pediatrics dogma on just about anything and everything. I trusted the AAP, the CDC, and the National Institutes of Health (NIH). I thought they represented the smartest and brightest in the profession. I later learned that these agencies were compromised by conflicts of interest. In addition to the conflict of interest inherent in the fact that the CDC is responsible for both monitoring vaccine safety and promoting vaccine uptake, financial support greatly influences their stances on things like infant formula and vaccines.

My busy but simple life as a pediatrician, seeing well children and vaccinating them according to the CDC schedule, started to crumble around the year 2000. My youngest son had not been progressing in his development. He spent hours a day lining up toy cars. He was unable to toilet train until after age four. Despite being in an academic preschool from the age of three, he couldn't learn his alphabet by kindergarten, and in third grade he was still reading at an early first grade level. Something was not right. At this same time, I stumbled on the famous article in *The Lancet* published by Dr. Andrew Wakefield and his team at the Royal Free Hospital in London.[19] They described bowel disease in a series of children with autism and mentioned that the parents of a majority of the children reported their children's symptoms began after receiving the MMR vaccine. This was interpreted as challenging vaccine safety and suggesting there might be a link between a vaccine and autism. The pharmaceutical public relations machine couldn't let that stand; they went on the attack. The result was that this eminent academic gastroenterologist, who had published over 130 scientific articles and received numerous awards of merit, lost his job and ultimately his license to practice medicine. The smear campaign against Wakefield was and is so aggressive that to this day he remains the mainstream media's poster boy for fraud. For those wanting to understand what really happened, Vera Sharav of the Alliance for Human Research Protection has done a terrific job analyzing every aspect of the controversy from start to finish in "L'Affaire Wakefield: Shades of Dreyfus & BMJ's Descent into Tabloid Science."[20]

I believe Andrew Wakefield is truly a hero who sacrificed his career to stand up for children and expose the truth that some of our children are being

injured by vaccines. In my career, I have sat across from hundreds of parents who, often in tears, shared heartbreaking stories of their talking, engaged, and happy children regressing into severe nonspeaking autism after the MMR or a series of vaccines.

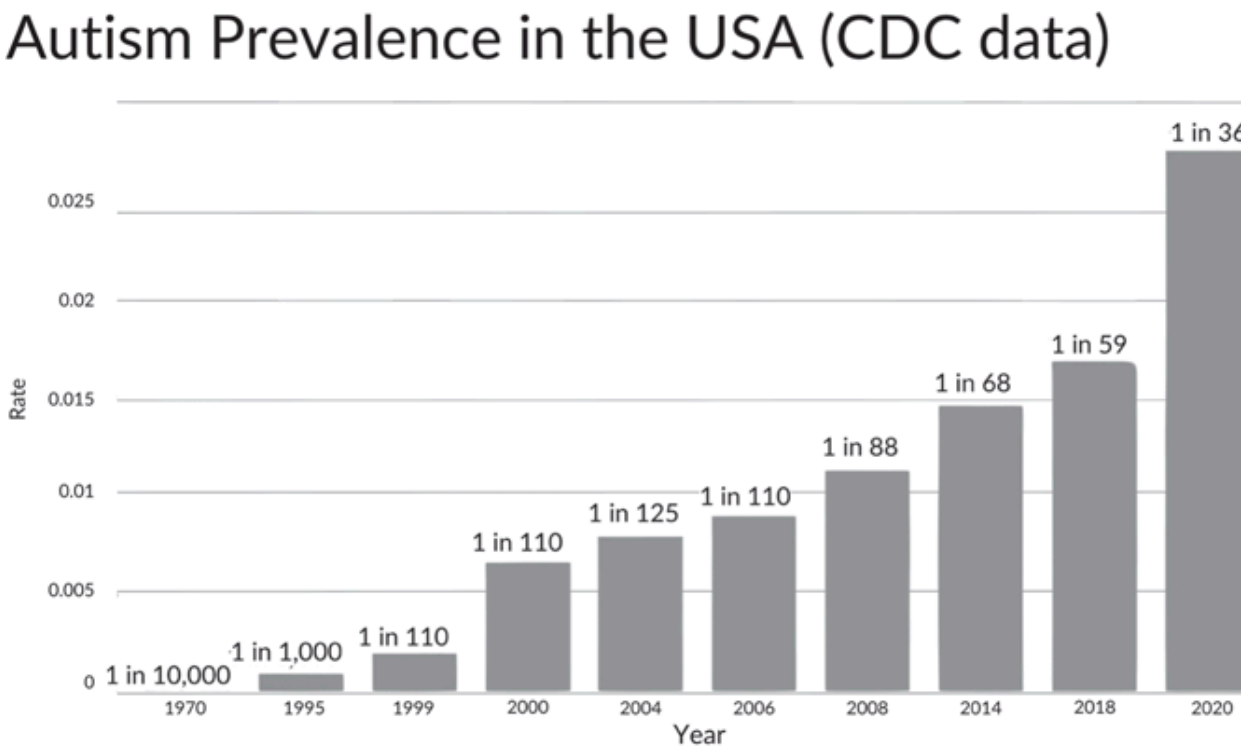
Then came that DAN! conference, sponsored by the Autism Research Institute,[21] where they showed the videos documenting those kinds of changes and I realized that we are poisoning children. At that time, the prevailing thought was that the mercury in the vaccines' preservative was the problem. Indeed, the vaccine schedule had greatly expanded in recent years, and each new vaccine added to the total amount of mercury being injected, such that we were far exceeding any agency's standard for a "safe" level. No one had even looked at that issue until 1999.

David Kirby's book *Evidence of Harm: Mercury in Vaccines and the Autism Epidemic: A Medical Controversy* outlined exactly what had happened.[22] Autism prevalence was estimated to affect 0.01% of children in the 1970s. I know that the prevalence was far lower than today as I saw not one case of autism while in medical school in the early 1980s. I only saw a couple of cases of mild autism, what was called pervasive developmental disorder (PPD), during my three years of pediatric residency from 1985 to 1988. The explosion began in the 1990s. Autism rates in the US went from 0.1% (1 in 1,000) in the early 1990s to 0.9% (1 in 110) between 1999 and 2006, to 1.5% (1 in 68) in 2014, to 2.8% (1 in 36) in 2023. Data from the U.S. Department of Health and Human Services show that in the 1960s, about 6% of Americans had chronic health conditions; by 1986 the percentage had grown to 11.8%, and in 2006 it was 54%.[23]

The chart on the next page is from CDC data. The exponential increase in autism over the past 20 years should be the number one priority of all health agencies. The total unwillingness of the CDC, the NIH, major health systems, and public health officials to study the most likely reasons for this means that parents are left to their own devices. If your child's neurodevelopment is altered and you suspect it was caused by a vaccine or a round of vaccines, you suddenly enter a whole new BizarroWorld where you are the problem, not the vaccines. Despite the fact that you followed doctors' and CDC guidelines, nobody will listen to you, and, sadly, there is very little

mainstream medicine can do for the neurodevelopmentally challenged. You are on your own.

My goal is to inform you and empower you to be the advocate you are meant to be for your child. We simply can no longer put our trust in most doctors out there, the CDC, the NIH, government or public health officials, and we certainly should not listen to talking heads reading from a teleprompter on the news, even if they have an MD after their name.



After I witnessed the four children in my own practice regress into severe autism by the age of two, I knew too much. Though the mercury-containing thimerosal had been removed from all but the multidose flu shot by that time, there was still way too much aluminum, a known neurotoxin, in most of the vaccines. Because teenagers were not taking the hepatitis B vaccine in sufficient numbers to satisfy the manufacturers or the CDC, the recommendation for the hepatitis B vaccine with its 250 micrograms of aluminum was moved to infancy, with three doses given at birth, 1–2 months, and 6 months. Prior to 2001, that vaccine also contained thimerosal. Too many aluminum-adjuvanted vaccines were being given too soon,

triggering immune activation and autoimmunity, as documented in Yehuda Schoenfeld's book *Vaccines and Autoimmunity*.[24]

That was the birth of my Integrative Pediatrics practice and, ultimately, the book *The Vaccine-Friendly Plan*. My practice was founded on the principle of informed consent and the decision to honor parents' wishes regarding vaccines, even if that meant their children didn't receive any at all.

After WWII and the horrendous crimes against humanity committed by Nazi doctors experimenting on prisoners of war were uncovered, a court case resulted in the Nuremberg Code of 1945, a set of ethical principles limiting experiments with human subjects. That was followed by the 2005 Universal Declaration on Bioethics and Human Rights that was adopted by 190 countries, including the USA. Basically, the interests of science are not to override an individual's right to decide for themselves what, if anything, is done to them medically. Individuals were also to be free of coercion from their government. With the COVID mess, the world seems to have forgotten these important principles; coercion became standard practice to get the world's population to accept an experimental dangerous shot.

The interests of science are not to override an individual's right to decide for themselves what, if anything, is done to them medically.

In 2015 I had seven years of data from my practice. There were 1,098 patients born into my practice who were following the VFP; 238 were unvaccinated, and 894 were CDC-vaccinated. **There was no autism in the unvaccinated at all, period.** There were three cases of mild autism in the VFP group that had resolved by the time the data was collected, meaning there was no autism in the VFP group either. There were 15 cases of persisting autism in the highly vaccinated group for an autism rate of 1 in 60. That was the same as the "background" rate at that time in the USA. You may be surprised to learn that medical journals refused to publish my paper reporting that data. If you are not yet aware of how beholden these journals are to the pharmaceutical industry, you might assume that this meant there

was a problem with the paper. Unfortunately, ever since Wakefield's 1999 paper, major journals have been very skittish about publishing anything that could potentially cast doubt on the vaccine program. I decided to publish the data in *The Vaccine-Friendly Plan*; at least that way, it would be accessible to the general public.

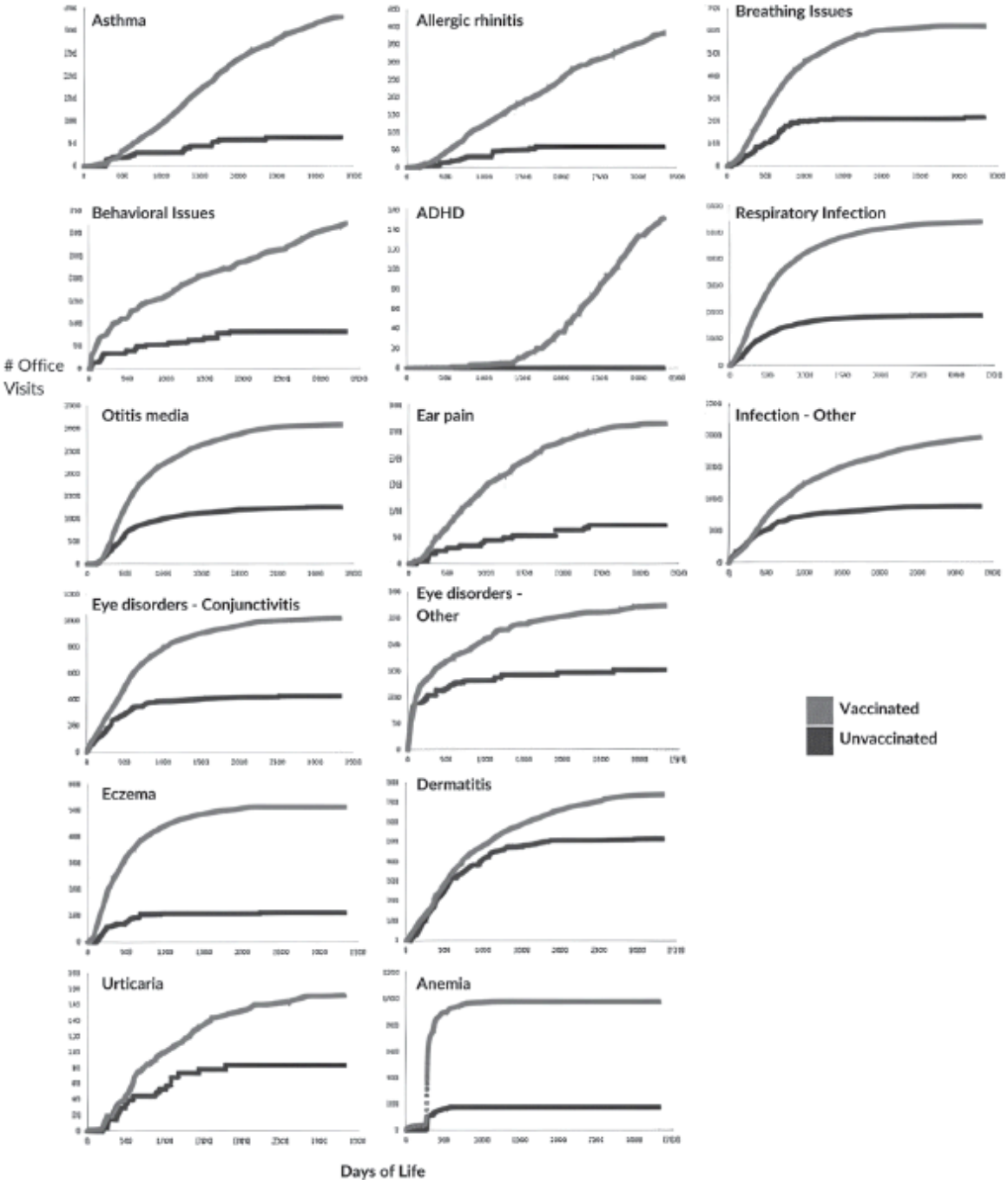
While I know the VFP has had a huge impact in reducing toxicity from vaccines, it turns out that it is not safe enough. Why do I say this? Since publishing the book, I had a family join my practice who waited until their child was three to give the MMR. Their child regressed into autism after that MMR vaccine. CDC data, reanalyzed by Brian Hooker in 2014 after a CDC researcher told him that the original researchers threw out half the data, revealed that autism was less common in children who received the MMR after the age of three than those who got it "on time."[25] Apparently, "less common" isn't the same as "unheard of." I've heard a couple other stories of people who followed the VFP only to have their children develop chronic developmental issues.

And then came my vaxed vs. unvaxed study.[26] The Oregon Medical Board had been on a fishing expedition with me, making ridiculous requests almost monthly from 2018 until I retired and relinquished my license in December 2022. That story is well documented in Jeremy Hammond's book *The War on Informed Consent: The Persecution of Dr. Paul Thomas by the Oregon Medical Board*.[27] In January 2019, the OMB sent me a letter demanding that I prove the VFP was as safe as the CDC schedule.

I hired an outside independent researcher, highly qualified to get the data, and asked him to find every patient born into my practice since the day the doors opened in 2008 to the moment we closed that dataset in February of 2019. We had over 10 years of data, and we looked at all vaccines and a wide variety of health outcomes. The clarity of the age-specific differences in the health fates of those who were vaccinated (2,763) compared to the 561 unvaccinated over ten years was most striking when we compared relative numbers of office visits for various health conditions. (The number of office visits for the unvaccinated was adjusted by a sample size multiplier factor (4.9) to the expected value as if the number of unvaccinated in the study was the same as the number of vaccinated.)

With James Lyons-Weiler, PhD, I published this data in "Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination" in the peer-reviewed *International Journal of Environmental Research and Public Health*. The paper's clear and unequivocal findings should have us all rethinking the practice of vaccination and have a profound effect on the practice of medicine.

The data indicated that office visits scheduled specifically for many chronic conditions of childhood (including asthma, allergic rhinitis, behavioral issues, ADHD, eczema, and anemia) were all *much* more common in the VFP-vaccinated, often four to eight *times* as common when compared to the unvaccinated. **Perhaps even more astonishing, given that the point of vaccination is prevention of infection, is that the vaccinated had many more office visits for infections than the unvaccinated** (respiratory infections, otitis media, conjunctivitis, and other infections). You can see this clearly in the graphs below.



Cumulative office visits in the vaccinated (light gray) vs. unvaccinated (dark gray) patients born into the practice.

The fact that the highly vaccinated are sicker than children with intact immune systems is something I had been very aware of. In my practice we had two waiting rooms, one for the children who were there for routine well visits or non-infectious reasons and a sick waiting room for the sick kids. In

the beginning, the two waiting rooms were equally full. By the time I retired, however, as more and more of our families were slowing vaccination or choosing not to vaccinate at all, the sick waiting room was usually empty. Remember that fact. While a vaccine may reduce your chance of getting the specific disease for which you are vaccinating, it seems to *also* make you more vulnerable to all other infections. And that's something you really ought to know.

The notion that we should vaccinate to protect others needs to be reexamined in light of this information. Paradoxically, it appears that the highly vaccinated actually *increase* the risk of infection for the people around them.

We will cover all this vaccine by vaccine later in the book.

> **The data indicated that office visits scheduled specifically for many chronic conditions of childhood (including asthma, allergic rhinitis, behavioral issues, ADHD, eczema, and anemia) were all *much* more common in the VFP-vaccinated, often four to eight *times* as common when compared to the unvaccinated. Perhaps even more astonishing, given that the point of vaccination is prevention of infection, is that the vaccinated had many more office visits for infections than the unvaccinated (respiratory infections, otitis media, conjunctivitis, and other infections).**

This study is the largest real-world, single-practice dataset comparing vaccinated to unvaccinated children looking at a wide variety of health outcomes. To any rational mind, such robust and stunning findings should have triggered the CDC, the NIH, and other large pediatric practices and health care systems to use their own data to do similar studies to see whether the results are reproducible. I know from experience that it would be easy for

them to do. Instead, the journal that rigorously peer-reviewed this article and published it, retracted the article after one bogus complaint that claimed, without looking at the data, that unvaccinated kids were missing diagnoses because they came to their well-child visits less often than vaccinated kids. Even though this was idle speculation, the journal retracted the paper after 250,000 other readers read it with no other complaints. Opinion does not invalidate the data. It simply proves once again that thou shalt not challenge the marketing mantra that "vaccines are safe and effective."

Eventually, the original findings were vindicated. Even though our study was unfairly retracted, the data was validated and the reason for retraction shown to be false in a later study, "Revisiting Excess Diagnoses of Illnesses and Conditions in Children Whose Parents Provided Informed Permission to Vaccinate Them," by James Lyons-Weiler and Russell L. Blaylock.[28] The complaint that the unvaccinated kids were missing their well-child visits ultimately proved entirely false; the unvaccinated kids came to their well-child visits *more* often than the vaccinated. So, if there was a bias, it would have been in the *other direction*, supporting the idea that our results were *conservative* estimates of the damage that childhood vaccines do to human health. When this new result using the same data was published, the original journal should have republished (i.e., "unretracted") the original study.

The Lyons-Weiler and Blaylock study also indicated that children of parents who stopped vaccinating at any time had half the health challenges of those whose parents continued to vaccinate, even if on a slower schedule. That means that stopping at any time will likely benefit your child.

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In 1986 the National Childhood Vaccine Injury Act (42 U.S.C. 300aa-11 & 300aa-22) removed from pharmaceutical companies and those who

administer the vaccines virtually all liability for harm caused by childhood vaccines. The Supreme Court later, citing vaccines' classification as "unavoidably unsafe," removed virtually the last potential avenue for holding the companies accountable for the harm their products do in *Bruesewitz v. Wyeth*.[29] (Presumably, they would still be liable if we could prove they committed fraud, which would constitute willful misconduct and potentially nullify the indemnification of the vaccine manufacturer.) Thus, we have arrived at the ludicrous situation where our children are "required" to be injected with products that no manufacturer is accountable for.

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If your child is injured by a vaccine, it is nearly impossible to receive compensation from the Vaccine Injury Compensation Program (VICP) as you must *prove* the vaccine(s) caused any injury that is not on the Vaccine Injury Table, which acknowledges only a very small number of conditions as being vaccine related. (For example, the table lists only fainting and shoulder injury for the HPV vaccine, Gardasil, despite the many reports in VAERS of new and debilitating autoimmune conditions developed shortly after HPV vaccination.)

But what about deaths from those diseases for which we have vaccines?

I will discuss this in detail for each vaccine, but I thought it important to point out that **we had no deaths in my practice from any disease for which there is a vaccine.** Not in the vaccinated and not in the unvaccinated.

There were no deaths in my practice from any disease for which there is a vaccine. Not in the vaccinated and not in the unvaccinated.

Since the unvaccinated appear to have more robust immune systems, they are also better prepared for the many infections for which we have no vaccine.

In conclusion, the recommendations in *The Vaccine-Friendly Plan* need to be reconsidered in light of the new data. Health outcomes are, both statistically and in the real world of my practice, far better for the unvaccinated, which means the risks of vaccinating are quite high. In addition, the diseases for which there are vaccines are either virtually gone (diphtheria, polio, measles, etc.), extremely rare (tetanus, bacterial meningitis, etc.), or so mild they don't present a problem for reasonably healthy children (chicken pox, rubella, hepatitis A, etc.), which means that the potential benefits of vaccinating are quite low in industrialized countries. Since risks are high and benefits are low, in my opinion, the risks associated with vaccines are simply not worth taking.

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NOTES

The Vaccine-Friendly Plan serves a very important purpose, but there is no question that it is controversial. Vaccination is like many concepts where there will always be people facing off on opposing sides of the issue. The VFP is controversial for both sides of the vaccine issue:

1. If you believe vaccines are safe and effective, and the CDC has your child's best interest in mind, then you probably regard the VFP as dangerous.
2. If you believe vaccines are dangerous, especially if you have personal stories of vaccine injury, then you, too, probably view the VFP as dangerous.

So why, then, is the VFP helpful? There is another side to this. The third side is those who are in the middle, seeing risks and benefits on both sides, and needing a compromise. They still believe in vaccines but are aware of how overloaded the CDC schedule has become. Perhaps they have heard one too many stories of children dying after their two-month shots and thought, why is it necessary to give an infant so many shots when they aren't going to be exposed to the diseases the shots are supposed to prevent? Their organs are developing, they can't even eat solid food, yet we are putting toxic levels of aluminum in their precious bodies.

We must meet people where they are. If we don't listen to them and their story and we push our beliefs on them, then we are bullying them just as much as the doctor that says you are a bad parent for not vaccinating. Wake up, people!

The VFP helped many parents vaccinate their children in a safer way than the CDC recommends. Over the years, Dr. Paul has heard stories of children who were still affected or injured, even though they were being vaccinated more slowly and with fewer vaccines. This was heartbreaking for him. When he did the study, he saw for himself that even vaccinating slowly wasn't as safe as not vaccinating. And that is where we are now. Every parent should get the facts and be allowed to make the decisions for themselves.

> ***Even vaccinating slowly wasn't as safe as not vaccinating.***

Unfortunately, government has gotten in our way, and if you live in certain states you are forced to vaccinate your child if you want them

to attend public school. Many college students have recently faced a tough choice whether to vaccinate or not for COVID. They were bullied if they didn't.

People were rewarded for getting COVID vaccines. If these vaccines were so great and wonderful and necessary, then why did we have to be coerced? Why were we punished for not getting a shot that wasn't safety tested? Why did we have to wear a mask, even though it wasn't stopping the spread? Perhaps, what we actually do matters less than being able to decide for ourselves what we do.

—Just a Mom

CHAPTER 4

LESSONS FROM COVID

When facing challenging times or events, I'm often reminded that things go better for me when I put faith over fear. The key lesson we have learned from the COVID nightmare is that we must be very careful about where we put our trust. By trusting the CDC, or Anthony Fauci, or the NIH, or our public health officials, or our doctors, we are relying on *someone else* to make decisions about what is best for our children. The problem with that is there is no guarantee whatsoever that someone else will prioritize your child's well-being. That is especially true if the individual or agency will profit when we vaccinate our child.

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Because of a purposeful fear campaign, virtually the entire world was put into lockdown, forced to put masks on their children, and many were coerced into getting a dangerous experimental shot that was neither safe nor effective. This has been a big wake-up call for all who are paying attention. In my opinion, mRNA COVID-19 vaccines are the most dangerous products (other than acknowledged poisons) ever injected into humans.

How did they get away with this?

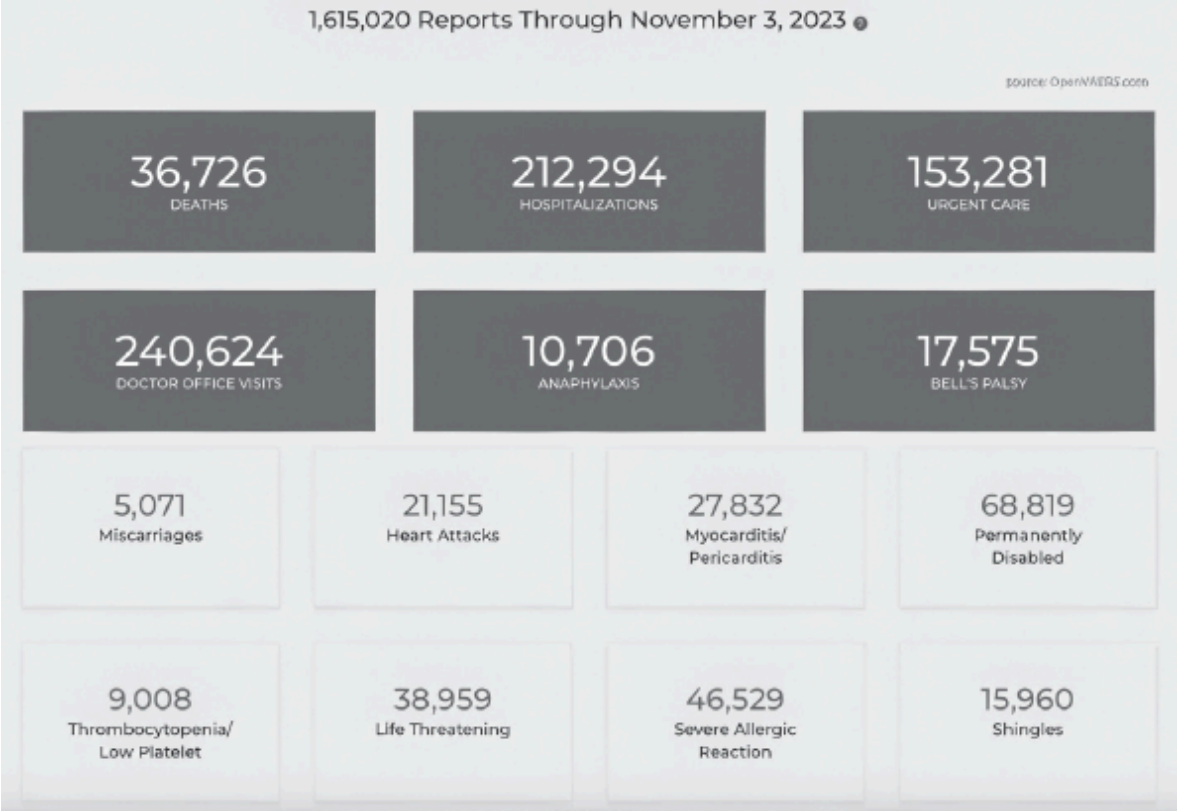
We placed our trust in people and powerful institutions that are themselves corrupt and financially conflicted.

Fear is the reason so many rolled up their sleeves and allowed a dangerous product to be injected into their bodies. When in fear, we tend to listen to whatever voice is loudest, and the TV and social media outlets were screaming "the sky is falling" 24/7. Faith, on the other hand, is a beautiful thing that comes when our soul is connected to love and to source, silencing or at least muting the loud voices encouraging fear.

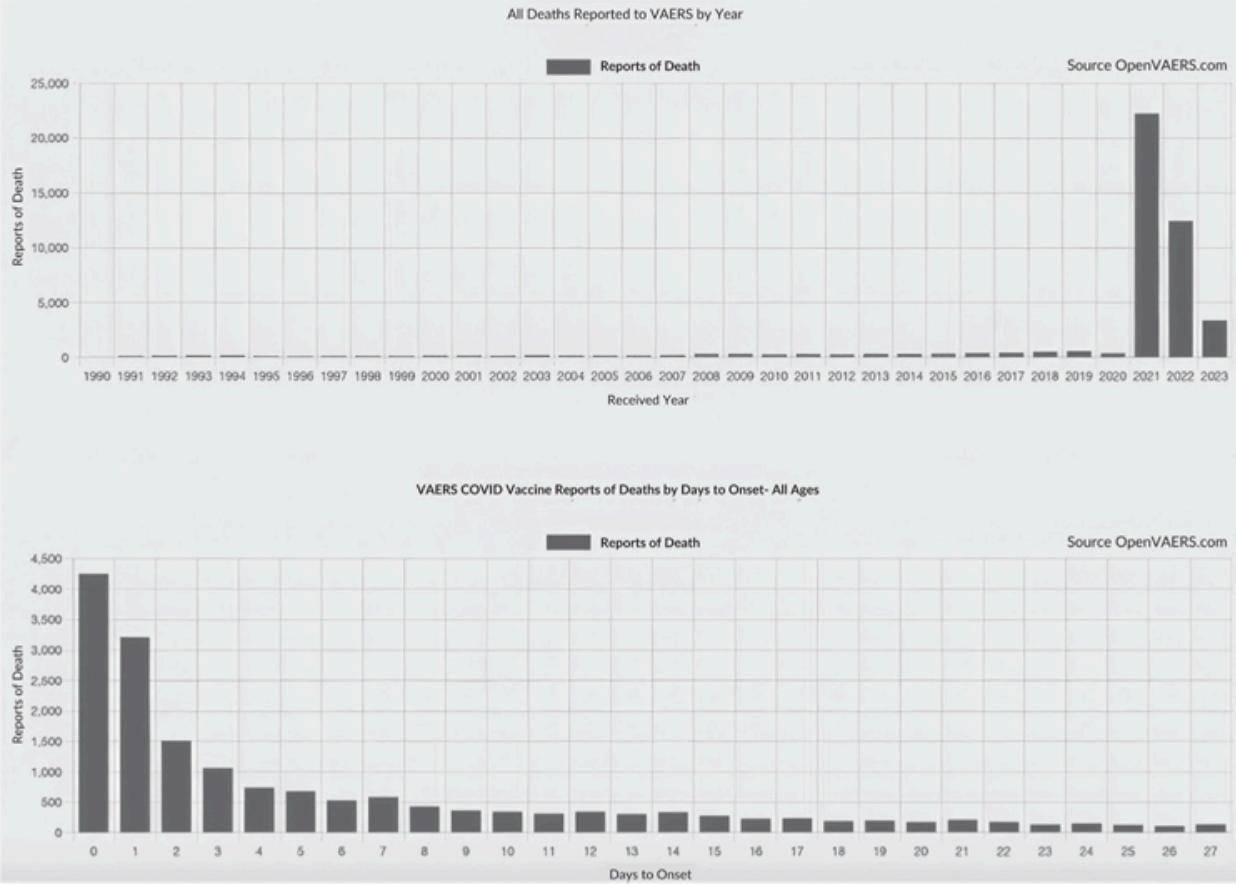
It was clear to me in March of 2020, just a month into the COVID pandemic, that something was very wrong with the picture being painted for us. People were told to stay away from hospitals and do nothing until they turned blue, obviously requiring oxygen, by which time it was often too late to stop the disease progression. Virtually all the approaches and treatments that might have benefited those with COVID-19 were suppressed and actively discredited. Physicians treating with hydroxychloroquine or ivermectin were stunningly successful at keeping people alive and out of hospitals, but the CDC, NIH, and public health authorities blocked their ability to use these lifesaving treatments. Many of our best physicians lost their careers fighting to save the lives of their patients.

Most of us remember the running tallies of deaths and hospitalizations on the news. Virtually every respiratory illness was assumed to be COVID. Deaths could be classified as due to COVID with even a doctor's suspicion of a COVID infection, no proof required. PCR test procedures were so flawed they often turned positive even when no active COVID virus was present. When the vaccines arrived, the statistical trickery went to a whole new level. People weren't considered "vaccinated" until two weeks after their second dose of the experimental mRNA vaccines. That means any potential deaths *caused* by the vaccines would have been recorded as "unvaccinated" deaths as long as they occurred in the two weeks after vaccination—which is, of course, when most such deaths would be expected to occur.

A glance at the VAERS data for COVID vaccines tells the whole story.



What we see in these numbers is unprecedented death and destruction of health from a pharmaceutical product. And the deaths are clustering right after the time of the shots, a clear indication that it is the shots that are killing people. Tens of thousands of people died shortly after receiving the vaccines, and hundreds of thousands were hospitalized. Adverse reactions are known to be severely underreported, so the true total is likely 10 to 100 times higher.



Deaths are clustering right after the time of the shots, a clear indication that it is the shots that are killing people.

COVID vaccines have likely caused more deaths than all other vaccines combined over the past 30 years![30]

Many lost their lives while the Wuhan and Delta strains predominated. We know that the numbers were not accurate, but we also know that the severely ill were denied potentially lifesaving treatments and hospitals were incentivized to put people on ventilators and give them the deadly drug remdesivir. This is well outlined in Dr. Pierre Kory's book *The War on Ivermectin*.[31] Even considering these death rates were inflated due to reporting *possible* COVID as COVID, the overall infection fatality rate (IFR) was 0.27.[32]

The infection fatality rate is an important number to know if you want to determine your risk of dying from a particular infection; it is the number of deaths that occur due to an infection divided by the total number of infections, expressed as a percentage. This means that one person in every 370 who had COVID died from the infection. But we know that the infection fatality rate for COVID varied drastically by age and pre-existing conditions, so that number alone would not determine your true risk.

The flu has been reported to have an IFR of 0.1–0.2 %, so, for most people, as the former health minister of Israel said, "You are not more at risk of dying of coronavirus than the flu."[33] [34] The infection fatality rate for children was only 0.002%, and only children with severe chronic health conditions were at risk of death.[35] This means if your child is relatively healthy, they have an effectively zero risk of death from COVID. That is not to dismiss the tragedy of any child's death for any reason, only to acknowledge that the children who die from COVID are generally at risk from *any* infection, including the hundreds of pathogens that can cause "flu-like illness."

Not only were the authorities continuously exaggerating the threat from COVID, they were also not responding to the data coming out showing how dangerous the mRNA vaccines were. That tells us that this was no ordinary public health effort; it was a different kind of operation. I was shocked when I later learned that the entire COVID vaccine distribution operation was run by the Department of Defense (DoD)![36]

SARS-CoV-2, the virus that caused COVID-19, is closely related to a bat coronavirus sequenced at the Wuhan Institute of Virology, a lab known to be genetically modifying such viruses to make them more contagious or virulent in humans. One big difference between the WIV virus and SARS-CoV-2 was a "furin cleavage site" on the spike protein. The WIV was a subcontractor of a proposal to DARPA to add just such a site to a SARS-like bat coronavirus. It should be no surprise that the COVID outbreak began in Wuhan. (Robert F. Kennedy Jr. chronicles the details in *The Wuhan Cover-Up: And the Terrifying Bioweapons Arms Race*.[37]) Whether the virus was released intentionally or accidentally, I have no way of knowing, but so many lives have been lost and so many more will go on to suffer a long list

of complications from the vaccines, not the least of which are the sudden deaths we are seeing in young and fit athletes and people of all walks of life.[38]

DNA is housed and protected in the nucleus of all human cells except mature red blood cells, which have no nucleus. DNA is the instruction code for who we are and is essential for optimal cell function. Epigenetics dictate how our instruction code is expressed and is heavily influenced by the environment the cell exists within.

When your cells exist within an environment that is clean, free from the "pollution" delivered by adjuvants and preservatives in vaccines, our cells function beautifully as proven by the unvaccinated children in my former practice.

Essentially, DNA is the template or blueprint, if you will, that keeps everything working perfectly in healthy cells with clean environments. Messenger RNA (mRNA) is then made from DNA in the nucleus to relay genetic information to the ribosomes so proteins can be built. Our bodies rely on proteins for enzymes, structure, repair, immunity, neurotransmission, energy production, to carry molecules, and much more.

Messenger RNA vaccines are an attempt by the pharmaceutical industry to co-opt our normal cell function so that our cells will build the proteins that the pharmaceutical industry, in close collaboration with the Department of Defense and Silicon Valley, wants built.

If this doesn't sound safe or sane, that's because it's not. This is big business, and the injected products and their long-term impacts are largely unknown. The clinical trials were to extend out to 2027 but may have been already abandoned. The lack of long-term safety data and the explosion of data coming out on the disastrous health consequences for the COVID-vaccinated, didn't stop the pharmaceutical industry from partnering with governments around the world to unleash the largest global experiment in human history while claiming the vaccines were "safe and effective"—a claim they cannot honestly make until longterm clinical trials are concluded and the health of the vaccinated is compared to that of the unvaccinated.

You cannot patent life, but you can manipulate mRNA sequences to control life processes and patent what you have "created." Almost 10,000

mRNA sequences have been patented over the past 30 years, with almost 1,000 since 2021.[39] So, is it any wonder there is so much interest in mRNA technology?

You cannot patent life, but you can manipulate mRNA sequences to control life processes and patent what you have "created."

This is the new gold rush in medicine, but one that likely should never have been unleashed, certainly not before a lot more safety testing. I consider this the atomic bomb of our time.

After the disaster of COVID mRNA injections, we need to take a long pause and assess the consequences of what we have done.

This mRNA technology was never shown to be safe. On the contrary, recent research has found it to be dangerous, but powerful forces have pushed this technology on the world. And the people who brought it to us are preparing to use it again and again. I, personally, would never allow an mRNA product into my body. We have seen the CDC, NIH, our government, and most public health agencies around the world—from the World Health Organization (WHO) down to local health departments—all marching in lockstep to roll out these experimental products with no long-term safety data. That makes me very wary.

I, personally, would never allow an mRNA product into my body.

Maya Angelou used to say, "When someone shows you who they are, believe them the first time." I couldn't agree more. We have reached a time when you simply cannot trust a word coming out of the news stations or social media giants—certainly not when it comes to anything vaccine or COVID-related, or the next pandemic on the horizon. The massive profits they reaped from the COVID pandemic have given these pharmaceutical companies and global interests way too much intoxicating power.

Think about this: The mRNA COVID vaccines inject mRNA particles that turn your own cells into factories for making the spike protein, the very toxin we need to get *out* of the body. If the mRNA does not leave the body, and studies have shown that it sticks around a lot longer than they told us it would, then the body could potentially perpetually make the most dangerous protein it has encountered to date, that it must continue to fight. Because this protein has become part of the body's "self," a host of autoimmune conditions could result. This compromises the immune system, which can empower cancer cells to multiply rapidly. Add to this the clotting conditions caused by the spike protein, and we have hundreds of serious conditions cropping up in the injected.

Unfortunately, the COVID shots do not prevent transmission, and only provide partial and short-term protection against infection. Studies indicate that when the short-term immunity expired, the COVID shots made recipients *more* vulnerable to COVID infection.

There are numerous well written and comprehensive books covering this topic for those who find this hard to believe and want more information. I would encourage you to read or listen to *The Real Anthony Fauci* by RFK Jr.,[40] *The Courage to Face COVID-19* by John Leake and Dr. Peter McCullough,[41] and *The Truth about COVID-19: Exposing the Great Reset, Lockdowns, Vaccine Passports, and the New Normal* by Dr. Joseph Mercola and Ronnie Cummins.[42]

For reliable sources of information, one needs to seek out those who, unlike mainstream media, are not bought by pharmaceutical advertising dollars and are free to share the truth. Children's Health Defense (CHD) has daily TV shows (full disclosure: I host a segment of *Good Morning CHD* called *Pediatric Perspectives*).[43] The CHD daily online newspaper *The Defender*[44] is a treasure trove of accurate and important information. Del Bigtree's show *The Highwire* does a masterful job of getting to the bottom of the big stories going on around the world.[45] Most of the authors I mentioned and many others post information on Substack, which so far has refused to censor, thus allowing honest and free communication on controversial topics. Our Substack is https://kidsfirst4ever.substack.com.[46]

You can imagine my fury when the Advisory Committee on Immunization Practices (ACIP) voted unanimously to recommend COVID-19 vaccines for children starting at six months of age.[47] Not one patient in my busy practice of about 10,000 children ended up in the hospital due to a COVID infection, but one was hospitalized for myocarditis after a COVID shot they chose to get at a local pharmacy. In the majority of children, COVID manifests as little more than a common cold. (The chapter on natural innate immunity will go into more depth on why children were more equipped than adults to handle the novel virus.)

COVID vaccines will kill some of the children who receive them and maim (leave them with chronic medical conditions) many others. As the control group of the clinical trial was vaccinated immediately after the trial ceased, there is no long-term safety data. So, despite receiving FDA approval, Pfizer's COVID vaccine is still experimental. It is high risk with little potential reward.

Data from a COVID-19 outbreak in July 2021 in an Israeli hospital, published in the journal *Euro Surveillance*, showed that 100% of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.[48] The same publication found that "all transmissions between patients and staff occurred between masked and vaccinated individuals, as experienced in an outbreak from Finland" and that the study "challenges the assumption that high universal vaccination rates will lead to herd immunity and prevent COVID-19 outbreaks."

COVID shots were not decreasing the cases of COVID-19 as found in a key Harvard study of cases in 68 countries and 2,947 counties in the USA.[49] And the number of serious adverse events in vaccinated people was higher than the number of COVID-19 hospitalizations prevented. For every two COVID-19 hospitalizations prevented in vaccinated people, ten COVID-19 vaccine serious adverse events were reported.[50]

The Pfizer clinical trial documents revealed there were zero cases of severe COVID-19 in children who did not receive the vaccine. The vaccine, in comparison caused severe (grade 3) systemic reactions that include fever greater than 102.1° F; vomiting that required IV hydration; diarrhea of six or more loose stools in 24 hours; and severe fatigue, severe headache, severe

muscle pain, or severe joint pain that prevented daily activity. And up to 1 in 59 vaccinated children 5 to 11 years of age suffered severe systemic reactions within seven days of the second dose.[51] [52] [53] [54]

> **When you consider that this infection is virtually harmless for children, with the overall survival rate of COVID- 19 being 99.8% in the U.S., and 99.999% for children specifically,[55] [56] it is perplexing that this shot is still being recommended for anyone and particularly for children.**

Adverse events from COVID shots include heart issues, cancers, neurodegenerative disorders, reproductive issues like miscarriage, stillbirths, infant deaths, infertility, and ovarian dysfunction, and deaths, as documented by insurance company data and Ed Dowd's book *Cause Unknown*.[57]

So, why is your pediatrician recommending it? Hopefully, most won't, but, sadly, most pediatricians don't know what they don't know. They still trust the CDC, NIH, and public health departments. They, along with over half our population, haven't made the connection between all the recent mysterious sudden deaths and the only thing that changed—COVID shot mandates. They're listening to the news, thinking they're getting the truth. Medicine has become consensus-driven, with "experts" who are working for the pharmaceutical industry usually driving the recommendations. When you add to this the financial incentives for doctors to vaccinate, it becomes very difficult to stay in practice if you don't administer CDC-recommended vaccines.

Are pediatricians clinging to the "safe and effective" marketing slogan and avoiding getting informed in order to survive financially? I don't think they're doing it deliberately, as pediatricians are generally the nicest people you will find. But I suspect that on a subconscious level that's what's happening.

Because my patients' parents generally chose to refuse many of the CDC-recommended vaccines after they were informed about the risks vs.

benefits, my practice was losing over a million dollars a year in financial incentives.[58]

Please think very carefully before agreeing to any COVID shots for your children. Most children won't receive any benefit at all, and the risk of harm is off the charts.

NOTES

When COVID hit people were scrambling to figure it out, and many rushed to certainty long before we really knew anything. But—oh, my God!—the ones who did figure out how to save people's lives were shut down, and we were told vaccines were the only way out! Why? Why weren't doctors who were saving people listened to? Why shut someone down who is doing good?

The part that is most upsetting to me is that we judged each other so harshly, both sides putting the other down. That truly isn't necessary. I believe COVID's most devastating effect was the division it brought with it. People have been so mean and hurtful to others, even to people they claim to love. A wide, bright line was drawn by those who thought—or said they thought—COVID vaccines were the only way to save people. You simply weren't allowed to believe differently without being called names and censored.

We make decisions based on many different criteria, but especially our own personal experience. I'm more cautious about shots than most because a smallpox vaccine almost cost me my life as a child. Those shots had been around for a long time at that point. COVID shots, on the other hand, were entirely new. Was I a "conspiracy theorist" for not being eager to line up for a new product from the same industry that nearly killed me? Is someone else wrong for believing the vaccine saved them? There's no way for anyone to know for sure. I hope they are right. I think the most important thing

that COVID revealed is that being “right” or “wrong” is often simply a subjective judgment.

I have chosen to view things based on what works and what doesn’t. When you are shown every day that a vaccine is causing harm and death, you have no choice but to share what you know. All I ask is that you listen to what is being shared with you. If, after that, you still believe COVID shots are safe and effective, then that is your prerogative—and no one should make you feel wrong for that.

I have chosen to view things based on what works and what doesn’t.

WARNING: More questions: Why is it that when vaccines in the past caused death or serious illness they were immediately pulled off the market? Why wouldn’t we test shots more carefully or question what’s happening in our world? It can’t simply be about money, can it? I want to believe that the people who are shouting that COVID shots are saving lives honestly believe it, yet why don’t they look at what’s happening and how many people are questioning it? Why are people who ask questions criticized so heavily and silenced? Don’t we all want what’s best for the world?

The most important thing I want people to know is that **you** are responsible for you and your child. The choices you make should be fully informed with the truth and facts. Being told to get a vaccine “for the greater good” isn’t enough for me! I feel sad for those who believe that my not getting a shot that has caused so much damage is hurting the world. Let’s look at the big picture, people. Use your common sense! More people are dying in 2022 and 2023 than when the initial, most deadly, COVID strain was raging. Why?

Our kids are getting sicker and sicker, and the biggest thing that has changed is the number of vaccines we are giving them. Why doesn't everyone get that? Because it is very scary to think that we have been doing something for so long that we thought was for the greater good, but actually wasn't. It is much easier to continue believing in the narrative we are used to, even if that narrative could be killing us all.

—Just a Mom

CHAPTER 5

WHAT IS NATURAL IMMUNITY, AND WHY IS IT IMPORTANT?

You may have wondered which is better, natural or vaccine-induced immunity? I smile as I write this because I think it's rather arrogant to think that we humble humans could do better than the universal intelligence that created our magnificent bodies and all the intricate interwoven parts. It seems intuitive that the power that made our bodies would have built in the necessary mechanisms to heal in the event of challenges.

In general, our bodies are in a constant state of cellular repair. Whether inflammation is created by infection, toxins, trauma, vaccines, or even stress, it's important to limit it to the amount needed to mobilize our immune system to eliminate the invader (in the case of infections) and to support the healing process. Proper organic, non-toxic food containing all the necessary micronutrients, reduction of stress, adequate restorative sleep, and healthy doses of love and appropriate human touch all go a long way to restoring health when we face challenges. There are certain nutrients, like vitamin D (which is a hormone) that most of us need to supplement to support a robust immune system.

Having cared for thousands of children, most vaccinated to one degree or another, but also hundreds of children who are not vaccinated, I can say with confidence that the unvaccinated are much healthier than the vaccinated.

Why?

I believe it has to do with the difference between the type of immunity that comes from a vaccine and the kind one gets from natural infection. Vaccine-induced immunity is partial, only triggering the production of

antibodies, making it temporary, since the process of injecting the vaccine bypasses the normal contact between the pathogen and the mucosal surfaces of the nose, pharynx, and bronchial tubes (to the lungs) or the gastrointestinal lining. It is that contact with the immune system at these mucosal surfaces that helps stimulate the natural immune response to prevent the given virus or bacteria from entering and multiplying in the body upon future exposure.

To understand why natural immunity is superior to vaccine-induced immunity, let's look at how it works.

I was born in the mid-1950s before there were vaccines for measles, mumps, rubella, or chicken pox. These diseases were considered rites of passage. I remember my parents intentionally exposing my sister to rubella. Why would they do that? They knew it was important for girls to have the infection before they reached child-bearing age, because having rubella while pregnant can severely harm the baby, leaving the child with massive heart and brain issues if they survive at all. Have you heard of chicken pox parties, where neighboring children would be invited to the house of an infected child? Yes, that was a thing. Do you suppose parents would be doing that if they thought those diseases were dangerous or scary? Of course not. Most of us born by 1957 have lifelong natural immunity to measles. We will never need a booster, nor do we fear measles. That's not the case for those who were vaccinated.

Vaccine-induced immunity provides a targeted, specific antibody response, but it is generally not long lasting. There is something important that happens when we "exercise the immune system" by encountering childhood infections.

Compared to the vaccinated, when we recover from childhood infections like measles, mumps, rubella, chicken pox, and influenza, we are less likely to develop allergies, cardiovascular and autoimmune diseases, and cancer later in life.[59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78]

To simplify our understanding of the immune system, think of there being two major pathways, the cellular mediated (T-cell) and the humoral (antibody-producing) B-cell mechanisms.

With vaccines, you bypass the local and generalized cellular reactions that work to prevent the infection from entering the body and causing harm. The vaccine, usually through injection, bypasses this natural process and triggers the production of specific antibodies. This typically takes two weeks or longer, but antibody production wanes over time. This is why children keep needing "boosters." It's also one reason why COVID shots only protected people for a few months, if at all.

If you think of the workings of the immune system as "battle," antibodies would be the cavalry sent in after the enemy has already destroyed or broken through the front lines of defense. Without being exposed to natural infections, you are disregarding your front-line defense and relying completely on the antibodies that should normally be your body's last resort.

So, what happens with a natural infection?

With natural infection, the cells of the nose and throat are sensitized, mobilizing phagocytes, cytokines, and serum complement. The fever that is part of the illness is important for destroying the virus or bacteria. We now know that this process results in cellular memory.[79] Even children with agammaglobulinemia, meaning no ability to make antibodies, can survive serious infections!

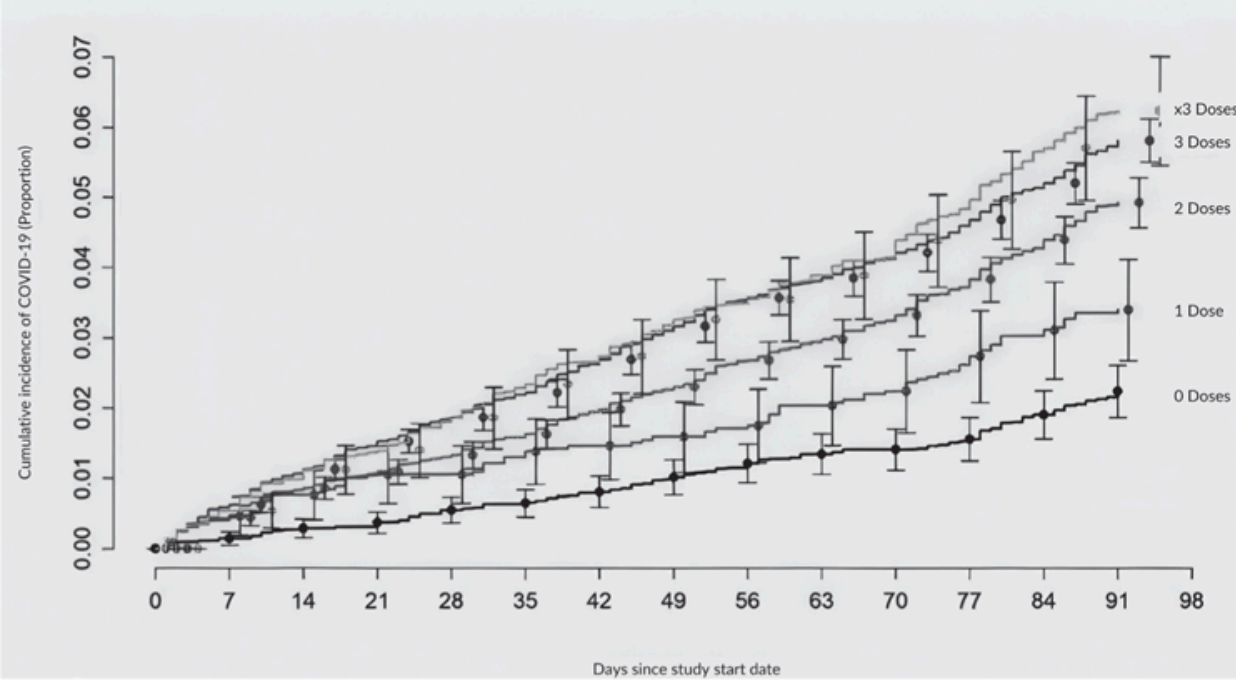
It is the acute illness that activates the cellular system, resulting in memory of the infection at the cellular level and, frequently, improved general health. This cellular activation is what enables the body to expel invading viruses, bacteria, or spike protein in the case of COVID.

The cellular memory is also referred to as the innate immune system because we are born with it. Children generally have a robust innate immune system. Because four or five different coronaviruses have circulated, causing the common cold for decades, and children in schools encounter all the common colds going around, they've developed a natural immunity to coronaviruses. Their immune system has seen the entire sequence and developed responses to various parts of it. So, when a new strain, even one engineered to have a dangerous spike protein in it, comes along, they recognize it and mount a robust cellular (natural, innate) immune response. This is why children did so well with the COVID-19 pandemic and will

continue to do well unless you shift their immune system away from the innate natural cellular immunity by injecting them with vaccines.

Those who got the partial, inferior, and temporary immunity artificially stimulated by a COVID shot developed antibodies to the spike protein. Because the mRNA gets incorporated into your cells throughout the body and your body can then make spike protein, those antibodies can now attack your own tissue. That is the autoimmunity tsunami coming for many. The next challenge for the vaccinated is that their antibodies target the spike protein specifically. So, when it inevitably mutates and new strains appear, those antibodies may not recognize the new strain, or they may recognize it but not neutralize it. This is one reason why the vaccinated can still harbor infections, and those infections can be very serious.

Does getting the COVID-19 vaccine and boosters increase or decrease the likelihood you will get COVID-19 infections? **The Cleveland Clinic published data with the counter-intuitive result that the more vaccines people received, the more likely they were to be infected.**[80]

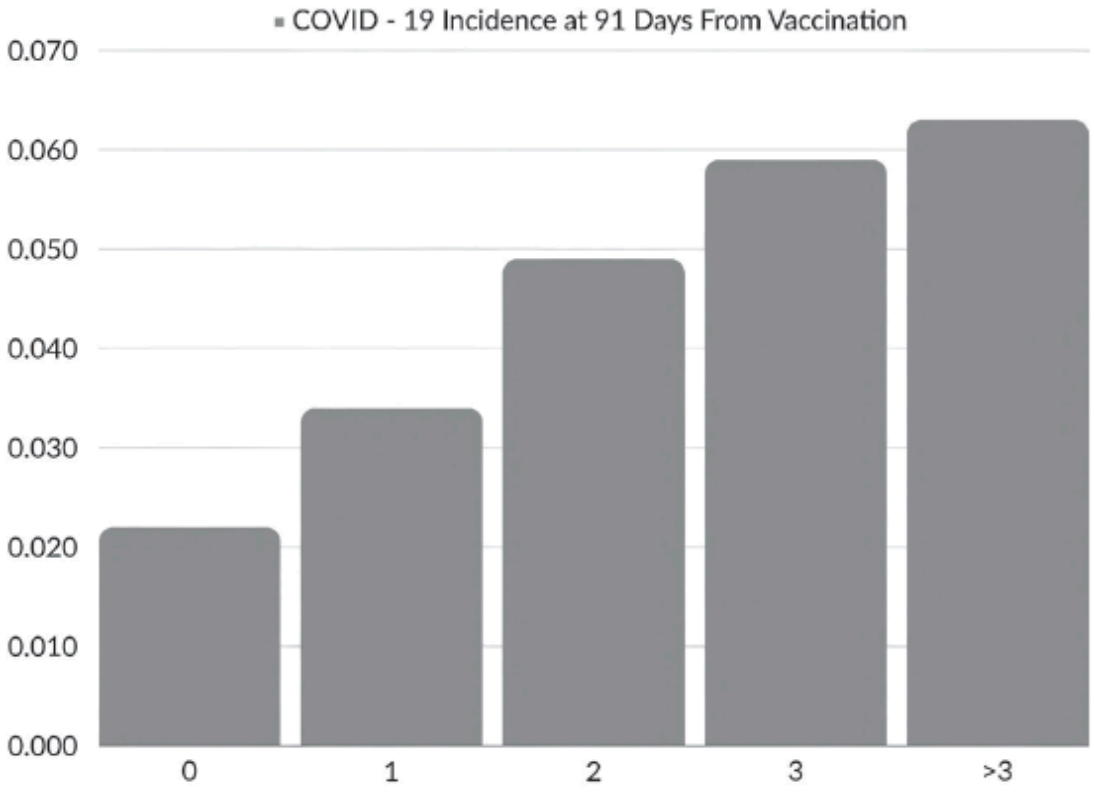


COVID-19 incidence by number of doses of COVID vaccine received

"The higher the number of vaccines previously received, the higher the risk of contracting COVID-19" as shown in the above figure that is in

color in the original journal article.

Looking at the data another way, you can clearly see from the bar graph below that the risk of getting COVID-19 infections increases substantially with each additional dose of COVID vaccine you get.



Cleveland Clinic data on COVID based on Vaccine Status

The Cleveland Clinic published data with the counter-intuitive result that the more vaccines people received, the more likely they were to be infected.

Does prior infection provide protection against SARS-CoV-2 (COVID-19) infections? The answer is yes, and much better than vaccine-induced protection!

In the study of employees at the Cleveland Clinic, where meticulous data was kept and they knew when individuals got infected and when they got

vaccines or not, the authors found "COVID-19 did not occur in anyone over the five months of the study among 2579 individuals previously infected with COVID- 19, including 1359 who did not take the vaccine."[81]

The conclusion of another analysis was "prior SARS-CoV-2 infection provides substantial immunity to repeat SARS-CoV-2 infection."[82] Numerous studies have found that those who are SARS-CoV-2 antibody-positive (indicating prior infection) are protected against reinfection[83] [84] [85] In one study of nearly 10,000 individuals with prior SARS-CoV-2 infection, only 0.7% became reinfected with SARS-CoV-2.[86]

Prior SARS-CoV-2 infection provides substantial immunity to repeat SARS-CoV-2 infection.

Unfortunately, early warnings about the immunotoxicity of the spike protein were ignored. My colleague Dr. James Lyons-Weiler coined the phrase "pathogenic priming" to describe bad health effects experienced by people who are repeatedly exposed to disease-causing viral epitopes. Epitopes are the parts of viral or bacterial proteins that cause an immune response. He published a study in April 2020 that predicted autoimmunity in people who were repeatedly exposed to SARS-CoV-2 epitopes, including those in the spike protein. A third of the proteins that would be targeted by pathogenic priming were immune system proteins. Again, we see that people who have more shots have more infections—and it's no wonder. Dr. Lyons-Weiler's results were validated in the lab by Harvard University investigators.[87]

This would not be as likely to occur due to repeated infection, because the immunity provided by COVID-19 infection includes antibodies against proteins *other* than the spike protein, providing both deep and broad (redundant) immunity. This fits with my experience with children and the data; both suggest that natural infection provides excellent protection that seems to be long lasting.

For vaccination to result in sustained antibodies, there must be some mechanism to allow the antigen (the infection particle) to stick around. Something in the vaccine either allows it to stick around causing a low-level

"infection," if you will, or there is some yet-unknown mechanism that keeps antibodies being produced. Antibodies only have a lifespan of a few months. Perhaps the ongoing mechanism of inflammation and antibody production explains why our children are so sick. Chronic inflammation is not healthy. A chronically inflamed brain is one of the hallmarks of autism, ADHD, depression, and anxiety. If the inflammation is in the skin, you have eczema. You get the idea. When we look at all health outcomes for the vaccinated compared to the unvaccinated, we get a clear picture. Vaccination, especially repeated early vaccination, seems to result in chronic inflammation. The vaccines themselves seem to be creating the chronic health conditions we are seeing.

The vaccines themselves seem to be creating the chronic health conditions we are seeing.

Richard Moskowitz, MD, author of the book *Vaccines–A Reappraisal*, written from his perspective of 50 years of medical practice,[88] wrote, "The only way to see the causal role of vaccines was to treat the children with herbs, acupuncture, or homeopathy until they recovered and were essentially symptom-free for several months. Then and only then, consistently enough to be the rule, their old disease pattern would recur promptly and dramatically after their next vaccination, whatever it was."

Since 99–100% of patients in pediatric practices are vaccinated and country-wide less than 1% are completely unvaccinated, most doctors have little or no experience with unvaccinated patients. They have no way of knowing what Dr. Moskowitz and I know: The unvaccinated are just healthy —dramatically healthier than those who continually have their immune system shifted toward allergy and autoimmunity by a barrage of vaccines. This is most disturbing when we consider that the CDC childhood vaccine schedule now recommends 40 vaccine doses by age two! If it were just the infective particles for those diseases, children might manage, but most of these shots contain toxic aluminum adjuvants that are in there precisely to trigger a dramatic immune response that often ends up creating massive inflammation and triggering autoimmunity.

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Seventeen separate shots containing twenty-five vaccine doses that are recommended by the age of two contain massive doses of aluminum, a known neurotoxin. Injected aluminum from vaccines is known to cause encephalitis (inflammation of the brain) and is also linked to autoimmunity and to neurodevelopmental disorders, such as ADHD, autism, speech delay, and learning disabilities.

Mercury, which is still present in multidose vials of the influenza vaccine and used to make other childhood vaccines as long the manufacturer files a process with the FDA that purportedly removes the mercury, is one of the most toxic substances known to man. It is the subject of hundreds of articles and several books, including *Thimerosal: Let the Science Speak: The Evidence Supporting the Immediate Removal of Mercury–a Known Neurotoxin–from Vaccines,* edited by Robert F. Kennedy Jr.[89]

The list of ingredients in vaccines includes aluminum, mercury, formaldehyde, antibiotics, yeast, polysorbate 80, cells derived from aborted fetuses, monkey kidneys, and chicken embryos, and much more. (See Appendix B for Vaccine Excipient List.) Formaldehyde, in most of the vaccines, is a massive trigger for autoimmunity, and many other components trigger allergies and autoimmunity. Repeatedly injecting all these ingredients into infants seems like an insane idea, especially when we consider that most of the diseases for which we are vaccinating are essentially no longer in circulation.

As you will see in the chapter on the vaxed vs. unvaxed studies, when we look at overall health outcomes and compare the vaccinated to the unvaccinated, it is simply shocking how healthy and free from neurodevelopmental issues, allergy, and autoimmunity the unvaccinated children are. Even more surprising, until you understand the intelligence and power of the innate immune system, is that the unvaccinated get fewer

infections. Contrary to popular belief, it appears that it is the unvaccinated—despite being demonized in our society for "spreading germs"—that provide herd immunity and protection for the more vulnerable who either cannot be vaccinated or have compromised immune systems. The highly vaccinated are more likely to get sick and put the vulnerable at risk.

To summarize, as Dr. Moskowitz put it,

> The ordinary febrile illnesses of childhood, especially measles, mumps, rubella, and chicken pox, are the formative experiences for normal maturation of the immune system, the cellular and humoral components which act in tandem to destroy and expel foreign viral and bacterial invaders from the blood. The resulting immunity is absolute, lifelong, and twofold, i.e., both specific, preventing reinfection with the same organism, and non-specific, priming the various cellular mechanisms to respond acutely, vigorously, and as an integrated unit to other infections in the future, thereby also helping to protect against cancer and other chronic diseases later in life.

Indeed, we know that acute childhood infections do reduce the risk for certain cancers later in life.[90]

My mother lived to be 90. Unlike most people in her age bracket, she wasn't on any prescription drugs and consumed no pharmaceutical products—until COVID. Convinced by the news that she should fear COVID and isolated by the quarantine that prevented me from visiting her, she accepted three COVID shots. Within months, her lungs scarred up and she couldn't breathe. While she was ready and passed peacefully in her apartment on her own terms, it still stings. Idiopathic pulmonary fibrosis, the lung expert called it. Her lungs just scarred over a few months after that third jab. Not one doctor who cared for her even considered that the vaccine had anything to do with it.

We don't know what we don't know. Those who thirst for knowledge can't unknow what they know or unsee what they have seen. Of course, the more we know, the more we realize we don't know. We should all be

cautious about where we get our information. As I mentioned earlier, near the end when I warned her about the mRNA vaccines, my mom asked, "But Paul, how can you be right and all the rest of the doctors are wrong?" Even my mom, who loved me intensely and supported my attempts to get the truth out that resulted in the loss of my license, fell victim to the 24/7 propaganda she heard on the news.

Be careful where you put your trust.

NOTES

So, as a parent, where do I put my trust? Dr. Paul sounds so sure that vaccinating is dangerous. Why is that? Because he has cared for thousands of children. In the beginning of his career, he mostly encountered CDC-vaccinated children. Vaccinated children in his own home were struggling, but at the time he didn't fully understand why. All he had was his medical education to rely on, and he was taught (and medical students today are still being taught) that vaccines are safe and effective. Doubting that narrative can put you in a very bad light, especially if you're a doctor. Going against mainstream medical practice and the official narrative often spells the end of your medical career. It doesn't matter whether or not you did research and have lots of living proof. As far as medical orthodoxy is concerned, vaccines are safe and effective, full stop. The possibility of a child dying from a disease that we have the power to prevent is unthinkable for most. I believe that's why pediatricians push the vaccines so hard. They haven't done the research, they aren't reading the studies, and most of them don't have unvaccinated children in their practices. **They just don't know!** At least that is what I tell myself in order to sleep at night. I just can't believe that a doctor, or anyone, would bully someone into a risky medical procedure they didn't want unless they truly didn't know it could be harmful.

I absolutely understand why people choose to vaccinate. We should be allowed to make the decision to vaccinate if we fear our child getting a disease and dying. Unfortunately, that is the only side presented in most pediatric offices—the risks of the disease and the potential benefits of the vaccine, never the risks of vaccinating and the potential benefits of not vaccinating and/or getting the disease. I can't even begin to give you the number of families we coach who say they don't want to follow the CDC schedule but, when in a doctor's office and told they are putting their child in danger and will be reported to CPS for not vaccinating, are overtaken by fear. Many succumb to that fear and vaccinate against their better judgment.

But if someone tells you that, are they really caring about you and your child? Someone who bullies us into doing something our intuition is telling us not to do—and doesn't take what we think or know into consideration and at least listen to us—is not someone we should be taking advice from. That behavior is a red flag that should definitely concern you as a parent. Threatening someone is not the way to educate them. If vaccinating is so important to them, ask them to help you understand why. "Please show me the science behind what you're advocating. Show me that they have been safety tested. Show me that these vaccines will make my children healthier."

Being exposed to healthy unvaccinated kids is amazing. The differences between a fully vaccinated child and an unvaccinated child are noticeable. Sure, the unvaccinated get sick. But they seem to recover faster, and they don't get sick as often. The biggest difference we see is their ability to thrive and meet milestones much faster than the fully vaccinated.

I know of many "home studies" being done. What do I mean by a home study? That's when a first child, or even second, is vaccinated

according to CDC schedule and has one or more adverse outcomes. Then the next child is given some vaccines and does a little better but still has health issues. So, the third and subsequent kiddos are left unvaccinated, and the families find those children are by far their healthiest. You might think those parents would be grateful they figured it out, and they are, but the guilt they live with seeing even one of their precious children suffering is hard, knowing they might have been able to prevent that suffering. What's harder still is that they are criticized and even kicked out of medical practices for believing that vaccines caused their child's issues and wisely refusing to allow their children to be hurt further.

There must be a better way to address the risk of infectious disease than the way we are doing it. With all the money vaccines generate, why aren't we figuring out how to give someone an antigen without all the aluminum or toxic ingredients? Our past has shown us that generations lived through many infections and diseases without toxic levels of aluminum being put in their body. When we speak, we ask the audience how many adults are fully unvaccinated. There are always some. We call them the control group. They don't vaccinate their kids because their own health has assured them vaccines aren't needed to be healthy. When asked how many of them have a chronic health condition, the answer is usually none. Occasionally, someone will put up their hand shyly and say they have type 2 diabetes due to lifestyle choices. Even the unvaccinated are sick from time to time, but their illnesses seem to be less frequent and less severe than in the vaccinated. We should all be asking WHY?

These days the word "natural" sounds so much better to my ears than "chemically invented." I will put my money on natural immunity every time. When we know better, we do better.

—Just a Mom

CHAPTER 6

HEALTHY OR DISEASED: ENERGY, NUTRIENTS, TOXINS, AND DETOX

When babies first enter the world, the number one goal should be to establish breastfeeding, preferably exclusive breastfeeding. None of my own children were exclusively breastfed. We were both working parents, and the reality was my children's mom needed help. When she went back to work (she worked hard 12-hour ICU shifts as a nurse), her milk supply would drop significantly. So, we always ended up on formula. Let's try to let go of any guilt around lost opportunities like this or anything else we have done in the past. I also vaccinated my children according to the CDC schedule back then. So, believe me, I can relate to any regrets you may have. The most important thing is that we do all we can to give our children the best possible chance to enjoy robust health and to avoid chronic diseases and challenges to their development.

What gives us energy? At the cellular level, it is oxygen and mitochondrial production of ATP.

Simple enough. When we lack energy, what happens? Disease and fatigue. When stresses (physical, emotional, infections, and toxins) exceed our energy capacity to heal, we get disease.

Let's take a moment to acknowledge emotions. When I am fearful, angry, or frustrated, my energy drops. Emotions can deplete energy and cause cellular damage. We can think of emotion as the bridge between our spiritual and physical selves. When I was struggling with the loss of my

license, with my practice destroyed and my marriage in trouble, my typical positive energy went missing.

I was blessed to have found a coach who gently guided me through the process of healing. I needed reminders to stay positive, that this too would pass and that everything was as it was supposed to be. When I reached acceptance and began to see things in a positive light again, my energy and health improved. Sometimes we need a coach and loving people in our world to hold our hand and walk beside us. Never forget the power of love, the importance of our connection to spirit and to a higher power, as they say in the 12-step groups. For me, that is God.

At the cellular level, we need energy to heal. The body has systems to heal automatically if we get out of the way and provide our bodies with what they need to do the job. There are a host of nutrients that fuel the mitochondrial energy pathways. Most are found in organic vegetables, fruits, spices and, most importantly, chlorophyll (yup, the green stuff in vegetables). We need to really breathe, deep, cleansing breaths. I find that vigorous exercise forces me to breathe deeply, but be careful not to overdo it as that will deplete the energy you've been building up. For our children, it can be about turning off the screens that keep them sedentary and providing opportunities to walk and run, play, and explore.

Mitochondrial energy is optimal when we are getting plenty of the key nutrients, vitamins, minerals, amino acids, essential fatty acids, digestive enzymes, N-acetyl cysteine, and carnitine.

The best way to get most of what you need is through eating organic fruits and vegetables. Are you getting multiple servings a day? I know I often fall short, and sure enough my health suffers for it. Some supplementing is generally needed. Vitamin D is one supplement virtually everyone on earth needs. Depending on your diet, you may need other key nutrients. For optimal mitochondrial energy we need adequate B_1, B_2, B_3, B_5, magnesium, and iron. Finding a good health coach or nutrition-savvy provider to guide you in this area might just transform your health and that of your children.

Once you ensure that your body is getting what it needs for cellular energy and healing, the next important task is to limit toxins going in and

do what you can to detox (get the toxins out).

The planet is polluted enough that most drinking water contains toxins these days. Please make sure yours is filtered. The air we breathe is also full of toxins. You may want to consider air filters for your home and limit outdoor activity if you are in an environment with particularly toxic air. The food we eat can be a huge source of toxic chemicals, especially if we are not eating organic. Glyphosate (the main ingredient of Roundup) and similar herbicides and pesticides are nearly everywhere, contaminating soil and getting into most of the food we eat. I can't stress enough how important it is to buy organic, or even grow your own food if you can. Avoid putting commercial products on your skin. Chemical compounds, whether toxic, benign, or even helpful, enter through the skin more easily than you realize. Don't forget the invisible but critical toxin of "stinking thinking," negative thoughts and disconnection from your spirit and soul, from your source.

For our children, I believe the largest toxic load by far comes from what we are injecting into their bodies with every round of vaccines. Vaccines bypass the natural protective barrier of the epithelial lining of our intestines and our skin. Injecting syringes filled with toxic ingredients is like mainlining those toxins. (Reminder, see Appendix B for a list of what's in them.)

Let's discuss autism. While kids who experience autistic regressions are sometimes called the canaries in the coal mine, autism itself is the elephant in the room.

A growing body of scientific research is connecting the recent exponential increase in autism to toxins, including those in vaccines (especially the aluminum-containing vaccines), as the major factor causing this epidemic of autism and neurological issues in our children. The question is how?

Retired neurosurgeon Russell Blaylock has written a series of articles that clarify just how and why this is happening.[91] [92] [93] [94] [95] [96] [97] [98] [99] [100] Once we understand what is causing the issues, we can make the choices necessary to make sure we don't trigger these conditions in our infants and children.

STEPS THAT MAY PREVENT DEVELOPMENTAL INJURIES

Stop Vaccinating

Avoid Fluoride, Acetaminophen, Glyphosate, & Pesticides

Avoid Aspartame and MSG

The fact that autism was diagnosed at a rate of 1 in 10,000 children a generation ago and is now found once in every 36 children indicates that autism is not a genetic inevitability and implies that it is preventable. Parents, please pay attention. The mechanisms behind the injuries may seem too complex to grasp, but what we can to do to protect our kids is simple. Stop injecting aluminum, stop hyper-activating your child's immune system throughout infancy and toddlerhood when brains are supposed to be developing rapidly, and avoid fluoride in water and excitotoxins, like aspartame (an artificial sweetener) and monosodium glutamate (MSG; a key ingredient in Pepperidge Farms' Goldfish crackers, also known as "baby crack"), in the diet.

Both vaccines and infections activate immune cells in the brain rapidly, even during the later stages of pregnancy. These immune cells are known as microglia. With the repeated activation that occurs when vaccinating according to the CDC childhood vaccine schedule, the microglia will not only be activated they will become primed as well by the higher levels of inflammatory cytokines. This also attracts macrophages from outside the brain, immune cells that cross the blood– brain barrier, bringing the aluminum they have gobbled up from the vaccination site with them.

The activated microglia, in addition to aluminum, release excitotoxin molecules that kill, damage, or disrupt the function of neurons. This can damage brain cells and cause abnormal connectivity of the brain as it develops. High levels of inflammation and excitotoxicity in the brain are harmful—and hallmarks of autism.

A diet full of glutamate additives or natural glutamate makes the situation much worse as it adds to the excitotoxins already being produced

by the excited microglia. The faster and earlier you clean up the diet, the better. Certain vitamins and flavonoids counteract this inflammation and excitotoxicity, including nanocurcumin and antioxidant vitamins, especially vitamin D_3, a very powerful brain protector against all these destructive processes.

So, how can we detox?

I am frequently asked by parents who have vaccinated their children or feel they must vaccinate due to the school requirements, "How can I detox my child to minimize the harms that might come from vaccines?" That is a great question, and if you plan to vaccinate, please read this section carefully. But first, a disclaimer. Despite my nearly forty years of pediatric experience, I am no longer licensed in any state, so understand that this information is just a resource for you to take to your trusted health care provider before making choices for yourself or your child.

The most important step in reducing ongoing toxicity is to ***stop putting any more toxins in the body.*** This means you should do your best to stop giving vaccines that are devastatingly toxic, especially injected ones that bypass the body's normal defenses against toxic invasions—the skin, intestinal lining, nasal passages, and the epithelial cells lining the respiratory tract. It also means doing everything you can to minimize other sources of toxins.

The most important step in reducing ongoing toxicity is to *stop putting any more toxins in the body*. This means you should do your best to stop giving vaccines.

The most abundant source of toxins that we have control over is what we put in our mouth, food. Ideally use whole foods and, when possible, organic. I recommend checking the Dirty Dozen and Clean Fifteen food lists put out by the Environmental Working Group at EWG.org.

Sufficient clean water is crucial in helping flush toxins out through the urine. We can safely drink half our weight in pounds in ounces of water.

This would not apply to infants and toddlers who need moms' milk for the calories, but for older children and adults this formula works well. If I weighed 200 pounds, I could drink 100 ounces of water per day. Your child weighing 50 pounds could drink 25 ounces of water in a day. You get the idea. Remember, we are doing everything we can to reduce toxins going into the body, so your water should—at the very least—be filtered. A reverse osmosis filtration system with charcoal works well. A tabletop Berkey or similar filter works very well, and even filtering pitchers are better than nothing.

Sufficient clean water is crucial in helping flush toxins out through the urine.

Besides eliminating toxins in the urine, we eliminate toxins in our stool, our bowel movements. It is best to have one to two bowel movements a day. Fewer than that, and the toxins sit too long, continuing to poison your body. Eating plenty of organic whole foods with natural fiber and drinking plenty of water usually works to create regular bowel movements. However, many of us have an imbalance of microbes in our digestive systems that makes maintaining normal bowel movements difficult. If bowel movements are still infrequent, or you have hard, difficult-to-pass stools, try adding certain foods that typically help with that, like prunes. Consider adding fermented foods like sauerkraut and a high-quality probiotic. High-dose vitamin C is both a powerful antioxidant that can aid in detox and a stool loosener if you take enough. Most of us need extra magnesium, and the citrate form loosens bowel movements. Check with your health coach or trusted provider for more personalized help if you can't get this resolved on your own.

I cannot stress enough the importance of eating organic fruits and, especially, vegetables as part of your detox program. This is even more critical if you feel you must vaccinate to prepare your child's body to handle the toxins that will be coming. Eat the rainbow (lots of different colors) to ensure you get a range of phytonutrients. The cruciferous

vegetables (broccoli, cauliflower, and brussels sprouts) and green leafy vegetables are especially helpful. These vegetables are rich in folate, beta-carotene, vitamins C, E and K, and fiber. The beta-carotene that is especially high in carrots is very good for you and your immune system as well.

Eat organic fruits and, especially, vegetables as part of your detox program.

Eating to decrease inflammation is important when you are detoxing. Saturated fats, artificial sweeteners, sugar, hydrogenated vegetable oils, and animal products in general are inflammatory. Eating more organic berries, garlic, onions, leeks, chives, scallions, and shallots reduces inflammation and supports the antioxidant process. These antioxidants also have antiviral and antibacterial properties, giving a boost to the immune system. Certain spices act as antioxidants as well, like turmeric, ginger, cinnamon, fennel, fenugreek, coriander, clove, allspice, mustard, nutmeg, black pepper, garlic, onion powder, and cumin. It is important to get rid of seed oils and margarine and just use olive and coconut oils, which are much less inflammatory. Avoid all artificial flavorings, MSG, dyes, and preservatives.

Some toxins need to be bound to get them out of the body. Aluminum is a metal that is very difficult to get out of the body. As previously mentioned, most of the non-live-virus vaccines contain aluminum adjuvants. Dr. Christopher Exley is perhaps the world's leading expert on aluminum toxicity and has written extensively on the topic on Substack and in his book, *Imagine You Are an Aluminum Atom: Discussions with Mr. Aluminum*.[101] He highly recommends natural silica-containing waters for aluminum removal. He finds these natural waters superior to adding silica to water. He recommends Fiji water as the most affordable source of natural spring water that contains silica. I wish that water didn't come in plastic bottles as that introduces other toxic molecules, but alas I don't have a great solution for that.

Drink natural silica-containing waters for aluminum removal.

A few words about Vitamin D: If I were only allowed one supplement, I would choose a combination of vitamins D_3 and K_2. Let me explain.

You can get almost all other nutrients from a diverse diet with lots of fruits and vegetables, but you simply cannot get enough vitamin D from your diet. Our skin uses sunlight to manufacture vitamin D, but it's really hard to get enough sunlight to make all the vitamin D we need. Unless you live near the equator and work outdoors with your shirt off, you are likely somewhere between deficient and very deficient in vitamin D.

Vitamin D improves the effectiveness of your immune system at eliminating pathogens, and it reduces inflammation.[102] [103] When you are stressed or inflamed or overloaded with toxins, your vitamin D will be depleted. It is wise to get your level checked. Most doctors can do that. As a health coach, I can order a vitamin D test for clients so they can supplement adequately. Supplementing with D_3 and K_2 is advisable. Adults often need 5,000 IU or more every day.

Glutathione is one of the most important detox molecules in our body. Acetaminophen (Tylenol) blocks glutathione production in a big way. Acetaminophen is also toxic at doses very close to the doses used for pain control, especially if you happen to be dehydrated. If a child accidentally takes too much acetaminophen (those chewable versions are too much like candy), that is a true emergency that can't wait until later in the day or tomorrow. The doctors in the emergency room will do what they can to get the acetaminophen out or bind it with activated charcoal. If the amount in the body is still too high, which they can determine with a blood test, then they will treat with intravenous Mucomyst, which is essentially N-acetyl-cysteine (NAC), the precursor to glutathione! Supplementing with NAC, beta-carotene, vitamin C, and most antioxidants from organic foods can help your body increase your glutathione levels.

SUPPLEMENTS for DETOX

Vitamins D_3 + K_2, B-complex, C, D, and E, beta-carotene, selenium, zinc, copper, a host of microminerals, NAC, flavonoids like curcumin.

The basic supplements for supporting detox are nutrients essential for energy production because all cellular detoxification is energy dependent. Additionally, beta-carotene, vitamins C, D, and E, selenium, zinc, copper, a host of microminerals, L-methionine, trimethlyglycine (TMG) and NAC are essential. If you're trying to detox from COVID shots, the enzymes nattokinase and bromelain and flavonoids like curcumin can be helpful. For adolescents and adults who can afford to lose some weight, fasting is also a great way to detox. Fasting for 24 to 48 hours can trigger a process called autophagy, which is a natural cleanup process that may help your cells to work more efficiently.

Fasting is also a great way to detox by triggering autophagy, which is a natural cleanup process that may help your cells to work more efficiently.

The process of detoxing your cells, cleansing your body, and removing heavy metals via chelation should always be done under the supervision of trained and licensed medical experts, and please don't assume that just because a person wears a white coat they have any significant understanding of skills that take even the best-trained doctors years to acquire. The importance of working with trained and licensed medical experts is only heightened when it comes to detoxing, cleansing, and chelating children and adolescents just entering puberty.

For everyone, reducing stress of all kinds is helpful to the detox process. What is most stressful in your world? Adults usually say work or relationships. Kids usually say school. COVID added a whole other layer of stress to our world from quarantine, testing, temperature checks, and

masking, not to mention fear of getting sick or causing someone else to get sick.

Reducing stress of all kinds is helpful to the detox process.

For the toxic emotions, consider mindfulness practices like meditation and mindful breathing, where you calm yourself and focus on your breath, massage and healthy touch, prayer, and journaling. Try to develop a positive internal dialogue. Doing a gratitude list morning and night can help this. If you have a toxic person or people in your life, removing yourself from the situation and/or setting appropriate boundaries can be life changing. I've coached many a parent to consider changing their child's school when the child was being bullied and the problem wasn't solved by talking to the bullies' parents or addressing it with the school, or when there's a teacher-student mismatch. Sometimes a boss or colleague makes work so stressful it may be worth finding another job.

Adequate and restorative sleep is important for detox. If you drink caffeine, try to limit it to the morning and limit the amount to two cups. Green tea is a wonderful alternative to coffee if you need some caffeine as it also boosts the immune system and is a rich source of L-theanine, an amino acid that can help calm the central nervous system. Our immune systems are most active while we sleep, so don't skimp on sleep, especially when you're sick. A routine bedtime can help, as can allowing a quiet time without blue screens before going to bed and keeping the bedroom dark and cool, with peaceful background noise like ocean sounds if you have distracting random noises in your environment. White noise machines usually have a wide variety of sounds you can choose from.

Adequate and restorative sleep is important for detox.

If you are experiencing long-term negative effects from COVID, called "long COVID," or the COVID vaccines, you should consider using the Front Line COVID-19 Critical Care Alliance (FLCCC) "I-recover" program.[104]

If you want to learn more about holistic nutrition and natural detoxification, cleansing, fasting, and the healing science approach to resolving vaccine injuries, the Energetic Health Institute (https://www.energetichealthinstitute. org) offers a terrific comprehensive certification course that I have taken myself and highly recommend.

The key to all successful detox is to reduce fear and live in love as much as possible. Laughter and the spiritual practice of your choice provide peaceful and gentle reminders that you are loved, and you are love.

Consider your body, mind, and spirit as holy temples to be treated with love. By paying attention to our physical and emotional environment, and that of our children, we can usher in a new level of health.

The most important point is that we must each take ownership of our health and all decisions about what goes into our own body and those of our children. Please do not allow anyone, including the federal or state government, your local health department, the school nurse, or your doctor, to make these decisions for you. In most cases, these entities are compromised by financial conflicts of interest and their loyalty to other entities comes before you and your child's well-being. Remember, some of the most heinous crimes in history have been committed in the name of the "greater good."

I suggest you take a deep breath right now and say, "I am responsible, and I make the decisions that are right for my family."

I am responsible, and I make the decisions that are right for my family.

NOTES

I love this chapter! Why? Because I coached Dr. Paul on many of these areas. Say what? Why on earth would a medical doctor take wellness coaching from “just a mom?” Because he had witnessed my work for himself. He saw how I supported people in their ability to heal themselves in all four health domains. He was referring people to me before realizing he could use the coaching himself. He has since referred other doctors and professionals to me.

Being healthy is critical to a well lived life. Raising healthy children is the best gift we can give them for the future. Yet, figuring out how to do that can be challenging. There are so many programs for health and wellness. Even Dr. Paul shares a lot above in this chapter, but how do you know what is best for you? I call this trial and err! Making decisions based on right and wrong, black and white is tough. The truth is we really don’t know how something is going to work until we do it. Everyone is different, and what works for me may not work for you. There are so many variables to think about. That is why so many programs tell you to check with your trusted health care provider or an experienced wellness coach who will take your personal life and medical history into consideration. Chances are good, we’ve had experience with your issues before. This is even more important for children. Their bodies aren’t just smaller; they are still growing and developing, so their wellness is critical as they grow.

I believe in starting slow. It is my opinion that making drastic changes too quickly can be overwhelming, especially for children. Also remember that we’re not just talking about physical or even mental health, but all four areas. Our emotional and spiritual state of health can profoundly affect how we handle our physical and mental health. What do I mean? If we are in a heightened emotional state,

perhaps grieving and doubting everything in our world, it can be more challenging to start a detox program or even make healthier choices. Be kind to yourself and aware of what you or your children are going through before introducing big changes. Starting slowly, making small changes that move us toward living our lives in a healthier way, may help us make the changes long term.

Making sure people have access to health information and support is very important in a world where our medical system seems to be compromised. Starting Kidsfirst4ever.com is my life's passion. I have a lot to say about the importance of hydration, nutrition, movement/exercise, and bodywork for both adults and children. Dr. Paul mentioned several above. But I want to be clear that detoxing our bodies can be very stressful. Working individually with a provider or wellness coach can make a big difference in making sure you are doing what is best for you or your child.

Remember, when focused on making good health choices and removing toxins from your world, that health and wellness applies to all areas: physical, mental, emotional and spiritual.

Key "Vitamins"

- LOVE—unconditionally!
- JOY—Allow yourself to be happy!
- HUMOR—Laughter goes a long way!
- FUN—Engage in activities that are positive and enjoyable.
- GRATITUDE—Remember that we all have something to be thankful for. Focusing on the positive is life changing.
- CONNECTION—Whether it is to someone or something, being connected allows for a deeper level of health. Of course, it's

important that what you are connected to is healthy and supports you in a positive way.

—Just a Mom

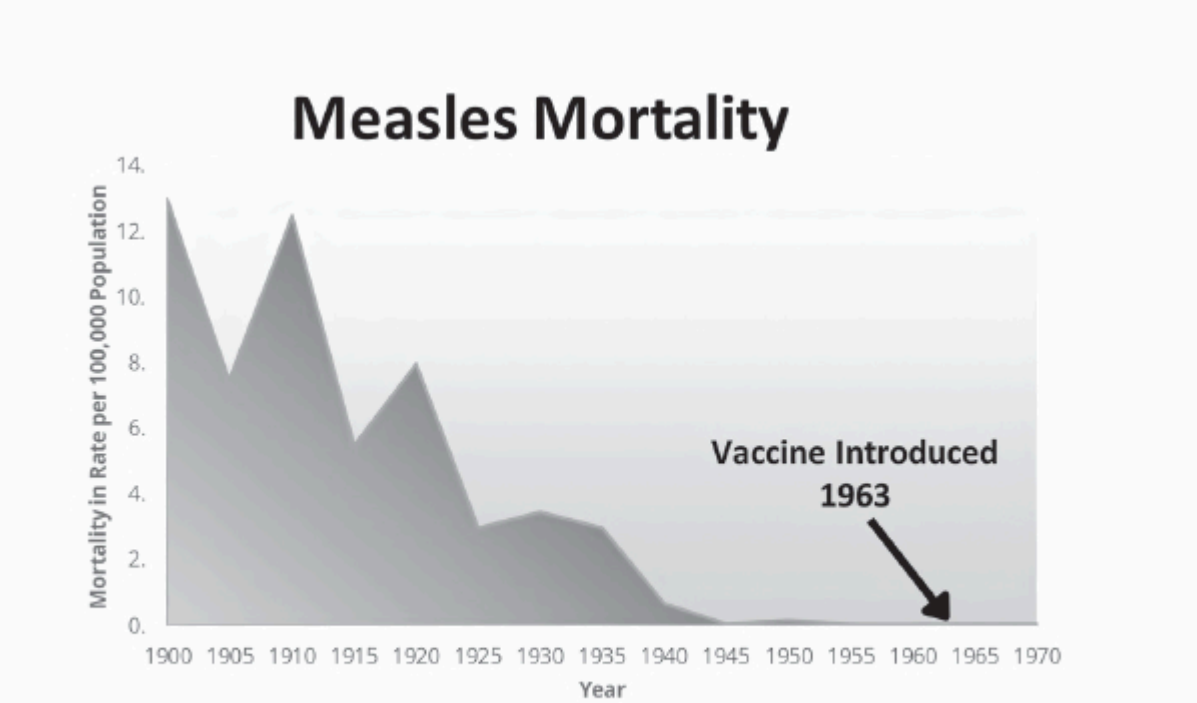
CHAPTER 7

VACCINE HISTORY

Not once in my four years of medical school in 1981–1985 was vaccine safety ever raised as a concern. We were taught that vaccines were the single most important health intervention ever introduced. Vaccines were declared "safe and effective," and that messaging continues unaltered to this day, despite the hundreds, if not thousands, of scientific papers that clearly punch giant holes in the narrative; despite the Supreme Court's acknowledgment that vaccines are unavoidably unsafe in 2011;[105] despite the VICP (a.k.a. "vaccine court") awarding over five billion dollars to victims of vaccine injury.[106] There are risks to both choosing to vaccinate and choosing not to vaccinate, and the risk profiles may surprise you. I will cover the risks and benefits for each vaccine later in the book. For now, let us carefully examine the story we have all been told about vaccines.

Before we begin, I want to point out some very important facts. First, is that the infectious disease era of the Dark Ages, when bubonic plague ravaged Europe, is long over. Even the more recent sweeping epidemics of the 1800s and early 1900s, are behind us and won't return—even if the vaccine program folds like a house of cards. We know this because most of the reduction in infectious disease mortality happened *before* vaccines were introduced.

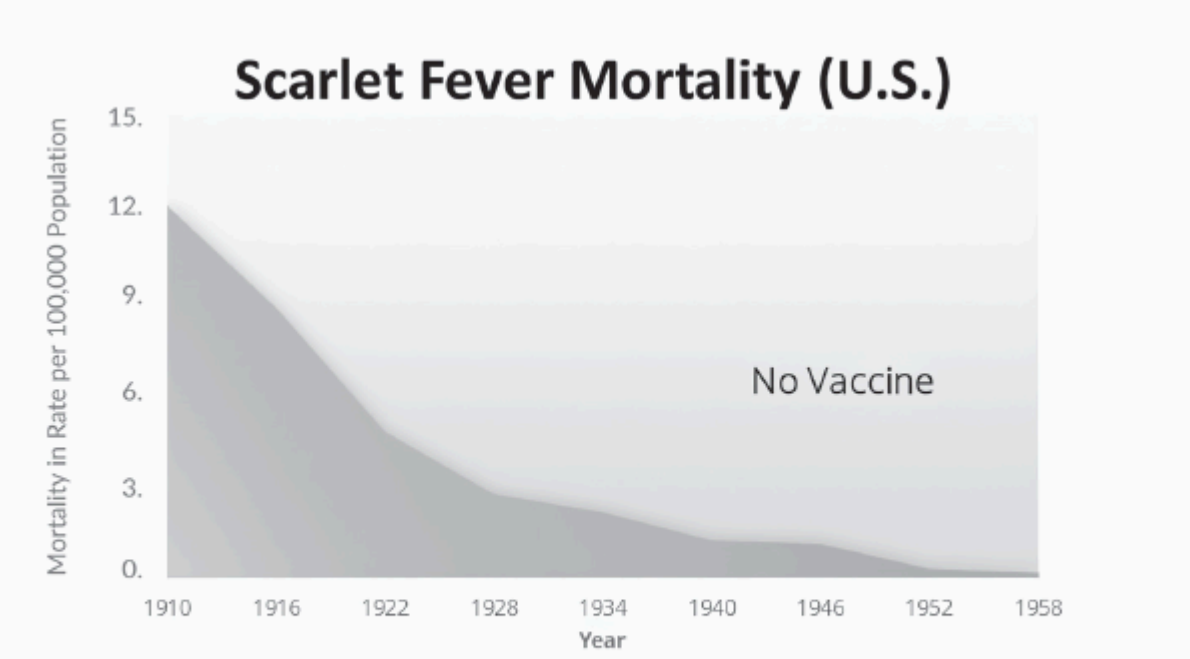
Even measles, which was not something we feared back in the 1950s and early 1960s, before an effective vaccine was introduced, had been a very scary disease decades earlier.[107]



Source: Centers for Disease Control. Epidemiology and prevention of vaccine-preventable diseases. 13th ed. Hamborsky J, Kroger A, Wolfe S, ed. Washington D.C.; Public Health Foundation 2015. Appendix E3.

By the year 2000, we were deep into the chronic-disease era, with most childhood infections barely lingering in the memories of people living today. I'm 67, and though I lived through the "typical" childhood infections, I don't have any personal experience with smallpox or polio. My parents, however, had vivid memories of the iron lungs that appeared on their small black-and-white TV, when polio propaganda was in full swing, much like the recent 24/7 propaganda we were fed regarding COVID. There is an entirely different narrative that I hope you will be open to hearing.

It's important to understand that, as we saw in the graphs in Chapter 3, death rates for the diseases that we have never had vaccines for—such as typhoid, dysentery, tuberculosis, scarlet fever (streptococcus), cholera, yellow fever, and puerperal fever—dropped just as fast as the diseases that we did have vaccines for, including smallpox and polio.[108] [109]



Source: Data derived from – Vital Statistics of the United States 1937-1960; and Historical Statistics of the United States: Colonial Times to 1970 Part 1 Ch. B Vital Statistics and Health and Medical Care, pp. 44-86H.

Now, don't get me wrong, those were horrible times to live, and infant mortality was extremely high. But we wouldn't return to those "dark ages" even if everyone stopped vaccinating, because it wasn't the vaccines that changed our susceptibility to infectious disease. It was all the advances in engineering and technology that transformed our environment into a safe place to live. In the case of puerperal fever, it was obstetricians learning to wash their hands before assisting the delivery of babies.

I give most of the credit for researching the information I'm presenting here to the authors Suzanne Humphries, MD, and Roman Bystrianyk for their timeless masterpiece, *Dissolving Illusions: Disease, Vaccines, and the Forgotten History*.[110]

Typhoid fever, caused by *Salmonella typhi*, was characterized by abdominal pain, fever, and severe diarrhea and was a disease of poor sanitation. It was estimated that 40,000 to 50,000 people died from typhoid in the United States every year in the late 1800s and early 1900s.[111] Typhoid fever was an extremely rare infection by the time I was in training in the

1980s. I probably saw just one or two cases in my entire career. There was never a vaccine for it.

Dysentery is another term for diarrheal disease, caused by bacteria or amoebas. The Union army in the Civil War (1861–65) lost 186,216 soldiers to disease, with half of them from dysentery or typhoid.[112]

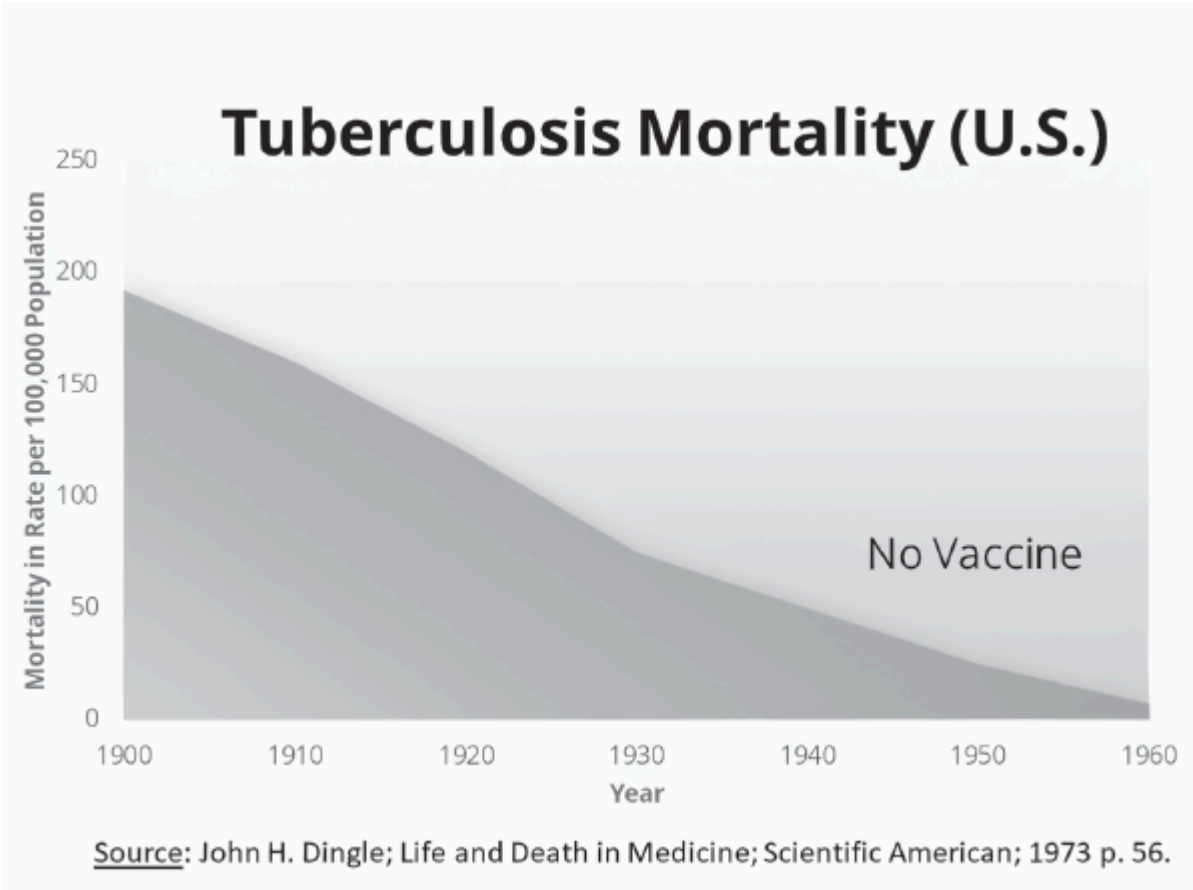
Cholera was another dreaded diarrhea disease that was notorious for causing deaths, especially in infants and children. Six horrible cholera pandemics occurred between 1816 and 1926. More than 500,000 people died of cholera during the first quarter of the 20th century in Russia.[113] The last outbreak of cholera in the US occurred in 1910. Cholera is extremely rare in the United States today, with fewer than five cases per year and no vaccine.

Scarlet fever, or scarlatina, is caused by streptococcus bacteria. While antibiotics are helpful in preventing death from this infection, scarlet fever was largely gone by the time antibiotics were discovered. Between 1847 and 1861 in England and Wales there were 262,429 deaths from scarlatina and diphtheria, with 38,890 in London alone.[114] It is hard for us to imagine the horror of living in those times. It is, however, important to know that death from these conditions was already much less likely by the time diphtheria antitoxin was introduced for diphtheria in 1895.

Yellow fever is an acute viral infection transmitted by infected mosquitoes that can cause severe liver disease, for which there is no cure or treatment. Though it has not been eradicated from the world, I have never seen a case. In 1855, yellow fever devastated the towns of Norfolk, Portsmouth, and Gasport, Virginia, and surrounding areas.[115] While a vaccine exists, it has been used very minimally in the United States and is largely limited to areas of the world where yellow fever is still endemic.

Tuberculosis, known back in the 1800s as “consumption” because its victims would just waste away, was once a significant threat. In 1920 in the United States, 132,000 people died of tuberculosis.[116] I recall being taught in medical school that almost any symptom could be a sign of tuberculosis. I never saw a case. It has become rare in the US, even without the use of the BCG vaccine that is used in some parts of Europe.

One of the most horrific stories in medicine is that of puerperal fever, also known as "childbed fever," which was a serious disease mothers often contracted shortly after delivering their babies. As doctors took over the job of midwives, they would often go from autopsy to delivery without washing their hands. This was before the understanding of germs and the importance of hand washing. Dr. Ignaz Semmelweis, working at a hospital in Vienna, Austria, discovered that having doctors wash their hands before delivering babies significantly reduced these infections and deaths. The epidemic of mothers and babies dying was documented as early as 1746, when 50% of mothers died after giving birth at the Hôtel-Dieu, a hospital in Paris. In Semmelweis's time, when doctors and medical students followed his handwashing protocol, the maternal mortality dropped from 32% to zero.[117] Despite this obvious success, Dr. Semmelweis was professionally attacked, tricked into entering an insane asylum, and was beaten when trying to escape. He died two weeks later from his infected wounds.



None of these horrific diseases of the past went away because of vaccines. While doctors were seeking solutions for the infectious diseases that surrounded them, it was the engineers who really changed the infectious disease landscape—literally!—by inventing ways to make sure people had access to clean water and their waste was removed. Those were the dark ages indeed, but we are not going back to them, even if nobody ever takes another vaccine.

The birth of modern vaccination is credited to Edward Jenner. In 1774, following a hunch based on the rumor that milkmaids exposed to cow pox were not getting smallpox, a farmer named Benjamin Jesty made scratches on the skin of his wife and two sons and applied some material from infected cow pox lesions. Jesty's sons were later deliberately exposed to smallpox and did not get ill. That was one daring father! In 1796, Edward Jenner did the same thing to an eightyear-old boy, and he did not catch smallpox. The rest, as they say, is history.[118]

The problem was there was little understanding of immunology back then, and data would later illustrate that Jesty and Jenner's success may have been beginner's luck. In a 1764 article regarding a previous form of smallpox inoculation, author Elizabeth Fenn observed that in the 38 years since such inoculation became widely available, deaths from smallpox had *increased* 41%.[119] In the early 1800s the failures of the subsequent smallpox vaccinations were mounting with the Medical Observer of 1810 noting there were 535 cases of smallpox after vaccination and 97 deaths. Early quality control problems of inconsistency and contamination could have played a significant role in such failures.

Here in the USA, in 1855, Massachusetts made vaccines for smallpox mandatory by age two to enter public school. Following the mandate, there were smallpox epidemics in 1859–1860, 1864–1865, 1867, and 1872–1873. Clearly, the strict vaccination law in Massachusetts was not a resounding success.[120]

As clearly illustrated in the book *Dissolving Illusions*, smallpox outbreaks seemed to follow vaccination. In the US, by the 1920s and 1930s smallpox had evolved to be a mild illness almost indistinguishable from chicken pox. The last death from smallpox in the United States was in 1948.

Smallpox vaccinations were ended in 1972 in the USA,[121] at least in part because the smallpox vaccine had a high rate of serious adverse effects. Smallpox was later declared eradicated from the world in 1980.

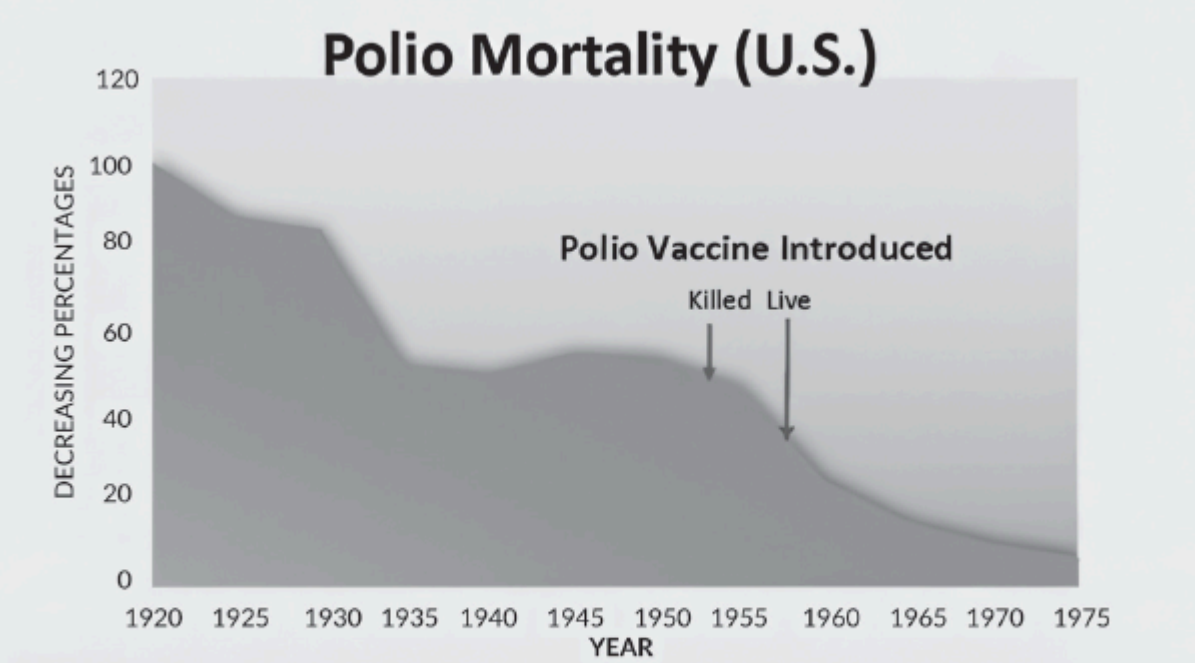
The history of polio illustrates how the public health apparatus could be hijacked by special interests and participate in widescale deception, bordering on fraud. Yet, the public bought the story, hook, line, and sinker, probably due to a misplaced trust in authority. Our medical system had already been transformed by the Flexner Report of 1910,[122] which justified the systematic elimination of homeopathic and naturopathic colleges to narrow medical education to align with the pharmaceutical industry.

Poliovirus is an enterovirus that has been with humans for thousands of years. Almost every child would have been exposed to it early in life. It can indeed cause paralysis, but that was extremely rare until something changed in the early 1900s. What changed?

Albert Sabin, inventor of the one of the live polio vaccine, acknowledged that indigenous populations didn't seem to have paralysis from polio. It was interesting that paralytic polio seemed to hit only the wealthier countries. Something was destroying the innate immune system making people more vulnerable to poliovirus. The other possibility is that the paralysis that was being seen wasn't due to poliovirus at all but something else.

Prior to the Salk poliovirus vaccine's introduction in 1958, the diagnosis of "polio" was very loose, with no lab testing to establish the presence of poliovirus. Doctors were trained to be on the lookout for polio, and numerous conditions, including other enterovirus infections like coxsackie and ECHO, were clinically indistinguishable from polio. Other things that could end up being diagnosed as polio included undiagnosed congenital syphilis, arsenic and DDT toxicity, transverse myelitis, Guillain-Barré syndrome, limb paralysis induced by vaccines, and lead poisoning. After the rollout of the Salk vaccine, physicians were instructed to be on the lookout for *non-polio* paralytic conditions in the vaccinated. The definition of "paralytic polio" was also changed. Prior to the vaccine, paralysis only had to last 24 hours. After the Salk vaccine of 1955, paralysis had to last for 60 days to qualify as paralytic polio. Since most paralysis patients recover in

less than 60 days, the redefinition alone significantly reduced "polio," making the vaccine appear to be a resounding success. This apparent success was all the more deceptive given that the vaccines themselves caused an "outbreak" of paralysis and death (known as "the Cutter incident") when some of the manufacturers did not fully inactivate the poliovirus.



Miller, N.Z. (2004) "The Polio Vaccine: A Critical Assessment of Its Arcane History, Efficacy, and Long-Term Health-Related Consequences." Medical Veritas, 1, 239-251.

Leading up to the polio vaccine release, the media frequently featured images of paralyzed children and iron lung machines. After the polio vaccine campaigns, the images were no longer on the TV. That, too, made it seem as if the vaccine was a great success.

Today we have replaced polio with chronic conditions like autoimmune transverse myelitis, which can require intubation and ventilation, the modern equivalent of the iron lung. Interestingly, polio cases closely track the production and use of DDT from 1940 to 1970, when it was banned here but still exported to countries which have since become polio hotspots.

Virologist Dr. Sven Gard stated that vaccination in the United States caused as many cases of poliomyelitis as it prevented in 1955. The

widespread contamination of polio vaccines with simian virus number 40 (SV40) from African green monkeys has been linked to several human cancers.[123] [124]

I recall reading an article out of India many years ago. The authors said there had been about 50,000 cases of polio annually in India. Then the WHO had come in and done a massive polio vaccination campaign. The year immediately following the vaccine campaign there were zero cases of polio (a statistical impossibility), but there were about 50,000 new cases of non-polio paralytic disease.

What happened? They did it again. Simply change the definition and, voilà, problem solved! And, once again, the vaccine gets the credit. After the vaccine was introduced, a diagnosis of "polio" required the presence of poliovirus, established by sending a sample to the country's health department. The only problem was they hadn't set up the system to accept samples. So, suddenly there was zero polio but just as much paralytic disease as there was before the vaccine. The vaccine campaign was considered a total success as India was declared "polio free" in 2011, even as the country experienced an epidemic of *non*-polio paralysis. This sort of trickery now plagues the vaccine program.

In the USA, the rise in polio was blamed on improvements in hygiene. We were "too clean," and that meant children were no longer exposed to poliovirus at a time when it would be less likely to cause paralysis. Apparently, this was not good for the innate immune system. In India and other less developed countries, however, polio was blamed on *poor* hygiene. Why would poor hygiene be protective in one country and causative in another? That's just one of the many unexplained paradoxes in the history of polio.

Once we stopped using the live oral polio vaccine, cases of "polio" disappeared in the U.S. We still have cases of childhood paralysis, however. Other enteroviruses can cause paralysis, and so can vaccine injury. I had two cases of paralysis caused by HPV vaccines in my practice that would have been indistinguishable from polio.

I'll cover each of the remaining vaccines in the order the CDC recommends them. Suffice it to say that the glorification of vaccines as the

solution to infectious disease is overstated. The truth is that vaccines likely caused more harm than good. There certainly are significant risks that have been minimized, and the benefits have been exaggerated by being lumped in with the natural decline of these infectious diseases. Diseases for which there was no vaccine went away at the same pace, if not faster.

NOTES

History was not my strong subject in school. In fact, if someone says the word “historically,” I seem to check out. What difference does history make if it isn’t helping the future? What I have learned is that living in the past may not be good, but learning from it can be. Everything in this chapter makes sense if you can read it with an open mind. Or does it? If all of this is true, then why are vaccines still being made and pushed indiscriminately onto infants and toddlers around the world? I guess not everyone looks at things with an open mind. I understand why people think vaccines are a great idea. I would probably love them, too, if they could be made in a way that wasn’t damaging. Who wouldn’t want a “get out of sickness free” card? But the fact is they’re not “free,” and the immune system pays the price.

It seems kind of crazy to me that so much effort is put into convincing people to vaccinate their children for diseases that they themselves weren’t vaccinated for and have lived through. I have heard story after story from people who lived through infectious diseases before there were vaccines for them. Most of them say they were no big deal.

If we choose not to live in fear, relying on our bodies to do what they are supposed to, and our bodies fail us, then we will be the ones who must deal with those consequences. If the consequences

are our responsibility either way, shouldn't the choice be up to us? Nope! It seems to be a constant that if you go against what people in authority have told you, then you must be punished.

When the COVID shot became available, people who questioned it or quickly decided not to get it were criticized and, in many cases, punished. We were told we were selfish for caring more about ourselves than the greater good and the rest of society. I found that puzzling. Was I supposed to take a risk for someone else's grandparents when I wasn't going to be around them at all? Was I supposed to put my child at risk of losing his mother or having one who was severely injured and unable to take care of him? Even worse, we were expected as moms to give this shot to our precious young children to protect other children, even though there was plenty of proof all around us that very, very few kids were getting seriously ill.

If you get the shot and have a reaction, the doctor who pressured you into it, or the employer who threatened to fire you doesn't go home with you and help you deal with the consequences. They don't take financial responsibility for your children if you can't work. The government may help you out if you qualify for help—but forget compensation for your injuries! If you file, your petition will likely take years off your life, and the likelihood you'll succeed is very low. I believe the best thing we can do for "the greater good" is to take care of ourselves and our families, do our best to be as healthy as possible to keep the transmission of diseases and infections low. Learn as much as we can! Be willing to listen to all sides and make the best decisions we can for ourselves. That is how we can help to build a better, more compassionate society.

—Just a Mom

CHAPTER 8

THE CDC CHILDHOOD VACCINE RECOMMENDATIONS AND SAFETY TESTING

Did you know that the safety of the entire childhood vaccine schedule has never been tested?

The CDC, and before them the AAP, would add vaccines to the recommended childhood schedule but never check to see if doing so was making kids healthier or sicker. Was it safe to do so? With so many chronic conditions rising and overall health on the decline, wouldn't you think those who are supposed to look out for our children's health would at least look at the data?

They do not, they have not, and they won't. I say that because we know. The people in charge of the schedule must know the vaccines they are recommending are causing untold harm. And now you will know, too. If you would rather not know, perhaps you should put this book down now. Your kids, born and unborn, however, are counting on you to take the time to at least get enough information to make an informed decision.

As a pediatrician for 35 years, I witnessed the ever-expanding vaccine schedule. When I was in medical school in the early 1980s, there were just a handful of shots on the schedule. By 2023, with the new addition of COVID and RSV shots, the count had risen to over 40 doses in the first two years of life and more than 70 doses by the time you are 18. That number could rise to close to 100 if the ACIP decides to recommend COVID shots annually. If you look at the schedule, you will not see that many *shots*. So, let me clarify

those numbers. “Polyvalent” shots, ones that contain vaccines for more than one disease, are counted as doses for each of the diseases the shot covers. For instance, the DTaP shot covers diphtheria, tetanus, and pertussis so is counted as three doses just as the MMR, covering measles, mumps and rubella, is three vaccines in one.

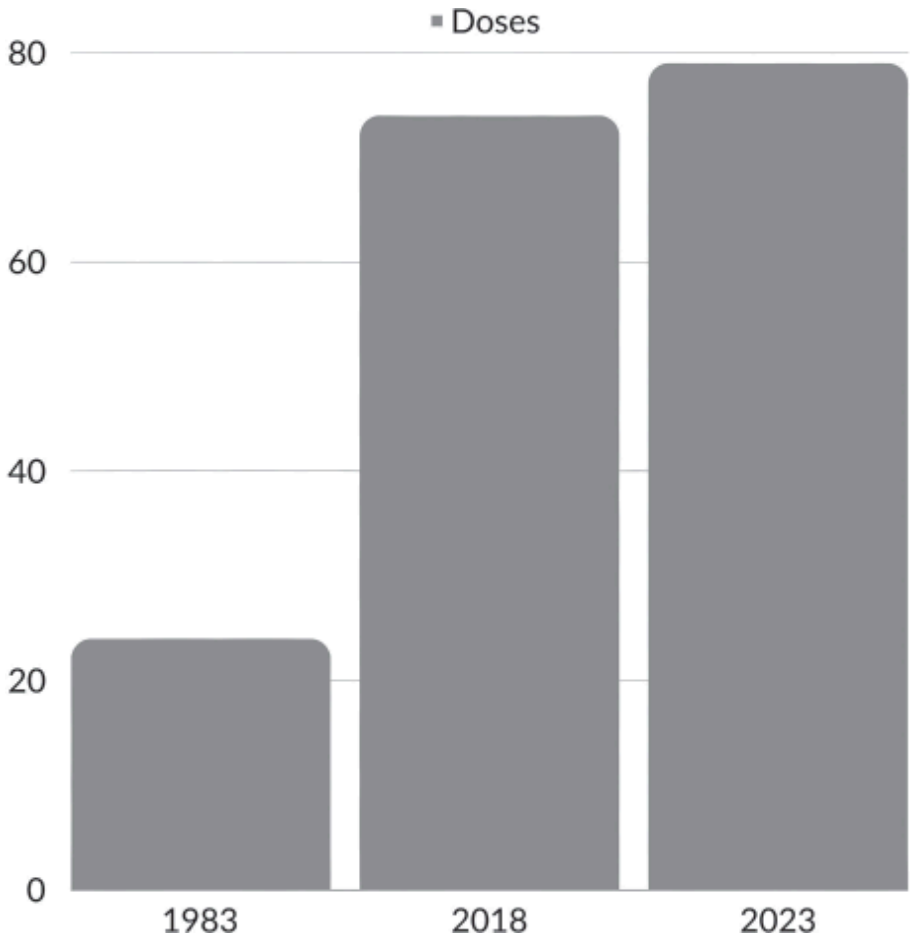
The trend lately is to pack as many doses as possible into a single shot. That may seem safer because it reduces the total number of *shots*, but think about what can happen when prescription medications are taken together. They may have unknown synergistic effects; one could neutralize, antagonize, or even increase the potency of the other. The same is true for vaccines taken together. Vaccines have another issue as well. Each dose is intended to hyper-stimulate the child’s immune system by itself. If six doses are all triggering massive antibody production at the same time, as is the case for the newer hexavalent shots such as Vaxelis (recommended by the CDC “when appropriate”), it seems likely that more children will experience immune dysfunction as a result. It’s important to look at all the potential interactions carefully when you’re injecting these products into babies who cannot tell you what they are experiencing. Remember that the manufacturers are not liable for any harm these products cause, so they are not doing the crucial safety testing.

In addition, the CDC now recommends 1–2 flu shots, 1–3 COVID shots, a Tdap shot, and an RSV vaccine during pregnancy (Abrysvo or, alternatively, a monoclonal antibody shot for the infant after birth)—all of which affect the development of the unborn child and, later, the infant.

One or more doses of COVID vaccine have been added to the 6-month slot period. This adds as many as 8 doses to the 72 doses shown above for 2018, and if COVID shots end up being recommended annually like flu shots—as many “experts” are pushing for—that would add another 17 doses for kids up to 18, putting the total number of vaccine doses a child could receive up to 97!

The NCVIA, the law passed in 1986, is the primary reason the recommended schedule has been able to expand, seemingly without limit. In the 1980s, vaccine manufacturers were bleeding money in court because of lawsuits over the horrible injuries caused by DPT shots, one of the few

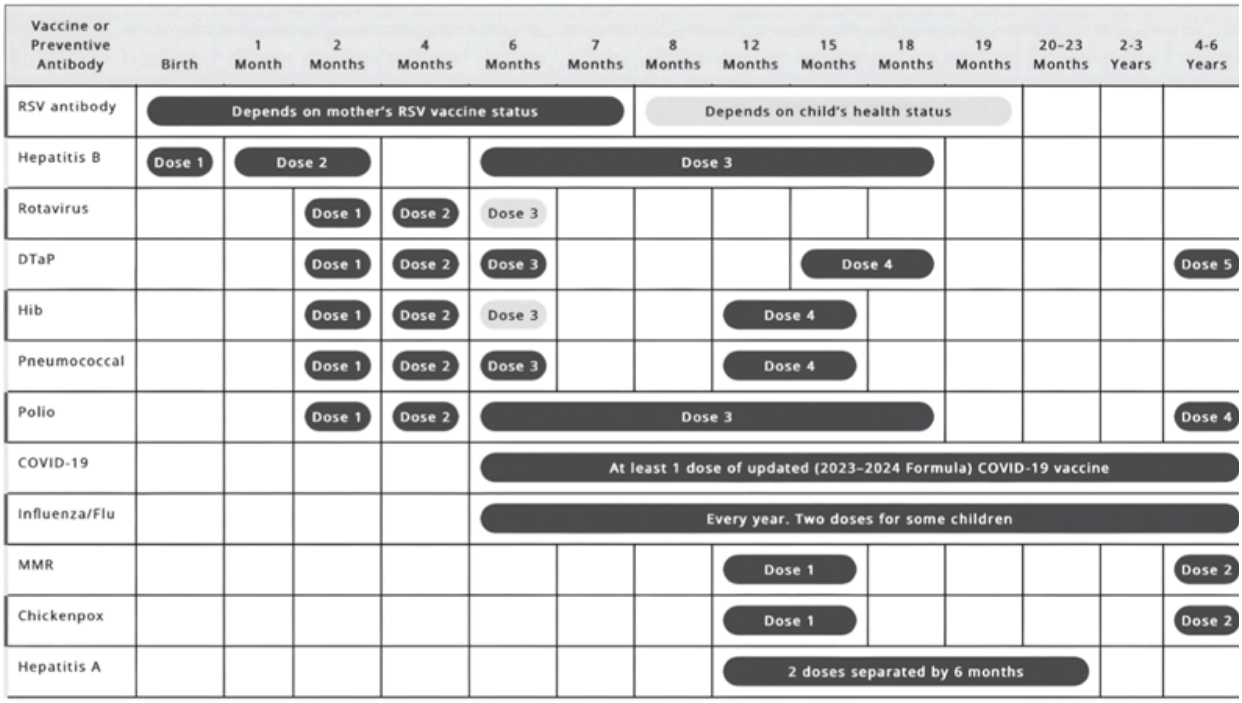
recommended for children then. The pharmaceutical companies banded together and threatened to stop making vaccines if they were not protected from liability by the federal government. Congress, believing it was important to protect the vaccine program, passed the fateful bill, and Ronald Reagan signed it. From that day on, no one has successfully sued a pharmaceutical company, or anyone involved in giving vaccines, for injuries caused by a vaccine on the CDC childhood immunization schedule. That protection from liability has been expanded by the PREP act, which shields manufacturers and providers from liability for products approved for "emergency use."



When your product rakes in billions of dollars and there is no penalty when it causes permanent injury or death, there is no incentive to remove, or even improve, dangerous products. There's also a huge incentive to get your vaccine added to the childhood schedule, whether or not the vaccine offers

any real benefit to children, as that virtually guarantees four million new customers a year, and more if other countries follow suit. There hasn't been a single case of wild polio in the USA since 1979, a quarter of a century ago. Yet, we continue to inject babies multiple times to "protect" them from a disease they are highly unlikely to ever encounter.

Here is the 2024 CDC childhood recommended vaccine schedule.[125]



CDC childhood recommended vaccine schedule

When a bar extends over more than one month, that is the time frame during which that vaccine can be given. For example, the hep B is recommended at birth, 1–2 months, and between 6 and 18 months. If you look down the column for the six-month well-baby visit, you will notice that babies are being given up to eight different products (hep B, rotavirus, DTaP, Hib, pneumococcal, polio, COVID- 19, and flu) covering ten different diseases. Knowing what I know now, I find it horrifying that so many vaccines are given at these "well-baby visits."

To understand why I say this, let's take a quick look at how these vaccines are tested for safety, historically and up to the present day. *Turtles All the Way Down: Vaccine Science and Myth,* which was published in

English in 2022 is the most important book for understanding just how bad vaccine safety science is.[126] [127] I refer you to that masterpiece for a full accounting of the vaccine safety myth.

Our country and the entire world are in the middle of a vaccine war. We have a vaccine industry with power, money, and political clout that has captured the regulatory agencies and the scientific publications. These entities are required to put their shareholders' money interests first, *not* your child's health. You are the only one putting your child's health at the top of the priority list. Today and forever, you the parent, should be making the decisions about what is injected into yourself and your children. PERIOD. You may choose to get everything on the CDC schedule, some, or none. The choice is yours and you should never let anyone convince you otherwise.

Today and forever, you the parent, should be making the decisions about what is injected into yourself and your children. PERIOD.

I feel very strongly that the truth is singular when it comes to this and most topics. You cannot unknow what you know or unsee what you have seen, as is the case for so many families whose children were harmed by vaccines. That said, no one owns the *complete* truth. You may interpret things differently based on your experience, and your truth may, indeed, be different. I respect that and will always honor each person's right to their own truth, if you will. But the information that follows is likely to challenge some of your core beliefs about vaccine safety. I hope that you have the courage to read on. This just may be your opportunity to change your family's destiny.

The sad truth is that clinical trials of vaccines have always been and continue to be designed to hide the side effects. They are rigged! I'm about to show you how it is done. Every single time.

The sad truth is that clinical trials of vaccines have always been and continue to be designed to hide the

side effects. They are rigged!

Until the rushed COVID trials (remember, the operation was named "Warp Speed"), vaccine testing usually progressed through four phases: first, initial animal testing to assure basic safety before any humans are involved; then phase 1, small human trials of less than 100 people to establish that the vaccine isn't going to overtly harm large numbers of humans. The phase 2 trials include several hundred people and are usually used to establish appropriate dosage and frequency. Phase 3 is when manufacturers are supposed to establish the drug's safety profile. These trials can have thousands to tens of thousands of participants. In these final large trials, there is always at least one trial group and a "control" group. This process should take years, especially if you want to determine whether there are any long-term side effects or ones that take time to develop, which should absolutely be the case for any product you're considering mandating for healthy children.

It is this "control" group where the deception occurs, and always has. Let me explain. If I want to test the safety of a new product, I need to compare what happens in a group that is exposed to the new product to a group that gets something that doesn't do anything. That something is called a "placebo," and it should be biologically inactive. That way I will be able to figure out which effects are due to the new product and which are just coincidence. If I'm testing a liquid, I would likely use distilled water for the comparison group because that would likely provide a true "background rate" of any adverse events. Then I would set up my experiment with a long enough observation period to see both acute problems that happen within hours, days, or weeks, *and* chronic problems that may take months or years to manifest.

When the new product is injected, as most vaccines are, there is only one logical placebo to use: saline. Saline is water that contains salt in the same concentration that blood does. Thus, as long as the recipient doesn't have abnormally high or low levels of salt in their blood, the saline won't have any effect of its own on the body. Anything negative (or positive) that

happens, then, would be either due to the method of administration, in this case injection, or could be safely chalked up to coincidence.

Do vaccine trials use saline, the obvious, cheap choice as the placebo?

In a word, no. They've virtually never done it in the past, and they won't do it in the future. Why? The only logical reason is that doing so would expose the massive number of side effects being caused by the vaccine in question. The one exception to this rule for vaccines on the CDC schedule was a small "bridging study" for Gardasil, the HPV vaccine. But that study was done primarily to prove the vaccine "worked," not to determine its safety, and the researchers lumped the true placebo group in with a group that received an aluminum-containing solution for their meager safety discussion, which was probably intended to hide the fact that, unlike the trial group, the true placebo group had no new medical conditions.

So, what do the control groups get instead of true placebos?

Each and every trial has used either one or more older vaccines (often more dangerous) or the vaccine solution minus the antigen as the placebo. The vaccine solution often contains toxic aluminum adjuvants. Let me explain adjuvants. An adjuvant is added to intentionally stimulate a massive inflammatory reaction at the injection site and to hyper-stimulate the immune system. The vaccines that use adjuvants wouldn't work without one, because either the antigen alone isn't "foreign" enough to cause an immune reaction or there isn't enough of it. Aluminum salts are the most common adjuvants in American vaccines. I cover the problems with that in detail in the next chapter. Aluminum was never shown to be safe; however, it unfortunately got a pass by being designated as generally recognized as safe (GRAS).

So, if an adjuvant or adjuvant plus all the other ingredients in the "placebo" causes serious side effects in 10% of the participants, it is likely that adding the antigen (the protein for the organism, or part of the organism we are vaccinating against) will result in slightly more than 10% having serious side effects. The researchers can thus claim that the vaccine is "safe" because there was a "similar" number of serious side effects in the control group. But had they used saline as the placebo, there would have been close to zero side effects in the control group, making the 10% rate of serious side

effects in the vaccine group look unacceptably high, and nobody in their right mind would agree to take the vaccine.

Because all conditions have a "background rate," even a true saline placebo group would end up having some apparent "side effects." A child could be killed in a motor vehicle accident, and the researchers could count that as a death if the protocol did not exclude such truly random events. Certainly, children get sick sometimes, so many symptoms children experience randomly, like fever, tummy ache, diarrhea, or constipation, could show up in both arms of the study. But if your control group has received a true saline placebo, the excess symptoms in the vaccine group will be obviously due to the vaccine.

Complicating interpretation even more these days is the fact that new vaccines are rarely studied in isolation. The vaccine schedule has gotten so crowded, and "protective" vaccines are assumed to be so important, that virtually all the children participating in the trial will get every vaccine on the schedule except the one being tested. Since we have so much chronic disease in children already, adding one more vaccine to the mix isn't likely to show a strong signal of injury in a population already significantly injured. It's like comparing people who smoke 19 cigarettes a day to people who smoke 20 cigarettes a day. Hmmm, that sounds familiar . . . Didn't the tobacco companies do studies like that?

The childhood vaccine clinical trials are summarized in *Turtles All the Way Down* on pages 72–75. The information is also available in the package inserts of each vaccine, many of which are listed in Appendix E and you can find with a simple search engine request.

The old DPT vaccine developed in the 1940s, adopted with no randomized trials and no real attempt to determine side effects, was a very dangerous vaccine. Those of us in who practiced medicine in the 1980s, before the whole-cell DPT vaccine was replaced by the acellular DTaP, saw high fevers, plenty of seizures, and some deaths. (The DPT shot is now referred to as DTP, so you will see it written both ways.)

Diphtheria, tetanus, and pertussis (DTaP)

The current diphtheria, tetanus and pertussis vaccines are made by two companies, GlaxoSmithKline (GSK) and Sanofi Pasteur. GSK's Pediarix (5 in 1) and Kinrix (4 in 1) were tested with the DTaP as the control. The DTaP was tested with the DTP as control. Sanofi's Pentacel (5 in 1) was not tested against a placebo at all. Their Quadracel (4 in 1) used their Daptacel (3 in 1) as placebo.

Daptacel (Sanofi) was licensed for babies based on trials with no placebo control (DT or DTP vaccine used as control) and two months of safety review after injection, except one trial which lasted for six months but had no control. In that trial of 1,454 children, 3.9% of subjects reported at least one serious adverse event within 30 days following any dose of Daptacel.[128]

Infanrix (GSK) used the DTP vaccine as a control and that package insert mentions DTP was not licensed in a placebo-controlled trial and increases mortality.[129] [130]

A major study in Sweden in the 1990s illustrates the insanity of this fake safety testing. Events classified as "prohibiting future vaccination" occurred in 1 out of 100, and 1 of 22 were admitted to the hospital. However, because the frequency of side effects was similar to the old DPT (remember, that was an especially dangerous vaccine), the vaccine was approved.[131]

Haemophilus influenzae type B (Hib)

Hib vaccines are made by three companies. ActHIB (Sanofi) was licensed for babies based on trials with hepatitis B vaccine used as control and 30 days of safety review after injection, during which 3.4% experienced a serious adverse event.[132]

Hiberix (GSK) was licensed for babies based on trials with unlicensed Hib vaccines and HibTITER used as controls and 31 days of safety review after injection.[133] [134]

Liquid PedvaxHIB (Merck) was licensed for babies based on trials with lyophilized PedvaxHIB used as a control and three (!!!) days of safety review after injection.[135]

Polio (IPV)

The IPV is now only made by Sanofi Pasteur (IPOL). The polio vaccine developed by Salk in the 1950s ceased being used in the U.S. in the 1960s.

IPOL (Sanofi) was licensed in 1990 for babies based on trials with no placebo control and three days of safety review after injection. Sanofi reports that, "Although no causal relationship has been established, deaths have occurred in temporal association after vaccination of infants with IPV."[136]

(The live-virus oral polio vaccine made by Lederle had no documented safety testing in the 1960s. When it was tested in the 1980s, the "control group" got the dangerous DPT. The vaccine is no longer available in the USA because of its tendency to revert to virulence and cause polio.)

Pneumococcal

Pneumococcal vaccines began with Prevnar 7 (Pfizer) in 2000. This vaccine was tested using an *experimental* meningococcal vaccine as the placebo! Imagine experimenting on children this way, when a safe saline shot is the logical placebo. The only explanation for making that choice would be to hide the true side effects. In the US trial of Prevnar involving 17,000 kids, in both the Prevnar and "control" groups about 1,000 kids were hospitalized, and 1 in 16 went to the emergency room.[137] In addition to what appears to be a particularly dangerous product, both groups got the DPT or DTaP.

The newer Prevnar 13, introduced in 2010, was tested against the older Prevnar 7 as the control with just 6 months of safety review. "Serious adverse events reported following vaccination in infants and toddlers occurred in 8.2% among Prevnar 13 recipients and 7.2% among Prevnar 7 recipients."[138]

Vaxneuvance PCV-15 (Merck) was licensed for babies based on trials using Prevnar 13 as the control and up to six months of safety review. "Among children who received VAXNEUVANCE (N=3,349) or Prevnar 13 (N=1,814) . . . serious adverse events up to 6 months following vaccination with the 4-dose series were reported by 9.6% of VAXNEUVANCE recipients and by 8.9% of Prevnar 13 recipients." The vaccine was deemed "safe" because "There were no notable patterns or numerical imbalances between vaccination groups."[139]

This is the trick being used in all vaccine trials. The so-called placebo is just as dangerous as the new vaccine being tested. So, when a tenth of the babies have serious adverse events, they rationalize it as okay since there was little difference between the groups. This is crazy! What parent would allow their child to receive a preventive treatment with an almost 10% chance of causing serious problems?

Prevnar 20, PCV-20 (Pfizer) was licensed for babies based on trials with Prevnar 13 used as the control. Safety review of up to six months after injection showed high rates of serious events that they broke up into "serious adverse events (SAEs)" and "newly diagnosed chronic medical conditions (NDCMCs)." Again, the package states there were no noticeable differences between the two groups.[140] [141]

Hepatitis B

Engerix-B, made by GSK, is the vaccine all hospitals in America try to give newborns on their first day of life. The trials appear to have used other hepatitis B vaccines or different doses of the Engerix-B itself as the placebo. **Safety monitoring lasted for only five days!** Twinrix, also made by GSK, combines hepatitis A and hepatitis B vaccines. The vaccine group was compared to a control group that got separate hepatitis B and hepatitis A vaccines. Recombivax-HB by Merck makes no mention of any placebo, and the safety trial lasted four days with no safety testing done in infants![142]

Hepatitis A

For Havrix, by GSK, the control group got Engerix-B vaccine and also received several other vaccines, including the MMR and varicella. Merck's Vaqta trials either had no control group or used the aluminum adjuvant and the mercury-based preservative that was later removed from most vaccines around 2000.

Measles, mumps, rubella, and varicella (chicken pox)

In the MMR II (Merck) trials, the placebo was either different formulations of the same vaccine or the vaccine components without the viruses (the antigen). Safety testing lasted 42 days, with a total of 834 children, of which a third developed gastrointestinal issues and a third respiratory issues.[143] Merck also makes the 4-in-1 Proquad (MMRV) that has MMR plus the varicella vaccine. The control group for the MMRV was given the MMR and the varicella vaccines separately, and the MMR-II placebo group got the old MMR or other measles and rubella (MR) vaccines. The original MMR, licensed in 1971, had just one small study in which they used the siblings of the vaccinated as the control group. This violates two of the principles of best practice for a clinical trial, randomness and blinding. And, as the siblings were older than the test group, they would have been at less risk.

Priorix (GSK) was licensed with MMR-II used as the control after six months of safety review. There was a high rate of serious adverse events, emergency room visits, and new onset of chronic diseases (e.g., autoimmune disorders, asthma, type 1 diabetes, vasculitis, celiac disease, thrombocytopenia, and allergies), in both the vaccine and the placebo group. To any sane mind, that means *both* the MMRII used as placebo *and* the new Priorix are dangerous.[144] [145]

Varicella (chicken pox)

Varivax (Merck) was licensed based on trials with no placebo control. Safety review was 70 days in a trial of 956 children in which around half received Varivax and half received an injection of 45 mg of neomycin per milliliter, and one trial in which 32 children received Varivax and 29 children received nothing and then received Varivax eight weeks later, the Varivax group had double the rate of ear infection and a 50% increase in respiratory infection. Merck did not consider any serious adverse events related to Varivax. This is a common phenomenon in vaccine trials where adverse events are simply arbitrarily deemed not related to the vaccine.

Rotavirus

Rotarix (GSK) was licensed for babies based on trials without a true placebo control and 31 days of safety review. GSK seems to have used the vaccine

without the antigen as the control (the control group received an oral drop that included dextran, sorbitol, amino acids, Dulbecco's Modified Eagle Medium, and xanthan). About 1 in 30 had a "severe" reaction, 16 had intussusception, **and 43 died**.[146] Intussusception is a serious illness wherein the intestine telescopes into itself causing intestinal blockage.[147] [148]

RotaTeq (Merck) was licensed for babies based on trials without a true placebo control (the control group received an oral drop that included polysorbate-80, tissue culture medium, fetal bovine serum, and sodium phosphate). Adverse events were reported in 1 of 40, with 15 having intussusception and 20 deaths. After 42 days of safety review after each oral dose and up to a year for cases of intussusception, it was determined to be safe.[149] [150]

Rotashield is no longer available. In 1999 the CDC ACIP (Advisory Committee on Immunization Practices) removed the recommendation to use Rotashield due to increased cases of intussusception.

COVID-19

Comirnaty (Pfizer) was licensed based on a trial with a placebo control and six months of safety review after injection.[151] At that point the control group was allowed to get the vaccine, which destroyed the control group, making any long-term assessments impossible. Comirnaty is currently only licensed for 12 years and older, and Moderna's Spikevax is only licensed for 18 years and older. There was no data on infants, yet unlicensed versions of these vaccines were approved by ACIP and added to the CDC childhood immunization schedule starting at six months of age. Given the massive reports of deaths and severe adverse events after the COVID shots, one has to wonder why these have not been pulled from the market like Rotashield was after only a handful of deaths.

Influenza

There is a long list of influenza vaccines available. The formulation changes each year with no new safety testing done. No clinical trials for children used a placebo. Flu vaccines have resulted in more successful petitions to the

Vaccine Injury Compensation Program for vaccine injury than any other vaccines.

The consistent violation of scientific principles for proper control groups makes it abundantly clear we have no reliable safety data on CDC-recommended childhood vaccines. Period. The assurances by vaccine manufacturers, doctors, and public health officials that vaccines are rigorously tested are simply not true.

The consistent violation of scientific principles for proper control groups makes it abundantly clear we have no reliable safety data on CDC-recommended childhood vaccines. Period.

Other important problems with vaccine safety research include the sometimes ridiculously short duration of clinical trials and the fact that researchers rarely look at health outcomes outside a narrow window, so they miss most of the vaccine's effects. **The hepatitis B vaccine trials lasted less than a week!** Within a few months of COVID trials, the placebo group was urged to vaccinate with the claim that it was "unethical to leave them unprotected," thus destroying our ability to monitor late-onset issues with the vaccines. Vaccines have multiple toxic ingredients which can result in chronic toxicity over time, and autoimmune conditions, frequently associated with vaccine adjuvants, can take months to years to develop. Carcinogens, known or unknown, may not result in cancer for decades after exposure.

The entire CDC vaccine schedule has never been tested for safety.

The only way to get a true picture of cumulative vaccine risks is to look at vaccinated populations and compare them with truly unvaccinated

populations, what we call the "vaxed vs. unvaxed" data. I speak on the topic of vaxed vs. unvaxed studies around the country and published one of the largest real-world data-driven studies comparing the variably vaccinated in my practice to the unvaccinated.[152] The data is powerful and alarming. Relative to the vaccinated, the unvaccinated rarely get sick or get chronic conditions that plague our children today.

This is discussed in detail later in this book.

After vaccines are released to the market, the final step to assure safety is called post-licensure monitoring. VAERS, the vaccine adverse event reporting system is managed by the CDC and the FDA and was established as part of the NCVIA of 1986. This system should capture rare side effects or adverse events but suffers from severe underreporting by healthcare professionals who either don't know about it, are too busy to report, or don't recognize that the medical condition they are seeing is vaccine related. A researcher, Ross Lazarus, designed a pilot program to detect vaccine adverse events by automatically tracking the medical records of everyone vaccinated for 30 days, noting hospitalizations, prescriptions, and lab testing and automatically reporting suspicious patterns to the patient's physician. This was field tested in the Harvard Pilgrim Medical Group. They found that VAERS was capturing only 1% of adverse events. The CDC stopped communicating with the team and the project was terminated.[153]

VAERS was capturing only 1% of adverse events.

Why would the CDC not want to have a modern electronic way of more accurately monitoring side effects? I'll let you puzzle over that, but suffice it to say they have conflicts of interest. They are not on the consumers' side but are instead beholden to the interests of the pharmaceutical industry, which puts profits for their shareholders above all else.

NOTES

After reading that information, you must be thinking, 'WOW! Can it really be true that vaccines aren't tested to make sure they are safe?

Why would anyone want to inject something in their newborn child that hasn't been tested?'

The truth is we **wouldn't** want to. That's why we believe doctors when they say vaccines have been tested and they are safe; side effects and injuries are "very rare." But the incidence of a complication to a person affected by it is 100%—not whatever the industry reports. As parents, we are only concerned with what is happening with our child, not the collective **numbers** used by an industry motivated to minimize any downside to their products. If these side effects exist at all, shouldn't we be told that? Shouldn't we be given **all** the information and then allowed to decide?

I do not know of one parent who has chosen not to vaccinate their children that wishes they had vaccinated them. I don't know of one adult who has received no vaccines who wishes they had been vaccinated. I do, however, know of many parents who wish they hadn't vaccinated their children. I know of several mommas who lost their babies because they vaccinated, not knowing there were risks, and their child died. All the adults I have met who are unvaccinated are healthy and happy. I met the parents of Sawyer John last September in Maine. I held the beautiful urn that carries his ashes. He died after his two-month shots. I know of two more babies who died since then right after their two-month shots.

When will something change?

All three of those babies' mommas were concerned about giving vaccines because the babies were sick or had an underlying health condition. They were told by their doctors, "It's okay. The baby will be fine." Not only were the babies **not** fine, the babies **died**—and the **parents** were blamed! Wonderful, loving parents were told their babies died from suffocation. In Sawyer John's case, the baby's

bloodwork demonstrated that it was the toxic level of aluminum that caused the baby's death.

> ***THIS HAPPENS FAR TOO OFTEN***
> ***All three of those babies' mommas were concerned about giving vaccines because the babies were sick or had an underlying health condition. They were told by their doctors, "It's okay. The baby will be fine." Not only were the babies* not *fine, the babies* died*—and the* parents *were blamed!***

If you are concerned about giving an infant so many shots at one time—and that should concern you—you need to know you have the right to say, "No, we're not doing that." You can choose a slower method, you can refuse some, or you can refuse all. Please remember that. You will have to live with the consequences. We know that different people have different reactions to the ingredients in food and drugs. Some are much more sensitive than others. What is absolutely harmless for one can kill another. The same goes for vaccines. Not all babies will do okay. What are you willing to risk? Whom do you trust?

> ***WHEN IT COMES TO THE VACCINE DECISION***
> ***You need to know you have the right to say "No, we're not doing that." You can choose a slower method, you can refuse some, or you can refuse all.***

—Just a Mom

CHAPTER 9

ALUMINUM IN VACCINES: A BIG PROBLEM

I'm covering the problem of aluminum because it now is one of the biggest reasons vaccines are so harmful. There are numerous books and hundreds of articles for those wanting to do a deep dive. Some are listed in the endnotes.[154] [155] [156] [157]

Aluminum is used in vaccines to intentionally induce toxicity and cell death, which attracts macrophages to the area and causes that red reaction we see at the injection site. The macrophages can then carry that aluminum to the spleen, which further boosts the immune response. Alas, that aluminum also goes everywhere, including the brain where ongoing damage takes place. If you're thinking, *why don't they just take the aluminum out?* It probably wouldn't matter. The vaccines that contain aluminum wouldn't work without an adjuvant. If you took out the aluminum, you'd have to use a different adjuvant that stimulates an immune response. It, too, would likely be poisonous to the body.

If you read or listen to the CDC, they will correctly point out that there is more aluminum in baby formula than there is in vaccines. That's true, but what they fail to point out is that only a tiny percentage, about 0.1–0.3%, of the aluminum you eat or drink gets absorbed into the body, while virtually 100% of injected aluminum is absorbed. In 2008, the Agency for Toxic Substances and Disease Registry (ATSDR), a division of the federal Department of Health and Human Services, determined that the maximum safe oral dose of aluminum was no more than 1 milligram (or 1,000 micrograms) of aluminum per kilogram of body weight, based on the

assumption that 0.1% of the aluminum would be absorbed into the bloodstream.[158]

Aluminum has no biochemical or biologic function in the human body. ZERO. Its presence in the body always causes harm; the only questions are where and how much? Tiny amounts can result in neurological harm and trigger autoimmunity and immunotoxicity resulting in a host of potential challenges. We know that amounts as low as 3–5 micrograms per kilogram of body weight can cause neurological harm.[159] In fact, the FDA set a limit of 3–5 mcg/kg for parenteral (intravenous or injected) aluminum back around 2001, based on studies on premature infants who were getting intravenous nutrition that was contaminated with aluminum and suffering developmental delays as a result.[160]

The FDA set a limit of 3–5 mcg/kg for parenteral (intravenous or injected) aluminum back around 2001.

The hepatitis B vaccine given to newborns has 250 micrograms of aluminum, and newborns on average weigh about 4 kg (8.8 lbs.). So, we are injecting 28 micrograms per kilogram when the known safe limit is 3–5 mcg/kg. This is over 11 times the dose per body weight allowed by the FDA for adults! There is probably no safe level of aluminum in the body of a child whose brain is developing. My colleague James Lyons-Weiler and I published a paper looking at the aluminum exposure infants get on the CDC schedule compared to my vaccine-friendly plan, and the findings were alarming.[161]

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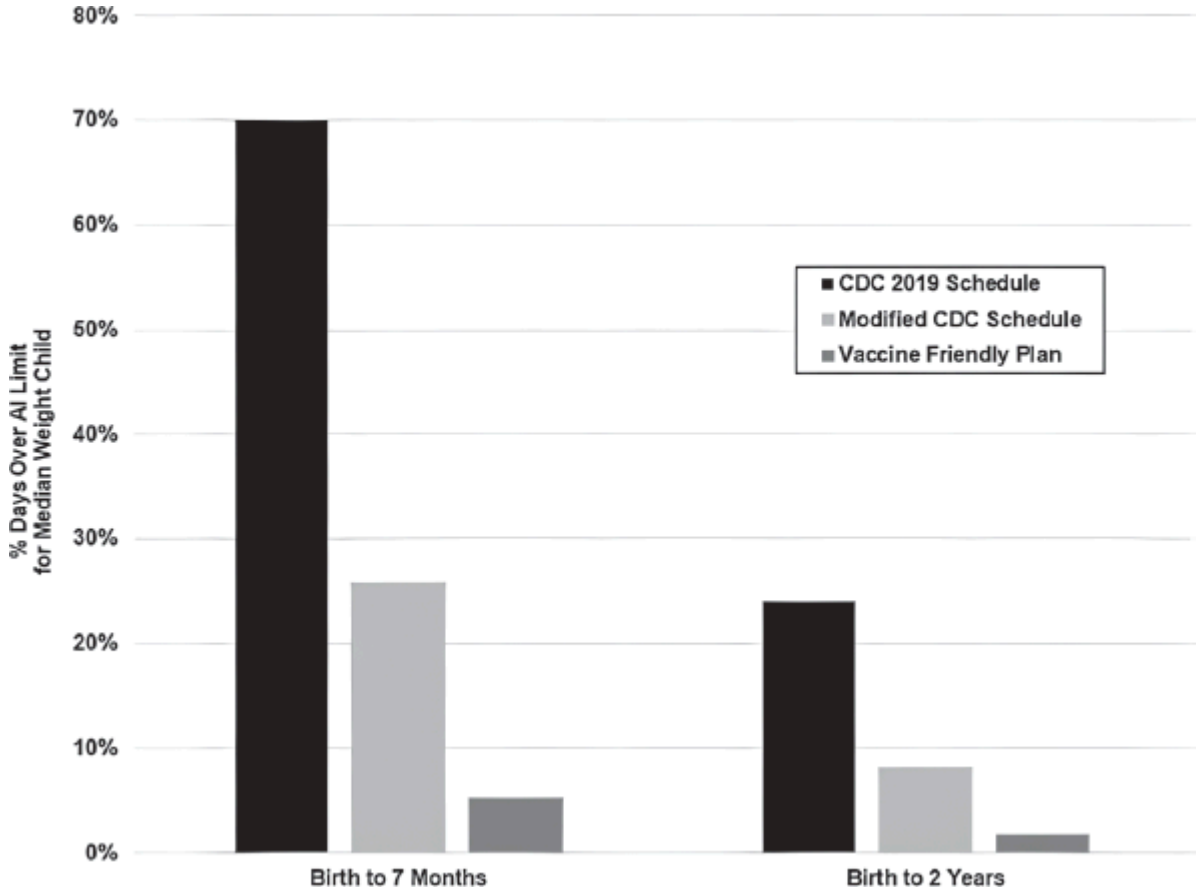


(McFarland et al. 2020)[162]

From birth to 7 months of age, infants following the CDC schedule spend 25 to 70% of their days with toxic levels of aluminum in their bodies. For the VFP it was 6% of the time. This was one reason I decided the VFP wasn't "friendly" enough. I don't believe any child should be injected with products that we know will put them into toxicity that will affect their development and immune system. I will say it again, The VFP is not safe enough. In my opinion, the CDC vaccine schedule is dangerous based on the aluminum issue alone!

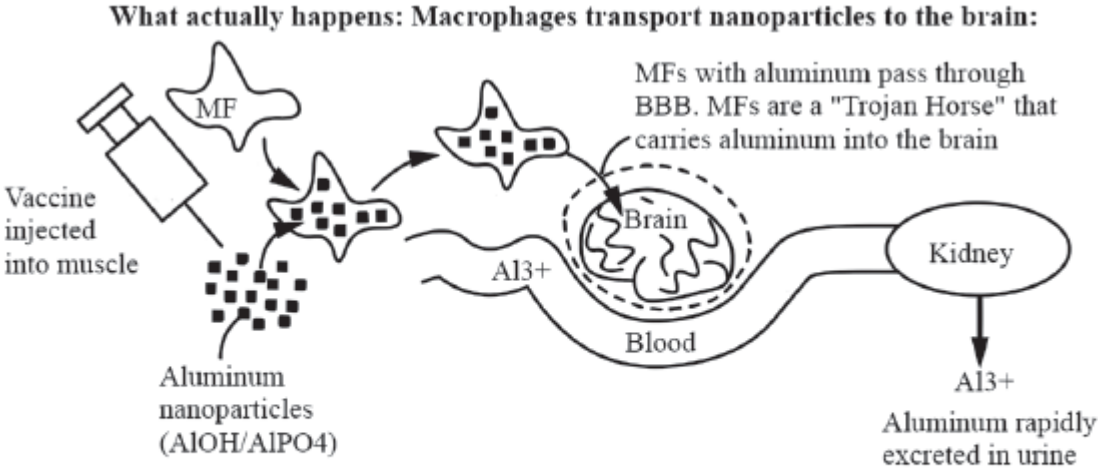
The VFP is not safe enough. In my opinion, the CDC vaccine schedule is dangerous based on the aluminum issue alone!

In a follow-up study, Lyons-Weiler and colleagues found that after adjusting for kidney maturation, infants on the CDC schedule are in whole-body aluminum toxicity 100% of days in the first year of life. These estimates were based on a pediatric-dose limit that was published in 2018 by adjusting FDA's adult "safe" dose of 850 mcg of aluminum for the body weight of children and infants.[163] You may be surprised to learn that the US FDA has never published their own pediatric-dose limit!

In a follow-up study, Lyons-Weiler and colleagues found that after adjusting for kidney maturation, infants on the CDC schedule are in whole-body aluminum toxicity 100% of days in the first year of life.

It is important to realize that 25% of the injected aluminum is still in the body after two weeks,[164] and the half-life of that aluminum is seven years.[165] That means it is very difficult to get aluminum out of the body once it is within the cells.

So how exactly does aluminum get into the cells?



Before the Al nanoparticles can dissolve, they are picked up by MFs. The MFs then carry the Al nanoparticles aroung the body, including into the brain. MFs pass right through the BBB. While in the brain, the aluminum leaks from the MFs, and causes brain damage.

Macrophage (MFs) transport, reprinted with permission from vaccinepapers.org

The diagram above shows what happens to aluminum that is injected. Aluminum nanoparticles are represented as tiny black squares. These injected nanoparticles don't go through the digestive process and so do not dissolve nearly as much as aluminum that comes in by mouth. So our white blood cells come to the rescue; these macrophages will gobble up those tiny particles of aluminum. Think Pac-Man. These macrophages have exceptional mobility and can move freely in and out of the bloodstream, including the brain and spinal cord. Thus, the aluminum can be carried all over the body. The lifespan of a macrophage is a few months. When aluminum-filled macrophages die, their aluminum comes spilling out, damaging the surrounding tissue, which could be in the brain, kidneys, bone marrow, or anywhere in the body. Aluminum that hangs around in the brain can interfere with cellular and metabolic processes in the central nervous system.[166] [167] [168] [169] With all that aluminum traveling to their brains, is it any wonder our children struggle with so many neurological and developmental issues?

The fact is that aluminum is capable of killing any cell it contacts; it is a neurotoxin, and an immunotoxin. Aluminum is also used to routinely and reliably induce autoimmune conditions in mice and rats so pharmaceutical companies can test their drugs on conditions like asthma, allergic rhinitis, Sjögren's syndrome (autoimmunity of the tear ducts and glands), and lupus. According to my colleague James Lyons-Weiler, the doses used in some of those animal models are less than an infant receives in the first 2–3 years of life.

So, you can see from the amount of aluminum in the vaccines on the CDC schedule that we are essentially poisoning our children with these products that are supposed to keep them from getting sick. It doesn't get much more ironic than that.

ALUMINUM in the CDC SCHEDULE

(Amounts vary depending on brands chosen)

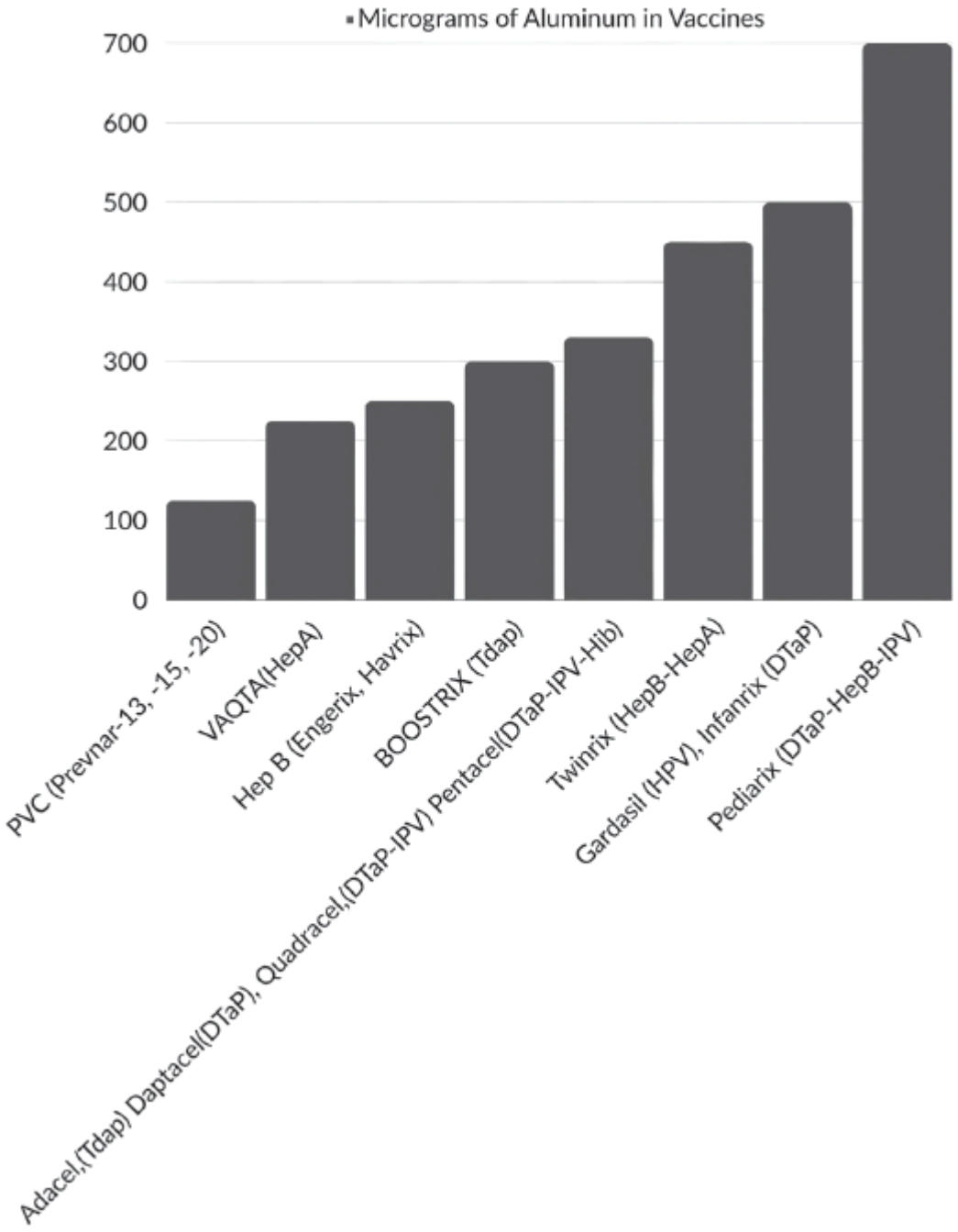
BIRTH	71 mcg/kg	(1 vaccine with 250 mcg, 3.5 kg infant)
2 Months	245 mcg/kg	(6 vaccines with 1225 mcg, 5 kg infant)
4 Months	150 mcg/kg	(5 vaccines with 975 mcg, 6.5 kg infant)
6 Months	153 mcg/kg	(7 vaccines with 1225 mcg, 8 kg infant)
TOTAL	**622 mcg/kg**	**(3,675 mcg aluminum in the first 6 months of life)**

Note that the FDA has determined that it's not safe to exceed 5 mcg/kg of parenteral (meaning IV or injected) aluminum per day.[170] The CDC childhood immunization schedule is exposing infants to 14–49 times more aluminum in a day than is considered safe!

While we got the mercury out of the childhood vaccines (except for the multidose flu shot, which can be given to pregnant women and affect fetal development), the ever-expanding vaccine schedule is criminally exposing our children to high amounts of aluminum that is hazardous to their developing brains and immune systems.

The following vaccines contain aluminum: hepatitis B, DTaP, Tdap, Hib, pneumococcal, hepatitis A, HPV, and meningococcal B.

The amount of aluminum contained in each vaccine is shown in the diagram below.



Aluminum content of vaccines, courtesy of Physicians for Informed Consent[171]

Amount of Aluminum in Vaccines (From Package Inserts)

Pneumococcal (Prevnar 13, Vaxneuvance, Prevnar 20) ~ **125 mcg**
Vaqta (HepA) ~ **225 mcg**
Hep B (Engerix, Havrix) ~ **250 mcg**

Boostrix (DTaP) ~ **300 mcg**

Adacel (DTaP), Daptacel (DTaP), Quadracel (DTaP-IPV), Pentacel (DTaP-IPVHib) ~ **330 mcg**

Twinrix (HepB-HepA) ~ **450 mcg**

Gardasil (HPV), Infanrix (DTaP) ~ **500 mcg**

Pediarix (DTaP-HepB-IPV) ~ **700 mcg**

I no longer feel it is safe to give any aluminum by injection or IV—or any other means for that matter. Parents, please consider protecting your precious children from a system that fails to acknowledge this threat even exists.

NOTES

I know that reading about aluminum is very scary. Especially if you are that parent who must vaccinate your child so they can go to school, or you must be vaccinated to keep your job. Please know that the **most** harmful thing we can put into our bodies is fear! If you are making a choice to vaccinate, then do what you can to prepare your or your child's body and then detox to minimize potential harm. If your child has a reaction, then please find a way to stop. I keep feeling there must be a better way to protect ourselves from the diseases the vaccines are supposed to prevent than injecting all the toxic ingredients. Yet, I keep being told they won't work without the aluminum or other adjuvants.

I keep thinking about all the unvaccinated people in my world who haven't had anything other than the "routine" childhood diseases, like measles and chicken pox. They are much healthier than I am. The unvaccinated kids are much healthier than mine. Since vaccines often hurt the immune system and cancer happens

when our immune system doesn't kill cancer cells, why aren't we asking how many vaccines cancer patients have had, rather than pushing as many as possible on them?

In the past two years I have said goodbye to two beautiful women in my world. Both were healthy before receiving COVID shots. I know of several more who have died from "unknown" causes. The number of people suffering from reactions to the shot is unfathomable to me. The worst part is that few are recognizing this fact. It's just coincidence, they say.

I lied. That's not the worst part. The worst part is that the shot was put on the recommended schedule for all six-month-olds.

Why?

The only kids I know of who struggled with COVID were those who were vaccinated with the COVID vaccine. If we want our children to thrive, we need to question everything, and I mean everything, that goes into their bodies.

How do you protect your children then if you don't want to use aluminum-containing vaccines? I have a very simple answer. Don't worry about it. Breastfeed if at all possible when they are infants, and keep them away from sick people as much as possible because some infections are much more serious in the first few months of life. Nothing is foolproof, however. Much as we'd like to, we simply cannot eliminate all risk of infectious disease, not even if we vaccinate. But after the age of one, once-common childhood diseases like chicken pox, measles, rubella, and mumps will likely be mild, help to support their immune system, and leave them with lifelong immunity.

If you are thinking as you finish part one of this book 'this is too anti-vax for me,' please realize it's not that I am against the idea of vaccines. I am all **for** raising healthy kids! You will see that the ingredients in these vaccines—and the sheer number we give at a time when their brains and bodies need all the energy they can get for development—are making and keeping our kids sick. All I want is to provide you with the information you need to make the best possible decisions for you and your child.

—Just a Mom

PART TWO:

The Vaccines, SIDS, and Informed Consent

CHAPTER 10

PREGNANCY VACCINES (TDAP, INFLUENZA, COVID, AND RSV)

Pregnancy has always been a sacred time and process. Through the millennia women have had an intuitive sense and knowing that the new life growing inside was the most precious cargo of all. They have instinctively known to avoid toxins, often feeling prompted to quit smoking, drinking alcohol, or even eating big fish due to the mercury content. We know to question the use of medications, be they prescription or over the counter, when pregnant. We are aware that even stress, external or internal, is not good for the developing baby.

Doctors and health professionals who work with pregnant moms have likewise known to discourage any threat to the developing fetus, and that includes vaccines—until recently. Somehow, as if with the wave of a magic wand, vaccines are now recommended in pregnancy and pushed on those who instinctively recoil from the idea. It started with flu shots (roughly 60% of which still contain mercury). Then the Tdap was added because whooping cough is on the rise and can be dangerous in infants. That one is ironic because the biggest reason whooping cough is on the rise is because the acellular pertussis vaccines (the "ap" in Tdap) don't prevent pertussis infection and transmission. Then it was the COVID vaccines, which use experimental and dangerous mRNA technology, and now in the past year the RSV vaccine has been added as well.

While the precautionary principle should always apply to new pharmaceutical drugs, that is especially true during pregnancy. We should have learned that lesson from thalidomide and DES. That means that unless

something is well tested and known to be safe, it is best to be cautious and not take a chance.

According to its own literature, the Tdap is well known to be unsafe. Since it is generally considered unethical to experiment on pregnant women, pregnant women were not included in any of the vaccine's trials. And, as we know from the preceding chapter, the trials that were done did not include a control group that received a true placebo.

We also know that immune activation during pregnancy is very harmful to baby's developing brain, putting the unborn child at risk for later issues like autism and schizophrenia, not to mention a very significant increased risk of miscarriage. If you activate your immune system, you literally risk losing your baby or harming them. There are a multitude of journal articles explaining how immune activation causes chronic inflammation, elevated levels of a cytokine named Il-6, oxidative stress, and resulting brain injury.[172] [173] [174] [175] [176] [177] [178] [179] Remember the discussion of "cytokine storms" as the cause of many COVID-related deaths? While cytokines are important for cell signaling, high levels of them can be very dangerous indeed.

One reason the CDC gets away with pushing vaccines during pregnancy is because infections contracted during pregnancy can indeed be dangerous for the developing fetus. After all, an active infection will also activate the mother's immune system. That's a scary idea to contemplate. However, only a small percentage of women will contract an infection during pregnancy, and the majority of those will kick it relatively quickly. On the other hand, if we give four vaccines to every pregnant person, we will activate *everyone's* immune system, repeatedly, at the very time when we most want to avoid it. Some researchers claim that the immune activation from vaccination is milder and more transient than that from infection but acknowledge that individual responses vary widely. The vaccine may be perfectly fine for some, but for many it may spell the difference between a small natural risk of immune activation and an artificially induced certainty of it.

Keep in mind that in addition to triggering immune overstimulation there are toxic substances added to the vaccines, such as aluminum. These substances are directly toxic to cells, especially developing cells and

connections of the nervous system, and the toxicity may extend for the lifetime of the child. Newer studies have shown that what happens early in life can result in a higher incidence of crippling neurological disease later in life, that occurs much earlier than it otherwise might have.[180] [181] [182] [183] [184] [185] [186] [187] This includes everything from tics and seizures to severe neurodegenerative diseases such as ALS, Parkinson's and Alzheimer's.

According to the science, elevated brain cytokines like IL-6 indicate that aluminum adjuvants are activating the immune system and causing chronic inflammation in the brain. And, as I noted before, such inflammation is a hallmark of neurodevelopmental disorders, including autism.

In 2005 Diana Vargas and her colleagues examined the brain tissue of people with autism, both living and dead, and compared it to the brain tissue of controls without neurological diagnoses. They discovered that the autistic brains exhibited high levels of inflammation, particularly activation of the microglia, that was absent in those without autism.[188] The role of vitamin D deficiency in immune activation and inflammation is important to remember. Make sure your vitamin D levels are in the optimal range.

In *The Vaccine-Friendly Plan*, published in 2016, I was already recommending avoiding any vaccines during pregnancy. It is now more important than ever to avoid both vaccines and infections during pregnancy. This is a time to focus on preparing your body to be the best host it can be for precious cargo, your son or daughter.

Eating organic food and drinking filtered water is more important during pregnancy than any other time, so few toxins can enter the body. It's a good idea to do what you can to minimize stresses of all kinds and take a good prenatal multivitamin that has methyl-folate and not folate or folic acid.

Tdap for pregnancy

The vaccine: Boostrix (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed)

When CDC recommends it: The third trimester of pregnancy

Disease prevalence: Diphtheria is virtually nonexistent here, and tetanus is extremely rare. Only pertussis (whooping cough) is relevant to infants. A handful of infant deaths occur each year in the USA. It is not clear whether giving this vaccine to pregnant moms would reduce those numbers.

Effectiveness: Negligible, some maternal antibodies will transfer to the baby, lasting for two to six months, but these antibodies interfere with the infant's own response to the DTaP vaccine. Though pertussis boosters are recommended every ten years for most adults, the CDC now recommends them for every pregnancy, which is absurd.

Risks of vaccine: Extensive severe side effects and risk of miscarriage

Risk if you don't vaccinate: 1 in a million infant deaths (unknown whether the vaccine can prevent them)

Potentially problematic ingredients: Tetanus toxoid, diphtheria toxoid, and pertussis antigens, aluminum hydroxide, formaldehyde, and polysorbate 80

The Tdap vaccine has 330 micrograms of aluminum. We don't know how much of that reaches the developing child, but we do know there is no *safe* amount for the developing brain and immune system. Aluminum is causing allergic, autoimmune, and neurodevelopmental conditions we are seeing in epidemic proportions in our children. There's no way to know exactly how much is due to these massive doses during pregnancy, but I suspect the answer is a lot. Just because infants are sometimes born with a condition, that doesn't mean the condition is genetic if they are exposed to toxic doses of dangerous products while in the womb.

The finding that giving moms the Tdap while pregnant may offer the newborn some added pertussis protection is counteracted by the fact that those same infants are less able to mount a robust immune response to *future* pertussis vaccination.[189] We simply don't know whether they would do as well or not if they were to be exposed to pertussis. Vaccine-induced

antibodies are inferior to those developed from a natural exposure to the infection. Pertussis is endemic, meaning it is always around. I suspect moms who have had natural pertussis infection will have more robust antibodies that would not only protect themselves but also be transferred to the newborn through the placenta and umbilical cord and by breast milk, providing excellent protection. It is known that breastfed infants rarely get childhood diseases under the age of six months, or they get a mild form, due to the passive transfer of maternal antibodies at birth and through breast milk.

You may have heard of "cocooning." The idea is to vaccinate the parents, immediate family members, and caregivers with the pertussis vaccine so the newborn infant will be protected. Since pertussis is most dangerous in the first year of life that seemed like a great approach. The problem is that numerous studies have now shown that the current vaccine does not prevent infection, and it does not prevent transmitting the infection to your baby or to others. In fact, it looks like getting the pertussis vaccine makes you *more* likely to transmit the infection to others.[190]

The "new" acellular pertussis vaccines have been around for decades. The organism has adapted in response, and the most successful strains no longer have the pertactin layer that vaccine-induced antibodies recognize.[191] [192] [193] [194] Thus, the vaccines are no longer very protective, which explains why we are seeing more pertussis than ever. This is not an issue of the unvaccinated but rather of vaccine failure. The risks associated with the aluminum in the vaccine causing immune activation that can harm the unborn child, combined with the vaccine's ability to hide an active pertussis infection, make this vaccine one that should never be considered for pregnancy.

The campaign to eliminate pertussis with a largely ineffective vaccine should be declared a failure.

The Tdap vaccine during pregnancy increases the risk of pregnancy loss.[195] Chorioamnionitis is an infection in the womb during pregnancy around the time of delivery that is very dangerous for the baby. Studies have shown it is significantly increased for women who get the Tdap during pregnancy.[196] [197] [198] This increase in chorioamnionitis results in more

newborn deaths than could possibly be prevented by Tdap vaccines as pertussis only causes a few deaths a year in the USA. Would you get the Tdap during pregnancy if you knew it increased the risk you would lose your baby? Of course not. But sadly, doctors aren't trained to look at the risks of vaccines, just the potential benefits. The effectiveness of Tdap vaccination against pertussis was 53.0% back in 2013 and has certainly declined since then.[199]

The efficacy of the DTaP falls rapidly after vaccination. At two years post-vaccination, it's just 75%. By five years, it's down to 11.9%.[200] One study found "Our unvaccinated and under-vaccinated population did not appear to contribute significantly to the increased rate of clinical pertussis. Surprisingly, the highest incidence of disease was among previously vaccinated children in the eight-to-twelve-year age group."[201]

In 2012, when I read that American College of Obstetrics and Gynecology (ACOG) was recommending the Tdap for pregnant women, I couldn't sleep at all that night. I recommend that you just say no to Tdap in pregnancy.

Influenza (flu) shots for pregnancy

The vaccine: Fluvirin and Flublok

When CDC recommends it: Anytime during pregnancy (and potentially twice if the pregnancy encompasses two different "flu seasons"), but risks are greater if given before the third trimester.

Disease prevalence: Influenza strains A and B cause 5–15% of all flu-like illnesses, which occur in about 5–20% of the population in any given year.[202]

Effectiveness: Exceptionally poor, varies due to whether it's a good match for circulating strains, and getting annual flu shots can increase your chances of getting flu-like illnesses

Risks of vaccine: Though pregnant women were excluded from the clinical trials, increased risks for ASD, fetal loss, and serious reactions for mom

have been detected in post-licensing studies.

Risk if you don't vaccinate: Flu poses minimal risk to mom and slight risk to baby.

Potentially problematic ingredients: Thimerosal (50% mercury by weight) in multidose vials

When it comes to flu shots there are added unique concerns. First, we know that the vaccine is notoriously ineffective to the point of being nearly worthless in terms of protection. Since most years only 5–15% of flu-like illness is caused by influenza A or B at the peak of the flu season, and the vaccine effectiveness tends to be only 10–40% against those strains,[203] the likelihood of it being helpful is miniscule. Worse than the fact that the shot is ineffective is the possibility that you might actually *increase* your risk of getting a flu-like illness. One study found a 65% increase in risk of "non-influenza respiratory pathogens" in the two weeks following flu vaccines.[204] There are hundreds of "non-influenza respiratory pathogens," including coronaviruses. Who wants to increase their risk of COVID?[205] [206] [207] [208] [209] To make matters worse, the flu shot has not even been shown to significantly reduce the spread of influenza, so you would not be helping anyone else either by getting the flu shot.[210] [211]

Influenza vaccines that include an H1N1 component, whether administered as a separate shot, as in 2009–2010,[212] or as part of a quadrivalent vaccine, which is the current type preferred by the CDC,[213] multiplies the risk of miscarriage and/ or fetal loss, especially for women who received an H1N1-containing vaccine the previous year as well.

Flu vaccination during pregnancy has also been associated with increased autism in the unborn child. One study showed the flu shot in the first trimester was associated with a 20% increase in autism in the offspring.[214] These vaccines are also triggering inflammation, a known challenge for the developing brain of a fetus.[215] [216] Is your obstetrician sharing this data with you when they recommend these shots during pregnancy?

In 2000 and 2003, before flu shots were common in pregnancy, children 18 and younger had about 1 in a million or 0.00008% chance of dying from the flu.[217] In a 2004 report, the CDC stated, "Deaths from influenza are uncommon among children with and without high-risk conditions."[218] In addition, a 2012 study that examined hospitalizations among high-risk children with asthma found that kids hospitalized for the flu were three times more likely to have been vaccinated than the kids who weren't.[219]

Immune activation during pregnancy is dangerous.[220] Ben Cowling and colleagues found that people receiving flu vaccines that contained mercury had a higher risk of nearly all other types of respiratory infections![221] So, if flu vaccines increase the risk of infection, they also increase the risk of immune activation in pregnant women. As my colleague James Lyons-Weiler says, "It's really just stupid to inject mercury into children, pregnant women, and other living things."

I don't believe flu vaccines can be justified for the majority of women in pregnancy, but if you feel you must take one make absolutely certain it does *not* contain mercury. Currently, none of the approved influenza vaccines contain aluminum adjuvants, but there's no guarantee that will continue. So, it's best to make sure there's no aluminum as well. It's also best to avoid quadrivalent vaccines and think twice about any flu vaccine if you had one last year. Find out ahead of time which vaccines your doctor stocks and check for yourself whether they have an H1N1 component or are preserved with thimerosal. With the preventive effect of flu vaccines being negligible at best in children under four and a significant potential for serious complications, acute or long-term, why get vaccinated?

COVID shots for pregnancy

The vaccine: Comirnaty (Pfizer-BioNTech mRNA vaccine)

When CDC recommends it: Third trimester (though it is being given anytime)

Disease prevalence: The more dangerous early variants of COVID-19 (Wuhan and Delta) are gone; milder versions remain. Because they are so mild, it's difficult to estimate the prevalence.

Effectiveness: No efficacy or safety studies in pregnancy. Most data points to negative efficacy over time. (Pregnant women were excluded from the safety study, and participants were told to avoid pregnant women or women who might get pregnant.)

Risks of vaccine: Death, spontaneous abortion, fertility problems, postpartum hemorrhage, gestational diabetes

Risk if you don't vaccinate: Minimal since most people have already been infected, and the natural immunity gained from infection is broader and longer-lasting than vaccine-induced protection.

Potentially problematic ingredients: Lipid nanoparticles, mRNA, and PEG

A third of SARS-CoV-2 infections are asymptomatic, meaning you don't even know you're infected. If you do get sick, symptoms include fever or chills, difficulty breathing, fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea and, fairly unique to COVID-19, new loss of taste or smell.[222]

I have difficulty comprehending the reckless evil of recommending experimental mRNA shots for pregnant moms. The spike-producing mRNA can be incorporated into your DNA and potentially direct your cells to synthesize the COVID spike protein forever. You are risking genetically modifying your own body and potentially your baby's as well to make a protein that has been demonstrated to cause harm all over the body, including heart inflammation, abnormal clotting and/or bleeding, and sudden death, to name just a few. New neurological diseases are also appearing in the vaccinated, and many are fatal, such as the rise in prion disease.[223]

COVID shots during pregnancy are doubling the rates of fever, fatigue, local reactions, and lymphadenopathy for those who get the vaccines compared to the unvaccinated.[224] Bleeding after delivery goes from 3.2% in the unvaccinated to 9.5% in women who got the COVID shot during pregnancy. My sister, who works on a busy postpartum floor, says her

hospital went from one or two severe hemorrhages a month to three or more a week.[225]

Do you think you'll want to have another baby in the future? If so, you'll want to think carefully about whether to get a COVID shot. Fertility problems are up 1,240% (13.4 times) for moms who got the COVID shot.[226]

The full range of adverse effects from the COVID shots is still unfolding, but one thing is clear, they are among the most dangerous pharmaceutical products ever brought to market. What remains shocking is the almost complete denial of all the data and what is happening right in front of our eyes by health agencies and people whose job is supposedly to protect the public. As the precautionary principle has flown out the window, we will have to protect ourselves going forward.

The data from VAERS indicates that COVID vaccines have likely killed more people than all other vaccines combined since VAERS was started in 1990. And remember, VAERS data is notoriously underreported. No one knows exactly how bad the underreporting is, but the study intended to automate VAERS reporting indicated that doctors were only submitting reports for about 1% of qualifying events. Even still, there are more than 35,000 reports of death following COVID vaccination and 5,000 reports of miscarriage.

In a 2022 study Diego Montano compared serious events reported after the COVID shots to those of the flu vaccines (previously responsible for the most adverse events reported in VAERS). He found reports of death were 42 times greater, hospitalizations 46 times greater, and life-threatening reactions 56 times more common for COVID vaccines.[227]

All vaccines have non-specific effects on the immune system. The non-live vaccines tend to increase susceptibility to infections other than the disease target of the vaccine, especially in girls.[228] The COVID shots are no exception, as evidenced by the five-fold increase in shingles for the vaccinated.[229] Shingles is a reactivation of the virus that causes chicken pox. The virus usually hides out in the spinal ganglia until the immune system is depressed by stress—or a dose of COVID vaccine, apparently.

The COVID shots are also increasing thrombocytopenia, low levels of platelets in the blood. Platelets are involved in blood clotting, and low

levels lead to increased bleeding risk (COVID vaccines are associated with an increased risk of 329%) and abnormal clotting, like cerebral venous thrombosis, which is associated with a 1,100% risk increase.[230] Clotting in the brain may look like dementia, which we are starting to see at younger and younger ages.

Myocarditis (inflammation around the heart) was 796% (nine times) more common in males ages 16–19 after the Pfizer mRNA COVID shot, [231] and in another study twelve times more common in males 12–39 years old for the Moderna mRNA COVID shot.[232] Several other studies found increases in heart-injuring myocarditis and pericarditis, especially in younger men, in that same ten to fifteen times range when compared to the unvaccinated.[233 234 235 236]

You may be wondering whether COVID-19 shots improved your chance of survival. New data obtained from the annual King County, WA, EMS reports, the U.S. Census Bureau, and the Tennessean COVID-19 Vaccine Tracker, revealed a 25.4% increase in cardiopulmonary arrest mortality from 2020 to 2023, and excess cardiopulmonary arrest deaths increased by 1,236% from 2020 to 2023. There were 11 excess deaths in 2020 and 147 excess deaths in 2023.[237]

Since we now know that getting COVID shots increases your chance of getting a subsequent COVID infection and your chance of dying from a heart attack, in my humble opinion, there is simply no reason at all for anyone to get a COVID shot. With the mounting evidence of harm from the lab-engineered SARS-CoV-2 spike protein, this is not a jab anyone should ever allow into their body, much less that of a loved one. That it is even considered for pregnancy and children speaks to the horrific nature of this crime against humanity.

The COVID “vaccines” use new mRNA technology. I put vaccines in quotation marks here because the mRNA technology products are experimental and have thus far not been shown to stop transmission or prevent serious disease. For a clear introduction on mRNA, I refer you to the free book *mRNA Vaccine Toxicity*, which you can download at D4CE.org.

The CDC has been changing the definition of "vaccine" to the point that it is virtually meaningless. Before 2015, vaccination was defined as the "injection of a killed or weakened infectious organism in order to prevent disease." (Of course, by that definition half the vaccines on the schedule didn't qualify, so perhaps it was imperfect from the start.) From 2015 to 2021 it became "the act of introducing a vaccine into the body to produce immunity to a specific disease." During COVID, in order to roll out the mRNA products that were not preventing disease or transmission as vaccines, the CDC definition became "a preparation that is used to stimulate the body's immune response against diseases." You now see that virtually anything can be called a vaccine.[238]

Why has this happened?

Follow the money. Vaccines have been granted special status, exempting them from scrutiny because they supposedly saved us from the devastating diseases of the past. That's a narrative I hope you no longer accept. Because of the 1986 NCVIA, manufacturers of childhood vaccines cannot be held liable for harm or damage caused by their vaccines. That provides a powerful incentive for pharmaceutical companies to put whatever they can under the umbrella of "vaccines."

The new mRNA technology has failed to stop COVID infection, disease, or transmission, and it is known to cause severe problems. The rush to use mRNA technology for everything pharmaceutical companies can think of is a gold rush without ethics or guidelines. Much of it is more like gene therapy, much like GMOs (genetically modified organisms), something I hope you will make sure does not happen to your child.

I provide more details about COVID and the shots in Chapter 14 as COVID shots are now recommended for children over six months of age.

I grew up with a carving of a mother and child in Zimbabwe when I was a small boy. It sits prominently in my office today as a reminder of the powerful love that moms have for their babies. Let us never forget that. Let us honor that every moment of our lives. Thank you, Mom and moms of the world.

NOTES

Being pregnant was fairly easy for me. I worked all the way through my pregnancy as a massage therapist and professional labor support. I helped a few women birth their babies while I was pregnant. My own labor was intense and rough! I was extremely careful during my pregnancy to eat healthy and keep all toxins as low as possible because I had a heart murmur while pregnant. Not knowing any better, I got a flu shot. Did that add to the difficulty of labor? I have no idea, but I do clearly remember getting sick for two days after the shot. I, like many, believed what the doctors told me.

I had been vegetarian for years before getting pregnant. About four months in, I found myself craving meat and was able to eat it without any reaction. That hadn't been the case before. I was told my son's blood type was causing the desire and ability to eat meat. Was he speaking to me through my cravings? I believe, as Dr. Paul believes, that when we are growing a baby inside us, we intuitively know what our babies need. We are their protection for the nine months of growth needed in the womb. It seems natural to only take in what the baby needs and what their body can process. If we eat or inject toxins, they have to process those while developing. I encourage mommas to feel into their intuition and allow it to guide their decisions. Don't allow anyone to override your internal alarm.

As we write this book and I see the ingredients and adverse effects listed in the package inserts, I am shocked. Do the doctors look at the package inserts? Why would you put those ingredients into a pregnant body? I encourage everyone to take the package inserts to their doctor. You can call your doctor's office the week before your baby's well visit and ask which vaccines they are planning to recommend and which brands they carry. You can get

links to the exact package inserts from Appendix E in this book. Download them and print them off before your visit. Highlight all the toxic ingredients and side effects and then ask, “Why would you recommend this to me?”

If the answer is, “Vaccines are safe and effective,” I would turn and walk away. That’s a clear sign they have never looked deeper than the CDC propaganda. Chances are good you won’t get them to do it now.

If they say, “Because this is the safest way to protect your baby from these diseases and infections,” you should reply with, “Wouldn’t it be safer for me to avoid exposure? How about staying healthy and allowing my immune system to work for me?”

Caution, you could be called a know-it-all or a Google doctor. They might even say your information isn’t correct, despite it coming directly from the manufacturer. Many will say, “My medical degree says I know more than you.” My reply to that is, “Have you ever considered the possibility that your medical indoctrination is harming children?” It certainly is if they refuse to see what’s right in front of them. Ask them, “What do **you** think is causing the epidemic of allergies, autoimmunity, and neurodevelopmental issues in children today?” Since they’re all related to immune dysfunction, doesn’t it make sense to minimize products intended to permanently alter immune function?

I want to believe that doctors want the best for us, but the ones who truly care honor informed consent. Not only do they **let** you make your medical decisions, they **encourage** you to do so—whether you choose to vaccinate yourself because you believe that’s

what will best protect your baby or you refuse the vaccines for the same reason.

I know this can all be confusing. When someone asks me what they should do, I ask them what they fear most. Eliminating, or at least reducing, fear is the most important thing you can do. Of course, that is not always easy to do. You might have to summon courage you didn't know you had in order to do what's best for you and your children. Remember, you're the one who will live with the consequences of your decisions.

—Just a Mom

CHAPTER 11

NEWBORN SHOTS (HEP B, RSV, AND VITAMIN K)

You're expecting a baby, and the due date is drawing near. You can't wait to hear that first cry that says, "I'm here!" and maybe, "It was rough getting out."

There are a host of important things to focus on when your baby is born. Vaccines shouldn't be one of them. You should be maximizing skin-to-skin time, getting that baby to latch and breast feed, and loving on them like nothing you have ever experienced. Unfortunately, since most babies are born in hospitals, you will need to decide ahead of time what you want to do about the shots the hospital will want to give your child. These shots are "routine," and no one will ask you if you want your child to have them. If you don't want your child to have them, you will have to make that very, very clear to the staff. It would also be a very good idea for one parent to always have an eye on the baby.

Hepatitis B

The vaccine: Recombivax HB, Engerix-B

When CDC recommends it: Three doses at birth, 1–2 months, and 6–18 months

Disease prevalence: Zero for babies born to hepatitis B-negative moms

Effectiveness: Little-to-no effectiveness by the time the child is old enough to engage in sexual and IV drug behaviors that can result in hepatitis B

infection

Risks of vaccine: Autism, autoimmunity, allergies, SIDS

Risk if you don't vaccinate: Zero for children living in families without hepatitis B

Potentially problmematic ingredients: Amorphous aluminum hydroxyphosphate sulfate (AAHS), aluminum sulfate (Recombivax); aluminum hydroxide (Engerix-B); yeast protein

Hepatitis B is a viral infection that affects the liver. Infants and children usually don't experience any symptoms at all, and about 50% of adults don't experience any symptoms either.[239]

The disease is so rare in children in the USA that as a busy pediatrician in group practices for 35 years I never saw a single case. The disease in children usually causes mild illness lasting a few weeks. While it theoretically can lead to a serious lifelong illness, I've never heard of such a case.

No vaccines were given to newborns in the US until 1991 when the CDC got the harebrained idea to recommend the hepatitis B vaccine, which was routinely offered to those at high risk, be given to virtually all newborns. This move to vaccinate all babies was heavily promoted, and most states added the hepatitis B vaccine to their school requirements by the year 2000.

But wait a minute . . . People catch hepatitis B from sex and using dirty needles to inject IV drugs. Last I heard, babies don't do that—at least not the ones in my practice! I used to tease new parents when I saw them in the hospital, after explaining the above, that they should be careful not to let their newborn play with the other babies. Who knows what goes on in hospital nurseries these days?

The only way a baby can get hepatitis B is if their birth mom has hepatitis B, or perhaps if dad is actively infected. In my entire career, I only had one mom, an IV drug user, and one dad who had hepatitis B. The dad got it from a blood transfusion, but that's rare these days because donated

blood is routinely screened for hepatitis B. If I had not been running an addiction clinic where I was helping heroin addicts get off opiates, I would not have had even that one mom in my experience. I averaged 30 newborns a month for 30 years. So, the rate of hepatitis in my population was 1 in 900. It turns out that is about the rate in the USA. Somewhere between 0.1% and 1% of moms in America are hepatitis B carriers; that's 1 in 100 to 1 in 1,000. The annual risk of contracting a fatal hepatitis B infection for children at normal risk of exposure is about 1 in 7 million (0.00001%).[240] Since there are only about four million kids born in the US every year, hepatitis B should be way down on your worry list.

What makes vaccinating all newborns against hepatitis B even more ridiculous is that the hepatitis B shot comes with 250 micrograms of aluminum. The doctors and midwives who deliver babies routinely check moms for their hepatitis B status, so we usually know before the baby is born that the mom does not have hepatitis B. More than 99% of women in the US are hepatitis B-negative.[241] Since the child of one of these moms has virtually zero risk of getting hepatitis B, I don't believe we can justify injecting that much aluminum into our precious newborns. Published studies and my data show a significant increased risk of autism for boys who get the hepatitis B vaccine as infants.[242]

A 1999 study looked at "liver problems" in children under six years old. Remember, that hepatitis is inflammation of the liver, and is exactly what the vaccine is meant to prevent. The kids who got the hepatitis B vaccine had about two and a half times as many liver problems than the kids who didn't, prompting the researchers to say, "There is no evidence in these data supporting a protective effect of the [hepatitis B] vaccine against liver problems for the general population of U.S. children."[243] Other studies have found that vaccinated kids also had 3.1 times more multiple sclerosis in England,[244] 60% more type 1 diabetes in New Zealand,[245] and a 25% increased odds of allergic rhinitis, 40% increased risk of asthma, and 20% increased risk of allergies in Korea.[246]

To add insult to injury, we know that hepatitis B shots in adults only give protection for about 10 years. This is why those of us in the medical profession must go immediately and get our hepatitis B titers checked if we

get a needle stick (another risk for hepatitis B). Babies' immune systems are very immature for the first year, especially at birth. It is doubtful that the birth dose does anything helpful. Approximately fifty percent of children have antibody levels below what is considered "protective" by age five.[247]

It's important to know that virtually all hospital systems have standing orders for both the hepatitis B vaccine and the vitamin K shot. When you check into the hospital to have your baby, somewhere in the fine print is wording that gives the hospital and their doctors and nurses permission to inject your baby. Parents usually "consent" without even realizing it. Therefore, if you don't want your child to receive the hepatitis B shot, it is imperative that you tell every nurse and doctor you see that you don't want it, hand them a written document stating what you don't want, put a sign up in the room, and—this one's very, very important—never let your baby out of your sight.

Virtually all hospital systems have standing orders for both the hepatitis B vaccine and the vitamin K shot. When you sign into the hospital, you are likely inadvertently giving them permission to give both.

At least 10 times over the last years I was in practice, parents who had made it clear they didn't want their child to get the hepatitis B vaccine later discovered it was given. How could that happen? Perhaps it was an accident. As 99% of doctors support this insanity, it is routine. However, hospitals and doctors are graded on quality measures, and one of the quality measures for hospitals is what percentage of their newborns get hepatitis B vaccines.

Yes, you read that right. Your hospital is a "good" hospital if it gives all the newborns a shot they don't need that can harm them—even if doing so goes against parents' wishes! Quality measures are about following established protocols, protocols that almost always benefit the pharmaceutical industry. Hospitals have a financial incentive to make sure your child is vaccinated. It's not about the health of your child.

So, now that you have been informed of the risks and benefits of vaccinating newborns against hepatitis B, would you want your newborn to get the hepatitis B shot? I know of only one or two babies whose parents chose to get the hepatitis B shot after learning what you now know—one or two out of thousands. Most parents still have no idea that by consenting to hepatitis B vaccines they are harming their newborns for no benefit whatsoever. I consider it shameful that pediatricians—my peers—are complicit in this national disgrace. I used to give OB/GYNs a pass, but as they are now giving vaccines to pregnant women, they are just as bad as pediatricians when it comes to recommending harmful vaccines with minimal, if any, benefit to their patients.

Hospitals have a financial incentive to make sure your child is vaccinated. It's not about the health of your child.

Vitamin K

The shot: Vitamin K_1 injection (phytonadione)

When CDC recommends it: At birth, within the first hour of life

Prevalence of deficiency: May be as high as 1 in 100 without supplementation

Effectiveness: Very effective at reducing vitamin K deficiency bleeding (but so is oral vitamin K_1)

Risks of shot: Anaphylaxis, death

Risk if you don't get the shot: None if you use oral vitamin K, small chance of potentially fatal bleeding if no vitamin is given

Potentially problematic ingredients: Benzyl alcohol

Vitamin K is not a vaccine, but I include it here because it is injected into newborns and, as such, is an unnatural invasion of the body. Vitamin K

is a fat-soluble vitamin important for blood clotting. Newborns are born with lower levels of Vitamin K, which increase within days as their intestines get the beneficial bacteria from their mothers' breast milk. The AAP began recommending vitamin K shots for newborns in 1961. The assumption was that the low levels of Vitamin K in a newborn constituted a "deficiency." However, another interpretation is possible. Those low levels in newborns could have an evolutionary reason for being low, meaning that they may actually be protective for most children.

While very rare, severe bleeding in the newborn period called "vitamin K deficiency bleeding," or VKDB, can be life-threatening. Since most of the vitamin shots carry a black box warning that the product can cause fatal reactions, oral vitamin K is a reasonable option. Hundreds of my families chose to give their newborns oral vitamin K, which has been used safely in Europe for decades,[248] despite remaining controversial in the United States.

The fact that vitamin K is normally given via injection presents another issue. A nurse could give a baby what they believe is a vitamin K shot, only to find out after the fact that it was actually a hepatitis B vaccine that the family did not want. That happened to several families I worked with.

Does your baby need vitamin K at birth? Research suggests that vitamin K supplementation is probably worth doing. Our bodies need vitamin K for our blood to clot and stop bleeding. We get some vitamin K from the food we eat, but most of it is made by the good bacteria that live in our intestines. Babies are born without those bacteria in their intestines, and breast milk has relatively little vitamin K. This could potentially leave your baby at risk for abnormal bleeding for the first six months of life if it is not supplemented. While newborns' risk of bleeding is normally low, it increases if you choose to circumcise, and hospital circumcisions are usually performed when vitamin K levels are at their lowest.

I have only had a handful of parents choose not to do oral or injected vitamin K. Their babies were fine, but given the historical rate of bleeding issues prior to the routine use of vitamin K in newborns, I support the use of vitamin K, preferably orally.

Death or severe allergic reactions can occur if the contents of the shot get into a blood vessel. For that reason, if oral preparations are not available

to you, perhaps request that the vitamin K shot contents be given orally. They can dilute it in the hospital pharmacy and then give it by mouth. That is obviously an off-label use, but your doctors would probably prefer doing that to doing nothing.

The black box warning below is provided as reference. Note that this shot can cause "shock and cardiac and/or respiratory arrest," which often means death. They go on to say, "some patients have exhibited these severe reactions on receiving phytonadione for the first time."

VITAMIN K_1
INJECTION
Phytonadione
Injectable Emulsion, USP

Aqueous Dispersion of Vitamin K_1

Ampul R_x only

Protect from light. Keep ampuls in tray until time of use.

WARNING — INTRAVENOUS AND INTRAMUSCULAR USE
Severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of phytonadione, even when precautions have been taken to dilute the phytonadione and to avoid rapid infusion. Severe reactions, including fatalities, have also been reported following INTRAMUSCULAR administration. Typically these severe reactions have resembled hypersensitivity or anaphylaxis, including shock and cardiac and/or respiratory arrest. Some patients have exhibited these severe reactions on receiving phytonadione for the first time. Therefore the INTRAVENOUS and INTRAMUSCULAR routes should be restricted to those situations where the subcutaneous route is not feasible and the serious risk involved is considered justified.

RSV (respiratory syncytial virus)

The shot: Beyfortus (nirsevimab)

When CDC recommends it: All newborns 0–8 months old (if high risk, 0–19 months)

Disease prevalence: Most infants who have siblings or go to day care will get RSV and experience a cold-like illness.

Effectiveness: A relative risk reduction of about 75% (absolute risk reduction was < 1%)

Risks of shot: Unknown, but 12 deaths were reported in the clinical trials.
Risk if you don't get the shot: Near zero for healthy infants
Potentially problematic ingredients: Polysorbate 80

While the RSV shot recommended for pregnancy is a vaccine, the RSV shot the CDC began recommending for infants in August of 2023 is not. You may have heard it called a vaccine, but it is in fact a monoclonal antibody product. The difference between a vaccine and monoclonal antibodies is that a vaccine stimulates the body to make antibodies. The RSV shot, however, provides the antibodies passively, without activating the immune system. That may mean that this shot is safer than many vaccines on the schedule, but there's a lot we don't yet know about. Like all the other products the CDC pushes on its childhood vaccine schedule, safety testing is certain to be inadequate. Whether the shot will be of much benefit remains to be seen.

The ACIP (Advisory Committee on Immunization Practices) voted to include the RSV shot on the recommended schedule of vaccines for all infants less than eight months old and it is being covered by the Vaccines for Children program, despite the fact that it is not actually a vaccine and whatever protective effect it has only lasts for weeks to a few months. More concerning, 12 babies who got the shot died during the clinical trials.[249] The deaths were all dismissed as being unrelated to the injection, but there are so few deaths from RSV in children, that 12 deaths in a small trial group of a few thousand is highly concerning.[250]

So how worried should you be about RSV?

I can tell you that in 35 years as a busy pediatrician I saw lots of RSV, every winter starting around December and lasting until about April. There were a few hospitalizations for supportive oxygen but no deaths. In the entire USA, there were only 315 RSV deaths in infants in the 12 years between 2005 and 2016, an average of 26 per year.[251] The CDC now claims that "each year, an estimated 100 to 300 children younger than 5 years of age die due to RSV."[252] A range of 100–300 strikes me as little more than a wild guess. With about four million births a year, the cumulative data for

2009–2021 implies a rate of one death in every 152,000 infants. Obviously, the rate would be worse if we use the unsubstantiated numbers from the latest CDC press release intended to scare parents into accepting this new "vaccine." Death due to RSV infection occurs mostly in extremely premature infants and those with underlying heart, lung, kidney, or immune issues.

> **In the entire USA, there were only 315 RSV deaths in infants in the 12 years between 2005 and 2016, an average of 26 per year.**

In short, the risks of this antibody shot with unknown efficacy are also unknown and potentially high, while the benefits are likely to be negligible for the majority of newborns. The precautionary principle would suggest waiting until there is more data and information.

The most important thing you can do to protect your baby is feed your child breast milk. It's so important that I urge you to do whatever it takes to get the support you need to be successful. This may include a lactation support person, baby body work or massage, and/or having the infant checked for tongue and lip ties that can make nursing difficult for both parent and child. Tongue tie, in particular, seems to be very common these days. Massaging the area under the tongue may be enough to help with the latch and avoid surgery for tongue tie. Occasionally, however, clipping the frenulum can be all it takes to breast feed successfully. Enlist everyone's help to make sure mom gets good nutrition, plenty of clean water, and as much rest as possible. Mom's only tasks at this point should be eating, drinking, nursing, and resting.

Consider delaying cord clamping; it may have benefits for your baby's immunity. I don't recommend circumcision. Inducing trauma just as you are attempting to establish nursing is counterproductive. Most importantly, give your baby as much skin-to-skin time as you can. Dads, you can join in this wonderful activity. Above all else, love your baby ferociously!

NOTES

I have been at many births as professional labor support, also known as a doula. I had been at several before I had my son. After witnessing the results of many labor interventions, I planned to go "all natural." I wouldn't induce labor and absolutely wouldn't do any drugs. I had cared for myself and my unborn child with every precaution, why would I change that during birth? Well, I could write a book on my labor and all the reasons that I would change my choices if I could do it again!

Before I even had Ryder, I picked a young pediatrician who was new to practice. She was questioning why hepatitis B had been put on the childhood schedule. Ryder was born at the end of 1999. The hospitals weren't enforcing it like they do now. I thank God he didn't get it, as I mentioned earlier in the book. Due to his reaction to the hepatitis B shot he got as a teenager, I am convinced that having the shot at birth, with all of the issues and stress he endured during labor, would have put him over the edge, either killing him or inducing autism.

Hepatitis B is a shot that I, like Dr. Paul, strongly suggest is **not** needed and can cause great harm. Certainly, if a mom has hepatitis B or the baby will be around dirty needles, then you should consider it. But kids who are not at risk simply don't need it right after birth, when you don't know anything about the child's immune system. I have heard that it was moved up to infants because infants usually get shots and teenagers who might actually be at risk often don't. If your teenager is having unprotected sex with someone who has hepatitis B or is sharing dirty needles, then make sure they get it. But I regret letting my son get it—even as a teenager.

Until it was recommended for infants in 1991, the shot was recommended to “at risk” populations. So, most adults over 30 didn’t get it. Yet, I don’t know of anyone who has had it. The shot simply isn’t necessary or even helpful for most people, much less newborns. Newborns, just out of the womb, stressed and rapidly adjusting to a drastically new environment have enough to deal with (no wonder they cry so much!). Why would we stick them with a needle full of aluminum in the name of protecting them from something they will not be exposed to? Remember, no matter what you’re told, it’s okay to just say no.

Vitamin K can be done in drops in the mouth, so, again, why poke a newborn fresh out of mom with a needle?

I didn’t know much about homebirths when I had Ryder and probably would have ended up in the hospital anyway, but I am a fan now. I believe a baby should come out of momma the same way they went in—a calm, warm environment, free of drugs and full of love. Okay, I realize that not all babies were conceived this way, but, when possible, they should be born that way. And as soon as a baby is born, skin-to-skin contact with mom is the most important thing we can do. Washing can wait, so can poking and prodding. Let them connect with mom and dad. Sometimes, of course, there are emergencies that require immediate intervention; your baby’s well-being is the most important thing. But please remember to make sure at least one parent always stays with your baby. That can save a lot of heartache down the road.

—Just a Mom

CHAPTER 12

MY CHILD, MY CHOICE: BE PREPARED FOR THE DOCTOR VISIT

You are about to walk into a trap. It's a virtual certainty that your child's doctor fully intends to vaccinate your baby with a lot of dangerous vaccines.

The pediatric well-child visit should be called the pediatric vaccine visit. Pediatricians and other providers of pediatric care (such as nurse practitioners and physician's assistants) have two main goals for these visits. First is to review with you how things are going with feeding, growth, and development, but next, and high on their agenda, is making sure your baby gets all the vaccines recommended by the CDC. I believe that most practitioners genuinely believe that is the most important thing they can do to protect your baby. That is why they are so forceful and convincing. That doesn't make them right.

So how do you prepare for these encounters?

If you can, please go with a support person. It can be very intimidating when doctors and nurses in a position of authority—and whom we hold in high esteem—tell us to do something we don't want to do or are not sure about.

I recommend you do as much homework as you can before stepping into that exam room. Reading this book is a great start. You are in charge. This is your baby. You are the one who will take the baby home. You are the one who will be up all night if they are crying inconsolably for hours or

days after “their shots.” And you are the one who will spend a lifetime regretting those vaccines if, heaven forbid, your child is one of the many who are seriously hurt.

You are your child’s advocate. Your baby is depending on you to do the right thing, make the right choice. I want you to advocate with attitude. By “attitude” I am not talking about anger or hostility. No, I’m talking about confidence in your decision and an unbending determination that, under no circumstances, will anything happen that you do not consent to.

Does this pediatrician want to have a meaningful discussion about the vaccines, the risks, the benefits, and the alternatives? Do they want you informed so you can make a great decision for this most important decision in your child’s life?

Sadly, the answer is likely to be no and no.

Medical personnel are trained to avoid discussions about vaccines. I’m not kidding. There are articles in the pediatric journals on how to do this. At the end of the friendly visit, where they tell you how wonderful you are doing and how well the baby is doing, with a hand on the door as they are exiting the exam room, they say something like, “Well, it’s time to get baby protected and caught up on their immunizations. The nurse will be right in. So good to see you, and I look forward to seeing you again in two months! Please stop by the front desk to schedule that next well-baby visit.” And, before you realize it, they are gone.

You might say, “Wait, wait, doctor I have some questions!” Or, if you are already sure you don’t want any vaccines, “Oh no, doctor, we are not doing any vaccines today.”

This will typically be when the bullying begins. Be ready.

You may hear things like, “Surely you don’t want to leave your baby unprotected against meningitis? Meningitis can kill her or leave her brain-damaged!”

“You know all the vaccines have been thoroughly tested and found to be very safe. The chances of anything serious happening is one in a million.” (This one is so common you’ll probably hear it word for word.)

“You looked over the VIS (Vaccine Information Sheet), didn’t you?”

“The CDC and pediatricians have studied these diseases extensively, and the best way to protect your baby is to follow the CDC childhood vaccine schedule.”

“You haven’t been listening to all the misinformation from those anti-vaxers have you?”

You might even get a patronizing chuckle and an, “Uh oh. Somebody’s been googling, haven’t they?”

If you happen to mention this book or *The Vaccine-Friendly Plan*, you will almost certainly get an earful. “Oh, that quack, Dr. Paul Thomas! His article was retracted, his book is a disgrace to medicine, and he has probably singlehandedly done more to harm the community immunity in the greater Portland area than anyone else.”

I guarantee they have not even looked at my paper, much less read my books, and are thus completely unaware of the fact that patients under my care had much better than average health outcomes. In fact, my patients were so rarely sick they were likely providing *their* patients with a shield against infection. The healthy who don’t get sick are not a threat to others.

If you choose to engage at this point of the discussion and try to share information with your pediatric provider, they might be polite and take your information while encouraging you to rethink your position and reschedule to come in for the vaccines. Often, they will inform you of their new office policy requiring that all patients be vaccinated according to the CDC schedule. “I would hate to lose you as a patient, but we won’t be able to care for your children if they are not vaccinated according to CDC recommendations.”

The AAP used to discourage discharging families who didn’t follow CDC guidelines. It was considered unethical to be so paternalistic as to force the doctor’s judgment on patients: “Doctor knows best!” Today, however, the AAP encourages this unethical behavior.

What can you do if you find yourself in this standoff situation, being bullied to do vaccines against your wishes? I recommend you find another provider. The doctor’s rejection may be doing your family a huge favor. If all the pediatricians or pediatric practices in your community, however, have the same stance on childhood vaccines, that makes it more

challenging. You may have to think outside the mainstream medicine box. You can usually find a complementary, alternative, integrative, naturopathic, or functional medicine practice or a chiropractor who will honor your right to choose what, if anything, gets injected into your children. If you cannot, there are now online resources and online coaching opportunities available to you.

Depending on your personality and desired approach, you could politely excuse yourself, letting them know you will be finding another practice where your wishes will be honored. Or, if you are more inclined to fight back, you could let the doctor know you will be reporting them to your state's medical board for refusing to honor your right to informed consent and for bullying. No doctor wants to be reported to their medical board.

NOTES

My child, my choice sounds like an easy concept for others to understand and get behind. Yet, there are many forces arrayed against it. Just two days ago we coached a mom who didn't want to vaccinate her two-month-old, but the pediatrician tried very hard to scare her. The mom came home very confused. After the visit, she read **The Vaccine-Friendly Plan** and was trying to decide what could she give her baby and not cause harm. Fortunately, she decided to call us for coaching because the doctor had rescheduled her to come back in and vaccinate two days later.

Hold on . . . WHAT?

He told her he might have to call Child Protective Services if she chose not to vaccinate because she would be putting her child in harm's way! She has a perfectly healthy, thriving baby who has nothing toxic in her system, and the doctor is telling the mom she has to vaccinate her infant for diseases she will not be exposed to. This is when I get mad. I will explain more in Chapter 19, but as you read further, please remember this is **your** baby, **your** child—not the

doctor's, or CPS's, or any other government official who will not be held liable or even care if your baby is injured. What did this mom do? Walking her through every vaccine (just like we do in this book) reinforced her choice not to vaccinate. She canceled the appointment and will be changing clinics. She was blessed to find a pediatric office near her that honors informed consent. No one should ever tell you what to do, not even us. Get all the information, and **you** choose what you want.

—Just a Mom

CHAPTER 13

SIDS: SUDDEN INFANT DEATH SYNDROME

Also known as crib death, sudden infant death syndrome (SIDS) is an unexplained death in an infant. It's the horror no parent wants to even imagine, waking up to find your baby blue, cold, and not breathing—dead. While rare, it is still happening too often.

What if I told you, it is largely preventable. Would you want to know how to prevent it?

Our instinct as a parent is to protect our babies. Parents, alone, are the ultimate protectors of their children. When we outsource that role to any authority, whether it be doctors, the government, or health agencies, we risk much. I will touch on this issue of who to trust several times in this book.

Why?

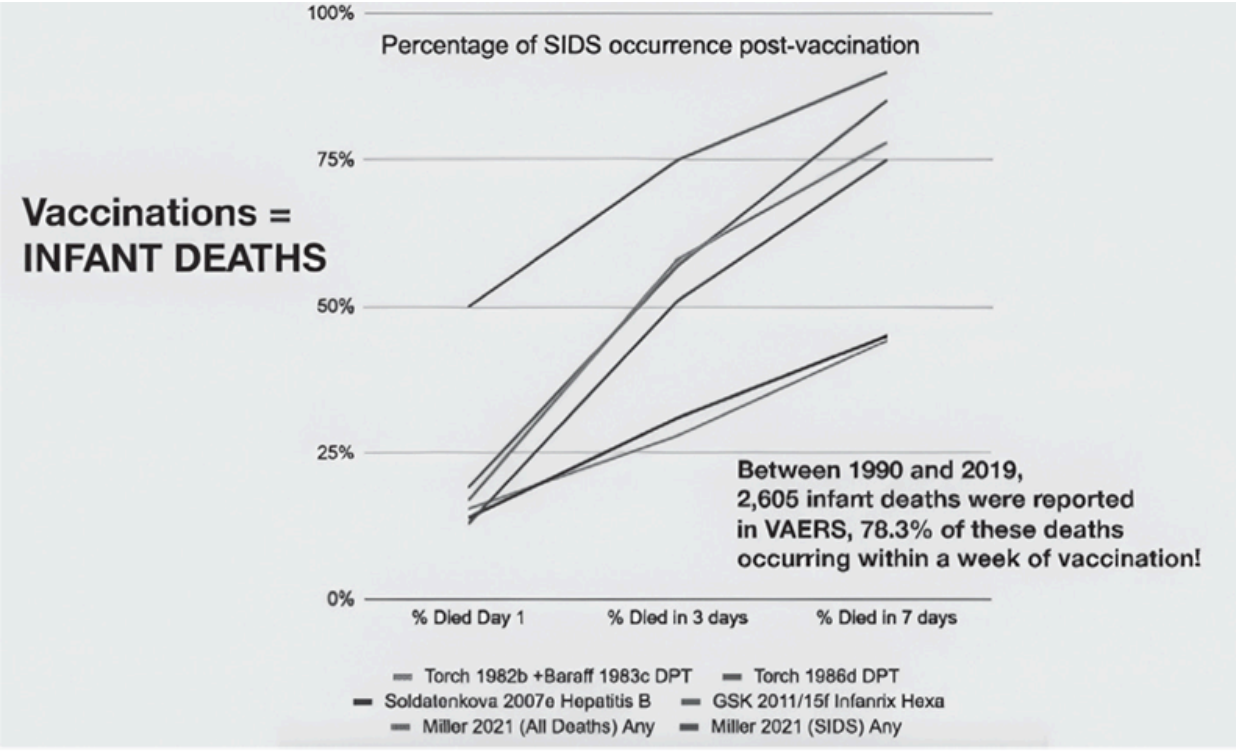
Doctors are trained, and by that, I mean indoctrinated. They learn information they believe to be true without personally looking at the source of the information and verifying it for themselves. They, themselves, trust authority. And who is that authority? Those who control the money, control the education, the scientific publications, and the messaging. It was never more clearly demonstrated than during COVID.

I was taught that SIDS was due to parents smoking in the room, the room being too hot, babies co-sleeping or sleeping on surfaces that were too soft, or moms smothering their babies while nursing. While all these factors may plausibly contribute, the primary cause has been right under our nose for decades.

The vaccines!

It has been well demonstrated that systemic immune activation, as occurs with the vaccine schedule for newborns, will result is a very rapid activation of the microglia in the brainstem. The "breathing center" is in the brainstem. The vaccines cause these hyperactivated ("primed") microglia to release high levels of glutamate and other excitotoxins, along with pro-inflammatory, destructive cytokines, into this control center. As a result the infant will stop breathing. Unless the infant lives long enough for pathological changes to occur in the brainstem, the pathologist will miss it. In most cases the child dies before pathological changes can be seen.[253] When a child is sick with an infection systemically, such as a sore throat or ear infection, this will also add to the priming of the vaccines and eventual immunoexcitoxicity in the brainstem.

Look at the graphs below. All the studies cited found a clustering of SIDS right after vaccines. Not before, not in the 10–20 days or 10–50 days after a vaccine or series of vaccines, but *right after* vaccines. That cannot be coincidence. We have found the smoking gun. Vaccines are killing babies. Vaccines are the number one cause of SIDS.



Data from (N. Z. Miller 2021)[254]

Vaccines are the number one cause of SIDS.

Neil Miller compiled the data from all these studies in a 2021 paper, "Vaccines and Sudden Infant Death: An Analysis of the VAERS Database 1990–2019 and Review of the Medical Literature."[255] "While the findings in this paper are not proof of an association between infant vaccines and infant deaths," he writes, "they are highly suggestive of a causal relationship." Of 2,605 infant deaths reported to VAERS from 1990 through 2019, more than half (58%) occurred within three days after vaccination and more than three-quarters (78.3%) occurred within seven days post-vaccination. This result had a p-value < 0.00001. That means the result is highly statistically significant and is extremely unlikely to be a coincidence.

In one confidential report of a vaccine manufacturer, 97% (65 of 67) SIDS deaths during the vaccine's trial occurred in the first 10 days after vaccination.[256]

Between 1990 and 2019 there were 2,605 infant deaths reported in VAERS. VAERS captures about 1% of events, meaning there could be anywhere from 1,000 to 10,000 infant deaths each year that are largely vaccine-induced deaths.[257] In 2021, there were 19,928 infant deaths in the US. Vaccines could have caused a substantial portion of them.

The United States has the highest infant mortality of all industrialized nations and is number one in the number of infant vaccines given.

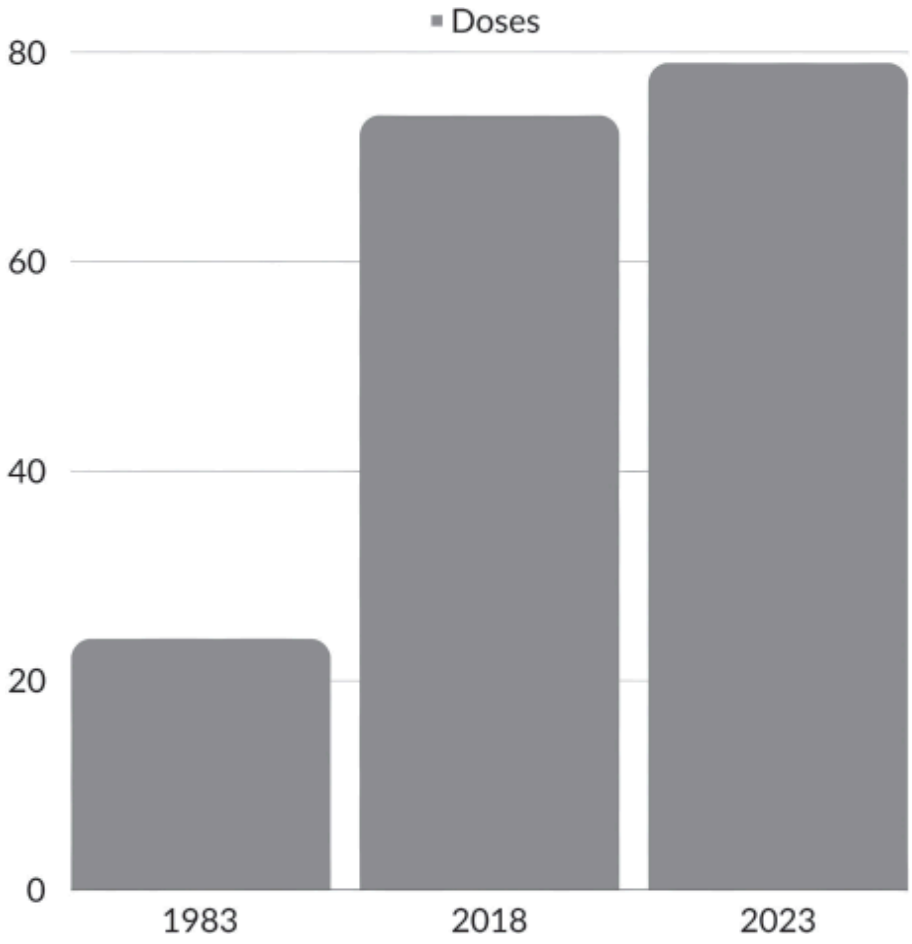
In the graph below of the number of vaccine doses in the USA childhood immunization schedule, we see that the number of recommended vaccine doses exploded rapidly between 1983 and 2023, from 24 to 78. It is quite possible that 2024 will see a new explosion in doses if COVID boosters are added to the annual ritual of flu shots, expanding the total by another 17 doses in the first 18 years of a child's life.

1983:	Polio x 4, DPT x 5, Td, MMR (measles, mumps, rubella)	= 24 doses
2018:	Polio x 4, DTaP x 7, Hep B x 3, Rotavirus x 3, Hib x 4 PCV x 4, MMR x 2, Hep A X 2, Varicella x 2, HPV	= 72 doses

x 3, Meningococcal (ACWY) x 2, Flu x 20 + 2 pregnancy

2023: add Meningococcal B x 2, COVID x 3, RSV to 2018 = 78 doses

2024: If COVID is made an annual booster = 96 doses



Total vaccine doses by year

Nearly 20,000 infants died in the USA in 2021, for an overall infant mortality rate of 5.4 deaths per 1,000 live births. The CDC lists SIDS as the number three cause of death, following birth defects and preterm birth, with 1,389 cases. But deaths that used to be classified as SIDS are often classified as suffocation or simply "unknown" these days. There were 1,062 deaths attributed to unknown causes, and 905 attributed to accidental suffocation and strangulation in bed for a total of 3,356.[258] When an infant dies, no matter how soon after vaccination, coroners and pathologists do not have

any codes for vaccine-related death available as options, so these deaths are generally coded as SIDS, unknown, or suffocation. I met the family of just such a case this past year. The parents dutifully allowed their two-month-old to get all the two-month shots as encouraged by their pediatrician, despite their child having a cold. Their baby was dead within 36 hours, and they were accused of suffocating the baby. After six months of hell, they were able to prove, due to extremely high aluminum levels in the baby's blood at the time of death, that it was the vaccines that killed their baby.

Are we killing more babies than we ever would have lost from the diseases for which we have vaccines?

Even if we stopped giving all vaccines and some of the diseases that we vaccinate for returned, like measles and chicken pox, the mortality from them would likely be far lower than these numbers. For you, as a parent, it really comes down to which risks you are most comfortable with, the danger of the vaccine or the danger of the disease. The answer will not be the same for everyone, nor should it be. Not all immune systems are created equal. Some families find that infectious diseases hit them harder than most. Others find they are more susceptible to the immune dysfunctions that vaccines are associated with. I'll be covering these risks for each vaccine in upcoming chapters.

For you, as a parent, it really comes down to which risks you are most comfortable with, the danger of the vaccine or the danger of the disease.

The medical field uses the word "syndrome" when they don't know what causes a condition—or they don't want you to know. After the rollout of the COVID shots, suddenly we were hearing about SADS, sudden *adult* death syndrome. It's very likely that you know one or more formerly healthy adults who suddenly dropped dead since 2021. While there have always been sudden deaths, the sheer number of them since the COVID vaccines were mandated by many employers and schools in 2021, and not 2020 when

COVID itself was raging, has been striking. Like SIDS, this sort of sudden death appears to be rare in people who are not vaccinated.

As you contemplate the upcoming information about the shots on the childhood schedule, remember that all of them have serious adverse events, including death, associated with them. The more you vaccinate, the more of those risks you incur. There may come a point when you stop being lucky. I have come to believe that vaccinating infants is like playing Russian Roulette with their lives—every time.

NOTES

Well, that was scary. I looked up information on SIDS. There seems to be a new term, SUDI, or sudden unexpected death in infants. It's supposed to encompass SIDS and "fatal sleep accidents," including suffocation. It sounds like a way of lumping all the deaths that used to be called SIDS back together. Dr. Paul believes vaccines are the number one cause of SUDI. If you Google it, you will see many different hypotheses and explanations for these sudden deaths, and NONE of them are vaccine related. If you ask Google if there is any connection between the two, many official-sounding sites will tell you that "vaccines absolutely are not to blame when a baby dies suddenly!" Yet, there is plenty of evidence that SUDI clusters within days of vaccines. When my son was three, he had a four-year-old girlfriend in preschool. She had a horrible cold that winter. When she went for her four-year checkup, they gave her two vaccines. One I don't remember, and the second was a flu shot. That night she died in her sleep.

The medical professionals told the parents she died because she was sleeping in between them. She had spiked a fever that night. They called urgent care and were told that was normal; if she was still sick the next day, they should bring her in. As they didn't want her too

far from them, they propped her up in bed between them so she could breathe.

Is this coincidence? Would she have died anyway? How about the three babies I mentioned earlier that died after their two-month vaccines? None of these babies who died last year had parents who were smokers, and all of them slept on their backs in cribs without blankets. I have heard of SIDS cases before, but I have never heard of a case of an unvaccinated baby dying that didn't have an underlying condition. I just don't understand why it isn't looked at. Why isn't anyone questioning it? What an easy fix if it is the vaccines. Spread them out. Wait until they are older when there isn't a risk of SIDS. It worked in Japan.

A newborn's brain is developing every second, 100 percent of the time. Doesn't it make sense to avoid doing anything that interrupts that process? There is simply too much evidence that the aluminum in these early shots can affect the brain. If it affects the part of the brain that is responsible for regulation of breathing and the infant's ability to wake up, you don't get a second chance. Again, I am not telling you not to vaccinate; I am just asking you to question them. If more people did, and more people said, "No, thanks, I don't think they're safe enough," maybe they would do more to make them safer.

—Just a Mom

CHAPTER 14

INFANT VACCINES (HEP B, DTAP, POLIO, PNEUMOCOCCAL, HIB, ROTAVIRUS, INFLUENZA, AND COVID)

We covered hepatitis B under the newborn section. Due to the total lack of risk for most children—young children aren't shooting up with dirty needles and don't have sex, unless they are being sexually abused, which is, of course, a bigger problem than hepatitis—this vaccine is completely unnecessary. When you add the risk incurred by injecting up to 250 micrograms of aluminum, the risk-to-benefit ratio is heavily weighted toward "RISK!" Remember that hepatitis B vaccines don't provide lasting immunity as the antibodies stimulated by the vaccine are frequently gone within 10 years of the three-shot series. In addition, this vaccine is associated with a very high risk of the vaccinated child developing multiple sclerosis.[259]

If you still want your child to have this vaccine, try at least to wait until your child is more likely to become sexually active or, heaven forbid, get into IV drug use. However, I do not recommend it even then for most kids. In addition to the risks already mentioned, I have seen the vaccine trigger mental health crises in teenagers. Men engaging in sex with other men are considered to be at high-risk for hepatitis B infection, but when I worked with over 500 at-risk young adults at my addiction clinic only one was hep

B-positive. That makes me think that even for teenage boys exploring sex with other teenage boys, the potential benefits of the vaccine aren't enough to offset the risks. The likelihood and risk of hepatitis B infection are just so low in the USA for everyone other than sex workers, recent immigrants from countries with high rates of hepatitis B, health care providers who work with high-risk individuals, and men who have sex with men.

DTaP (diphtheria, tetanus, and pertussis)

The vaccine: Daptacel, Infarix, Pediatrix, Kinrix, Quadracel (2 versions), Vaxelis

When CDC recommends it: At 2, 4, 6, 18 months, and a booster at 4–6 years age

Disease prevalence: Zero diphtheria in the USA that is not imported; approximately 30 cases of tetanus per year; pertussis is becoming more common at 1 in 150,000

Effectiveness: The acellular pertussis component has lost a lot of effectiveness due to evolution of the bacteria.

Risks of vaccine: Whole-cell DTP was more dangerous, but the death rate is still greater than 1 in 76,341.

Risk if you don't vaccinate: Virtually zero for diphtheria; tetanus can be prevented with an antibody shot (TIG) if there is a real risk of infection. Death from pertussis is rare, less than 1 in 2,346,718, but is more common in infants.[260]

Potentially problematic ingredients: All brands have aluminum and formaldehyde, and all but Daptacel have polysorbate 80.

Diphtheria

Diphtheria symptoms can include a sore throat, croupy cough, low-grade fever, runny nose, breathing problems, and a fiber-like coating on the tonsils, pharynx, or inside of the nose. I recall a story from my mother-in-law who

once watched her own mother hold a baby as the child suffocated from the pseudo membrane that formed at the back of their throat, cutting off their airway. It sounds horrendous, and it is, but there's no need to worry about it here. In the USA, diphtheria is essentially nonexistent.

Diphtheria toxin is produced by the bacterium *Corynebacterium diphtheriae*. The toxin is what actually kills, and the vaccine contains a "toxoid" that stimulates antibodies against the toxin itself. There are four strains of *C. diphtheriae*—belfanti, gravis, intermedius, and mitis—which can all produce toxins that can lead to serious disease.[261]

The diphtheria toxoid vaccine was introduced in 1920 and has been used in the United States for over 100 years. The mortality rate went from about 35 in 100,000 in 1900 to close to zero by 1950.[262] The toxoid does not stimulate antibodies that prevent the transmission of infection to others, but it does neutralize the potentially deadly toxin produced by the diphtheria bacteria. By the time the last states chose to require diphtheria vaccine for school attendance in the 1980s, there were fewer than two cases a year on average, and from 1980 through 2014 the average was one case a year. The only case recorded since 2014 was in 2018. Fortunately, the scourge of diphtheria is a thing of the past.

Given that there is zero risk from diphtheria itself, let's look at the risk of the vaccine. According to VAERS, there have been 174,884 reports of diphtheria vaccine reactions, including 2,992 related deaths, 20,106 hospitalizations, and 2,946 related disabilities.[263] [264] Sixty percent of the serious diphtheria vaccine-related adverse events were in children under six. These events included temperature over 105˚F, shock-like state (hypotonic-hyporesponsive episodes), persistent crying lasting three hours or more, convulsions with or without fever, and encephalopathy (coma, decreased level of consciousness, prolonged convulsions).

As of November 28, 2017, 5,514 claims had been filed in the federal Vaccine Injury Compensation Program (VICP) for injuries and deaths following diphtheria vaccination, including 854 deaths and 4,660 serious injuries.

It doesn't make sense to continue vaccinating against a disease that has been gone for more than forty years, especially when the vaccine carries

substantial risk. Would this infection return if we stopped vaccinating? It seems very unlikely, though sporadic cases might pop up from time to time. These can be treated effectively with penicillin and antitoxin. This is a disease that flourished in crowded, unsanitary conditions. Like many of the diseases for which we have vaccines, it was once very scary, but better hygiene, sanitation, and a little help from antibiotics have consigned its terrors to the past.

It doesn't make sense to continue vaccinating against a disease (diphtheria) that has been gone for more than forty years, especially when the vaccine carries substantial risk.

Tetanus

Tetanus, also known as lockjaw, is caused by the anaerobic bacteria *Clostridium tetani* and is not transmitted from person to person. Again, it is the toxin the bacteria produce that causes muscles to lock up. Symptoms start between three and twenty-one days after you have been exposed to spores. To proliferate, the spores must be trapped in a wound without oxygen. If you happen to get a dirty wound that does not bleed freely, putting you at risk of tetanus, you can go to a hospital within three days and get a tetanus immunoglobulin shot. Known as TIG, this shot provides protection until your body starts to make antibodies.

Clostridium tetani is anaerobic, meaning it cannot live in the presence of oxygen. Thus, the only way it can harm you is if dirt gets inside a wound that closes before it can be properly cleaned. Because tetanus lives primarily in the intestines of animals, especially horses and perhaps cows, historically it was a big deal during the Civil War, when both armies used horses to travel and carry supplies and wounded soldiers abounded. The infamous "rusty nail" we were taught to fear is unlikely to be dangerous unless it happens to also be in a horse barn.

Unlike diphtheria, tetanus has never been common. There were only about 2,400 cases in the entire USA in 1900, averaging three cases per

100,000 people. The tetanus toxoid vaccine was introduced in the 1940s. In 1948, before the vaccine was widely used, there were only 601 cases of tetanus in the US. Tetanus cases are now quite rare and have held steady at about 30 cases per year for the past two decades, as the following table of average annual case numbers shows:

Years	Annual Average Cases
1980–89	72 cases / year
1990–99	41 cases / year
2000–09	29 cases / year
2010–14	30 cases / year

From 2009 through 2017, a total of 264 cases and 19 deaths from tetanus were reported in the United States. All tetanus-related deaths occurred among patients > 55 years of age.[265]

From 2009 through 2017, a total of 264 cases and 19 deaths from tetanus were reported in the United States. All tetanus-related deaths occurred among patients > 55 years of age.

It is probable that the population shift toward cities and suburbs, where people generally live separated from horses and livestock, along with improved wound hygiene—making sure to clean them well before closing them up—has largely eliminated tetanus. Like diphtheria, tetanus was often deadly, but as treatments have improved we have gotten to the point where only about 7% of people who get tetanus die. Historically, a quarter of those deaths occur in older people with impaired circulation due to diabetes, who are often unaware that they have been wounded until it is too late to treat the tetanus.[266]

The tetanus toxoid is not without side effects. Common side effects include headache, fatigue, swollen joints, and muscle weakness; less common ones include shock, neuropathy, convulsions, swelling and inflammation of the brain, paralysis, Guillain-Barré syndrome, and death.

Though tetanus is a problem for newborns in some countries where children are frequently born in unsanitary conditions, the risk of tetanus is virtually nonexistent for infants in the US. Risk can be mitigated at any age with good wound care. When a wound can't be properly cleaned, a TIG shot and antibiotics should prevent serious illness. You might consider a vaccine as well at that point, but keep in mind that vaccines take time to stimulate antibodies, probably more than the time it would take for the infection to develop.

Unfortunately, the tetanus toxoid vaccine is not available by itself. To get tetanus protection, you must get the DTaP, Tdap, DT, or Td, all of which contain aluminum. In fact, the Tdap vaccines, Adacel and Boostrix, both contain alarming amounts of aluminum, 330 micrograms and 500 micrograms, respectively. And even worse, Mass Biologics' Td shot still contains thimerosal (mercury). The documentary *Trace Amounts*, about the risks of injecting vaccines preserved with mercury, began when Eric Gladen, the film's director, was badly hurt by a mercury-containing tetanus shot.

We no longer need to fear tetanus. Until your child is rough and tumble, frequently getting deep, dirty wounds, you can safely hold off on this one. Given the low risk of infection, and the potential risks of the toxoid injections, it might be wise to hold off altogether.

Pertussis

Pertussis, also known as whooping cough, is also a bacterial infection, this one caused by *Bordetella pertussis.* The initial cold and congestion typically progress to a severe and long-lasting cough. Coughing fits or spasms can have you gasping for air, which makes the classic "whoop" sound in adults or older kids from which we get the name "whooping cough."

The decision of whether to vaccinate against pertussis is one of the more complex ones a parent must make. Here is why I say that: Whooping cough can and does kill a few babies each year. What is not clear is whether

vaccines reduce the risk. Because it is highly contagious, when we have cases in the community, many who are not immune (vaccinated or not) will get it. If you are healthy, you will get the typical symptoms and eventually recover, probably leaving you with broadbased, long-lasting immunity. High-dose vitamin C is very effective at speeding up your recovery, and antibiotics can help you eliminate the bacteria.

The old whole-cell DPT vaccine (discontinued in the USA in 1989) was pretty effective at reducing severity and likelihood of catching pertussis; however, it was also very dangerous. As you may recall from earlier in the book, it was the DPT shot that triggered so many lawsuits that the pharmaceutical companies threatened to stop making vaccines if Congress didn't pass the 1986 law giving them a free pass for any death and destruction their products might cause. Some doctors claimed that the risk of DPT encephalopathy far exceeded the risk of death or permanent damage from whooping cough. DPT shots always contained aluminum. Since we now understand that the aluminum in the DPT, and now the DTaP, is wreaking havoc on kids' health, the better course of action would probably have been to stop the whole-cell old DPT and allow natural immunity to take over. Instead, we switched to the acellular DTaP around 1990 in the USA. Though, it was a much safer vaccine, it still had an unacceptably high amount of aluminum that we did not consider at the time.

Knowing what then happened over the next 30 years is important for making a good decision today. The DTaP became less and less effective over time due to the emergence of new strains of pertussis without the pertactin protein the vaccinated needed to recognize and destroy the bacteria.[267] [268] The CDC reports that the "frequency of PRN-deficient strains has been variable, but these strains have risen to dominance in the United States (85%)." What this means is that not only is the vaccine not effective at preventing disease and transmission, but it is also creating carriers of the disease. The unvaccinated get sick and recover having eliminated the pertussis and end up with robust immunity. But DTaP-vaccinated people are now being infected, often without knowing it, and spreading it to those with no immunity. This is why "cocooning" a newborn by vaccinating the adults around them is a bad idea. Those DTaP-vaccinated grandparents likely won't

even know it if they have a pertussis infection, making it more likely they will infect the baby.

The prudent approach, given the known risks of aluminum-containing vaccines, including developmental challenges like autism and ADHD, allergies, and autoimmunity, and the real risk of SIDS in the vaccinated is to say no to this failing vaccine. Protect your babies by restricting visitors, especially those with colds or coughs, in the first months of life. Have visitors wash their hands before holding or touching the baby and don't allow them to kiss the baby on the face, hands, or feet.

The history of pertussis in the USA tells an interesting story. Between 1900 and 1945, before widespread use of the pertussis vaccine, death due to pertussis dropped from 16.1 per 100,000 to 1.3 per 100,000, a 92% decline.[269] From 1922 to 1950, there were over 100,000 cases a year. From 1951 to 1964, cases declined from about 100,000 a year to 10,000 a year. Annual cases hit a low of 1,010 in 1971 and remained below 10,000 until 2003, when they began rising again. In 2014, we peaked at over 48,000 cases. The numbers have been dropping consistently since then to 18,617 in 2019, then 6,124 in 2020 and just 2,116 in 2021.[270] One would be tempted to think the COVID shutdowns of 2020 were responsible for much of the recent decline, but if that were the case the number should have shot up again in 2021 as people returned to their normal activities. Hopefully, the decline has more to do with the evolution of less virulent strains and/or the development of some natural immunity to the new strains. These low numbers mean, of course, that risk from pertussis infection is nearly at an all-time low.

Judicial Watch, which calls itself "a conservative, non-partisan educational foundation, which promotes transparency, accountability and integrity in government, politics and the law," analyzed all the literature regarding the risks of vaccinating vs. not vaccinating in a 450-page report.[271] Their conclusion regarding pertussis is "the maximum increased total risk (if there is an increase in risk) over the 6-month to 19-year age range that can be estimated to result from non-receipt of pertussis vaccination totals less than about 1 in 2,300,000 for death and less than about 1 in 10,000 for

hospitalization over the entire period in which an average US resident is aged 6 months to 19 years."

In my opinion, dumping the DTaP vaccine is an idea whose time has come. The benefits are negligible at best. The diphtheria component is completely unnecessary. Tetanus is very rare, largely avoidable, and reasonably easily treated if caught in time, and the pertussis component appears to be making it *more* likely that children will catch pertussis. Add to that the considerable risks associated with injecting aluminum adjuvants, and this vaccine is hard to justify.

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Polio

The vaccine: IPOL Sanofi Pasteur; IPV is a component in Kinrix®, Pediarix®, and Pentacel®

When CDC recommends it: At 2, 4, 6–18 months, and a booster at 4–6 years

Disease prevalence: Zero in the USA since 1979

Effectiveness: Questionable

Risks of vaccine: Risk of death is greater than 1 in 214,973.

Risk if you don't vaccinate: Zero, unless you travel somewhere polio is endemic

Potentially problematic ingredients: Formaldehyde, neomycin, streptomycin, polymyxin B, calf bovine serum albumin (IPOL); for the

combination vaccines see Appendix B

Polio is supposedly caused by the poliovirus. This point is up for debate as discussed, for example, in Suzanne Humphries' book *Dissolving Illusions*.[272] Historically, in less than 1% of poliovirus infections, the virus was believed to invade the central nervous system, paralyzing limb muscles and, sometimes, the muscles needed for breathing and swallowing as well. Generally, victims fully recovered within 10 days, but permanent paralysis and death were possible.[273] All recent cases in the US have been caused by the oral polio vaccine.

Before polio vaccines were introduced in the US in 1955, it was estimated that 95% of polio infections had no symptoms.[274] Most of the 5% who had symptoms just had low-grade fever, sore throat, and flu-like symptoms.[275] [276] Of those who got symptoms, on average fewer than 1 in 100 developed paralysis and 84% of those recovered without any ongoing paralysis.[277] Thus, even before a polio vaccine was introduced, your chance of getting paralytic poliomyelitis was 1 in 19,000 (0.005%).[278] The risk of permanent injury or death from the polio vaccine has not been proven to be less than that of polio for children at normal risk.[279] [280] [281] [282] [283] [284]

In the USA we no longer offer the OPV (oral live-virus polio vaccine). When polio was around, perhaps it made sense to try the vaccine, which was considered more effective than inactivated versions (like the ones we use today). But it's been decades since anyone in the US was paralyzed from any poliovirus that didn't come from a vaccine. The polio vaccines in the US, IPOL®, Kinrix®, Pediarix®, Pentacel®, are all inactivated and not particularly effective. I've never used the combination vaccines with a polio component as they have a much greater risk of side effects.

I covered polio extensively in the history section. Reminder, this is a disease caused by an enterovirus. Enteroviruses inhabit the intestinal tract and are transmitted by the oral-fecal route, meaning through either saliva or feces. The flush toilet and good sanitation and hygiene have largely been responsible for the elimination of polio in the Western Hemisphere. The last case of wild polio in the United States was in 1979!

In 1916 a polio epidemic that began in Brooklyn, NY, killed 6,000 people and paralyzed 27,000. By the time the injectable polio vaccine was introduced in 1955 there were about 25,000 cases reported annually. Remember that prior to the vaccines any polio-like illness could be diagnosed as polio, and after the vaccines were introduced the diagnosis was much more specific, creating the illusion that the vaccine was far more effective than it actually was. In 1960 there were only 3,000 cases, and the last year we had any cases in the US, 1979, there were 10 cases. It is shocking to me that the polio vaccine is still recommended for children in the USA.

The first polio vaccine was an inactivated polio vaccine (IPV) invented by Jonas Salk and licensed in 1955. But the US switched to the oral polio vaccine (OPV) in 1961 because studies were finding that the Salk vaccine was not very effective. The OPV was credited with the elimination of polio in the US, but many unanswered questions remain about how that would have been possible. In 1999 because of vaccine-induced polio, the oral polio vaccines were discontinued in the USA.

Remember that in the USA the apparent reduction in “polio” coincided with the new definition requiring 60 continuous days of paralysis. Most polio paralysis lasted days or a few weeks. The US “eliminated” polio at least partly by changing the definition of polio. It likely had little, if anything, to do with the Salk vaccine, but try convincing my mom or anyone who lived through those times! It is nearly impossible. They saw “polio” and knew people who were paralyzed. They were horrified by pictures of iron lung machines. But was the paralysis caused by poliovirus, other viruses, or something else altogether, like DDT, the central nervous system poison that was being sprayed everywhere in the 1950s and was gradually phased out until it was banned completely in 1972? By the way, today’s version of an “iron lung” is the ventilator, which is still used quite often, especially during the COVID pandemic.

I cared for a young girl around 2015 who came down with acute flaccid paralysis that was indistinguishable from polio other than the fact that we have the technology now to identify the exact virus. It was enterovirus D68. When we realize that only about 1% of those who contract the poliovirus

progress to paralysis and even most of those recover and we add to that the understanding this virus has been all but eradicated in the world, it does not make much sense to continue this vaccine campaign.

There is no logical reason to continue to give babies, or anyone in the US for that matter, the polio vaccine, unless you're traveling to an area that is having a major polio outbreak.

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Pneumococcal

The vaccines: Prevnar 13, Prevnar 20, and Vaxneuvance (PCV15)

When CDC recommends it: At 2, 4, 6, and 18 months, and 4–6 years

Disease prevalence: About 20,000 cases per year in the US in all ages

Effectiveness: Very low due to serotypes changing and waning antibody titers

Risks of vaccine: Risk of death is greater than 1 in 50,056.

Risk if you don't vaccinate: Risk of death from pneumococcal disease is less than 1 in 236,562.

Potentially problematic ingredients: Aluminum phosphate, polysorbate 80

There are over 90 different pneumococcal strains, also known as serotypes. Pneumococcus is a bacterium that can cause mild cold symptoms, ear infections, severe pneumonia, sepsis, or meningitis. The bacterium is carried in the nose and throat and is transmitted by sneezing and coughing. A large portion of the population carries the bacterium without getting sick.

The first pneumococcal vaccine recommended for children, Prevnar 7, targeted seven strains and was introduced in 2000. Immunity to those seven strains allowed other strains to become more prevalent. This is called "type

replacement" and is a known issue with pathogens that have many strains. Due to this type replacement, in 2010 Pfizer replaced Prevnar 7 with Prevnar 13, which targeted the new common strains. In 2022 Merck's 15-valent Vaxneuvance was approved, and in 2023 Prevnar 20 was approved. Merck makes a vaccine with 23 strains (Pneumovax® 23) that is primarily for older adults, but anyone aged two through sixty-four who is at increased risk for pneumococcal disease, such as those with sickle cell anemia or those without a spleen, can get it. Prevnar and Vaxneuvance both contain 125 micrograms of aluminum.

I did include this vaccine in the VFP since pneumococcal infections can cause sepsis ("blood infection") and bacterial meningitis, a very dangerous infection of the covering of the brain which, in some cases, can kill you. The risk of these infections is real but relatively rare. In 2017, there were 19,620 reported cases of invasive *S. pneumoniae* in the U.S., with 1,220 cases occurring in children under the age of five. There are about 16,000,000 children under five, so your preschooler's risk of infection is about 1 in 13,000.

Reported pneumococcal vaccine reactions include fever, severe local reactions (swelling, redness, and pain at site of injection), irritability, drowsiness, restless sleep, vomiting, diarrhea, rash, decreased appetite, convulsions, asthma, pneumonia and sudden infant death syndrome (SIDS). As of May 31, 2019, there have been *21,536 serious adverse events* reported to (VAERS) in connection with pneumococcal vaccinations, with most in children under six. In 2018 there were 5,292 hospitalizations and 917 permanent disabilities.[285]

This vaccine can be a tough decision for some parents as clearly there are risks whatever you decide. If you vaccinate and your child has a serious or fatal reaction, can you live with your decision? If you don't vaccinate and your child gets a serious or fatal infection, can you live with that decision?

Because the serotypes in the vaccines quickly become irrelevant as other serotypes replace them, immunity is a moving target, and the vaccine's benefits are marginal. The risks seem more significant to me, but some families really struggle with pneumonia. If that's your family, your calculations may be different from mine.

I understand the power of the innate, inborn immune system and how effective it can be at getting rid of infections if I have not shifted it toward allergy and autoimmunity by vaccinating. If it were my child and my choice, I would likely rely on that and refuse the vaccine. The data on the unvaccinated is powerful. They rarely get sick, and when they do, they usually recover quickly. In addition, pneumococcal infections tend to respond well to antibiotics, so in the rare event of a serious infection, treatment is usually effective. As with all vaccine decisions, you, the parent, should make the decision that you are most comfortable with and makes the most sense for your family.

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Hib *(Haemophilus influenzae)*

The vaccines: ActHIB, Hiberix, PedvaxHIB, Pentacel, MenHibrix, Vaxelis, Comvax

When CDC recommends it: At 2, 4, 6, and 12–15 months

Disease prevalence: Less than 1 in 1,000,000

Effectiveness: Poor, the vaccine targets a strain that has largely disappeared.

Risks of vaccine: The death rate is greater than 1 in 45,966.

Risk if you don't vaccinate: The risk of death is less than 1 in 1,1,494,710.

Potentially problematic ingredients: Amorphous aluminum hydroxyphosphate sulfate (PedvaxHIB), formaldehyde (ActHIB, Hiberix); see package inserts (Appendix E) for combination vaccines

The *Haemophilus* bacteria are normal inhabitants of our nose and throat. There are several strains of *Haemophilus influenzae*, and type B is currently

an extremely rare strain. Most cases of *Haemophilus influenzae* colonization do not cause disease. Prior to the introduction of the Hib vaccine, most children acquired natural immunity by the time they were six years old.

Hib was known to be one of the major causes of ear infections, sinus infections, and pneumonia in addition to sepsis, epiglottitis, and meningitis, especially in babies. Exactly what caused type B to become such a problem is not clear, but the shift of types since the vaccine was introduced around 1987 has been fortunate for our children. The other, replacing, strains seem to rarely cause significant infections. We no longer need to fear this organism.

There are many vaccines for Hib (*Haemophilus influenzae*):

Hib-only:

- ActHIB®
- Hiberix®
- PedvaxHIB®

Combined with Hib:

- Pentacel®
- Menhibrix®
- Vaxelis™
- Comvax®

I recommended Hib in *The Vaccine-Friendly Plan*. I was in my pediatric residency training program from 1985–1988, right when the Hib vaccine was introduced to the market. We saw a lot of meningitis then, and I recall most of it being caused by Hib, with pneumococcal meningitis a close second. While most children with meningitis survived, some ended up with residual brain damage. I thought it was important to offer that protection, because it seemed the meningitis caused by those bacteria began rapidly disappearing after we implemented that vaccine.

There were about 12,000 Hib infections in 1986 that led to meningitis and about 5% of those children died.[286] There were 3,731,000 live births in the US that year, so a child had a 0.3% chance of getting meningitis from Hib, and a 0.016% chance of dying from meningitis related to Hib.[287]

Numerous studies have documented the shift since then in strains from type B to one of the other strains.[288] [289] [290] [291]

By 2015 the incidence of Hib infection in the US was less than one in a million. It simply is no longer an issue. As with the Prevnar vaccine, evolutionary pressure from the vaccines has shifted dominance to different strains. There are still several hundred *Haemophilus* infections in children each year, but only a tiny fraction is type B, the type covered by the vaccine. Most are now type A or "non-typeable" and are not covered by the Hib vaccine. The difference between Prevnar and Hib is that we got lucky with Hib. Type B could just as easily have been replaced by a *more* virulent strain, rather than milder ones.

By 2015 the incidence of Hib infection in the US was less than one in a million. It simply is no longer an issue.

Several studies indicate the Hib vaccine significantly increases the risk of developing type 1 diabetes.[292] [293] [294] [295] As of July 31, 2018, there were 38,748 reports of Hib vaccine reactions, in (VAERS), including 2,626 related deaths, 15,276 hospitalizations, and 1,540 related disabilities.[296]

SIDS occurs more frequently within a few days after a baby receives the hexavalent vaccine Vaxelis. I am very leery of all the big combo vaccines, with four to six different vaccine components as I witnessed a huge increase in calls from distressed parents the day and night after their babies got these vaccines. Your pediatrician may tell you your child's hours of high-pitched screaming and 104˚ fever are "normal" responses to the vaccine. They certainly are *common*, but I wouldn't call them "normal." That child's little body is telling you something is terribly wrong. Don't ever give them another dose of a vaccine that causes a reaction like that, and after having such a bad reaction it would be preferable to not give the child another vaccine, period.

The need for the Hib vaccine was questionable by 2015, and it is now clear that the vaccine's risks far outweigh its miniscule benefits.

The need for the Hib vaccine was questionable by 2015, and it is now clear that the vaccine's risks far outweigh its miniscule benefits.

Rotavirus

The vaccine: RotaTeq®, Rotarix®

When CDC recommends it: At 2 and 4 months; Rotarix requires a third dose at 6 months

Disease prevalence: Very common in the first two years of life, especially in daycare

Effectiveness: Minimal and, as a live oral virus vaccine, it may cause illness

Risks of vaccine: Intussusception, death, vomiting, and diarrhea

Risk if you don't vaccinate: Diarrhea and vomiting with a 1 in 8,300,000 risk of death in USA

Potentially problematic ingredients: Polysorbate 80, fetal bovine serum (RotaTeq); porcine circovirus type 1 (Rotarix)

Rotavirus is an intestinal virus that can cause diarrhea and vomiting and occasionally fever. It is transmitted when individuals come in contact with infected body fluids or feces. Most children get rotavirus in the first few years of life.

I never gave this vaccine to any of my patients. It simply never made sense; the risks always outweighed the benefits. That is even clearer today than it was when I published *The Vaccine-Friendly Plan* in 2016.

When babies and children get gastroenteritis (vomiting and diarrhea), one of the main causes, we are told, is rotavirus. Contact with a sick person's diarrhea is a sure way to get the infection yourself, so you can imagine that daycares where little ones are crawling around putting toys in their mouths is a sure way to catch rotavirus.

So, just how dangerous is it?

Before the rotavirus vaccines were introduced in the 1990s, the CDC reported rotavirus was responsible for 400,000 office visits, 200,000 emergency room visits, 60,000 hospitalizations, and 40 deaths.[297]

Forty deaths a year!

Even then it was apparent the virus was not deadly if you had access to medical care. Doctors' offices can hydrate babies and children orally and give the medication ondansetron to stop vomiting so sick kids can keep fluids down. In the rare instances that failed, they could be admitted to the hospital for IV fluids.

If the vaccine were harmless and it could prevent some hospitalizations, I could maybe see a case for it, but the vaccine was, and is, clearly *not* harmless! In fact, it is so concerning that you cannot even start giving this vaccine after seven months of age. Imagine the idea of giving your 2, 4, and 6-month-old a vaccine that is too dangerous to give to a one-year-old? That flies in the face of common sense.

The rotavirus clinical trials produced horrifying results. The first rotavirus vaccine to hit the market, RotaShield, was recalled when too many children developed intussusception, where the intestine telescopes in on itself, creating a bowel obstruction that can kill without treatment, usually surgery. When some of the children died, that experiment was ended. A few years later Merck came out with RotaTeq and GSK with Rotarix. Had they solved the intussusception and death issue?

No!

In the Rotarix trial I, 30 of the "control" group had a severe medical event, a rate that was slightly higher than the trial group, which also had many severe medical events. In addition, 16 infants had intussusception and 43 died.[298] Nothing to see there, since more problems were seen in the "control" group. Except the control group got everything in the vaccine but the antigen, the virus itself.

RotaTeq had similar adverse events with 1 of every 40 infants having serious medical events; 15 had intussusception and 20 died.[299]

These are genetically engineered vaccines. Rotarix is made of live-attenuated human rotaviruses. RotaTeq is a reassortment vaccine made of live human-bovine (cow) viruses. Both vaccines use the Vero cell line

derived from African green monkey kidney cells, where we got SV40, the common contaminant in polio vaccines. What could possibly go wrong?

When you consider that most of the four million babies born in the USA each year are given these dangerous products, there is no way that the vaccines themselves are not killing more than the 40 babies who were dying each year from rotavirus before these vaccines were deployed.

The risks seem to heavily outweigh any potential benefit. Fortunately, no one can make you "catch up" with rotavirus vaccines, as they are not approved after age seven months.

The hepatitis B vaccine is recommended at birth, 1–2 months, and 6-18 months, and the DTaP, polio, Hib, pneumococcal, and rotavirus vaccines are administered at 2, 4, and 6 months. (See the CDC recommended vaccine schedule for the exact timing.) The flu and COVID vaccines are now recommended starting at six months. This makes the 6-month well baby visit the most dangerous one babies ever encounter. If they are vaccinated "on time," they will get 10 different vaccines in one visit!

The 6-month well baby visit is the most dangerous doctor visit babies ever encounter. They are scheduled to get 10 different vaccines at once—hep B, DTaP, IPV, Hib, pneumococcal, rotavirus, flu, and COVID.

That is *if* you follow the CDC recommendations. Come to think of it, the CDC should not be practicing medicine, as they don't have a license to do so.

Your pediatrician or health care provider does not need to listen to the CDC if what they're pushing makes no sense or is dangerous for your child. Only you go home with your baby. You will be with them if things go wrong. Isn't it strange that we take our totally healthy babies into the doctor, and what they do often makes our babies acutely ill and/or chronically injured?

Influenza (flu)

The vaccine: Multiple brands

When CDC recommends it: Annually starting at age 6 months, with two doses the first year

Disease prevalence: Influenza is endemic. We all get it eventually.

Effectiveness: Vaccines make it more likely you will get flu-like illness and other respiratory infections.

Risks of vaccine: Extensive neurological risks

Risk if you don't vaccinate: Minimal, natural immunity seems superior.

Potentially problematic ingredients: See Appendix B, exact ingredients change each year. Multidose vials contain the mercury-containing preservative thimerosal.

Do not, ever, take a (mercury-containing) multidose flu shot.

Influenza viruses cause fever, chills, sore throat, nasal congestion, cough, and body aches. People use the term "flu" to describe any kind of respiratory or gastrointestinal illness, but over 70% of respiratory infections are caused by pathogens other than influenza A or B. The influenza vaccine does nothing to prevent flulike conditions that are caused by anything other than the four strains of influenza A and B selected that year for the vaccines. Most people recover from influenza without any complications, and natural infection can provide protection from future infections of the same strain or a related strain.

Mercury is one of the deadliest poisons on the earth to life, including humans. Ethylmercury (thimerosal) was added to flu shots as a preservative. Hundreds of articles and books have been written about this.[300] [301] [302] [303] [304] [305] [306] Thimerosal was removed from "childhood" vaccines around the year 2000, except—for some strange reason—multidose flu shots. Single-dose vials do not need a preservative, so if you choose to get a flu shot, always ask for the thimerosal-free single dose.

Afluria, a manufacturer of quadrivalent flu shots approved for children over six months of age, does not provide the half-dose given to kids 6–35

months in single-dose vials, only in multidose vials that are preserved with thimerosal. This means that a pediatrician who stocks Afluria vaccines is injecting their 6–35-month-old patients (and quite possibly older children as well) with mercury. If your doctor only carries Afluria flu vaccines, I suspect it would be better to give half of the full-dose, mercury-free, single-dose flu shot to infants and toddlers than the mercury-preserved half dose. I suspect, however, that after reading more, you will likely forgo the flu shot altogether.

The annual ritual of flu shots goes back to my first days in practice 35 years ago. Those of us who work in pediatrics see the sickest children all winter long, so usually we are sick a lot for the first few years as well. I recall skipping the flu shot my first year working as a pediatrician, thinking it was too new and unreliable. I got three bad cases of flu that year. After that, I took the flu shot—and I still got the flu several times each winter! Year after year this pattern continued until I noticed something that surprised me. Two of my nurses never got the flu shot and were rarely sick. When I tried to convince them to get the flu shot, they would just smile and say, "We'll see, Doc."

I think they intuitively knew something that took me years to figure out for myself. What we call the "flu"—that cough, cold, congestion, runny nose, sore throat, headache, body aching illness—could come from any of at least a hundred different strains of influenza, not just the strains in that year's flu shot. It could also be from other viruses like parainfluenza, rhinovirus, coronavirus, and adenovirus, or even several bacterial causes. At the height of flu season, only 5–15% of samples from the sickest "flu" patients test positive for influenza A or B. Given that the vaccines are only 10–60% effective[307] in any given year, you can see how the likelihood that getting a flu shot will significantly protect you against flu-like illness is often as low as 1% and not much better in "good" years. But, to my mind, the bigger issue is that vaccines focus the immune system on the strain in the vaccine to the detriment of your ability to fight off all the other viruses and bacteria that could make you sick.

I have not had a flu shot for almost two decades now, and guess what? My two nurses were right. I rarely get "flu" anymore. Vaccines shift your

immune system toward allergy and autoimmunity and away from the natural immunity, cellular immunity, innate immunity that allows you to fight off all infections.[308]

This often leaves you in a vulnerable state where you get sicker, more often, from run-of-the-mill infections. Your cellular immune system includes natural killer cells that are responsible for keeping cancer at bay, so vaccines are also likely increasing your cancer risk for the same reason. The last thing you want is to permanently shift your innate immune system away from the serious threats.

Some may recall the famous 1976 H1N1 "swine flu." Authorities were likening it to the dreaded 1918 "Spanish" flu that is supposed to have killed millions. A massive national vaccine campaign was rolled out, yet the predicted devastating flu outbreak never came. What did materialize, however, were hundreds of vaccine-induced cases of a paralyzing disorder called Guillain-Barré syndrome and a mountain of litigation.[309] [310] (Remember, Guillain-Barré is one of the many conditions that used to be diagnosed as "polio.") Injuries from flu shots were by no means limited to the experimental 1976 vaccines, however. In fact, "Vaccine Court" compensates injuries from the flu shot more often than any other type of vaccine.

Flu shot injuries include a host of severe neurological conditions, including vertigo, peripheral neuropathy, cerebellar ataxia, myoclonus, blindness, optic neuritis, multiple sclerosis, leukoencephalopathy, transverse myelitis, chronic demyelinating polyneuropathy, and Guillain-Barré syndrome, as well as chronic fatigue syndrome, fibromyalgia, myopathy, myositis, muscle wasting, chronic pain, muscle weakness, and death.[311] [312]

"Vaccine Court" compensates injuries from the flu shot more often than any other type of vaccine.

Remember, that flu shots during pregnancy can potentially increase risk of miscarriage and/or autism. People who get flu vaccines and later get the flu have higher levels of influenza virus in their noses than those who aren't vaccinated because the innate immune system is not activated, thus making

them more likely to be contagious to others. Those who get a flu shot are more likely to have an upper respiratory tract infection, end up with pneumonia, and make others sick. Ironically, because the vaccinated are more likely to have respiratory infections, vaccination against the flu may be responsible for a lot of hospitalizations and deaths. Perhaps that's one reason why, despite the many millions of flu vaccine dispensed every winter, the overall death count hasn't dropped.

Those who get a flu shot are more likely to have an upper respiratory tract infection, end up with pneumonia, and make others sick.

A British observational study of six "flu seasons" found that for every 10,000 people left alone, nearly 82% (8,172) were not infected with influenza and 14% (1,371) got the virus but had no symptoms. Only 3.7% (379) had both symptoms and confirmed influenza infection but were not sick enough to see a doctor. About half a percent (54) saw a doctor but didn't complain of flu; only about a quarter of one percent (24) saw the doctor *and* had the flu. (That's one in 400 people.) There were no deaths.[313]

The flu statistics for the United States are misleading. All respiratory pneumonias and most of those deaths are counted as "flu." This misleading way of reporting enables public health authorities and the pharmaceutical industry to promote flu shots by pointing to a grossly inflated number of deaths as being flu-related, when in reality only a small percentage of such deaths could possibly be prevented by flu shots that only target four strains of influenza virus.

A look at the CDC classifications of deaths for the COVID years shows most of the "flu" deaths disappeared and were shifted to COVID deaths. When it came to COVID mortality data, they took their manipulation game to a whole new level.[314]

Influenza, the real flu if you will, is not a significant threat to the healthy. The few children who die from the flu each year are typically those with severe heart or lung conditions. Obviously, our most vulnerable should be

quarantined from sick people, as it is not just the flu that can tip you over if you are vulnerable.

The flu shot has failed to reduce hospitalizations and deaths from respiratory infections and pneumonia. When you consider that the shots come with a very real *annual* risk of severe side effects, the illness is essentially harmless for the majority of people, the shots are very unlikely to prevent you from having the flu in any particular year and very likely to make you *more* vulnerable to other respiratory infections, you might want to give this one a hard "No, thanks."

> **The flu shot has failed to reduce hospitalizations and deaths from respiratory infections and pneumonia, and will likely make you *more* vulnerable to other respiratory infections.**

COVID-19

The vaccine: The CDC recommends Moderna or Pfizer-BioNTech mRNA vaccines, though neither is actually licensed for children under 12.

When CDC recommends it: Starting at 6 months, two doses of "updated" Moderna separated by 4–8 weeks, or three doses of "updated" Pfizer-BioNTech, the second dose 3–8 weeks after the first, and the third 8 weeks later.

Prevalence: The more dangerous early variants of COVID-19 (Wuhan and Delta) are gone; milder versions remain. Because they are so mild, it's difficult to estimate the prevalence.

Effectiveness: Children, especially infants, were not included in the vaccines' clinical trials. Most data points to negative efficacy over time.

Risks of vaccine: The most common adverse event for children is myocarditis or pericarditis, either of which can cause death. Autoimmune and neurological conditions like POTS have also occurred.

Risk if you don't vaccinate: Minimal since the illness is generally mild in children, and newer variants are even more mild.

Potentially problematic ingredients: Lipid nanoparticles, mRNA, and PEG

COVID is a respiratory condition similar to influenza. COVID-19 is assumed to be a viral infection that produces fever, chills, sore throat, muscle aches, cough and fatigue that can last a week or more. Most recover naturally from COVID-19 without any complications and the immunity to future infection with the same strain or a related SARS strain is more robust than that provided by the COVID jabs.

Parents, please remember that COVID-19 illness provides little risk for healthy children and is little more than a common cold, even though the SARSCoV-2 virus that causes COVID-19 has all the markings of being created in a biodefense lab.[315]

I was still in practice for the first two years of the pandemic. While several parents were quite ill with COVID at some point, not one of our 10,000 children was hospitalized for COVID symptoms. All the infected children either had no symptoms or a relatively mild cold or flu-like illness that lasted only a few days.

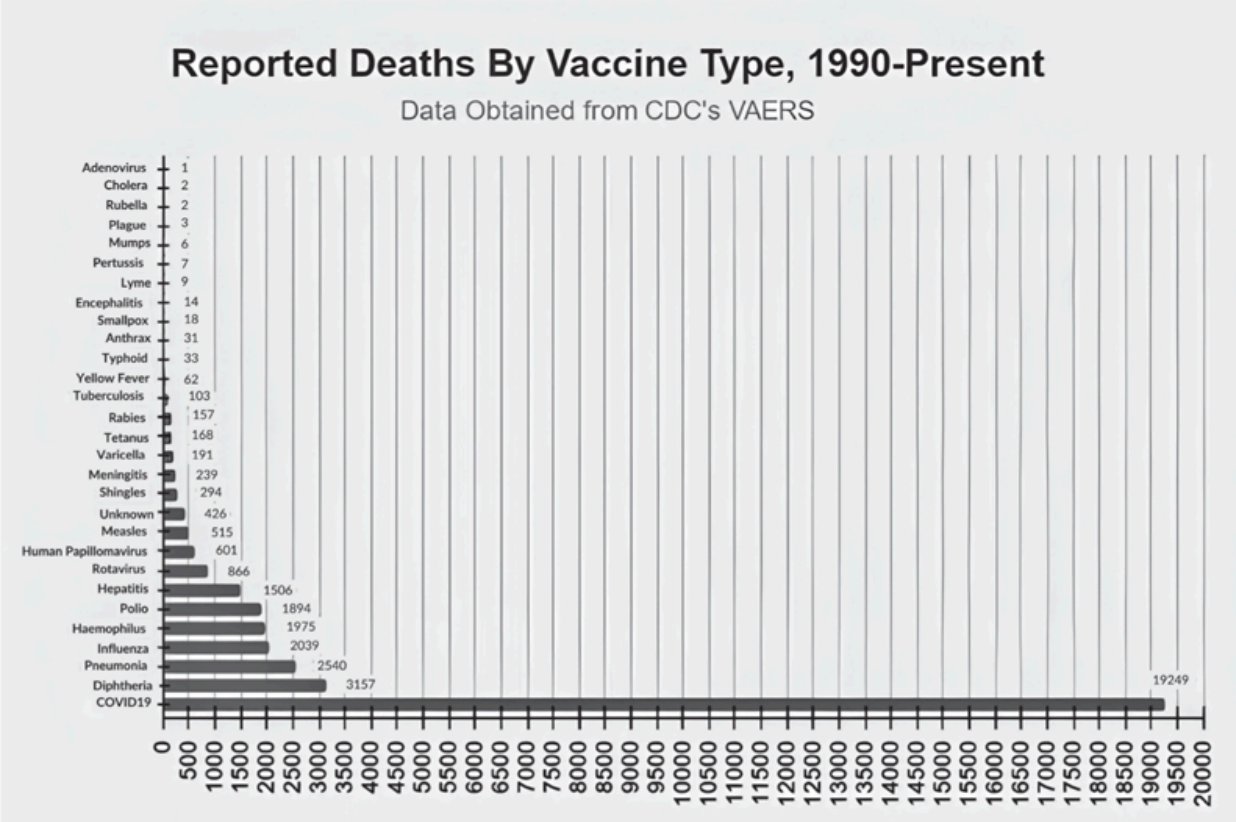
What do you suppose would have happened if we had given all 10,000 children COVID shots?

The devastation is beyond my ability to imagine. In one study from Thailand, 29% of the children had heart issues.[316] In my practice that would mean almost 3,000 kids with *heart* symptoms. Hundreds would have developed myocarditis, and a lot of them would have had to be hospitalized. Some would have died. Many would have developed severe neurological disorders, autoimmune challenges, infertility, increased cancer risks, strokes, or bleeding issues, and all would have an altered immune system, making them more vulnerable (possibly forever) to other infections, since we know the mRNA vaccines harm our innate (natural) immune system.[317 318 319]

By eight weeks after their second shot, they would be more vulnerable to getting COVID than they would have been if we had done nothing. We have known for over a year now that more deaths and health complications have been reported after COVID vaccines than all the other vaccines combined

have in the past 30 years.[320] Though vaccinating all ages means that hundreds of millions of doses of COVID vaccines were dispensed (and since the vaccines were experimental, reporting was probably somewhat more rigorous than usual) and it would take many years to reach that number for childhood vaccines (other than flu vaccines which are given to all ages as well), the graph below still indicates an unprecedented level of destruction.

More deaths and health complications have been reported after COVID vaccines than all the other vaccines combined have in the past 30 years.



I know that one of my 15-year-old patients went on his own to get a COVID shot. He was later hospitalized with myocarditis. In my entire career I had never had a patient with myocarditis. I never gave any of my patients the COVID shot, so fortunately very few of the 10,000 got it.

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. using 7-day risk window (data thru Jun 11, 2021)

Age groups	Females			Males		
	Doses admin	Expected*,†	Observed*	Doses admin	Expected*,†	Observed*
12–17 yrs	2,189,726	0–2	19	2,039,871	0–4	128
18–24 yrs	5,237,262	1–6	23	4,337,287	1–8	219
25–29 yrs	4,151,975	0–5	7	3,625,574	1–7	59
30–39 yrs	9,356,296	2–18	11	8,311,301	2–16	61
40–49 yrs	9,927,773	2–19	18	8,577,766	2–16	34
50–64 yrs	18,696,450	4–36	18	16,255,927	3–31	18
65+ yrs	21,708,975	4–42	10	18,041,547	3–35	11
Not reported	—	—	1	—	—	8

CDC

* Assumes a 7-day post-vaccination observation window (i.e., symptom onset from day of vaccination through Day 6 after vaccination)
† Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14:S0264-410X(21)00578-8. Expected counts among females 12–29 years adjusted for lower prevalence relative to males by factor of 1.7 (Fairweather, D. et al, *Curr Probl Cardiol.* 2013;38(1):7-46).

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Historically, children rarely get myocarditis. Yet, it is now becoming common and sometimes fatal in childhood, mostly after the second COVID shot. At the same time, the shots are not preventing COVID infection or its transmission to Grandma—or anyone else. It just doesn't make sense to give this shot to children at all.

In the references I include many articles on myocarditis.[321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355]

While speaking at a Portland waterfront rally, I met 12-year-old Maddie de Garay. Maddie's parents allowed her and her two brothers to enroll in the Pfizer trial, where 1,100 kids aged 12–15 received the Pfizer COVID vaccine. One of Maddie's brothers received a saline placebo. The other received the real vaccine and quickly became infected with a severe case of COVID, serious enough to cause him to miss many weeks of school. But Maddie's experience was much worse. Her body lost the ability to digest food, and she also lost the ability to walk. While this happened back in January of 2021, she still uses a wheelchair and has a feeding tube today. One of the worst and most pervasive problems with vaccine injuries in general, and COVID vaccine injuries in particular, is gaslighting from the

medical community. Maddie's injury was no exception. Her medical team declared her new health status to be a mental issue and suggested she be committed to a psychiatric hospital. Pfizer did not stop their trial and has not recognized this child's injuries.

I communicated with Maddie's mom in August of 2023. She told me that Maddie was diagnosed with chronic inflammatory demyelinating polyneuropathy (CIDP), small fiber neuropathy (SFN) postural orthostatic tachycardia syndrome (POTS), and neurogenic bladder. She has started monthly IVIG treatments (expensive intravenous immunoglobulin therapy usually used to boost an immune system that is catastrophically dysfunctional), and "it's working." After about seven months of treatment, she can hold her neck up and sit without support. She can feel sensation further down her body than before, her vision is improving, and she can now wear earphones. She was in a rehab facility from March to May of 2023 and is now doing outpatient physical and occupational therapy. She is still having a lot of gastrointestinal issues and is still in a wheelchair. The fact that the IVIG therapy is helping Maddie's health to improve is a clear indication that her symptoms are rooted in immune dysfunction, not mental illness. As her mother says, "She does not have FND [functional neuropathic disorder] which is what Cincinnati Children's reported to Pfizer and the FDA."

There are countless stories of children dying within days of the COVID shot. And of course, it is not just children who are dying. So many young adults have died suddenly that we are all now familiar with the term SADS (sudden adult death syndrome) that most of us had never heard before the COVID vaccines were rolled out.

The following are facts about COVID illness and shots that oppose what you usually hear from mainstream news, social media, or public health authorities. Physicians for Informed Consent (PIC) has compiled facts that challenge the assumptions used to justify COVID vaccine mandates in a document called, "COVID-19 Vaccine Mandates: 21 Scientific Facts That Challenge the Assumptions,"[356] which provides all the references for the facts presented below:

- Masks and vaccination do not prevent transmission or infection.[357] [358] [359]

- Vaccines had little-to-no impact on mortality, and in one study all deaths were in vaccinated individuals.[360] [361] [362] [363]
- Serious adverse event data showed that, for every two COVID-19 hospitalizations prevented by COVID-19 shots, 10 serious adverse events would be triggered.[364]
- COVID vaccine trials found no serious COVID illnesses in the unvaccinated children, but for every mild illness in the unvaccinated there were *seven* severe reactions in the vaccinated children.[365] [366] [367] [368] [369] [370]
- "As of Nov. 3, 2021, the chance of a child 17 years or younger contracting SARS-CoV-2 and dying from COVID-19 was 1 in 126,000 or 0.0008%."[371]

When I think of the horror of unknowing parents taking their six-month old baby to the pediatrician and offering them up to be vaccinated—not just with the potentially deadly COVID shot but the eight or nine other vaccines on the schedule as well—I think of the biblical Abraham's willingness to sacrifice his first-born son Isaac as a burnt offering. In those times it was customary for a lamb to be burnt as an offering to God as atonement for wrongdoings and a show of appreciation. While considered an act of faith, these sacrifices were made to appease God, whose wrath the people feared. Such offerings, they believed, would likely benefit the entire community.

Are there parallels to what we are doing today when we give all these vaccines at once? What do we fear? In whom or in what are we placing our faith? We know that children are harmed by the vaccines; some will even die. Yet, we accept this as the price we must pay for "community immunity." It is for the greater good we are told. Just like in war, where young soldiers are sacrificed for the greater good, so too in this war on infections, some children must be sacrificed!

But it is all based on distortions of reality. The infections are no longer much of a threat, if a threat at all. A fully functioning immune system is the most powerful weapon against the infections, and it is the vaccines themselves that are causing most of the damage, death, and destruction of our children's brains and immune systems. If authorities were to acknowledge the extent of vaccine injuries, they would have to justify the

sacrifice. It just doesn't make any sense. Thus, we are indeed participating in a ritual of sacrifice based on mistaken beliefs and misplaced trust.

> **A fully functioning immune system is the most powerful weapon against the infections, and it is the vaccines themselves that are causing most of the damage, death, and destruction of our children's brains and immune systems.**

I honestly feel that the COVID madness has exposed true evil.

I prefer to focus on being positive and loving, on living with faith and truth. But when something truly evil comes into our lives, we as parents must pay attention to who we listen to and where we get our information. The NIH, CDC, public health authorities, government officials, news and social media giants, and, sadly, most of our doctors cannot be trusted to tell you the truth when it comes to COVID, vaccines, or any pandemic in the future.

Parents, listen to your gut, your intuition, and if you are not hearing what it's telling you, at least pause. Say no to vaccines for *now*, while you find ways to reconnect with your soul and your source. I say this without any judgment at all. I had lost touch with my soul. The son of missionaries, churchgoing for at least three decades of my life, I had reached the point where I didn't even know what a soul was! The blessing of losing my license, seeing my medical practice torn apart, and the simultaneous loss of my marriage of 30 years brought me to my knees. I say blessing because it was only then that I did the work to reconnect with my soul and start the process of healing. We are all on this journey. Our babies and children depend on us to protect them when they cannot protect themselves.

Forgive me if that sounded preachy. I'm just so passionate about this.

So, how did we get into this mess? Understanding that will enable you to be prepared for the next pandemic. The Coalition for Economic Preparedness Innovations (CEPI) was founded by the Bill & Melinda Gates Foundation and the World Economic Forum in 2017. "[T]he world is

tragically unprepared" to detect and respond to novel infectious disease outbreaks, said Gates. CEPI's proposed solution is mass vaccination with a new type of "plug and play" vaccine that could be developed within a year. COVID-19's mRNA vaccines were the new platform's debutantes at their coming out party. Now that the technology performed so phenomenally well —at building wealth for its investors, that is—there is no doubt that others will soon follow. All the stakeholders of CEPI would profit. The web of organizations aligning to bring more vaccines to the world include the WHO and many agencies of the richest nations in the world.

Suffice it to say, as parents, we absolutely must do our own thinking and research.

The most alarming shift that COVID vaccines have ushered in is the acceptance of the mRNA platform. Over twenty years of attempts to develop SARS and RSV mRNA vaccines have failed. The animals who received the mRNA vaccines would get very sick and often die when re-exposed to the virus in question after having been vaccinated. This is often due to "original antigenic sin," where vaccination can focus the immune system's response against the viral strain in the vaccine and make it unable to neutralize other strains. When a slightly different version comes along, even a strong antibody response will not stop it. It could even make it worse.

In addition to the fact that the mRNA COVID shots are weakening our ability to fight off COVID and other infections, they simply are too dangerous. Numerous studies show that natural immunity after having a COVID-19 infection with SARS-CoV-2 virus is superior and longer lasting when compared to those who get the COVID shot, whose immunity is lasting months at best.[372] [373] [374] [375] [376] [377] [378] [379] [380] [381]

The 2-month, 4-month and 6-month well-baby visits are the most dangerous visits when it comes to the sheer number of vaccines being given at once. The DTaP, Prevnar, Hib, and hepatitis B vaccines each, individually, have too much aluminum for your child's tiny body weight. The total accumulation of aluminum makes this a very dangerous time indeed. The vaccines affect every baby's brain development and immune system. They're just doing it more obviously to some children than others. The

addition of the COVID shot at six months is nothing short of horrifying since we know it can alter your DNA. The long-term effects of this genetic modification will not be known for years, or perhaps generations.[382]

NOTES

Holy crap! I don't know about you, but I find all that information overwhelming. Why is it that this information is not readily available? Why, when we go to the doctor's office, aren't we given at least this for each shot?

The vaccine:
When CDC recommends it:
Disease prevalence: How common and how serious is the disease?
Effectiveness: How well and how long can the vaccine prevent the disease?
Risks of vaccine: What could happen if I choose to vaccinate?
Risk if you don't vaccinate: What could happen if I skip this vaccine?
Potentially problematic ingredients: What is in the vaccine?

Above Dr. Paul lists this information based on research and studies. Like me, you are probably wondering why don't we get this information for each vaccine at each visit? I believe the answer is that would create a lot more work for the doctor. They don't have the time or desire to explain to you why you should vaccinate your child. They have been programmed to believe vaccines are all safe and effective and if you don't vaccinate you are putting your child in harm's way. If they did take time to explain and answer your questions honestly, chances are good you would ask questions they couldn't answer.

Then you probably wouldn't allow them to inject your child with the ingredients in those syringes.

But think about it. Could a doctor really get away with reporting you to child protective services for not wanting to shoot your precious baby up with a toxic dose of aluminum? Or how about formaldehyde, polysorbate 80, bovine serum albumin, polymyxin B sulfate, or MRC-5 human diploid cells? Do you know what those things are? I had to look them up. If these things were ingested by a child, I suspect they would get sick, never mind injecting them. I encourage you to reread Chapter 14 and highlight the things that concern you. Share those with your doctor. Ask your friends who are totally sold on the safety of the vaccines whether they knew this information before injecting their child. I sure wish I had known.

One thing to keep in mind is that we are all different. Not everyone reacts the same. Some kids will get the shots and not have a high fever or delayed reaction. Some will, and unfortunately there are those cases where the effect will last a lifetime.

Looking at the infant vaccines from a parent's viewpoint, and not a doctor's, I would say the hepatitis B vaccine is a no-brainer for me. If your infant is sexually active and exposed to IV drug use with dirty needles, then you have bigger problems than the damage hepatitis B could do. The risk can increase during the teenage years, so it might be wise to revisit the question then. Of course, I waited and allowed my child to receive it as a teenager, and that is a decision I regret every time I hear the words hep B or we discuss his health struggles that persist to this day.

The DTaP vaccine is a harder decision to make. Diphtheria isn't a risk so simply should not be included in any American vaccines for children. Pertussis is not a threat for older kids, and we learned that

the vaccine is minimally effective these days anyway. Tetanus, while extremely rare, can happen if your child gets a dirty puncture wound. Dr Paul explains what to do if your child is unvaccinated and when to be concerned. When in doubt, get it evaluated, but stay on your toes. I have had parents of many of my unvaccinated pediatric bodywork patients reach out when their children got cuts or wounds that made them concerned about tetanus. Those who go to a mainstream doctor usually get yelled at for not vaccinating and then get talked into the DTaP or Tdap when a TIG shot would be a better choice.

It would be nice to have the option to get a vaccine for tetanus alone if you were really worried about it, but we don't have that option. I must ask why: Why can't we get single shots? Wouldn't it be safer? If your child reacted badly, you would know exactly which vaccine they were reacting to. It would be more needle pokes, of course. And, yes, that is tough, but that's only if you choose to get them all.

Polio is another easy one for me. There is no risk whatsoever if you don't vaccinate, and the ingredients in the vaccine are toxic. I know of several kids in my practice that received just the polio vaccine and had devastating reactions.

Pneumococcus is a type of strep. Prevnar covers some of the strains, but there are many more strains not covered. So, like with flu shots, which are reformulated annually to try and fight the currently circulating strains, we're always playing catch-up. Giving my child a shot that has risk and may not have any benefit is scary to me. Yes, strep can be deadly if left untreated, but it is usually treatable with antibiotics. I worry more that the vaccine might weaken your child's immune system, and then they would be more at risk if they got infected by strains not covered by Prevnar.

The Hib vaccine is another one that only covers a specific strain that is largely gone. Again, it has become super clear to me that vaccines affect your body's ability to fight other infections and diseases for which we don't have vaccines. So, there's no point in stimulating vaccine-induced immunity to something your child won't be exposed to.

I have personal experience with the rotavirus vaccine. Two of my unvaccinated pediatric patients caught rotavirus from a **vaccinated** toddler. Both twins got very sick and were admitted to the hospital. I packed my bags and went with them because, although they were related, they were put in separate hospital rooms. Dad stayed home with the older brother who also got sick but managed it well. Mom and I went back and forth from room to room so she could be with both babies. If rotavirus is that bad, shouldn't we vaccinate to prevent it? No one wants their baby to get sick, but most children won't have it that bad. And, as we can see, the vaccine doesn't always prevent infection, and the risks of the vaccine seem worse than the infection itself.

Flu shots are a fun one for me. I got the flu shot for years and always got the flu. When I skipped one year by accident, I realized I didn't get the flu. So, I kept putting it to the test. A couple of times I got the flu from being exposed to kiddos with the flu, but I didn't get as sick as I used to. I hear this story a lot. If kids get the flu in the first few years of life, they don't seem to get as sick or get the flu at all when they get older.

COVID to me is in the same category as the flu shot for kiddos. Both viruses mutate rapidly, so we're always playing catch-up. That means lots of injections with very little benefit. And in my experience, kids don't get that sick unless they got the vaccine. This shot has

done more damage and created more loss of life than I have never known. I have several pediatric patients whose families got COVID in 2021 and 2022. The kids who got the vaccine and got COVID were hit much harder with the infection. Those who didn't get the shot were hardly sick, and some had no symptoms at all. We had two kids who were very sick after the shot. The second dose almost killed one of them. Luckily, the parents recognized the symptoms and took him to the hospital in time to be treated for myocarditis. I've heard so many stories of youth getting very sick and dying from the shot that it seems insane to me that it is on the childhood schedule starting at six months.

Let me sum this up for you. Take care of yourself so you can be as healthy as possible during pregnancy. Protect your child's innate immune system from the moment they are born by only putting in what will help them be healthy and grow to their full potential. Even if you want to vaccinate your child, please remember you can wait until the child is older and more likely to tolerate the vaccines! Do we need to vaccinate when our babies are in our own home, where we have some control over what they are exposed to? No! Even if your child is in daycare, they will be better able to fight infections if they aren't vaccinated. That may sound far-fetched to you. I wouldn't have believed it myself, if it weren't for Ryder being in a program at a young age with a few kids who weren't vaccinated at all. At the time I thought that was weird, but Ryder was the one who caught everything. My friends' kids never missed a day. Look at a kid vaccinated "on time" and an unvaccinated kiddo at the same daycare or preschool and you'll see it. The unvaccinated do better.

No one wants their kid to get a disease and die. Maybe that's why I didn't question things as much as I should have. If I had, maybe

Ryder wouldn't have been as sick as he was. Did he get a bleeding disorder as a toddler because of the vaccines? I will never know for sure. But did he have a weak immune system despite all the healthy food choices I made for him? Yes! Perhaps that's why I encourage people to not vaccinate at least during the first few years of life.

—Just a Mom

CHAPTER 15

PRESCHOOL VACCINES (MMR, VARICELLA, AND HEP A)

MMR (measles, mumps, rubella)

The vaccine: MMR (M-M-R® II, Priorix), MMRV, (ProQuad®),

When CDC recommends it: 12–15 months and 4–6 years

Disease prevalence: Measles 1 in 1.2 million, mumps 1 in 202,703, rubella less than 10 cases per year

Effectiveness: 95% for measles and rubella, 80–85% for mumps (but not lifelong immunity)

Risks of vaccine: Risk of death is greater than 1 in 108,666; significant risk of gastrointestinal and/or neurodevelopmental issues.

Risk if you don't vaccinate: Risk of death from measles is less than 1 in 106,506,429, from mumps is less than 1 in 40,371,594, from rubella is virtually zero.

Potentially problematic ingredients: Fetal bovine serum, WI-38 human diploid lung fibroblasts (M-M-RII); bovine calf serum, MRC-5 cells including DNA and protein (MMRV); hydrolyzed gelatin, recombinant human albumin, neomycin (M-M-RII and MMRV); chick-embryo fibroblasts, neomycin sulfate, bovine serum albumin; MRC-5 cells (Priorix)

Measles

Measles usually presents with a rash, often involving the whole body, pink, raised, and serious looking. The rash is usually accompanied by fever, congestion, a cough, and/or pinkeye and lasts about a week. Measles is highly contagious. Before vaccines for measles were widely available, almost all of us had it as children. For healthy children it is a mild disease, and there have been no childhood deaths from measles in the US for over two decades. Those deficient in Vitamin A are more likely to experience complications.

The measles vaccine contains a live virus; live-virus vaccines inherently carry a small risk of causing the disease they are meant to prevent. You might remember the measles outbreak at Disneyland in late 2014. There were several hysterical reports around that time of babies arriving at emergency rooms with fever and rash testing positive for measles, only to discover later that their measles came from the vaccine they had recently had. The hysteria immediately ceased, and the case of measles that was so dangerous a moment before suddenly morphed into a "normal reaction to the vaccine."[383]

That might just have tipped you off to the fact that measles isn't, in fact, dangerous for the vast majority of kids in industrialized countries. According to a 2013 article in *The American Journal of Public Health* on "Measles Vaccination before the Measles-Mumps-Rubella Vaccine," "Parents largely came to see measles as an unpleasant, although more or less inevitable, part of childhood. Many primary care physicians shared this view."[384]

> **Before the vaccine, "Parents largely came to see measles as an unpleasant, although more or less inevitable, part of childhood. Many primary care physicians shared this view."**

So, why even develop a measles vaccine? Alexander Langmuir, chief epidemiologist at the Centers for Disease Control, wrote in 1962 just before the first measles vaccines were licensed, "To those who ask me 'Why do you

wish to eradicate measles?' I reply with the same answer that Hillary used when asked why he wished to climb Mt. Everest. He said 'Because it is there.' To this may be added, '… and it can be done.'"[385] Langmuir, it turns out, was overly optimistic. Now, more than sixty years later, it is not at all clear whether it can indeed be done. What Langmuir didn't know at the time was that vaccine-induced immunity wanes over time. At this point, we have an unknown and growing percentage of adults whose measles immunity has worn off, leaving them susceptible to more severe measles infection than they would have had if they'd had measles as children. And that has nothing whatever to do with the tiny percentage of parents who have chosen not to give their children the MMR.

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In the United States we lost the option of giving separate measles, mumps, and rubella vaccines in 2009. If you wish to vaccinate against measles, your only choices are the MMR (M-M-R® II) or the version with the varicella (chicken pox) component added, the MMRV, (ProQuad®). It might seem like a good idea to lump all the vaccines together to minimize needle pokes and immune activation events, but the MMRV has double the MMR's already substantial risk of seizures.[386] [387]

The M-M-R II has a host of concerning ingredients. It contains neomycin, glutamate, chick embryo cell culture, fetal bovine serum, WI-38 human diploid lung fibroblasts derived from a female fetus aborted in the early 1960s, and recombinant human albumin.[388]

With that concoction, is it any wonder that the MMR can cause autism?

Andrew Wakefield discovered that children vaccinated with the MMR vaccine often developed GI issues, including a chronic inflammatory bowel syndrome. What he didn't know at the time was that there is a common link

between bowel inflammation and brain immunoexcitoxicity. The stimulus to the brain travels by two routes, the vagus nerve and the bloodstream. Both activate brain microglia and precipitate chronic immunoexcitoxicity in these children, with a resulting drastic rise in autism spectrum disorders. The actual mechanism, despite what promoters of these vaccines say, has been well demonstrated.[389]

A long-term CDC researcher, William Thompson, told scientist, autism dad, and vaccine watchdog Brian Hooker that he and four CDC colleagues had played fast and loose with their data when reporting the results of a study on MMR timing. That story of research fraud is detailed in the documentary *Vaxxed: From Cover-Up to Catastrophe*. Dr. Thompson issued a statement through his attorneys after the film came out: "I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal *Pediatrics*. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed."[390]

The "increased risk" Dr. Thompson was talking about was a three times greater rate of autism in the Black boys who got MMR "on time." The original paper actually found a statistically significant increased risk of autism in the general population as well. The authors just dismissed that result by claiming, without any evidence whatsoever, that the kids with autism got the vaccine early so they could get early intervention. Thompson later said that his coauthors literally threw the omitted data into a garbage can to get rid of it. They were able to bury this malfeasance for more than a decade before Thompson confessed the fraud to Dr. Hooker.[391] [392]

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> ***Pediatrics*. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism."**

The MMR has a long list of very serious side effects including Guillain-Barré, acute disseminated encephalomyelitis (ADEM), encephalopathy, epilepsy, inflammatory bowel disease, diabetes, arthritis, ITP, bleeding disorders, nephrotic syndrome, permanent kidney damage, and a host of autoimmune disorders.[393]

A look at VAERS on November 30, 2018, found 93,179 reports of measles vaccine reactions, with 459 related deaths, 6,936 hospitalizations and 1,748 related disabilities. It appears at this point that the risks associated with the MMR far exceed the likelihood of death or disability from a natural measles infection.[394] In addition, there is evidence that natural measles infection can be beneficial by reducing your chance of getting asthma, allergies, seizures, diabetes, autoimmune diseases, degenerative brain disorders, nervous system disorders, and many forms of cancer.

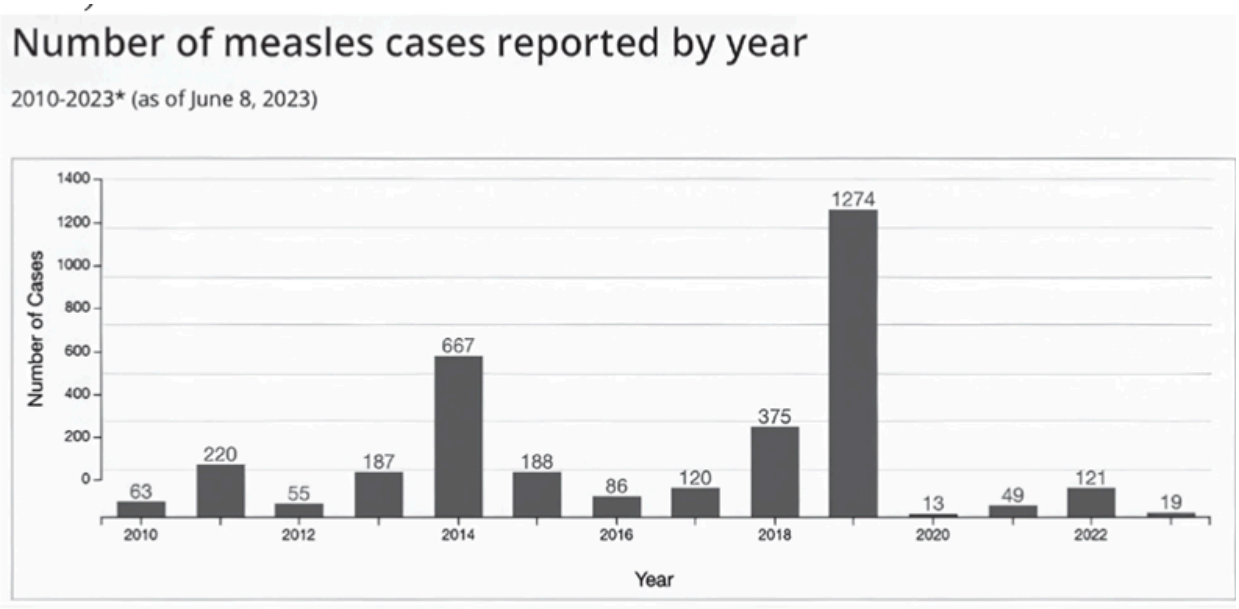
> **It appears at this point in time that the risks associated with the MMR far exceed the likelihood of death or disability from a natural measles infection.**

There may be some children who can safely be vaccinated with the MMR, but clearly there are many who can't. Requiring those children to get a vaccine that provides so little potential benefit is unconscionable, if not downright immoral. The problem is that the CDC has made no attempt whatsoever to figure out which children are more likely to react badly and why. So, once again, you are on your own.

So, how worried should we be about measles?

Measles in the USA is almost gone. The average number of measles cases per year in the past decade (2012–2022) is 285 in a population of 330

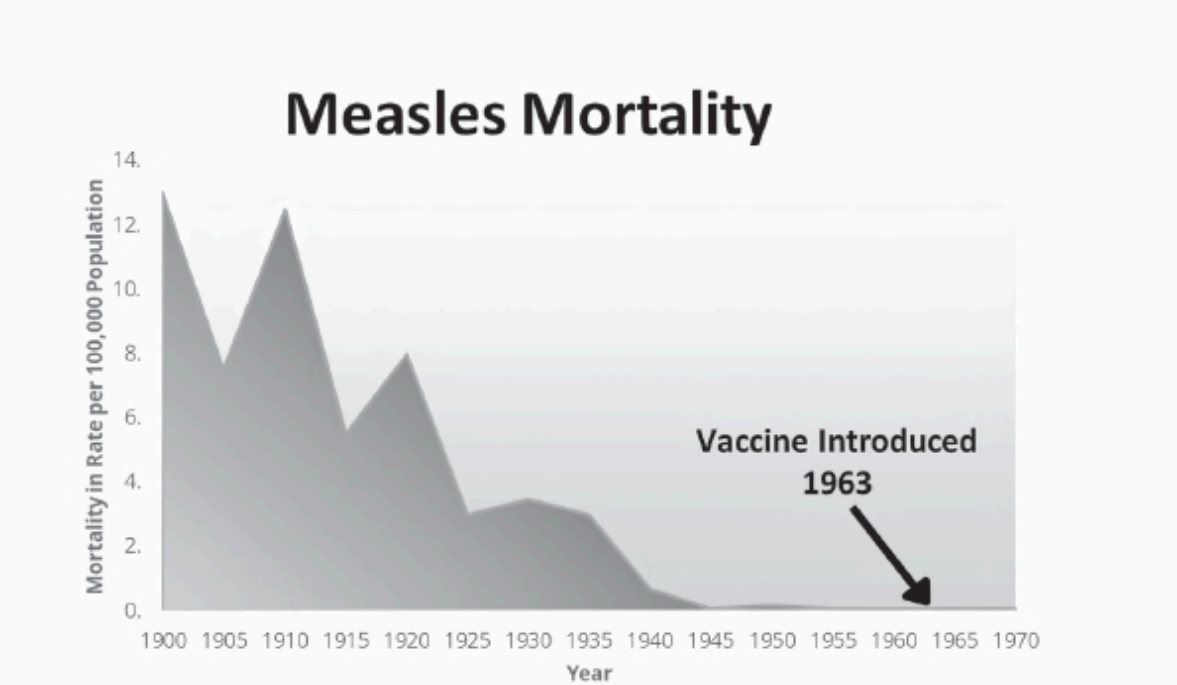
million. The highest number of cases in the past 12 years was 1,274 in 2019. In the following year, when the media and state legislatures were still overreacting to the previous year, there were just 13 cases.[395]



(Centers for Disease Control and Prevention 2024)[396]

Admittedly, in the 1800s and early 1900s, measles was a scary disease with high mortality. But remember, as the graph below makes absolutely clear, the picture had changed dramatically by the time the first (ineffective) measles vaccine was introduced in the US in 1963. We were averaging 400 deaths from measles per year in a population of about 200 million. For children under age 10, the death rate was 0.9 per 100,000. Those rates are based on the entire population. If you got measles your chance of death was approximately 1 in 10,000. That's only a rough estimate because most measles cases weren't reported. The CDC assumes there were three to four million cases a year. It's also an average risk. We know that the risk varied dramatically according to socio-economic status.[397] We also now know that treating with high doses of vitamin A cuts the risk of dying from measles significantly. A study in Africa looked at children who got vitamin A when they had measles and compared them to those who didn't. Giving vitamin A had an 87% reduction in mortality.[398]

Almost all of us born before 1957 had natural measles. We were not afraid of it, and we got lifelong immunity (measles is more dangerous in adults) along with a host of other health benefits from having natural measles.



Source: Centers for Disease Control. Epidemiology and prevention of vaccine-preventable diseases. 13th ed. Hamborsky J, Kroger A, Wolfe S, ed. Washington D.C.; Public Health Foundation 2015. Appendix E3.

There's no question that the measles vaccine has been largely effective. Except for 2019, there have been fewer than a thousand cases per year since 1993. There has only been one person listed as a measles death in the last decade, a woman in Washington State who was on immunosuppressants and died from multiple major serious health conditions. She was counted as a measles death because her blood tested positive for measles virus after her death. It hardly seems fair to count that as a death from measles. It does, however, provide an opportunity for the CDC to claim measles is still killing people in the USA. But no one ever mentions the fact that people who are immunocompromised, as that woman was, are also susceptible to infection from the three viruses in the live-virus vaccine. Effectively, measles is no longer a threat.

There is something especially dangerous about the vaccines that are being given at 12–18 months. By the time I retired in December 2022, I had heard hundreds of stories from parents who shared how their typically developing one-year-old regressed into severe non-speaking autism after the MMR or a combination of vaccines. After the 12-month vaccines, 1 in 168 children end up in the emergency room; it's 1 in 730 children following their 18-month vaccination appointment.[399]

Based on the science, my experience, and common sense, I would not want my grandson to take the risk of the MMR. But in the end, it is you the parent who must decide. If you are still contemplating giving the MMR, please consider waiting until after age three. If there is a significant outbreak in your area, the CDC and/or your local health department will make sure it is very easy to get your child vaccinated if you wish to.

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Mumps

Mumps is generally a mild disease in healthy children. The most notable symptom of mumps is swelling of the parotid glands in front of the ears, making your cheeks, jaw, or neck look enormous. I remember it well as I got it around age six at Christmas time in the village in Africa where my parents were missionaries. My jaw was swollen like a chipmunk with too many nuts in his mouth. But most people who get mumps don't even know it. Up to 30% have no symptoms at all. Another 40–50% may have nonspecific symptoms, like fever, fatigue, headaches, and body aches.[400] Total recovery from mumps takes a week or two.

As with all the childhood diseases of the past (measles, rubella, chicken pox) mumps tends to be more severe in adults who didn't have the infection as a child. This should be a concern for adults today who got the MMR as a child since there is a 20% failure rate of the mumps portion of that vaccine, and even that protection largely wanes by adulthood. This has resulted in several outbreaks in the USA, usually in high school- and college-aged kids. Analysis during an outbreak in Canada showed "vaccine effectiveness of one dose of the MMR vaccine ranged from 49.2% to 81.6%, whereas vaccine effectiveness of two doses ranged from 66.3% to 88.0%."[401]

Mumps "vaccine effectiveness of one dose of the MMR vaccine ranged from 49.2% to 81.6%, whereas vaccine effectiveness of two doses ranged from 66.3% to 88.0%."

As the mumps vaccine is a live-virus vaccine, it can cause mumps in some recipients. Our editor was sick for a week with flu-like symptoms following her mumps vaccine, and she found out later that a friend of the family, an adolescent boy, came down with a wicked case of the mumps after spending the day with her in a backyard pool.

The most serious complication from mumps is orchitis, swelling of the testicles, which can happen to about a third of males who catch it after puberty. About a tenth of those with orchitis will experience a drop in sperm count, and a very small percentage of those can end up sterile.

The strange thing about outbreaks of mumps is that most people who get mumps these days are vaccinated. In December 2018, the USS Fort McHenry Navy warship was quarantined and not allowed to dock for three months because of an outbreak of mumps on the ship.[402] The military personnel on board had all been fully vaccinated. In an outbreak of mumps in 2006 with a total of 6,584 cases, of the 3,115 with known vaccination status, the unvaccinated represented 13%, those with one dose 25%, and 63% had received two or more doses.[403] In a 2009 mumps outbreak in New York and New Jersey, of the 2,317 cases with known vaccination status, 10%

were unvaccinated, 14% had received one dose, and 76% two doses. A recent Harvard outbreak infected 41 students, all of whom had been vaccinated.[404]

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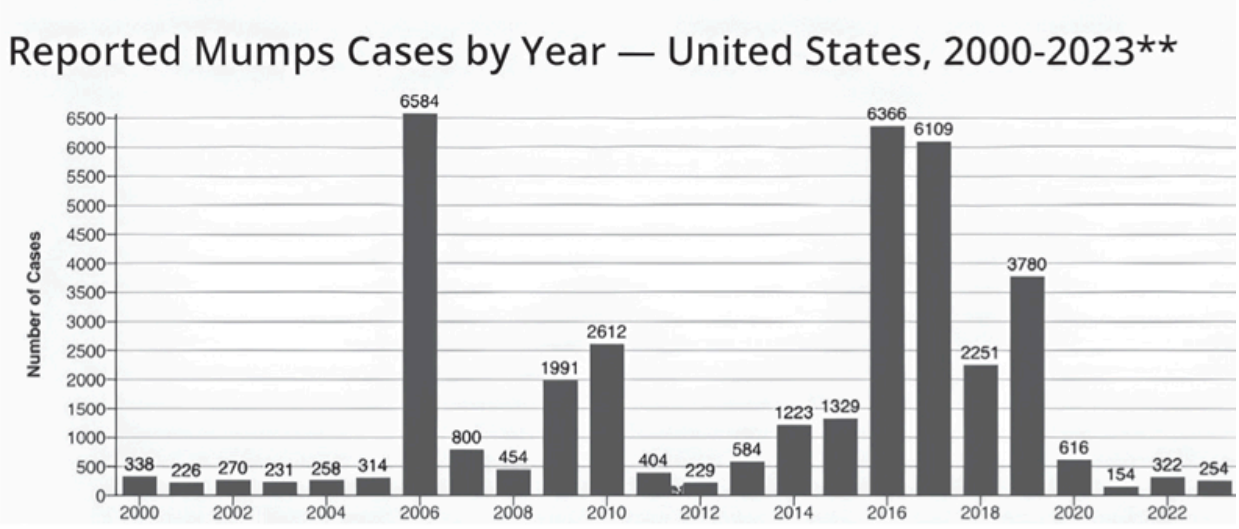
Perhaps that's because Merck has been fraudulently claiming that the vaccine is more effective than it really is. Two of Merck's own virologists, Stephen Krahling and Joan Wlochowski, filed a lawsuit in 2010 alleging that Merck forced them to falsify the efficacy results for the mumps portion of the MMR in order to meet the requirements for relicensing, allowing Merck to keep its monopoly.[405] There have been numerous irregularities in the conduct of this case, and in July of 2023 a judge suddenly ruled in favor of Merck, despite piles of damning testimony.[406]

Like measles, mumps is rare these days in the USA. And just like with measles, nearly everyone in my generation or older had the mumps. Most years there are fewer than a thousand cases. The average for the past 23 years (2000–2022) is 1,628 cases a year in a population of 330 million. That means your chance of getting mumps is 1 in 202,703. Not too scary for a disease that is fairly harmless to begin with.



(Centers for Disease Control and Prevention 2024)[407]

The only way to get mumps vaccination is as part of the MMR or MMRV.

While mumps is annoying and there is a miniscule risk of sterility in boys, I think we would be better off allowing natural immunity to handle mumps so we can return to a stable lifelong herd immunity that can only be achieved with natural infection. That is what protects the older and the immunocompromised people.

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Rubella

Rubella is a somewhat contagious mild respiratory infection caused by a virus spread by coughing and sneezing. Symptoms can include a mild fever, runny nose, sore throat, swollen lymph nodes and a faint pink rash that typically disappears within 3–5 days. Rubella is so mild that half the cases have no symptoms. Most people got rubella in childhood prior to the vaccine.

The real reason for concern back when rubella was prevalent was that catching it while pregnant could result in miscarriage or babies with severe birth defects and severely damaged brains. The small heads (microcephaly) of Zika reminded me of the only rubella baby I saw in the late 1980s while in training. Although the recommendations were adopted at different times by various states, rubella vaccination was added to the CDC's recommendations in 1969 after a major outbreak in the USA in 1964–1965 resulted in a wave of congenital rubella syndrome. There were about 12.5 million cases of rubella and about 20,000 cases of congenital rubella syndrome.[408]

My sister went to a rubella party to make sure she would be immune to rubella infection before she was of childbearing age. If rubella were to make

a comeback, I would highly recommend parents intentionally expose their girl children to the virus. It might also be a good idea to have antibody titers drawn prior to trying to get pregnant, so you have time to get the rubella vaccine if you wish to. Of the three vaccine components in the MMR, I think the rubella component is the only one that might be worthwhile but only for women of child-bearing age who do not have protective antibodies against rubella.

Rubella is considered eliminated in both the USA and Canada. Because there have been fewer than 10 cases of rubella a year in the USA since 2009 and fewer than 24 a year since 2001, it would seem unnecessary to continue universal vaccination for this mild illness.[409]

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Varicella (Chicken Pox)

The vaccines: Varivax, ProQuad (MMRV),

Disease prevalence: Nearly everyone got it before the vaccine, but now almost no one does.

Effectiveness: 95%, though it's not clear how long vaccine-induced immunity lasts

Risks of vaccine: The risk of death is greater than 1 in 202,398.

Risk if you don't vaccinate: The risk of death from varicella is less than 1 in 32,331,860.

Potentially problematic ingredients: Hydrolyzed gelatin, monosodium glutamate, MRC-5 human diploid cells (including DNA and protein), polysorbate 80, host cell protein and DNA

Chicken pox is a highly contagious and mild, annoying illness with a very itchy rash and a low fever lasting about a week. Before the vaccine was

added to the schedule in 1995, virtually all children got it. If the pox lesions got infected, they could leave scars.

As the varicella vaccine was introduced in 1995 and my last child was born in 1996, all my kids had chicken pox. While kids could be very itchy and uncomfortable for about a week, this was not a deadly disease. With only 50–100 deaths a year in the entire USA prior to the vaccine, the chance of dying was less than one in a million.

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The vaccine has certainly reduced the number of children getting chicken pox. Though any parent could have diagnosed chicken pox before 1995, new doctors today see so few cases they may not even know what chicken pox looks like. That sounds like a success story, doesn't it? But there is more to this picture.

The biggest complication from varicella is that, as one of the herpes viruses (zoster), it rarely goes away completely. The immune system gets it under control, and then it hides out in the nerve cells. Shingles is a reactivation of the virus, which usually happens when the immune system is run down by stress or old age. Shingles can be extremely painful and even deadly, certainly more deadly than chicken pox.

What public health officials ignore when recommending universal varicella vaccination is the positive benefit for all of us in being around children with chicken pox. Circulation of the wild virus used to naturally boost our immunity, usually for a lifetime, which protected the elderly and those who are immunocompromised. Prior to the vaccine, shingles was primarily a problem in the elderly who were not in contact with young children.

You will see that some sources suggest that varicella vaccination will reduce shingles cases eventually because varicella infection is prevented. But that does not seem to have been borne out. After the vaccine was

introduced, shingles became much more common and is now as deadly as chicken pox was before the vaccine took it out of circulation. Since 2002, increases in herpes zoster were reported in both children and adults. Most of these cases are in people who have had chicken pox infections, but it turns out vaccinated children are getting shingles too.

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Varicella is a live-virus vaccine that uses an attenuated varicella virus, and we are seeing shingles cases, sometimes severe ones, in vaccinated children. According to the CDC, there are an average of 5,225 cases of shingles in young people 1–29 years of age every year.[410] The CDC now states that one-third of people will get shingles in their lifetime.[411]

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Vaccine efficacy declined below 80% in 2001 and 2006 because 20% of vaccinees were experiencing breakthrough varicella. Vaccine-induced protection was waning, so the CDC recommended a booster dose for children in 2007.[412]

So, while those who promote vaccines love to say the varicella vaccine prevents 100 deaths a year, that is not exactly true. The vaccine has driven an increase in shingles that kills more people than chicken pox did before 1995. Another point to consider is that it is not possible to eradicate a disease when there are so many hosts carrying the virus that can reactivate at any time. In a perfect example, our editor once had a very mild case of shingles, with just a small patch of blisters on her hip for a couple of weeks, but she still managed to transmit it to her son who got chicken pox as a result and then passed it on to his sister.

Just as there were health benefits to getting and recovering naturally from measles, mumps, and rubella, there are health benefits to recovering from chicken pox. Children who get wild chicken pox instead of the vaccine have 89% lower allergic sensitivities, and having chicken pox as a child lowers your risk of coronary heart disease. The little boy in the previous paragraph was a kid who picked up everything that was going around until he got chicken pox; the next year he got a perfect attendance award from his school.

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Recommending the vaccine for all children was justified on the basis that it would save the country money since parents would not have to take time off from work to care for their sick children. It was never about how deadly or dangerous chicken pox was. That calculation didn't account for the increase in shingles or for any other adverse events. Nor did it take waning immunity into account. Without circulating wild virus, people will lose their immunity over time. Without frequent boosters, we could end up with a large population of susceptible adults. Chicken pox, like the other childhood diseases, is usually more severe in adults. The price of the vaccine is now so high that even this savings justification wouldn't add up.

Chicken pox is a childhood disease we never needed to fear. You don't need to fear it now, and the vaccine risks now clearly exceed the benefit of sparing your child a week of itchy rash. My strategy when in practice was to get the vaccine in the teen years if your child had not developed immunity naturally by that time. Is that still a valid approach? Maybe. Getting chicken pox as an adult or while you are pregnant has risks and certainly is much more unpleasant than the illness we experienced as kids.

Chicken pox is a childhood disease we never needed to fear. You don't need to fear it now, and the vaccine risks now clearly exceed the benefit of sparing your child a week of itchy rash.

The CDC reports that "chicken pox is rare in the United States, with fewer than 150,000 cases, 1,400 hospitalizations, and 30 deaths each year."[413] This despite an aggressive vaccination campaign that has been ongoing for almost 30 years! It is time to call the varicella program a failure and go back to acquiring natural immunity from the process of getting sick with chicken pox.

If your child or a family member is significantly immune compromised, you want to avoid getting sick with chicken pox. This is a special circumstance that requires expert coaching on the pros and cons of the vaccine, and when, if ever, you or your family members should get the vaccine to protect the immunocompromised person.

Hepatitis A

The vaccine: Havrix® (GSK), Vaqta® (Merck)

When CDC recommends it: At 12–15 months and 18–24 months

Disease prevalence: 1 in 100,000, mostly in adults

Effectiveness: Unknown

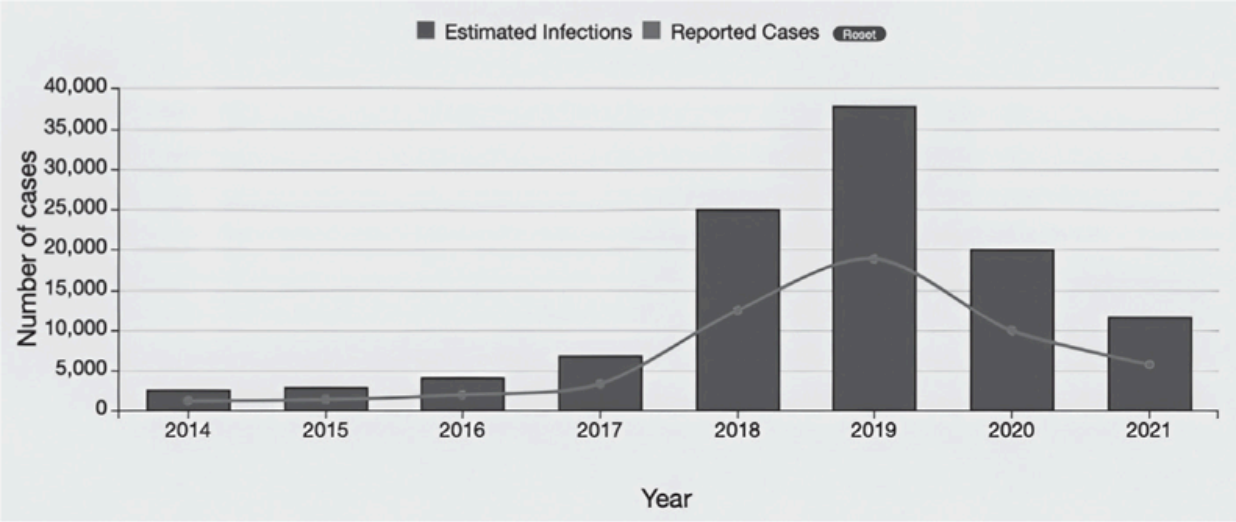
Risks of vaccine: Risk of death is greater than 1 in 72,948.

Risk if you don't vaccinate: Risk of death is less than 1 in 1,667,135.

Potentially problematic ingredients: MRC-5 cellular proteins, formalin, aluminum hydroxide, amino acid supplement, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic (Havrix); amorphous aluminum hydroxyphosphate sulfate (AAHS), non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate (Vaqta)

Hepatitis A is basically a harmless viral infection especially in children. Hepatitis means liver inflammation. Hepatitis A is the one you catch from contaminated food, water, or exposure to fecal matter. This is why restaurants post those signs in the bathroom for workers to wash their hands. If a worker had an active hepatitis A infection and used the bathroom, wiping with toilet paper but not washing their hands, and then were to make you a salad without wearing gloves that would be a way to catch hepatitis A. Do I worry about salads in restaurants in America? No. Hepatitis A is very rare. Workers generally wash their hands, and most use gloves when handling your food.

While the total number of hepatitis A cases in the USA peaked at 18,846 reported cases in 2019, remember that these are mostly in adults and the infection is essentially harmless to children.



Reported hepatitis A cases by year (Centers for Disease Control and Prevention 2024)[414]

When you travel to areas with more hepatitis A, you may have heard "don't drink the water." Drinking contaminated water and eating uncooked salads are the most common ways to catch the hepatitis A virus.

We have rare recalls of food, usually a salad item like lettuce or bean sprouts. Since cooking kills the hepatitis A virus, the most common source of infection is contaminated fresh produce. The conditions for the farm

workers who pick our food are not always the most sanitary. Washing hands may not be practical or even possible.

For adults, the symptoms of hepatitis A can come on fast, with fatigue, abdominal and/or joint pain, loss of appetite, fever, nausea, jaundice, dark urine, clay-colored bowel movements, and diarrhea. The jaundice that turns the skin and eyes yellow is common in adults, but virtually unheard of in children. Most children under the age of six do not get sick from the infection at all. Older children might have a mild intestinal flu-like illness with decreased appetite and diarrhea. I'm sure I've had plenty of cases that were passed off as gastroenteritis. As a young child, the first year we were in a village in Africa, both my parents were very sick with severe jaundice, and the full set of symptoms described. They were hospitalized for three weeks for IV fluids. I have no doubt that without medical treatment they could have died. My sister and I were 100% fine. Not one symptom! So, my take is that this is another virus you should be exposed to while you are young so you can get natural immunity.

The hepatitis A vaccine was added to the recommended childhood schedule in 2006. I recall my group practice immediately implementing the new recommendation. In fact, we had been offering it years before as it was available since it was licensed in 1995. My practice was in Oregon, and the West Coast of the USA, all the way to Alaska, was supposedly a high-risk area for hepatitis A.

In my vaccine-friendly plan approach, I recommended this vaccine to those traveling to high-risk areas of the world. I vividly recall one of my families preparing to visit their homeland of India and asking for the hepatitis A vaccine. We gave it a couple weeks before their trip. This happy, typically developing 17-month-old returned from his trip autistic and unable to speak. That was the last time I recommended the hepatitis A vaccine to any child.

How many cases of hepatitis A do you suppose I saw during my very busy pediatric career in the "high-risk" area of the western USA?

If you guessed zero, you are correct. Not one in my practice over 35 years, and I never heard of a case even when I was teaching residents and medical students in teaching hospitals, where you see all the worst cases.

While the true prevalence in children is unknown since they just don't get very sick, one thing is clear: You should let your child get this infection and develop natural immunity that will be lifelong. Since most adults don't get hepatitis A and have never had the vaccine, I wonder why there is so little hepatitis A disease? Either children are getting it, largely without symptoms, and growing up immune, or it simply is not a virus that we need to worry about.

Given how harmless hepatitis A is to children, you might wonder why a vaccine for this infection is recommended for children at all. I do, too. You would assume that the vaccine must be really safe for it to be recommended for such a benign infection, right?

> **You should let your child get this infection and develop natural immunity that will be lifelong.**

Wrong. The hepatitis A vaccine has 250 micrograms of aluminum, formaldehyde, MRC-5 lung fibroblasts derived from an aborted male fetus, bovine albumin, and neomycin. I've already shared that this vaccine triggered autism in one of my patients. It is also known to cause seizures, anaphylaxis, encephalopathy, Guillain-Barré syndrome, multiple sclerosis, neuropathy, myelitis, dyspnea, erythema multiforme, angioedema, thrombocytopenia, and menstrual disorders. To the lay person this list of complex medical terms might not mean much, but these are almost all severe neurological and/or autoimmune conditions that are sometimes deadly.[415] [416] [417]

This is a vaccine that makes absolutely no sense for children and is questionable for adults. The massive risks of vaccinating just don't add up when you realize this is an infection that rarely causes any harm.

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realize this is an infection that rarely causes any harm.

NOTES

More information to process! I hope by reading just how much information there is and knowing that most of it has been around for a long time means something to you. It isn't like Dr. Paul made everything up to turn you against vaccines. He has spent much of his career studying vaccines. He was already paying attention to what his patients were sharing with him, but he researched the science before he decided he couldn't keep vaccinating children per CDC guidelines. It wasn't just the fact that some of the kids he vaccinated were so sick and injured. He needed to know there was more than just a correlation. He needed to know the reasons the vaccines were causing harm.

I know MMR can be tough to turn down, especially for girls. Personally, I had measles and mumps, as did all the cousins around me. I didn't have rubella, so as an adult I received the MMR. If I had a baby now, I wouldn't give them the MMR until much later. I have seen it cause problems in kids vaccinated before they were two years old. I, personally, would wait until the teen years for a girl and not give the MMR to a boy at all. Again, it's a choice you have to make yourself. Natural immunity is the best, but measles, mumps, and rubella are not around anymore, other than very rare outbreaks, so natural immunity is hard to come by!

Ryder's doctor suggested the varicella vaccine when he was 18 months old. I said no and was asked to step out of the room to sign papers saying I didn't want any vaccines because he was sick. While

I was out of the room, the nurse vaccinated him anyway. Luckily, I stopped her before she did the others.

Hepatitis A is another I regret. My niece who was living with us had to receive the hep A vaccine because she was in the state foster care system. They asked if I wanted Ryder to get it too since I was there anyway. He was three or four then. It was better than waiting, they said. He had a horrible reaction that night and was sick for days. That was the last vaccine I gave him until his teen years.

Once again it is about risk vs. benefit. There are ways to prevent these illnesses from becoming serious and needing hospitalization that don't have the same risk of long-term neuroimmune damage that the vaccines do.

—Just a Mom

CHAPTER 16

ADOLESCENT VACCINES (HPV AND MENINGOCOCCAL)

The CDC Child and Adolescent Immunization Schedule calls for annual boosters of flu vaccines throughout childhood and, for those 4–6 years old, boosters of DTaP, IPV, MMR, and varicella. It is quite possible the COVID jabs will also be added as an annual ritual, though I sincerely hope not. There are alternate schedules for those who are "behind" and want to get "caught up." "Catching up" is usually required for school attendance. The CDC has recommended schedules for catching up, and your doctor may develop a different schedule. Most catch-up schedules cram lots of vaccines into a short period of time in ways that have never been tested for safety. I am very concerned about the approach taken by most doctors and pediatricians for catching children up that assumes it is okay to give lots of vaccines on the same day. A prudent approach would be to only give one vaccine at a time and allow at least a month between doses.

There is a prevailing belief that children can handle any number of vaccines given at once. While I might agree if we were just talking about the viral or bacterial components of those vaccines—though even that assumes a robust immune system that can handle what would be an extremely unusual situation in the natural world—this belief ignores all the other toxic ingredients contained in each vaccine. We discovered in 1999 that we were far exceeding so-called safe levels of mercury (thimerosal) when we added so many doses to the childhood schedule back in the late 1980s and 1990s. Well, we have done it again with the massive doses of aluminum children get all at once, especially when trying to "catch up" on vaccines.

Sadly, many parents are trapped by state laws that require that children be up-to-date on certain vaccines to attend school. The schools rarely tell parents that most states have laws that allow philosophical or religious exemptions. For up-to-date information on your state's laws and exemptions, visit the National Vaccine Information Center's website, NVIC.org. If you don't want to do any or some of the vaccines the school is insisting you need and you live in a state that allows either religious or philosophical exemptions, understand that you have the law on your side. Your state legislature has already examined this issue and determined that not vaccinating is a safe option, or they would not pass a law allowing these exemptions. Sometimes you may need an attorney to draft a letter reminding the school of the law and your legal rights. Schools do not want to be taken to court and certainly the individuals involved, school principals and other staff, do not want anything to do with the courts. Stand firm on your rights.

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Human Papillomavirus (HPV)

The vaccine: Gardasil 9

When CDC recommends it: Two doses at age 11, spaced 6–12 months apart

Disease prevalence: 1 in 167 lifetime risk of cervical cancer in women, lower risk for other HPV-related cancers in anyone; before the HPV vaccine, the prevalence of genital warts was estimated to be 5.6% among sexually active people 18 to 59.

Effectiveness: It's not clear, but there may in fact be more cervical cancer in the vaccinated. Several highly vaccinated countries have reported recent rises in cervical cancer in young people.

Risks of vaccine: Myriad, ranging from syncope (fainting) to disabling autoimmune conditions like complex regional pain syndrome (CRPS) and postural orthostatic tachycardia syndrome (POTS) and death; in one trial approximately 50% developed "new medical conditions."

Risk if you don't vaccinate: HPV infection by one of the types in the vaccine that could potentially lead to cervical (or other related) cancer several decades down the road. The risk of death, however, can be reduced by certain lifestyle factors (e.g., quitting smoking, safe sex practices, or abstinence) and can be reduced 80% with regular Pap tests to detect potentially cancerous cells early.

Potentially problematic ingredients: Virus-like particles, 500 mcg of aluminum (as amorphous aluminum hydroxyphosphate sulfate (AAHS) adjuvant), polysorbate 80, sodium borate, yeast protein

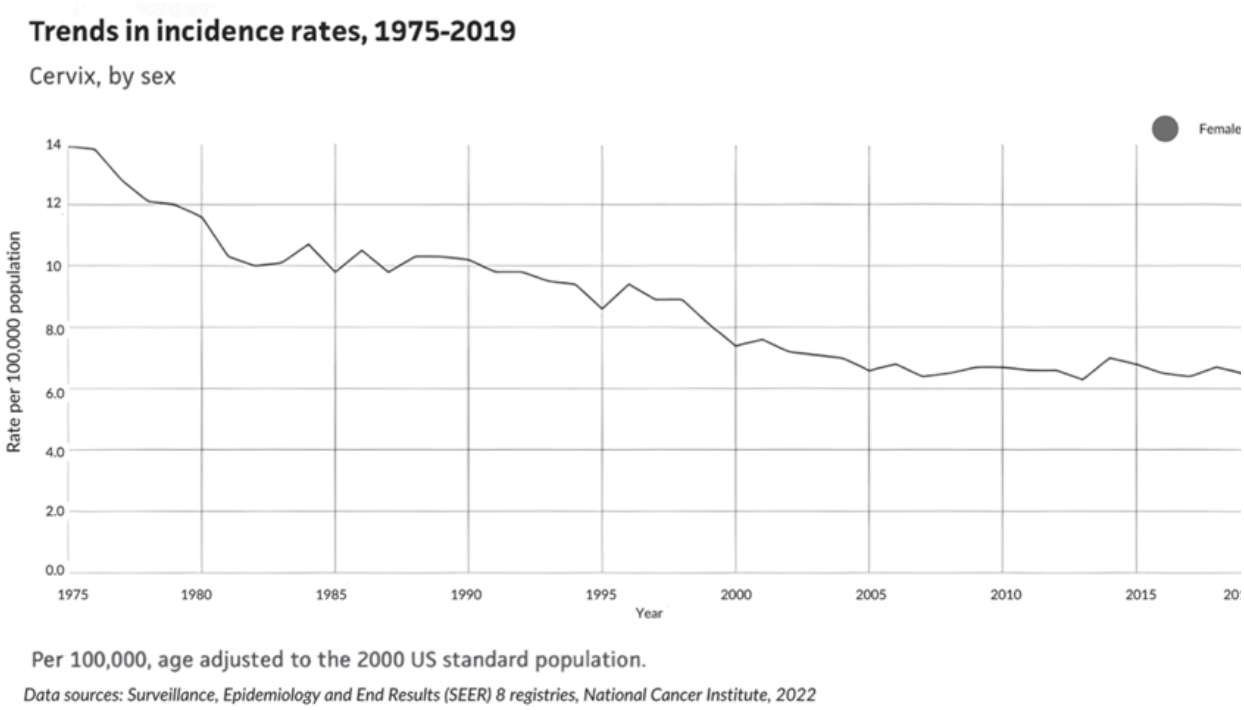
Human papillomavirus is spread through genital contact and oral-genital contact. There are more than 200 known types of human papillomaviruses. In most cases our immune system clears HPV infection without symptoms or complications. Sometimes, however, long-term infections seem to cause cellular changes that lead to cancer. In addition, some types of HPV can cause genital warts. While annoying and potentially embarrassing, genital warts can be treated and are not dangerous. Risk factors for developing HPV-related cancers include smoking, multiple sexual partners, long-term oral contraceptive use, a weakened immune system, co-infection with chlamydia or HIV, poor nutrition, heavy drinking, and chronic inflammation.

There are more than 200 known types of human papillomaviruses.

Several strains of HPV have been linked to cervical cancer. The original Gardasil vaccine was intended to prevent the two strains that were most commonly associated with cervical cancer and the two strains most

commonly associated with genital warts. Merck "updated" the vaccine in 2016 by adding seven more strains of cancer-related HPV. Gardasil, like Prevnar, has the inherent problem of type replacement over time. In addition, the original vaccine didn't target the types most prevalent in Black women, the demographic most likely to die of cervical cancer. HPV-related cancers make up about 3% of all cancers, and cervical cancer accounts for less than 1% of all cancers.[418] Cervical cancer is almost unheard of in women under age 20, and only 13.7% of cases occur in women under 35; 15% of cases are in women over the age of 65.[419]

Cervical cancer rates had been dropping prior to the addition of the HPV vaccine to the schedule in 2006. As data from the National Cancer Institute, graphed below, shows, they have not continued to decline since the HPV vaccines were introduced.



Nine years after the vaccine had been in use, they estimated 12,900 cervical cancer cases. It does not appear that the HPV vaccine is doing anything to reduce cervical cancer.

The CDC recommends two doses of the HPV vaccine starting at 11–12 years of age, separated by 6–12 months. However, children as young as 9 can begin the series. A three-shot series was recommended for everyone up until 2016, but now is recommended only for those with weakened immune systems and those who start the series after their 15th birthday.

I am ashamed to admit that I fell for the intensive and aggressive marketing of the HPV vaccine in 2006 when it was approved. We were treated to an expensive steakhouse dinner where the presenter was one of the top infectious disease experts at Oregon Health & Science University, the medical school in Portland, Oregon. I encouraged my daughter, who was in a serious relationship, to get it. In 2009, the HPV vaccines were recommended for boys as well, starting as young as age 9. Boys obviously don't get cervical cancer, but they could get other rare HPV-associated cancers, like throat cancer, if they were practicing oral sex. So, boys were added.

What the media didn't report was the fact that it usually takes decades, 20–50 years, to develop these types of cancers. Nearly 20 years after the introduction of HPV vaccines, we still don't know if these shots have prevented a single case of cervical or throat cancer. And as we have seen, the data indicates that the HPV vaccines could be increasing cancer rates (negative efficacy) as explained in the book, *The HPV Vaccine on Trial: Seeking Justice for a Generation Betrayed*.

It usually takes decades, 20–50 years, to develop these types of cancers. Nearly 20 years after the introduction of HPV vaccines, we still don't know if these shots have prevented a single case of cervical or throat cancer.

Shortly after HPV was added to the recommended vaccines, we began hearing of girls passing out after getting the vaccine. Serious neurological issues started appearing in too many of those who got it, and they seemed to be preferentially attacking the most athletic young women. Reports of young

girls coming down with new and disabling autoimmune conditions like CRPS and POTS became frequent.

I never gave HPV vaccines in my own clinic until the last years of my career, when I was forced to carry them to keep the ability to use insurance for my patients. Even when we carried it, we only gave it if parents insisted and were going to go and get it at a pharmacy anyway.

In one year, I had two teenage athletes develop strange and severe neurological symptoms, including weakness and the inability to walk normally. After extensive workups and specialist referrals, I finally asked the right question, "You didn't get the HPV vaccine, did you?" To my astonishment and that of the moms, they said, yes, they had received the HPV shot at the school clinic and were encouraged not to discuss it with their parents who wouldn't understand.

The move to develop and expand school-based clinics is very concerning. The philosophy is often to not only encourage children to make medical decisions for which they are ill equipped, but also to not inform their parents or doctors that they are getting these vaccines. Then, when a not-so-rare, horrible reaction occurs, neither the parent nor the doctor knows what triggered it.

Pediatricians are also guilty of this practice of secrecy. During the time when parents are typically excluded from the exam room by pediatricians so they can discuss the delicate topics of sexual activity, pediatricians are now discussing vaccines. My brother's two daughters were both told to "think for themselves," that they didn't need to consult with their parents on the vaccine decisions; Gardasil was pushed hard. It can be very hard for teens to resist that kind of pressure.

The biggest problem with this pressure is that prior to the arrival of COVID shots on the market, HPV vaccines were by far the most dangerous modern vaccines humanity had ever seen. As of April 30, 2018, 58,992 adverse events had been reported, and 430 of those included death.[422]

As of May 31, 2023, VAERS contains more than 73,955 reports of HPV-vaccine reactions, including 627 related deaths, 7,457 hospitalizations, and 3,555 disabling conditions. Over 55% of the reported serious adverse events occurred in children and teens under 17 years of age.[423] Even more

concerning is the fact that these devastating reactions seem to occur most often in the most physically fit youngsters.

> **Prior to the arrival of COVID shots on the market, HPV vaccines were by far the most dangerous modern vaccines humanity had ever seen. As of April 30, 2018, 58,992 adverse events had been reported, and 430 of those included death.**

In 2013, Gardasil and Cervarix (an HPV vaccine that has since been discontinued) accounted for 65% of reported life-threatening adverse events from vaccines and 82% of reported vaccine-associated permanent disability in females under the age of 30.[424]

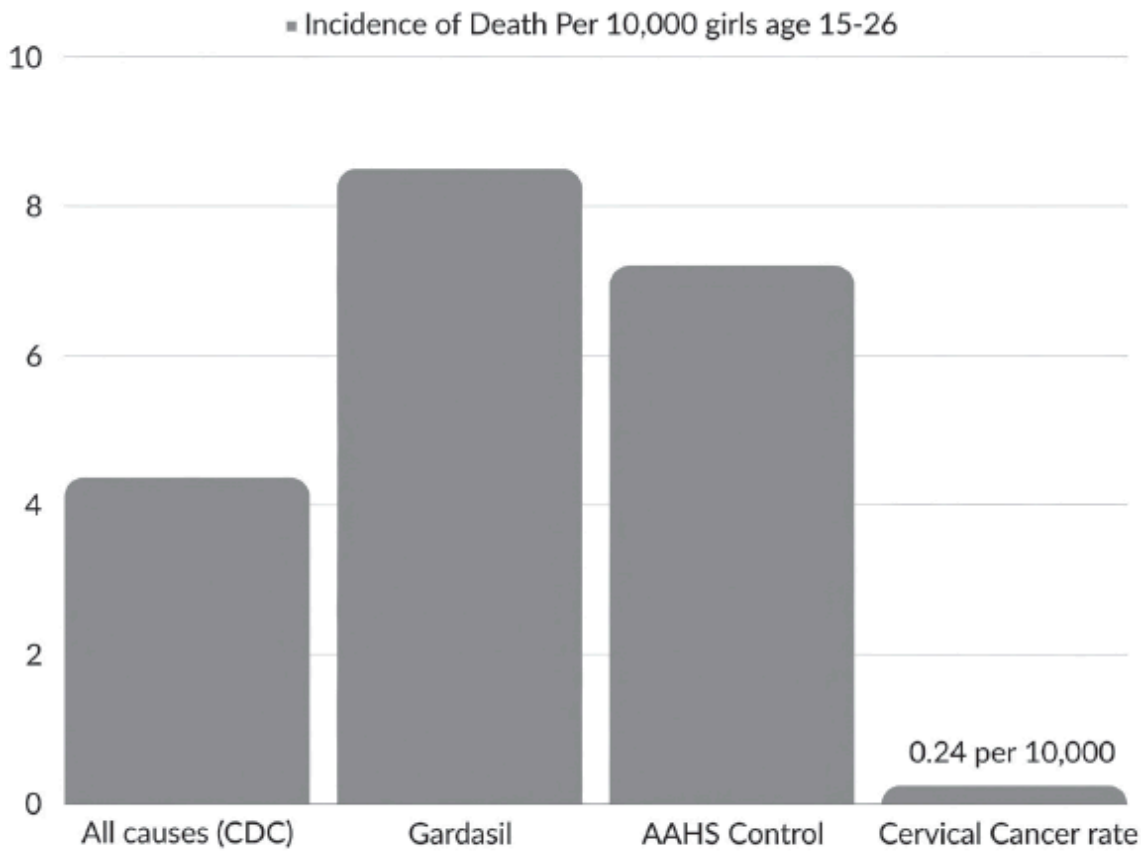
In my opinion, Gardasil shouldn't even be on the market; the fact that the CDC still recommends it for all preteens and some states require it for school attendance is beyond reprehensible. The best explanation I can see is that the CDC, public health officials, and all involved in the promotion and marketing of vaccines are concerned with just one thing—MONEY. Sales of Gardasil topped $8.5 billion over the last quarter of 2022 and the first three quarters of 2023. There's another possibility, though. Perhaps you have heard that some individuals with a lot of money and influence believe there are too many people on the planet, and we would be better off if the world population was reduced. Some studies have found that Gardasil likely caused reproductive problems, including ovarian failure, in some girls.[425] [426] [427] That would be one way to "solve" overpopulation.

The Gardasil-9 HPV vaccine has 500 micrograms of aluminum, more than most and likely the reason this vaccine is so dangerous. In the vaccine clinical trials, 29% of those who got the vaccine in one trial developed "new medical conditions." That wasn't seen as a problem, though, as 31% of the "placebo" group did as well. But the "placebo" they got contained the aluminum adjuvant. In another arm of the trials, half (49.5%) of those who got the vaccine developed a new medical condition and 49% of those who got the aluminum "placebo" did.[428]

The vaccine safety trial trick of injecting the "control" group with the toxic vaccine contents (minus the virus) explains why there are so many serious adverse effects in both groups, including deaths. Would we see all these deaths and serious side effects if the placebo group were getting saline? Absolutely not. In fact, there was one tiny group in one of the HPV trials that got saline (594 of 29,323 subjects), and there were almost no health issues. These results were buried by adding this group to the "control" group that got the aluminum adjuvant in all the adverse event comparisons.[429]

Beside the fact that worldwide we are seeing similar increases in chronic health outcomes in countries who adopt HPV vaccination, the most disturbing data came from the actual Gardasil trial in 2006. Across the clinical studies there were 21 deaths in those who got Gardasil, and 19 in those who got a "placebo." There was a total of 29,323 subjects in the trials (594 of which got a true saline placebo), including 5,396 boys and men. That corresponds to a death rate of 13.6 out of 10,000.[430] The all-cause mortality (death rate by all causes) for females aged 15–24 in the USA at that time was 4.4 out of 10,000. To fully appreciate how insane it is to accept this increased rate of death in young people, you need to know that cervical cancer was only killing 0.23 in 10,000, or about 1 in 40,000, women of any age before the vaccine was licensed. Gardasil is recommended at age 11. For girls anywhere near that age, the rate of cervical cancer is vanishingly small.

Death rate for those who got Gardasil: 13.6 in 10,000
Death rate from all causes: 4.4 in 10,000
Death rate from cervical cancer: 0.23 in 10,000



Background CDC rate 4.37, source: National Vital Statistics Report Vol. 53 2002 Page 24

This HPV vaccine is literally killing 18 times more young women than were dying from cervical cancer. [Gardasil death rate 8.5 – 4.4 = 4.1, divided by the cervical cancer death rate of 0.23].

This HPV vaccine is literally killing 18 times more young women than were dying from cervical cancer.

To make matters worse, those safety trials were monitored for just 15 days post vaccination.[431]

Without even considering all the other side effects and effects of this dangerous product, the shot kills many more girls and women than would ever die from the cervical cancer it was intended to prevent.

Other harms incurred during the trials include cellulitis, autoimmune hemolytic anemia, idiopathic thrombocytopenia purpura, lymphadenopathy, nausea, vomiting, pancreatitis, asthenia, chills, fatigue, malaise, autoimmune hypersensitivity reactions, anaphylaxis, bronchospasm, arthralgias, myalgias, acute disseminated encephalomyelitis, vertigo, Guillain-Barré syndrome, headache, motor neuron disease, paralysis, seizures, syncope, POTS, seizures, transverse myelitis, deep vein thrombosis, pulmonary embolism, and death. Other side effects noted include muscle pain, disabling fatigue, facial paralysis, brain inflammation, rheumatoid arthritis, lupus, premature ovarian failure, optic neuritis, and multiple sclerosis.[432]

Similar harms have been detected all over the world, with Japan suspending its HPV vaccine program back in 2013 after 2,000 serious adverse events were reported in just three years.[433]

In 2009, Dr. Diane Harper, who was involved with the phase II clinical safety trials for both Gardasil and Cervarix, suggested that the risks of the vaccines were already exceeding the risks from HPV-related disease.[434] Former employee of Merck Dr. Bernard Dalbergue predicted that it would eventually be determined that "the vaccine has absolutely no effect on cervical cancer and that all the very many adverse effects which destroy lives and even kill serve no other purpose than to generate profit for the manufacturers."[435]

I agree 100%.

This vaccine is all harm and virtually no benefit.

Meningococcal ACWY, Meningococcal B

The vaccine: Meningococcal types ACWY (Menomune®, Menactra®) and type B (Menveo®, Trumenba®, Bexsero®)

When CDC recommends it: At age 11–12 and 16 for ACWY and age 16 for B

Disease prevalence: 1 in 500,000 (a total of 210 cases a year in the entire USA population)

Effectiveness: May last 5 years, but weak protection at best

Risks of vaccine: Risk of death is greater than 1 in 141,124; risk of serious adverse event is greater than 1%.

Risk if you don't vaccinate: Risk of death from invasive meningococcal disease is less than 1 in 821,925.

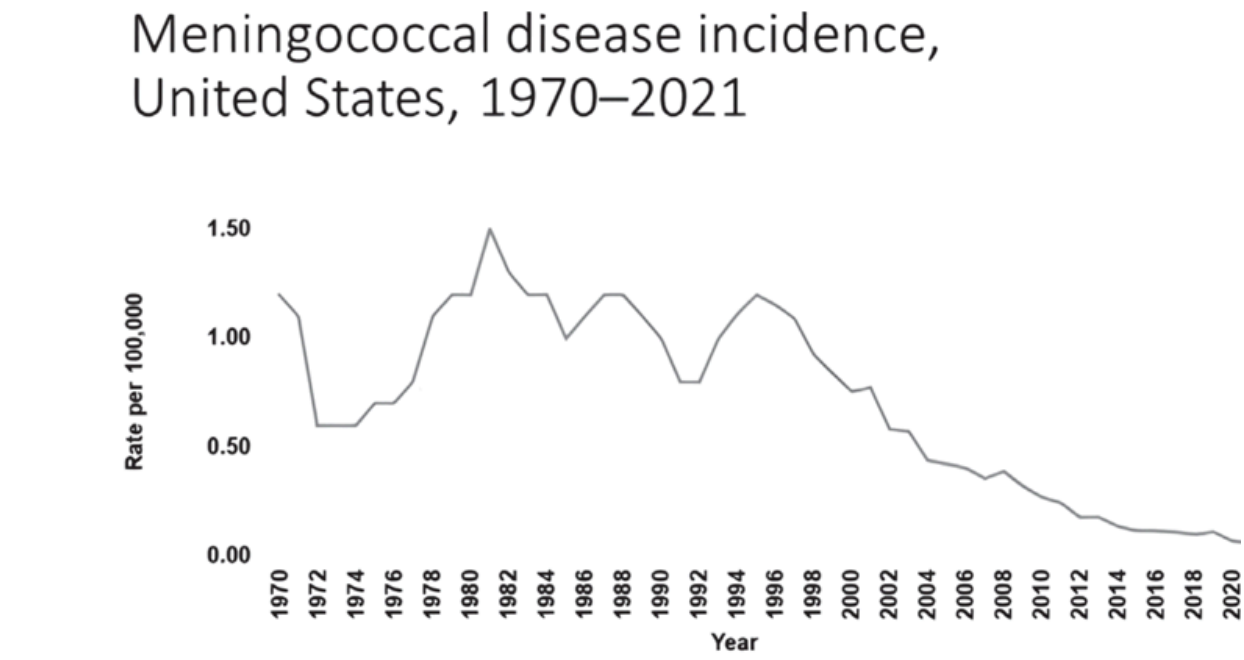
Potentially problematic ingredients: Formaldehyde (Menactra®, Menveo®); aluminum hydroxide (Bexsero®); polysorbate 80, aluminum phosphate (Trumenba®); mercury (Menomune®)

Meningococcal disease is a serious and potentially life-threatening illness. It is also, thankfully, extremely rare. The illness can result in inflammation of the brain (meningitis) and a serious bloodstream infection, arthritis, and pneumonia. Many of us are colonized with meningococcal bacteria and do not get sick from it. Those, roughly 1 in a million, who get sick and die likely have compromised immune systems. The risk of contracting meningococcus is higher in students living in dorms, probably due to unhealthy behaviors rather than contagion as only 5% of cases are associated with "outbreaks."[436] Meningococcus is treatable and responds well to antibiotics when caught early.

Before I even share any of the historic scary features of meningococcal disease, there is one important thing to know. This disease is almost gone, and that happened without a massive vaccine program. Fewer than half the states recommend or require the vaccine, and I will show you why the risks of vaccine injury far exceed any tiny potential benefit from this vaccine.

This disease is almost gone, and that happened without a massive vaccine program. Fewer than half the states recommend or require the vaccine.

According to the CDC, rates of meningococcal disease have declined in the United States since the 1990s and remain low today. In 2021, there were about 210 total cases of meningococcal disease.

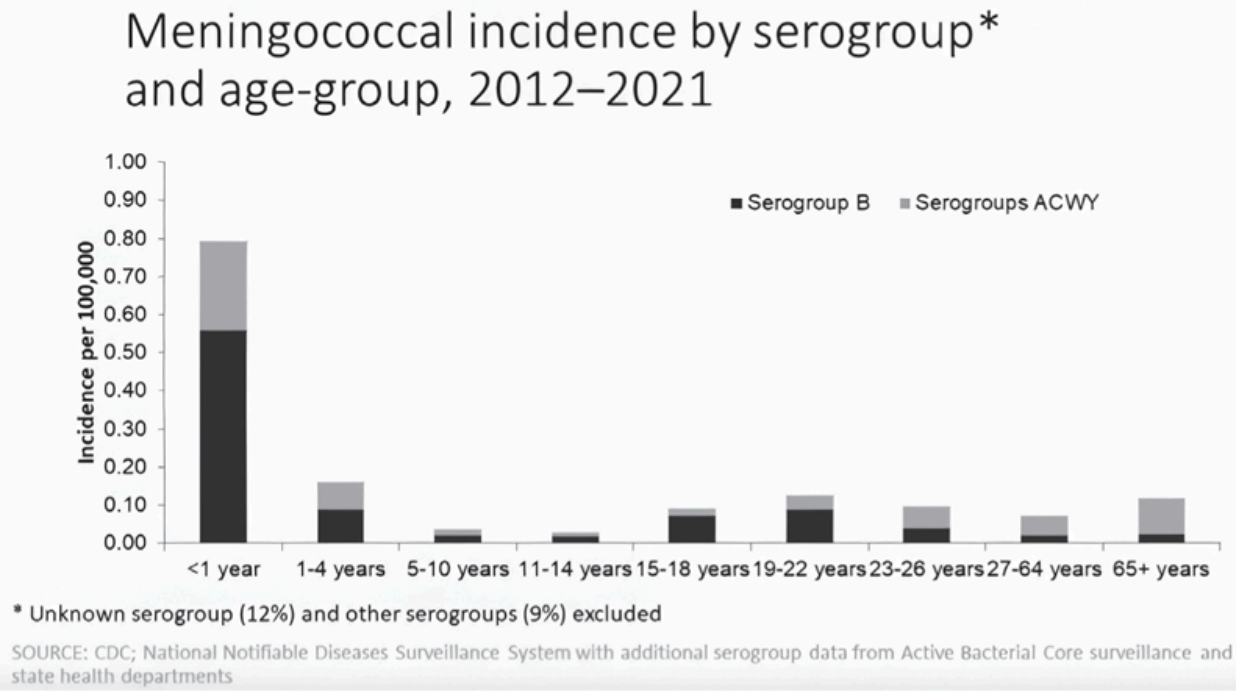


(Centers for Disease Control and Prevention 2023)[437]

In 2021, there were about 210 total cases of meningococcal disease in the US.

Even though the meningococcal vaccines are recommended for teens before they go off to college, most cases of invasive meningococcal disease are actually in infants! The vaccines are not licensed for infants because they have high rates of serious adverse events.

Given the older brands, for strains A, C, W, and Y, cause serious adverse events in more than 1% of the kids who get them, and the newer vaccines, against strain B, have a 2% rate of serious adverse events, Robert F. Kennedy Jr. did the math for Colorado's 400,000 college students in 2015. Vaccinating all their college students would result in about 4,000 serious events and 12 deaths for the ACWY vaccines and 8,000 serious events and 24 deaths for the B-strain vaccines, for a total of 12,000 sick and 36 dead. All this to potentially prevent the three meningitis cases and one death Colorado had in 2014.[438]



The older brands, for strains A, C, W, and Y, cause serious adverse events in more than 1% of the kids who get them, and the newer vaccines, against strain B, have a 2% rate of serious adverse events.

Given the new low prevalence data, there would likely be less than one case of meningococcal disease per year for those 400,000 students. Approximately 10% of those who get sick will die. So, in order to prevent one death every 10 years or so, you could potentially kill many times that number!

For the 400,000 Colorado college students example—if they all got these vaccines there would be 36 deaths from the vaccines to prevent one death from meningococcal disease every 10 years!

The CDC recommends your child gets the ACWY vaccine while 11 or 12 years old and again at age 16. The CDC recommends your child get the strain B vaccine any time starting at age 16 but considers this optional after you discuss it with your child's provider.

I highly recommend you refuse them both outright, and if your provider is pushing them on you, share this information with them and ask them to verify it for themselves.

Now, for historical completeness, let's discuss meningococcal disease. The bacteria that cause it, *Neisseria meningitidis*, can cause meningitis (infection and inflammation around the brain) and can also cause sepsis (blood infection), both of which are very serious. Pediatricians who were working before the year 2000 probably encountered a case or two while in training. The infection can progress rapidly, so some children would lose limbs or even die if it was not picked up early. Those pushing vaccines love to show pictures of the purpura (purple rash that can cover most of the child). But, as I pointed out above, the disease is extremely rare in children who are old enough to receive the vaccines, and the vaccines themselves are more likely to kill or maim your child than the disease is.

The other piece of good news is that this bacterium is very responsive to antibiotics. If your child happens to be very ill, lethargic with a high fever and a stiff neck (children over the age of two should be able to bring their chin to their chest without pain), and they develop petechiae or purpura (non-blanching rashes), don't wait to go for help. Get to an emergency room or urgent care facility right away, where a dose of antibiotics can be lifesaving. I love natural medicine, but this would not be the time to wait and try things.

NOTES

Doc does a great job of scaring me on these vaccines. Rightfully so, as they carry a lot of risk and, in my opinion, very little benefit.

Gardasil is particularly scary to me. I worked on a teenager who was having idiopathic seizures. She was referred to me for bodywork. Her pediatrician was concerned that she was faking her seizures for

attention. Her mom didn't think so but felt they might be due to panic attacks. It turns out that she had received the HPV vaccine at school, and her mom didn't know it. Luckily, we found out the week before she was set to get a second dose. They didn't get that dose.

We were notified that meningococcal vaccines were available at the local hospital in the small town we were living in. Right around that time, two teenage boys living near us contracted the illness; both were hospitalized, and one died. We were told that the disease was very rare, but because it was such a small town and some other kids had gotten sick (but didn't need medical help), the doctors believed that kids like Ryder who hadn't gotten sick should get the vaccine to prevent it. Well, obviously, I didn't want my son to die, so we chose to vaccinate. Years later he can still recall that shot. He says the moment the needle went into his arm it made him feel warm and tingly, like his body was changing—and not in a good way. Though he seemed to handle that one better than past vaccines, with only a mild reaction that night, it seemed to change him subtly in a way that neither of us can articulate.

Dr. Paul covered hepatitis B in the newborn section since that is when it is now given, but Ryder got it as a teenager. He was very sick that night, and his arm, in his words, was "unusable." He didn't feel well for a few days. When the doctor's office called two months later to schedule the second shot, we didn't want to do it, but the doctor, whom we really trusted, said Ryder's reaction was normal. He also said the first shot would have been for nothing if Ryder didn't get the second dose.

He got the second shot, and the reaction wasn't much different at first. But then it seemed like he was getting sick more often, and my sweet little super-sensitive, awesome kid's personality changed.

What do I mean by that? The kid who never argued began relentlessly disagreeing with everything; the kid who was always happy got easily frustrated and sad a lot; the kid who had never been bothered by much now seemed to get easily agitated by everything. The biggest difference was that prior to that shot school was easy for him. He always got straight A's, and learning was fun. Not anymore. Everything changed!

The worst part was the depression. When I talked to the pediatrician, she told us everything Ryder was going through was perfectly normal. Everything would be fine, don't worry! That is not something you want to hear when your momma instinct tells you otherwise. She also asked if there was a family history of depression that would mean it could be genetic. Since Ryder's dad suffers from depression and needs medication, I thought that made sense. But in my gut I knew that wasn't right. I told myself he was a teenager; that's just what they do. Oh my, how I regret that. I never thought it was the shot until later. I needed more answers.

Complicating things further, I was going through menopause as my son was going through puberty. I have coached so many people in wellness, even kids, and mostly boys, but I wasn't able to help my own son. Then came those horrible words no parent wants to hear, "I am going to kill myself." The depth of intensity in his voice shook my world. I knew the first thing to do was to ask if he had a plan. He said no. I was relieved until he said, "Not yet." I took a deep breath and said, "Let's get you help."

Our journey could fill another book by itself. But that is when I started asking questions, and, oddly enough, I started hearing stories about kids who had ADHD and autism due to vaccines. That was the only thing that had changed in our world. Two different vaccines,

three shots total within a year. I asked the pediatrician if the vaccine could have had something to do with all the changes happening in his life. She said some kids do have side effects, and she had heard of that with the hepatitis B shot. But what Ryder was going through was still much better than getting hepatitis B. That's when the guilt set in. Her response made me realize I hadn't done my research. I didn't learn enough from his past experiences. I had allowed my son to get a vaccine that seemed to cause him irreversible damage.

Oh my God, what had I done?

Then, because I didn't know better, I allowed him to take medications to treat these "side effects," and he seemed to get worse. He reminds me that it isn't my fault; it was the vaccine that caused the damage, not me. I should have learned from an incident when Ryder was in elementary school. H1N1 influenza came in hard and affected so many people, they were giving live-virus flu vaccines to kids at school. Any child who didn't get the vaccine had to go home for three weeks. I had to keep Ryder home because my dad who was living with us couldn't be exposed to the shedding of the live-virus vaccine. When Ryder returned to school, he was harassed by a boy who told him his mother didn't love him enough to protect him! Ryder got sent to the principal's office because he told that kid **his** mother didn't love him enough to keep him home! What was my reaction to him getting in trouble? I let my dad take him for pizza, and he got to have a root beer float for saving his grandpa's life.

I can't change the past, but I will forever share my experience. I will also pray Ryder understands that his genetics make him susceptible to vaccine adverse effects, and if he ever has a baby that he will be aware and cautious when making decisions for his child.

—Just a Mom

CHAPTER 17

ADULT VACCINES (INFLUENZA, TETANUS, PNEUMOCOCCAL, COVID-19, RSV, AND SHINGLES)

We tend to think of vaccines as something we do for children. Other than the annual flu shots that many adults get and perhaps a tetanus booster every ten years, it is only recently that adults have become the target for expanding the market for vaccines. I recall when I first heard the term cradle-to-grave applied to vaccines. As ABC news reported in 2008, "vaccines are now expanding to include all age ranges, in an attempt to ward off disease from the cradle to the grave."[439] What they should have said was that pharmaceutical companies are finding new markets for their vaccines to maximize profits by targeting humans of *every* age, not just children. In my opinion, this has nothing to do with health and wellness and everything to do with profits. In reality, over-vaccination is ushering far too many to the grave too soon.

How can a retired pediatrician be a resource on vaccines for adults? I'm glad you asked! I spent most of my career (sometimes reluctantly) unraveling the lies that "vaccines are safe and effective" and "serious side effects are one in a million." Just as Suzanne Humphries, coauthor of the brilliant book *Dissolving Illusions*, went from being an adult kidney specialist (nephrologist) to become one of the world's leading experts on vaccine risks and particularly the childhood vaccine schedule, I too have

used critical thinking and inquiring research to get to the bottom of the story and have come to believe that vaccines may just be the greatest fraud in the history of medicine. I will share five "secrets" I have learned about the way vaccine manufacturers operate. Once you know these, you too will be able to see through the manipulation of science and data that results in sound bites intended to deceive you into thinking a given vaccine is both safe and effective, when it could, in fact, be neither.

These are the key tricks the vaccine industry has used to pull the wool over our eyes, including those of scientists, doctors, and the public. I encourage you to verify for yourself that each of these is true.

Use of relative risk reduction rather than absolute risk reduction exaggerates vaccine benefits.

The studies conducted by the pharmaceutical companies and the data that is shared in the package inserts almost always quote a relative risk reduction, as if that is the most meaningful statistic there is for determining the vaccine's potential benefit. Yet, it is the absolute risk reduction that more accurately reflects the likelihood that a vaccine will reduce symptoms or harm from infection. By quoting relative risk reduction, a vaccine that reduces symptoms in less than 1% of the trial group can be deemed 95% effective, as was done with Pfizer's COVID vaccine. Later in this chapter I show you how this works for the RSV vaccines that were just added to the adult schedule. These calculations can be done for any vaccine by using the information in Appendix A.

Use of inappropriate endpoints often exaggerates vaccine benefits.

The endpoints studied in clinical trials tend to be a few symptoms, not death or hospitalizations or all health outcomes. So, when you hear that RSV is killing 6,000–10,000 elderly citizens (with no data to prove that) and then they tell you their vaccine is 82% effective at preventing RSV, what do you think? Well, of course you assume that your chances of dying from RSV are reduced by 82%, and that sounds like a great benefit. But the truth is we

don't know whether the vaccines will prevent a single death because the study only looked at two or three *symptoms* of RSV (cold symptoms), which were seen in less than 1% of the entire study group. RSV is typically just a cold for most adults. It is sometimes a serious infection in extremely premature babies or those with serious heart or lung issues. Reduction in relative risk of minor symptoms doesn't necessarily correlate to reduction in risk of serious symptoms, much less death.

No one compares health outcomes in the vaccinated to the unvaccinated to see who ends up healthier.

A risk-to-benefit calculation should be done by each individual for each vaccine. But there's no way we can do that accurately because *we don't know* what the serious side effects are of any single vaccine or how often they occur—much less the cumulative effect of many vaccines. We don't know because vaccine studies virtually never compare the vaccinated to the unvaccinated for anything other than calculation of a vaccine's efficacy, nor do they look at health outcomes over a period of many years.

Safety is monitored (badly) for periods of time that are far too short.

Safety monitoring in vaccine clinical trials is notoriously short—often just a few days. You cannot assess long-term safety when you do not include all health conditions that appear in the interval following vaccination and you stop looking at all within days, weeks, or even months. The truth of this is obvious when you look at how many drugs are withdrawn from the market after being licensed. Even though most other kinds of drugs are usually tested against true placebos, many are withdrawn from the market after it becomes clear they make some people very sick. Unfortunately, because manufacturers bear no liability for childhood vaccines (or "countermeasures" like COVID vaccines), post-licensing monitoring of safety signals is just as inadequate as the pre-licensing monitoring.

Use of biologically active "placebos" allows manufacturers to declare risky vaccines "safe."

The failure to use saline (salt water) as the placebo given to the control group(s) is almost universal for vaccine trials. When the manufacturer does use a saline placebo, as was the case for the RSV vaccines for adults, the magnitude of side effects in the vaccine group far exceeds the side effects in the placebo group. In almost every other vaccine trial since the beginning of vaccine science, the placebo is either an older version of the vaccine, a different vaccine or vaccines, or the vaccine in question minus the antigen.[440] When researchers compare side effects in the trial group that got the vaccine to the "placebo" group and find little difference, they wave their magic wand and declare the new vaccine "safe." The reality is both groups have a lot of serious side effects, even in the short window of observation, but no matter what those side effects are or how serious, they are swept under the rug.

The Challenges of Vaccine "Safety Science"

1. They use relative risk reduction (RRR) rather than absolute risk reduction (ARR) to hide the fact that the vaccine has very little impact on risk of disease.
2. They study endpoints that may not be relevant to serious disease outcomes such as deaths and hospitalizations.
3. They never compare health outcomes in the vaccinated to the unvaccinated. If they did, it would be crystal clear how dangerous the vaccines were.
4. The duration of data collection on side effects is so short (sometimes just days) that most of the serious harms caused by the vaccines are missed.
5. They use other vaccines or all the toxic vaccine ingredients minus the antigen as the "placebo" given to the control group. Almost none of the vaccine trials use a proper saline placebo.

Witnessing the confusion most adults in my life, including my parents, had about whether to get these newly recommended vaccines, or annual flu shots, or even tetanus boosters, led me to take a close look at them. Obviously, I had already done the analysis for myself as I am in my sixties.

Seniors, especially those living in retirement communities, face significant pressure to conform. Both communities my parents lived in, one in Oregon and one in California, required COVID shots to live there. Visitors without up-to-date COVID shots were not allowed on campus. This isolation, combined with the constant pressure to get each booster as the CDC rolled out their recommendations and the TV talking heads' incessant banging of the fear drum was too much for most. My mom took all the vaccines recommended, including three COVID shots. Sadly, this incredibly healthy woman died within a few months of her third COVID shot, with her lungs mysteriously scarred up. "Idiopathic pulmonary sclerosis" was the diagnosis. "Idiopathic" is medical-speak for "we have no idea where it came from or why it happened." The anniversary of her passing is this coming week as I write this. I have no doubt that my inability to visit her due to quarantine, combined with her trust of doctors and the "news," caused her demise. Discussing this has created divisions even within my own family.

All the vaccine-risk-aware doctors and adults I know will not take another vaccine unless health agencies start doing real research on both safety and effectiveness. You can't unknow what you know.

Influenza

Influenza-like illnesses have been described since biblical times, and the flu pandemic of 1918–19 is still used as a reason to fear the flu. Influenza virus was first isolated in 1932–33 from nasal secretions of infected patients.[441] In the 1940s inactivated vaccines against influenza A, and later type B, were developed. In the 1950s a new influenza subtype, the H2N2 strain, which caused the pandemic known as Asian flu, was identified. Thus began the updating of subtypes that necessitated creating a new vaccine each year. In 2003 the use of an intranasally administered (inhaled through the nose) live-attenuated vaccine called FluMist® was authorized for adults.[442]

We know that our immune system grows less robust as we age (this is called immunosenescence). Though senior citizens are the most likely to be severely affected by a seasonal flu virus, there was no evidence that the standard flu vaccines were making a dent in the death rate in this group. So, in 2009 a highdose Fluzone®, containing four times the antigen dose of the traditional trivalent vaccine was authorized.[443] In 2015, the US approved an adjuvanted vaccine for seasonal use for the first time, Fluad, using an oil-in-water adjuvant known as MF-59. Prior to the introduction of Fluad, the only adjuvanted influenza vaccines in the US were stockpiled for use in an epidemic situation.

Adjuvants boost the reactivity of the immune system to the vaccine, resulting in a more robust response and more antibodies, but this comes at a price. The price is generally significantly more side effects. The adjuvanted flu vaccine is promoted primarily for the elderly.

Due to frequent mutations of influenza viruses, the composition of flu shots changes each year based on the most frequent strains isolated in the previous season from surveillance by the WHO. There are too many flu vaccines available to list in detail, so please refer to the package inserts (Appendix E).

The pros and cons on the flu vaccines are covered in Chapter 10 (pregnancy) and Chapter 14 (infants). If you are nearing the end of life, you are aware that any number of health conditions can put you at greater risk of death and that the chronic health conditions that most adults now have make us more vulnerable to infections of all kinds. Remember, though, that it is the unvaccinated who have the more robust natural immune system, who get the fewest infections, and do the best when faced with outbreaks of the flu—or any other respiratory illness for that matter. My strong belief is that proper nutrition and targeted supplementation of key nutrients will do far more to protect us than the very narrow immune boost that can be achieved through vaccination, especially for flu viruses that mutate so quickly.

I personally know many adults in their 60s to 90s who have never taken flu shots and have done better than their flu-shot-taking friends when it comes to avoiding the flu. There are also many non-pharmaceutical

approaches that one can take at the start of a cold or flu that will greatly reduce the chances of severe illness.[444]

In summary, I suggest you strongly consider skipping flu shots and the long list of side effects that come with them, especially if you have had one or more in recent years as that reduces effectiveness. Historically, the flu shots have resulted in more payouts for harm caused than all other vaccines combined.

Tetanus

As discussed in Chapter 14, there are now just an average of 30–41 cases of tetanus a year, and that has been the case since 1990.[445]

This disease is now so rare that you should think carefully about which risks you are comfortable with. The tetanus-containing vaccines Tdap and Td also have a large dose of aluminum. In addition to aluminum being directly toxic to brain and the immune system, it is a major trigger for autoimmunity and is thought to contribute to the rapid rise in Alzheimer's.[446]

Since tetanus is not contagious, getting this vaccine does nothing to protect others. The tetanus infection only develops in wounds that have no access to oxygen. These are usually deep puncture wounds that do not bleed (blood carries oxygen) and cannot be cleaned. If you get a deep, dirty wound that cannot be cleaned, there is a treatment that works, tetanus immune globulin (TIG). In addition, antibiotics and vitamin C can prevent the infection from becoming severe and life threatening.

The handful of deaths from tetanus in the USA over the past few decades have primarily been in the elderly, many of whom have impaired circulation from diabetes. Could you theoretically die from tetanus? Yes, but the odds are so low that in my opinion the injected aluminum is just not worth the risk. It is, however, important that you get to a medical provider or an emergency room within 24 hours of any deep, dirty wound that you cannot clean properly.

Pneumococcal infections (Prevnar and Vaxneuvance)

Prevnar has been part of the childhood immunization schedule since 1990. The shot evolved from Prevnar 7, which covered seven strains of pneumococcus, to Prevnar 13 in 2000, covering 13 strains, and Prevnar 20 in 2023, covering 20 strains. Vaxneuvance is a Merck product approved in 2021 that covers 15 strains. Both vaccines contain aluminum, which can trigger autoimmunity and is directly toxic to the brain and our immune system. (Yes, I know I've said that before, but it really bears repeating.)

Just how scary are pneumococcal infections? The great news is that this bacterium is not resistant to antibiotics. Numerous antibiotics can kill it. But people can and do die of bacterial pneumonia. The CDC tracks these deaths and lumps them in with influenza, as if all cases of pneumonia (usually between 20,000 and 50,000 annually) are caused by influenza.[447] [448] This makes it seem like a lot of adults are dying of influenza when they are not. I believe this is intentional, done to promote annual flu shots, which most would not consider necessary if the true rate of influenza deaths were known. Interestingly, despite heavy promotion of flu and pneumococcal shots in recent years, resulting in millions of doses dispensed annually, those scary numbers are not dropping—with one significant exception.

During the COVID years of 2020–2022 the flu almost disappeared. How could that be? Perhaps the lockdowns really did prevent flu transmission in 2020, but you could get the same result if you just call all the respiratory illnesses "COVID." The truth is there are hundreds of viruses and bacteria that cause colds, pneumonia, and flu. This means the pneumococcal shots (Prevnar and Vaxneuvance) being pushed on adults now, could likely only prevent a small fraction of pneumonia cases. And the more we vaccinate, the less we are able to resist infections other than those we vaccinate against. I suspect getting a shot of Prevnar or Vaxneuvance will likely make you vulnerable to many more infections than the few it might prevent.

Sadly, just as with the childhood vaccines, no research compared health outcomes over a prolonged period in adults who got pneumococcal

vaccines to those who did not. Introducing and pushing these vaccines is simply a way to sell more vaccines by adding it to the adult schedule.

COVID-19

Please review the COVID sections in Chapters 10 and 14. We just lived through the most sophisticated propaganda operation of our lifetimes. Health officials frequently distorted facts while simultaneously directing us to "follow the science." If you *did* actually follow the science, you saw that it wasn't being represented accurately in the media. Unfortunately, it has become very difficult to have a rational conversation with those who do not realize they were lied to and manipulated.

If you find yourself irritated by that statement, all I ask is that you keep an open mind and dig deeper. Read the research and try to avoid contempt prior to investigation. Complicating any effort to get at the truth is the fact that our regulatory agencies (CDC, FDA, etc.), along with the NIH, the medical journals, and the media, have been captured by the extremely profitable pharmaceutical industry. Doctors are not free to speak openly about concerns they have about vaccines or COVID without risking the loss of their license and their career. In addition, a large proportion of doctors have themselves fallen under the spell of the propaganda.

The Cleveland Clinic data (presented earlier in Chapter 5) makes this case powerfully, as those who did not get COVID shots fared the best during the study period, and the more boosters the subjects received, the worse they did. That's right, each additional dose of COVID vaccine was associated with an increased chance of getting COVID. Did you hear about that in the mainstream media? I don't think so.

At this point, most people know adults who have developed turbo cancers, died suddenly, or developed a host of new health challenges since getting the COVID shots. Many people assume that these conditions are the result of COVID illness, but as Ed Dowd argues in *Cause Unknown* sudden death and disability didn't rise in working-age people until after the vaccines rolled out. Unfortunately, doctors don't even ask about COVID shot status, preventing them from seeing any connection between the COVID shot and the problems their patients are facing.

The data is also so corrupted it is nearly impossible to glean meaningful information from the scientific studies. Why? It has to do with the bizarre definition of "vaccinated" when it comes to COVID. You are not considered vaccinated until two weeks after your second dose. Since most deaths from the COVID shots happen in those first two weeks, all those deaths would be put in the "unvaccinated" group. In addition, the risk of COVID illness rises in those two weeks as well.

Ask yourself if you know any adults who did not get the COVID shots. How are they doing?

The large majority of the unvaccinated are doing great. Now ask yourself how your COVID-vaccinated friends are doing? Most are likely fine, but how many are experiencing new health concerns? How many have had cancer return with a vengeance or an entirely new cancer that progressed rapidly? The reason is that the COVID jab is wreaking havoc with people's immune systems.

I would just say no to any doses of COVID vaccine, and going forward I would avoid any mRNA vaccine. Despite the allure of "plug and play" vaccines, this approach was a terrible idea from the get-go.

RSV (respiratory syncytial virus)

RSV is a virus that, as a pediatrician, I was very familiar with. Each winter, starting around December, peaking in February, and ending in April or May, we would see plenty of kids with coughs, colds, and wheezing. While most people handle it well, the virus seems to cause a severe form of lung infection that results in wheezing and sometimes pneumonia in some people, especially premature infants or those with underlying chronic heart, kidney, or lung issues.

What percentage of respiratory infections in adults over the age of 60 is caused by RSV? If we look to the data from children, at the height of the RSV season it would likely be no more than 10%. The CDC has approved two RSV vaccines for adults, Arexvy, made by GlaxoSmithKline, and Abrysvo, by Pfizer, for adults aged 60 and older. The CDC is stating that 6,000 to 10,000 seniors die from RSV each year.[449] While there is no question that adults with asthma, chronic obstructive pulmonary disease

(COPD), and congestive heart failure would clearly be at increased risk of serious problems if they got an RSV infection, it is doubtful that otherwise healthy adults need to worry about RSV.

So, how safe are the vaccines? Arexvy's solicited side effects included "injection site pain (60.9% compared to 9% for placebo), fatigue (33.6% compared to 16% for placebo), myalgia [muscle pain] (28.9% compared to 8% for placebo), headache (27.2% compared to 13% for placebo), and arthralgia [joint pain] (18.1% compared to 6%)."[450] This all occurred in the four days following injection. That's it, folks . . . four days of solicited follow-up and a mere 30 days of collection of unsolicited reports! It is interesting to note that for this vaccine trial, the placebo was saline, which explains why they found significantly more side effects in the vaccinated group. In the largest trial, "within 30 days after vaccination, atrial fibrillation [irregular heartbeat] was reported in 10 participants who received Arexvy and four participants who received placebo."[451] Atrial fibrillation can kill you.

The list of ingredients includes: "120 mcg of the recombinant RSVPreF3 antigen, 25 mcg of MPL, and 25 mcg of QS-21. Each dose also contains 14.7 mg of Trehalose, 4.4 mg of sodium chloride, 0.83 mg of potassium dihydrogen phosphate, 0.26 mg of dipotassium phosphate, 0.18 mg of polysorbate 80, 0.15 mg of disodium phosphate anhydrous, 0.5 mg of DOPC, and 0.125 mg of cholesterol."

Arexvy contains no preservative, but it does contain an adjuvant, $AS01_E$. No other vaccine has used that exact formulation, and only one other approved vaccine, Shingrix, contains a related adjuvant, $AS01_B$. This means its safety profile is even less established than aluminum's execrable one. Each dose may also contain residual amounts of host cell proteins (≤ 2.0%) and DNA (≤ 0.80 ng/mg)." This refers to the cells used for culturing the virus, in this case "genetically engineered Chinese Hamster Ovary cells."[452] Seems like a perfect recipe for triggering autoimmunity.

My vote is no, thank you—or hell no!

So just how effective was the Arexvy shot at reducing RSV disease? The package insert claims "Compared with placebo, Arexvy significantly reduced the risk of developing RSV-associated LRTD by 82.6% (96.95% CI

[57.9, 94.1]) in participants 60 years of age and older. The median duration of efficacy follow-up was 6.7 months."[453] While 82% reduction of the chances of getting RSV in those 6.7 months after the vaccine sounds pretty good, what you are not told is that this is a relative risk reduction, not an absolute risk reduction. You see, only seven out of the 12,466 people who got the vaccine and only forty out of the 12,494 who got placebo had RSV symptoms. So, even without the vaccine, your chance of getting RSV would only about 1 in 312, much less than 1%. Reducing your risk of symptoms from less than 1% to some arbitrary lower level is of little consequence to the vast majority. Do you really want to take an experimental vaccine with less than 1% chance of preventing an infection?

Adverse reactions to Abrysvo in individuals 60 years of age and older included fatigue (15.5%), headache (12.8%), pain at the injection site (10.5%), and muscle pain (10.1%).[454]

Was the Abrysvo vaccine effective at reducing RSV infections and disease in the elderly? While vaccine efficacy was reported at 67% for preventing RSV with two symptoms and 86% effective at preventing three symptoms, those are, again, relative risk reductions, not actual risk reduction. The actual risk of getting RSV symptoms for the unvaccinated was 1 in 500 for two symptoms and less than 1 in 1,000 for three symptoms.[455]

Of course, your risk of contracting RSV goes up as the time interval increases, but your risk of getting a serious case is never high. According to the CDC, in 2023 there were only 3,218 hospitalizations in seniors in a sample representing 9% of the population. That corresponds to approximately 35,750 hospitalizations in the entire senior population. That sounds like a lot, but the entire senior population is 62 million people, making the annual risk of hospitalization from RSV about 1 in 1,734. The same report found that 54% of those hospitalized were over 75, and many had chronic "underlying" conditions and/ or were living in long-term care facilities.[456] So, you should evaluate your own risk of serious RSV disease; it's not the same for everyone. Keep in mind, we don't know yet what the long-term effectiveness of these new vaccines will be. It could wane quickly.

What is clear to me from this data is that there is no need for a vaccine against RSV for the vast majority of the elderly. RSV is simply not an issue for most adults of any age.

Shingles (Shingrix)

Shingles is a rash, often painful, that occurs in those who have had chicken pox or live-virus vaccines intended to reduce the risk of chicken pox or shingles. Shingles is caused by the varicella zoster virus, also known as human herpesvirus 3. We believe the virus lives dormant in the nerve roots, and during times of lowered immunity (older age, stress, illness, recent vaccination, or medications that lower the immune system's effectiveness) it can reactivate and multiply. The fluid-filled blisters of zoster tend to cluster in a specific area on one side of the body, usually limited to the dermatome associated with a particular spinal nerve. These lesions are contagious to anyone who is not immune to chicken pox.

The CDC now recommends that all adults 50 and older and adults 19 and older who have weakened immune systems get two doses of the Shingrix vaccine separated by 2–6 months.

The shingles story is an interesting one. The virus responsible for shingles, varicella zoster, is the exact same virus that causes chicken pox. Prior to the vaccine for chicken pox being added to the childhood vaccine schedule in 1995, shingles was almost unheard of in children and young adults and was a relatively rare condition in the elderly. Now the CDC estimates that one-third of all adults will experience shingles in their lifetime.[457] What changed?

Since the chicken pox vaccine, Varivax, and the recently discontinued shingles vaccine, Zostavax, contain live viruses, one must wonder whether these vaccines are responsible for the increase in shingles. Another factor is undoubtedly the loss of natural immune boosting that we all used to get whenever chicken pox went through the community. During those times, everyone would be exposed, reminding our immune systems to continue making antibodies against the virus. The other reason we are seeing so much more shingles is that we have a population with a lot of autoimmune conditions that are treated with immunosuppressive drugs. We also know

that vaccinations in general, and especially the COVID shots, suppress the immune system, making you more prone to a shingles outbreak.

My career in pediatrics, which started a decade before the chicken pox vaccine was added to the childhood vaccine schedule, allowed me to witness life before and after chicken pox vaccines. There's no question that adding the vaccines did reduce the number of chicken pox cases significantly. Unfortunately, though, an unexpected outcome of the program appears to have been an increase in shingles cases. It is possible for those vaccinated against either varicella or shingles to get shingles. Shingrix recipients have even been known to get shingles immediately after vaccination, despite the fact that it is not a live vaccine.[458] For this reason, as well as the fact that I have heard from countless adults who were vaccinated for shingles and later came down with it, this is not a vaccine I feel is worth the risk.

So, what are the risks and how effective is the Shingrix vaccine? Data from the two trials listed in the package insert showed "adverse reactions reported in individuals aged 50 years and older were pain (78%), redness (38%), and swelling (26%); and myalgia (45%), fatigue (45%), headache (38%), shivering (27%), fever (21%), and gastrointestinal symptoms (17%)." A fraction of these side effects was reported in those who got saline placebo shots.[459] One out of six Shingrix recipients "reported reactions severe enough to prevent normal activities," and three out of four experienced at least some pain.[460]

What are the ingredients of this very reactive vaccine? The list reads like a horror movie's concoction of witch's brew:

> . . . recombinant varicella zoster virus surface glycoprotein E (gE) antigen with AS01B adjuvant composed of 3-*O*-desacyl-4'- monophosphoryl lipid A (MPL) from *Salmonella minnesota* and QS-21, a saponin purified from plant extract *Quillaja saponaria* Molina, combined in a liposomal formulation. The liposomes are composed of dioleoyl phosphatidylcholine (DOPC) and cholesterol in phosphate-buffered saline solution containing disodium phosphate anhydrous, potassium

> dihydrogen phosphate, sodium chloride, and water for injection.[461]

If you have a friend or relative who has experienced one or more severe shingles outbreaks accompanied by excruciating and debilitating pain, I imagine you might want to take your chances with the vaccine's side effects. I wouldn't blame you. On the other hand, serious side effects, including death, can occur, so the decision should not be made without serious thought. The large number of side effects and the use of a novel adjuvant has me very concerned about what it might do to the immune system.

Until there is extensive long-term data and better outcome studies comparing those who get Shingrix to those who do not, I would choose to wait and see.

While shingles is difficult to treat, there are antiviral medications that can reduce the frequency and severity of shingles outbreaks.

Be aware that it has recently become apparent that immunity induced by the measles and mumps components of the MMR vaccine wanes over time. For the mumps component that waning appears to be dramatic. This means that an unknown percentage of previously vaccinated adults are susceptible to measles, mumps, or both. Thus, the CDC has considered recommending a third, "booster," dose of MMR for all adults, not just those who are at increased risk of mumps during outbreaks and those who lack documentation of the two doses they have already had. (Who exactly is at "increased risk" is determined by public health authorities.)[462] While they haven't made this recommendation yet, they may do so in the not-too-distant future. One thing that has probably influenced their restraint so far is the fact that studies have revealed that the immunity generated from a third dose wanes even faster than the immunity from the original two-dose series.[463 464 465]

In summary, think long and hard before rolling up your sleeve for any vaccine that is improperly tested for safety and efficacy. Spoiler alert: That's all of them.

NOTES

I look at the information in this chapter, and it shocks me that this isn't generally known. Why don't we question what's happening in our medical system? Why is accurate information censored? Why are we told we are selfish and treated poorly if we choose what is right for our own bodies? We are the ones who risk everything when taking a shot that could cause harm to us.

I am one of those adults that listened to the doctors when they told me how vaccines could help with my conditions. Earlier in the book I explained how having a vaccine injury as a child didn't stop me from vaccinating my child or myself. I believed the doctors knew what was best for me and my child, and I believed them when they said adverse reactions are "normal," that side effects do occur, but then you are protected from the diseases themselves.

I got flu shots yearly because getting the flu could be serious for me with my heart health history. So, starting at 18 when I was told that it was safe for me to get vaccines again, I went in willingly. It wasn't until my late 40s that I realized the flu shot wasn't preventing me from getting the flu. In fact, shortly after each flu infection, despite my flu shots, I would get pneumonia and a cough that drove everyone around me crazy.

So, what did I do? I got the pneumococcal vaccine. My doctor told me it would stop my chronic pneumonia episodes. I have only had pneumonia a couple of times since. Was it the vaccine I got or the fact that I stopped getting flu shots that reduced the number of times I got pneumonia? I don't know for sure, but after getting the pneumococcal vaccine I started having more breathing issues. I was diagnosed with asthma and have needed to use inhalers ever since.

I also began having allergic reactions to things that had never bothered me before.

By now you would think I would have connected the dots and realized that maybe the vaccines were weakening my immune system and causing chronic health conditions. Nope, I wasn't done being an idiot yet. I went in for a bad rash on my side just before I turned 50. It was shingles. The second time I went in with a new round of shingles within a few weeks of the first, the doctor said the way to prevent chronic infections was to get a shingles vaccine. What did I do? I let them give it to me right then while I still had an active infection. Shingles was so painful and awful that thinking I could prevent it from happening again was a no-brainer.

I truly wish I had known Dr. Paul back then or had trusted that little voice telling me that continuing to put vaccines into my body was harming me. Just weeks later I began getting regular outbreaks of shingles. The shingles vaccine made things worse! Since then, I learned my triggers for shingles and how to ease the symptoms, so it goes better now that I am 60. But I finally stopped listening to the doctors tell me what is best for me. I am healing myself and working on being healthy and strong again.

I feel sad when I see so many people do what I did. When the COVID vaccine was announced I thought about getting it to protect my family, but that little voice from before had become very loud. I **did not** and **will not** put any more vaccines into my body unless they have been legitimately tested. I am not anti-vaccine (obviously, given the number I've had), but I am pro health.

It truly seems to me, and hopefully to you after reading the information in this chapter, that vaccines aren't being created to keep

us healthy. They're being created to make an extremely profitable industry even more so. The fact that they are required in many living situations for our older and more vulnerable populations breaks my heart.

I have personally seen what the COVID shots have done to so many they were supposed to protect. If you're thinking of getting a vaccine—or any other medical intervention—I suggest that you gather information from several sources that do not have financial conflicts of interest before making your choices. I sure wish I had. I have made enough mistakes for all of us! I now coach families on how to make better health decisions for themselves. I can't tell you what to do, but I can help you get the information you need, so **you** can decide what is best for you.

—Just a Mom

PART THREE:

The Vaxed vs. Unvaxed Studies, Reducing Harm, Communication, and Conclusion

CHAPTER 18

THE VAXED VS. UNVAXED STUDIES

The best way to determine whether something we are doing is harmful or helpful, is to compare the health outcomes of those who do and those who don't do that thing. However, things get complicated when an industry has a lot to lose if their product is found to be harmful. As evidenced time and time again—by the tobacco, sugar, pharmaceutical, and chemical industries for example—they will do whatever it takes to confuse the public into believing their product is safe.

We learned—or should have learned—from the tricks of the tobacco industry, which intentionally designed studies that could make smoking *appear* to be safe. For instance, they might compare two groups of smokers, one that smokes one pack of cigarettes a day and the other that smokes two packs a day, and see who dies in the next month. When nobody dies, they can conclude that smoking is safe.

We have known for over 50 years that smoking causes lung cancer, but it wasn't always so.

The "experts" issued a declaration in 1910 that "there is no scientific evidence that the moderate use of tobacco by healthy mature men produces any beneficial or injurious physical effects that can be measured."[466] Tobacco companies would put a "spin" on any information that was negative. I recall learning that babies born to smoking moms were smaller. That didn't sound like a good thing, and it wasn't. Yet, in 1971, decades after the dangers of smoking were known, the president of Philip Morris denied the health risks that pregnant women and their babies face, saying "It's true

that babies born from women who smoke are smaller, but they are just as healthy as the babies born to women who do not smoke. Some women would prefer to have smaller babies."[467] Doctors were recruited to advertise cigarettes and claim that they were good for anxiety. Eventually, the television ads were banned in 1970.[468]

I sure wish the same was true for the pharmaceutical industry. The pharmaceutical industry has been found guilty of willfully hiding known dangerous and fatal side effects of their products. Most of us remember Merck paying out $650 million for the Vioxx fraud. Purdue, the maker of Oxycontin, has been in the news for their part in the opioid epidemic. Major vaccine manufacturers have paid the highest fines to date, with GlaxoSmithKline paying $3 billion, Pfizer $2.3 billion, and Johnson & Johnson $2.2 billion to name a few.[469]

The National Childhood Vaccine Injury Act of 1986 removed all liability for any product these criminal companies made that got onto the recommended childhood schedule. This caused a gold rush to develop vaccines and get them onto the schedule. The goal is to get their vaccine or vaccine-like product (as we saw with the COVID mRNA vaccines, new technologies are constantly expanding what we call a "vaccine") through clinical trials, approved by the FDA, and then recommended by the CDC's ACIP for inclusion on the childhood immunization schedule. States then frequently mandate these dangerous products as a requirement for our children to attend school in the often-mistaken belief that it serves the greater good. Once this goal has been accomplished, these corporations have a liability-free gravy train with a guaranteed market of approximately four million new children per year. They don't even have to spend money on advertising.

A successful vaccine that made it onto the childhood vaccine schedule used to make a company about 1 billion US dollars. **Pfizer has already made $100 billion on the COVID experimental shots.**[470] Yet, these shots don't prevent the disease and they don't prevent transmission of the SARS-CoV-2 virus, and within months the vaccinated are more vulnerable to COVID than the unvaccinated. Anyone ill with COVID, vaccinated or not, is likely to transmit the virus to others. What makes the COVID situation even

more insane is that our government used our tax money, and drove us into decades of debt, to fund this debacle and continues to do so.

The CDC, our public health agencies, and the major health insurance plans all have access to data that would determine whether vaccines are safe or are responsible for the massive tsunami of chronic disease our children are now living with. All they would need to do is look at health outcomes in unvaccinated children and compare them to age-matched vaccinated children. It is a simple, cost-effective process that would assure most "vaccine-hesitant" parents of the safety of vaccinating *if* vaccinated children were actually healthier.

So, why haven't they done this?

The only explanation must be that they *have* looked, and what they saw was so damning that it would likely end the vaccination program. In their minds that would be a disaster, so they must keep that information from getting out at all costs. By now you probably understand that it would be a blessing to your children and the world's future if the entire vaccine program were shut down. Then we could start from scratch, with ethical oversight, to determine which, if any, diseases require vaccines. Then perhaps we could develop truly safe and effective vaccines. There is an inherent problem in vaccine development, however. Because no two immune systems are exactly alike, increasing a vaccine's potency to make it *more effective* for more people is going to automatically make it *less safe* for more people, too, and vice-versa. But if we repeal the 1986 Act and return liability to the companies, we may have a chance of producing ethical and robust safety science and ensuring true assessment of the risks and benefits on an individual level.

If we repeal the 1986 Act and return liability to the companies, we may have a chance of producing ethical and robust safety science and ensuring true assessment of the risks and benefits on an individual level.

Thankfully, there is a growing number of well executed scientific studies that compare health outcomes in vaccinated and unvaccinated children. One must sort through a lot of "tobacco science"—junk science put out by the industry and our top journals, which also have been captured by industry money—to find the meaningful studies.

The now infamous paper by Dr. Andrew Wakefield published in 1998 in *The Lancet*, "Ileal-lymphoid-nodular Hyperplasia, Non-specific Colitis, and Pervasive Developmental Disorder in Children" was a small case series that identified something peculiar going on in vaccinated children with autism.[471] Wakefield and his 12 coauthors discovered a new form of bowel disease in some children with autism, and many of the parents mentioned that their children's symptoms began following receipt of the MMR vaccine. Though it doesn't say so in the paper, Wakefield hypothesized that perhaps the MMR vaccine was doing something to these children. The paper's findings were later reproduced by others,[472] but Wakefield lost his career over the controversy. The article was later retracted, the fate of many articles that shine a negative light on vaccines. This important landmark paper remains retracted. My own fate as you shall see is very similar. My own landmark vaxed vs. unvaxed study was inappropriately retracted and not reinstated despite its findings being validated by another publication.[473]

In 2003 a paper was published showing a significant massive increase in type 1 diabetes in children who were more highly vaccinated in both Finland and the UK.[474]

Finland and the UK experienced a significant massive increase in type 1 diabetes in children who were more highly vaccinated.

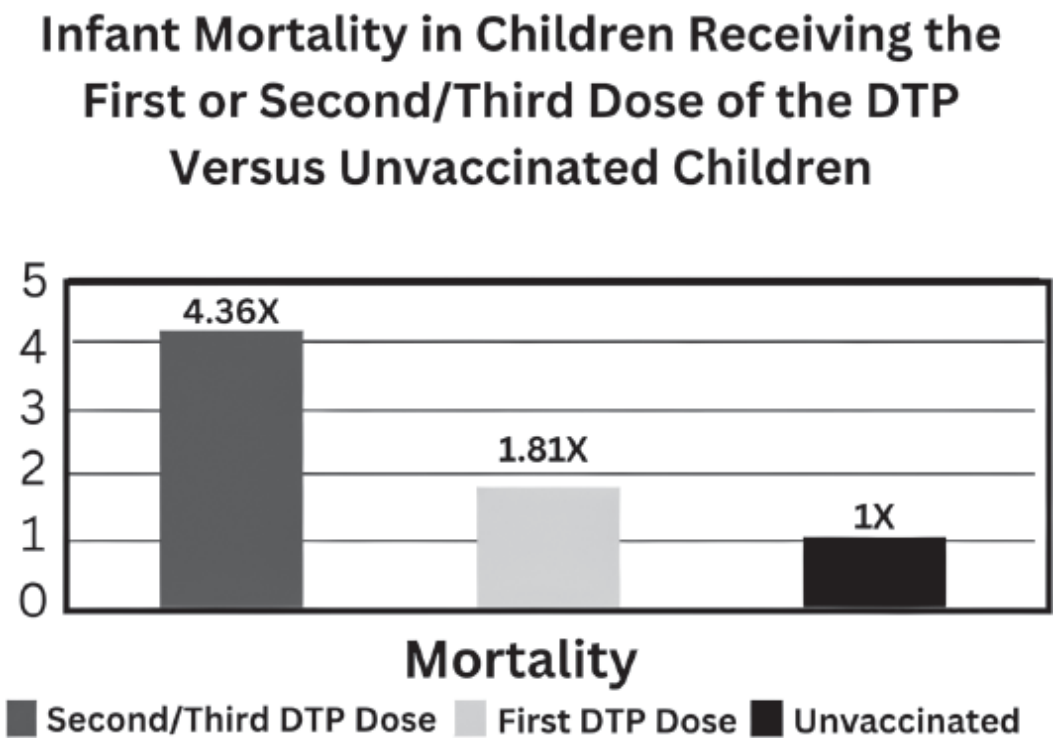
In 2004 a paper based on a CDC study and published in *Pediatrics*, the journal pediatricians read the most, declared there was no link between the MMR and autism.[475] A decade later a CDC senior scientist, Dr. William Thompson, became a reluctant whistleblower, as depicted in the movie *Vaxxed*, saying,

> I regret that my coauthors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested African American males who received the MMR vaccine before age 36 months were at an increased risk of autism.

That paper was used in a ridiculous campaign to justify stifling any research that could potentially connect the explosion in vaccination with rising autism rates by claiming the science was "settled." Science is always evolving and is never settled. We now know, of course, that not only does the MMR trigger autism[476] [477] [478] in some children but vaccines as a whole are responsible for a host of health problems as well.

> **Not only does the MMR trigger autism but vaccines as a whole are responsible for a host of health problems as well.**

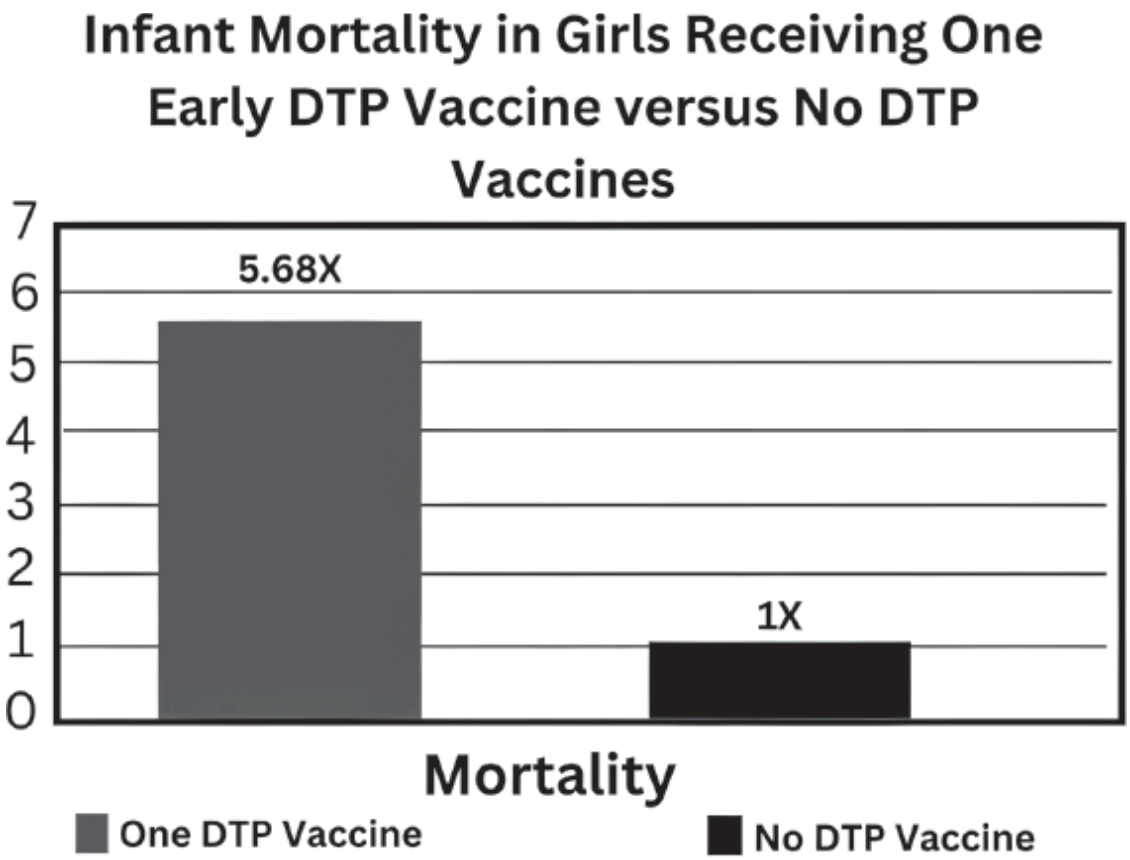
The first published study I became aware of that compared vaccinated to unvaccinated children was published by Dr. Peter Aaby in 2004. Aaby founded the Bandim Health Project, which brought vaccines to rural Guinea-Bissau, Africa, for the first time in 1984–87. The 2004 study examined infant mortality in the children who had received the DPT and/or oral polio vaccines compared to children who hadn't.



Aaby and his coauthors were horrified to discover that the children who got two or three doses of DPT between the ages of 2 and 8 months died at over *four times* the rate for the unvaccinated. This is how vaccine safety research should be conducted. To determine the true effects of vaccination, you must look at all outcomes and all-cause mortality.[479]

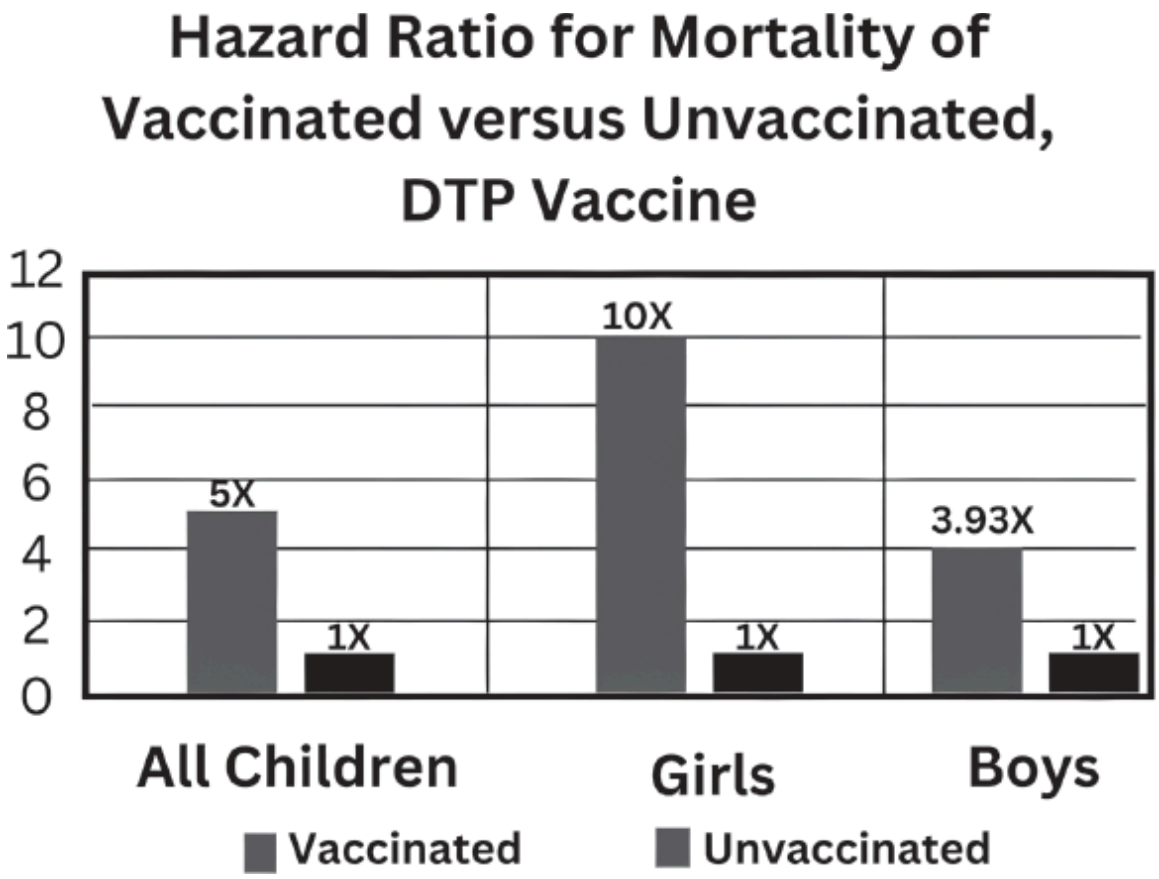
Children who got two or three doses of DPT between the ages of 2 and 8 months died at over *four times* the rate for the unvaccinated.

Dr. Aaby and his team have published numerous papers on the subject since that first one, analyzing their Guinea-Bissau data in various distinct ways, and an increase in child mortality with DPT vaccination was verified and reverified. In 2012 Dr. Aaby's team found that girls who got the DPT at 2 months were over five times more likely to die than those who did not get the DPT!



(Kennedy Jr. and Hooker, *Vax-Unvax: Let the Science Speak* 2023)[480] (Aaby, Ravn, et al. 2012)[481]

In 2017, Aaby's team published findings from their analysis of over 1,000 infants given the DPT and/or oral polio vaccines in urban Guinea-Bissau in the early 1980s. All-cause infant mortality for children 3–11 months old doubled between 1980, before the vaccines, and 1982–1983, after the introduction of DPT and oral polio vaccines. For children 3–5 months of age who got just the DPT, the mortality increased by 900%. The authors of that study concluded that "All currently available evidence suggests that DPT vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis." (The graph below includes children who received both DPT and oral polio.)



(Kennedy Jr. and Hooker, *Vax-Unvax: Let the Science Speak* 2023)[482] (Mogensen, Andersen, et al. 2017)[483]

Sadly, that obviously dangerous DPT vaccine is still in use in Africa. To add insult to injury, the "success" of vaccine programs all over the world is measured by the percentage of children who have had three doses of the DTP.

Looking at all-cause mortality or overall health outcomes is the key to determining whether a vaccine or a vaccine program is helpful or harmful. The CDC, NIH, public health authorities, insurance companies and of course the pharmaceutical industry have never done a single study looking at overall health outcomes or all-cause mortality comparing the vaccinated to the unvaccinated.

Looking at all-cause mortality or overall health outcomes is the key to determining whether a vaccine

or a vaccine program is helpful or harmful.

In 2019 an independent study was published that showed a massive increase in reported asthma following receipt of the HPV vaccine.[484]

In 2017 a survey study performed by Dr. Anthony Mawson compared the health of unvaccinated to vaccinated 6–12-year-olds. The findings were significant and alarming for those considering vaccinating their children.

Vaccinated children were significantly more likely than the unvaccinated to have been diagnosed with the following chronic illnesses:

CONDITION	% of Vaccinated (fully or partially)	% of Unvaccinated	% Increase
Learning disability, ADHD, ASD	10.5	3.1	238
Autism spectrum disorder (ASD)	4.7	1.2	370
ADHD	4.7	1.2	370
Learning disability	5.7	1.2	375
Allergic rhinitis	10.4	0.4	2,500
Other allergies	22.2	6.9	221
Eczema/atopic dermatitis	9.4	3.5	263
Any chronic condition	44	25	76

(Mawson et al. 2017)[485]

Vaccinated children were significantly more likely than the unvaccinated to have been diagnosed with learning disability, ADHD, autism, allergic rhinitis, other allergies, eczema, and chronic conditions.

I mentioned earlier in the book that I published an analysis of the first 10 years of data from my practice comparing health outcomes for the variably vaccinated to the unvaccinated. The study was rigorously peer-reviewed and published in the reputable *International Journal of Environmental Research and Public Health*[486] in November 2019. Unfortunately, that journal must have been under immense pressure to retract our paper. Again, the findings were accurate, and the reason for retraction was shown later to be false in the paper "Revisiting Excess Diagnoses of Illnesses and Conditions in Children Whose Parents Provided Informed Permission to Vaccinate Them," by James Lyons-Weiler and Russell L. Blaylock, MD.[487]

The Lyons-Weiler and Blaylock paper also analyzed the data from my practice and discovered that those children whose parents stopped vaccinating at any time had half the chronic conditions of those children who continued to get vaccines. This implies that you can stop vaccinating at any time and still get a significant health benefit for your child.

When looking at the graphs, it is impressive to see the magnitude of health challenges the vaccinated children experienced (light gray) when compared to the unvaccinated (dark gray). What this means is that the vaccinated are more likely to get asthma, allergic rhinitis, have breathing issues, behavioral issues, ADHD, respiratory infections, otitis media, ear pain, other infections, eye infections (conjunctivitis), eye disorders, eczema, dermatitis, urticaria and anemia. And the vaccinated children are likely to experience more severe conditions, as evidenced by the more frequent office visits.

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I must point out again that most parents in my practice who vaccinated were essentially following the vaccine-friendly plan outlined in my book of

that title.[488] They generally did no vaccines during pregnancy, no hepatitis B vaccines, no polio or rotavirus vaccines, and they only did one aluminum-containing vaccine at a time. (Our office picked the DTaP with the lowest aluminum content and no trace of thimerosal, ActHib.) The MMR was usually delayed until at least age three. Varicella was delayed until the teen years, and hepatitis A was given at age two if parents wanted that vaccine. None of these children got HPV vaccines, nor did they get meningococcal vaccines. Vaccines were also not given if the child was sick. Unfortunately, pediatricians are currently encouraged to give vaccines even when a child has a mild illness. Please disregard that misguided advice. There is no scientific evidence to support it, and VAERS is filled with reports of children who were vaccinated when ill.

Unfortunately, pediatricians are currently encouraged to give vaccines even when a child has a mild illness. Please avoid all vaccines if your child is ill, even if with just a mild cold.

I also recommended stopping *all* vaccines if *any* serious reaction occurred or if there were delays or regression in developmental milestones (gross motor, fine motor, language, or social). That policy alone probably did a lot to spare children's brains, but it is still shocking to see the extent of health challenges for these judiciously vaccinated children. It is my opinion and that of others that their fate would have been much worse had they been following the CDC schedule, but clearly the safest thing to do—by far—is to support your child's immune system and say no to vaccines.

I also recommended stopping *all* vaccines if *any* serious reaction occurred or if there were delays or regression in developmental milestones (gross motor, fine motor, language, or social).

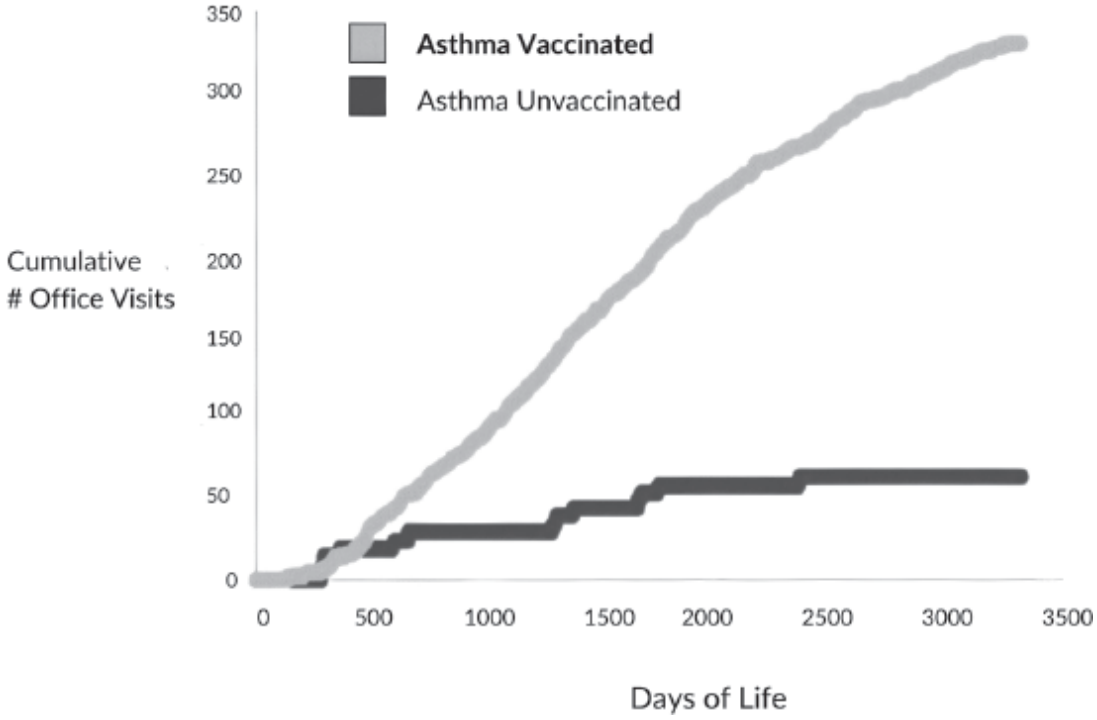
Below I will highlight some of the more impressive differences from the dataset from my practice. It is important to know that we looked at every patient born into my practice who remained in the practice at least 60 days. Occasionally, babies whose parents had not yet picked a pediatrician would be assigned to me or our practice who had no intention of staying with us after an initial first baby visit. We thought it was important to have the full dataset of patients who stayed with the practice for the long term. There were 561 unvaccinated and 2,763 variably vaccinated children. Most of the vaccinated followed the vaccine-friendly plan or an even slower version of that.

The chart below shows the absolute number of office visits for each of the conditions we looked at. Statistical significance (the likelihood that the result was due to chance) is indicated by the p-value. Most have p values less than 0.0001, meaning there is no way these differences could be explained by chance. This is exceptionally high-quality evidence indicating that these health differences are due to the vaccines and that not vaccinating can provide powerful protection from all these conditions.

Condition	Vaxxed	Unvaxxed	RIOV	95% CI	Z	*p*
Fever	759	17	9.065	8.801	12.476	<0.0001
"Well Child" Visits	32826	4987	1.336	1.149	6.540	<0.0001
Ear Pain	269	16	3.414	3.232	5.310	<0.0001
Otitis media	3105	216	2.919	2.518	23.441	<0.0001
Conjunctivitis	1018	87	2.376	1.935	9.783	<0.0001
Eye Disorders (Other)	277	31	1.814	1.586	3.350	0.0008
Asthma	336	13	5.248	5.065	6.693	<0.0001
Allergic Rhinitis	405	12	6.853	6.662	8.158	<0.0001
Sinusitis	107	5	4.345	4.240	3.566	0.00036
Breathing Issues	621	44	2.866	2.561	7.898	<0.0001
Anemia	979	36	5.522	5.181	13.603	<0.0001
Eczema	512	23	4.520	4.281	8.479	<0.0001
Urticaria	174	17	2.078	1.908	3.027	0.00244
Dermatitis	742	105	1.435	0.992	4.034	<0.0001
Behavioral Issues	343	17	4.097	3.900	6.087	<0.0001
Gastroenteritis	688	30	4.656	4.374	6.543	<0.0001
Weight/Eating Disorders	1115	90	2.515	2.056	10.264	<0.0001
Seizure	43	8	1.091	0.985	0.229	0.8181

Number of office visits for various conditions[489]

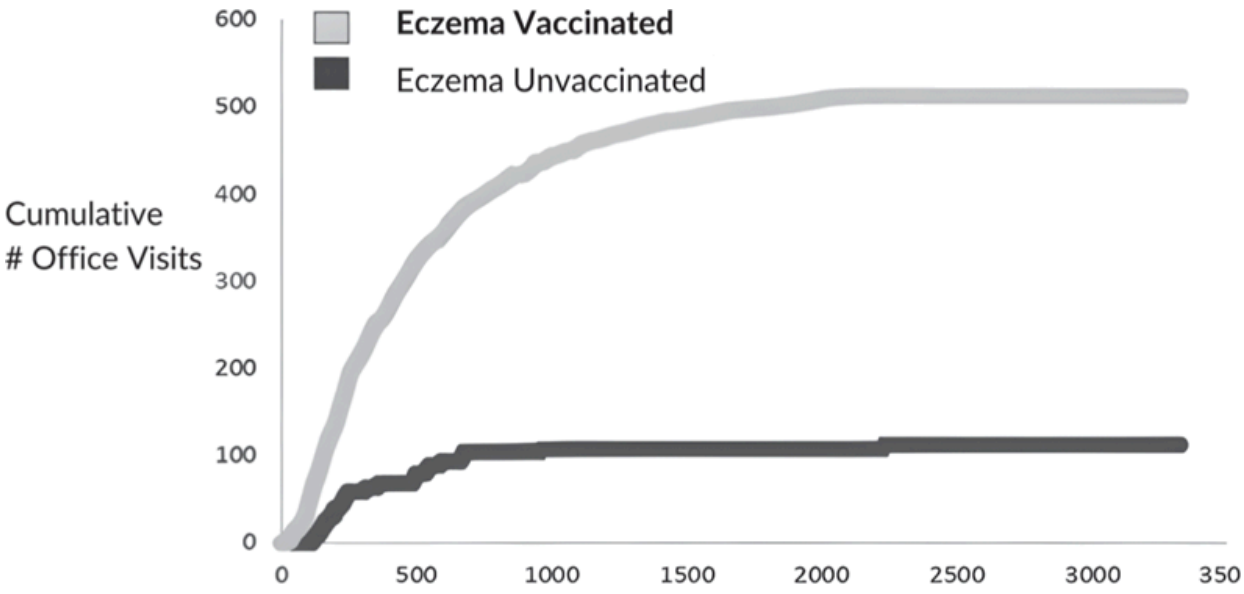
Let's look at asthma. For this study, we added up all the office visits for the various conditions. As you might imagine, some patients with asthma had multiple visits for their asthma in a single year. The 336 visits for the vaccinated group represent about 100 children. That would be an asthma rate of 100 out of the 2,763 vaccinated children, or just under 4%. For the unvaccinated, those 13 visits represent fewer than 10 children, The unvaccinated asthma rate would thus be 10 out of 561 or 1/56, which is less than 2%.

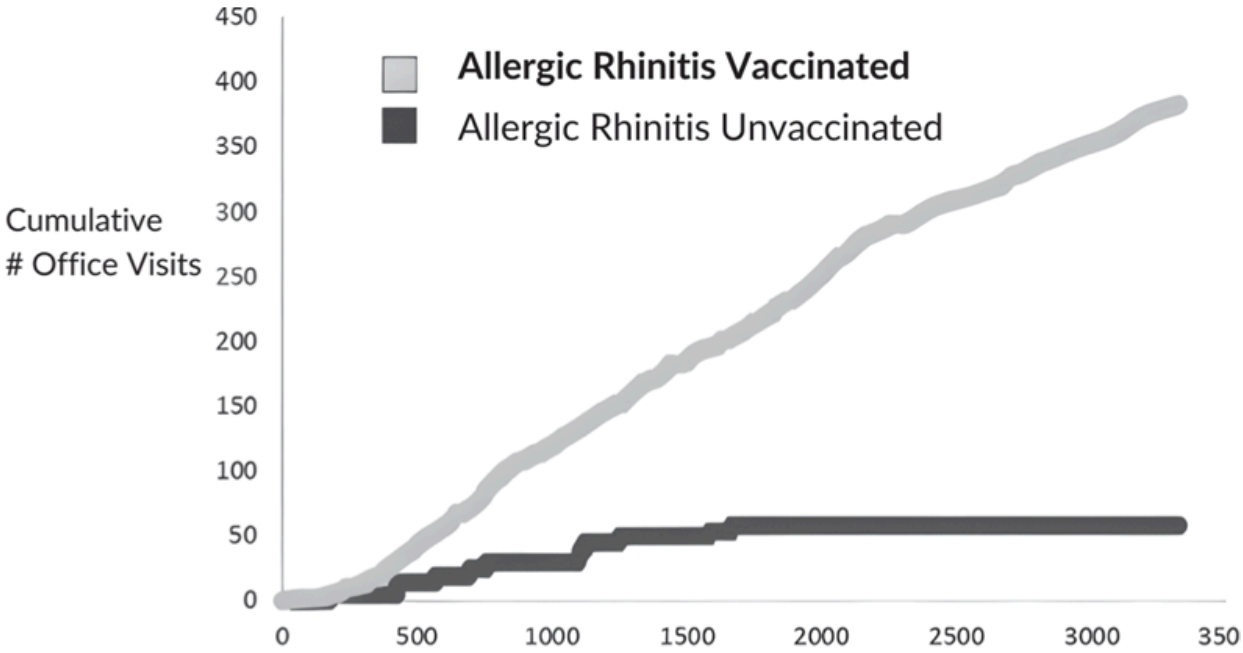


Asthma now affects 8–10% of the USA population. While I know some of it has to do with the abundance of toxins and allergens in our world, this data clearly shows that office visits for asthma are over 500% (six times) more common in the partially vaccinated children. In the group who vaccinated according to the vaccine-friendly plan, the rate of asthma is less than half the going rate in the USA, and those with no vaccines have less than 25% of the asthma in the USA.

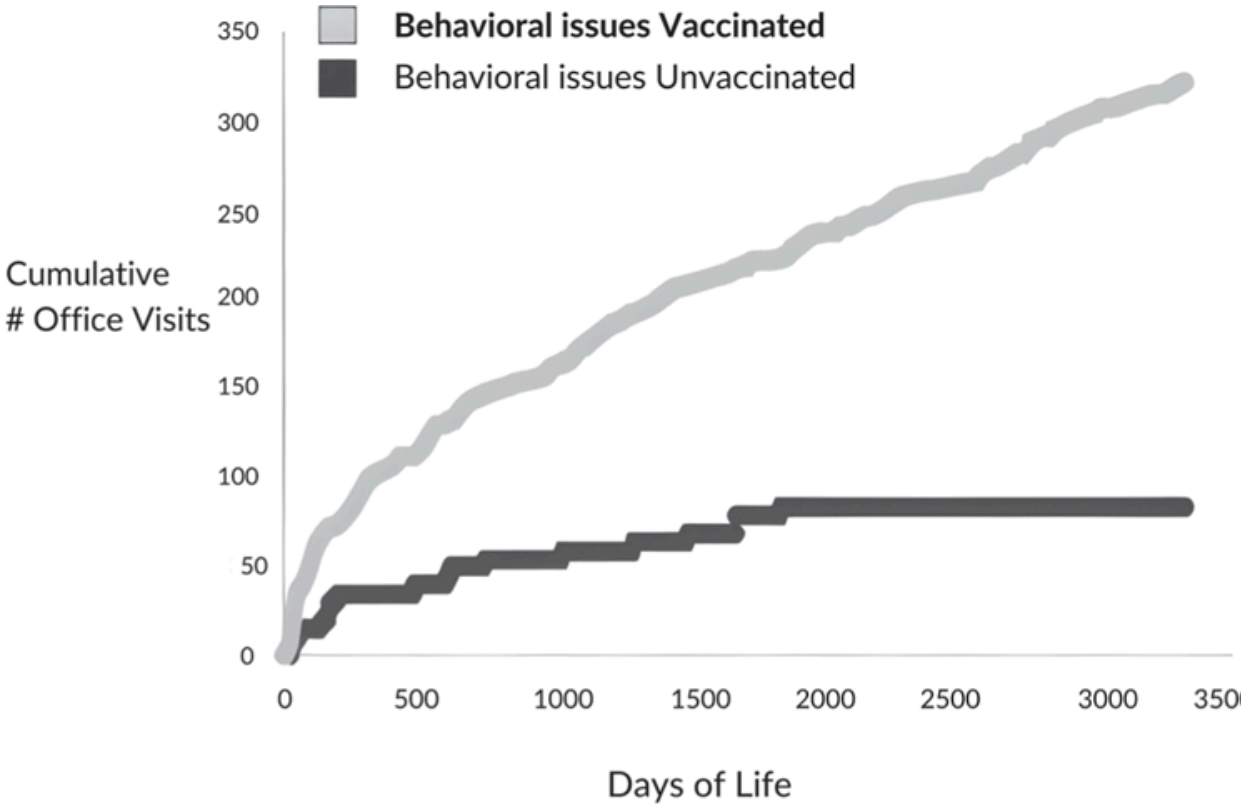
This is an immense health benefit for those who build natural immunity and avoid vaccines that shift the immune system to allergy and autoimmunity.

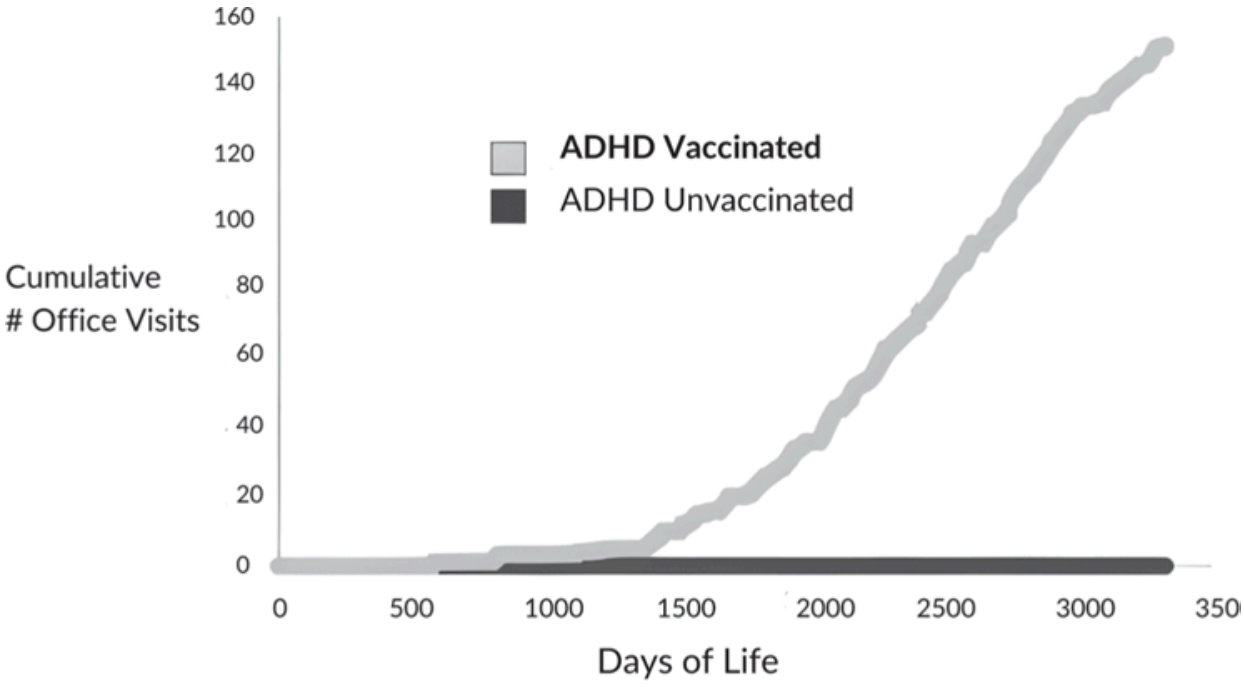
Allergic rhinitis (runny nose from allergies) and eczema (dry, scaly skin from allergies) both show a huge divergence for the vaccinated compared to the unvaccinated in my practice. Allergic rhinitis was about eight times more severe in the vaccinated and eczema five times more severe. People often downplay the importance of conditions like eczema, but there is a misery factor to having eczema and often the need for strict food restrictions to minimize flare-ups. For allergic rhinitis, the most common triggers by far are tree and grass pollens that effectively keep a child from being able to enjoy the outdoors during allergy season. If you have a family history of allergies, asthma, or other immune or autoimmune issues, avoiding vaccines can be a very wise decision.





Office visits for behavioral issues were over five times more common in those vaccinated, and ADHD was nonexistent for the unvaccinated. Parenting is hard enough without adding ADHD or behavioral issues. I recall being at family reunions with my three severely ADHD sons. We often got "the look" or parenting advice from concerned family members who thought our kids were out of control. They were just crazy high energy and impulsive. It doesn't have to be that way. If you have a family history of ADHD or behavior issues (remember your own childhood and adolescence), then consider sparing your child's brain. We know vaccines trigger brain inflammation.[490] [491] [492] [493] Having your brain on fire is not comfortable.[494] No matter how hard it is to parent a kid with ADHD, it's that much harder to *be* a kid with ADHD.


Behavioral issues Vaccinated
Behavioral issues Unvaccinated
Cumulative
Office Visits
350
300
250
200
150
100
50
0
0
500
1000
1500
2000
2500
3000
Days of Life


ADHD Vaccinated
ADHD Unvaccinated
Cumulative
Office Visits
160
140
120
100
80
60
40
20
0
0
500
1000
1500
2000
2500
3000
Days of Life

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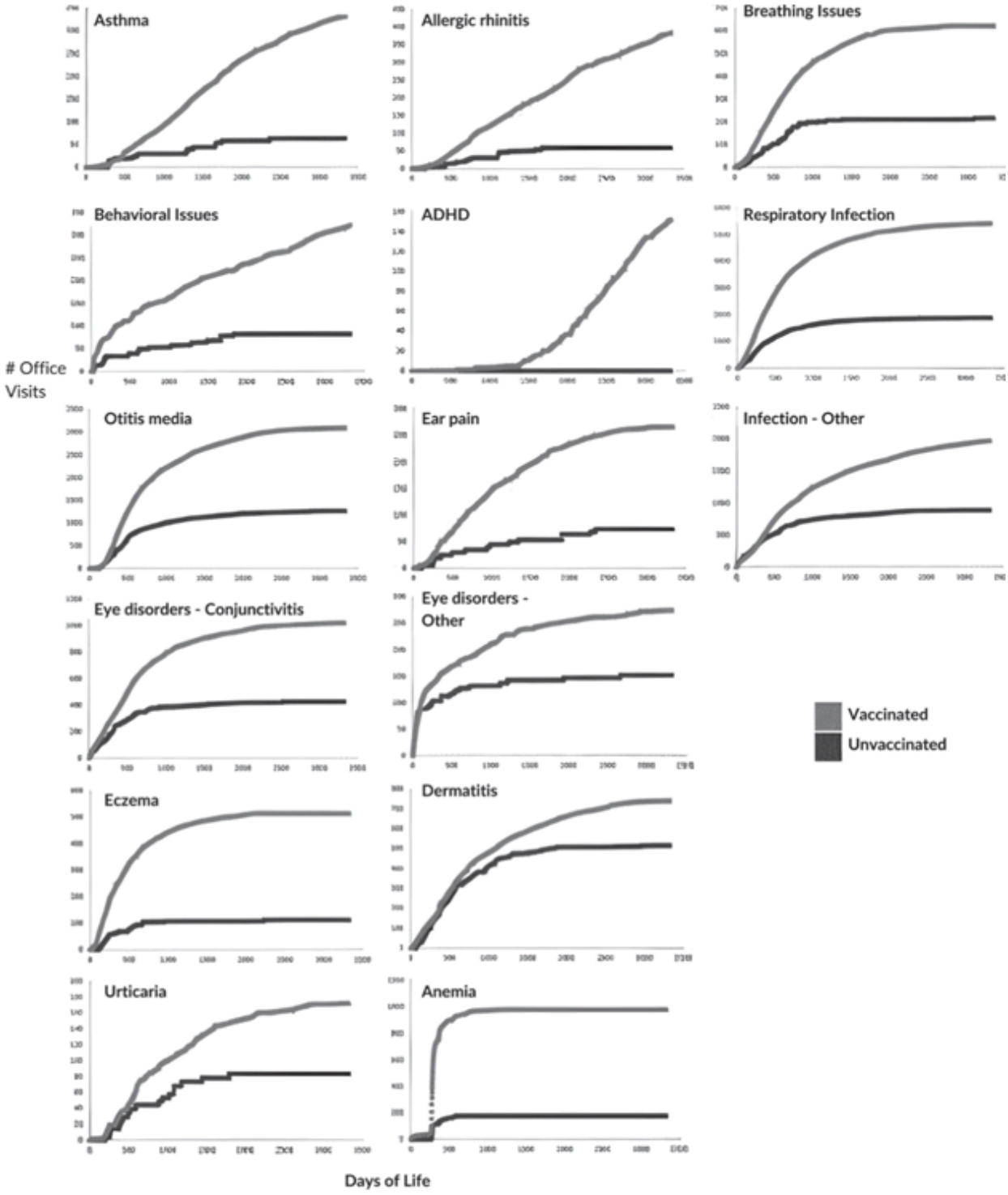
The complete graphs of my research are presented below. The magnitude of difference between office visits for the unvaccinated and those vaccinated according to the vaccine-friendly plan is on the order of five to six times (400–500% increase) for most conditions. Vaccinating according to the CDC schedule would almost certainly further magnify each of these conditions.



International Journal of Environmental Research and Public Health 2020, 17, 8674
(retracted by journal without proper procedure)

"Analysis of Health Outcomes in Vaccinated and Unvaccinated Children: Developmental Delays, Asthma, Ear Infections and Gastrointestinal Disorders," a 2020 study by Brian Hooker and Neil Miller based on electronic data from three pediatric medical practices, showed significantly higher rates of developmental delays, asthma, and ear infections in children who had been vaccinated before 12 months of age versus those who hadn't.[495]

In a 2021 study by Hooker and Miller using survey data from the same three pediatric practices, they found that the vaccinated were significantly more likely than the unvaccinated to have severe allergies, autism, gastrointestinal disorders, asthma, ADD/ADHD, and chronic ear infections. To control for potential systemic bias, the researchers also checked the odds ratio for chicken pox. Vaccinated children were less likely to be diagnosed with chicken pox, as would be expected.[496]

DIAGNOSIS	**Odds Ratio**	**P-value**
Allergies (severe)	4.3	0.002
Autism	5.0	0.004
Gastrointestinal disorders	13.8	<0.0001
Asthma	17.6	<0.0001
ADD/ADHD	20.8	<0.0001
Ear infections (chronic)	27.8	<0.0001

The vaccinated were significantly more likely than the unvaccinated to have severe allergies, autism, gastrointestinal disorders, asthma, ADD/ADHD, and chronic ear infections.

I am grateful for the clarity provided by the 2023 book *Vax-Unvax: Let the Science Speak*, by Robert F. Kennedy and Brian Hooker.[497] The science is presented in a very visual way that makes it easy to understand the

findings. I highly recommend this book as a companion to the one you are reading now.

The studies are piling up. The evidence is strong and clear. Vaccines are harming our children and adults. The risks clearly are substantial. In my opinion, it would only be sensible to take a vaccine if we were facing an equally substantial threat *and* had much better safety science, including use of saline placebos in clinical trials, long-term examination of overall health outcomes, and physiological studies that identify who is likely to be hurt and why. I know that is a strong statement coming from a pediatrician who vaccinated his own children, took a lot of vaccines himself, and promoted at least some of the vaccines until just a few years ago.

When we get new and reliable information, we need to consider whether our prior position still makes sense. My hope is that you are now empowered with enough information to make a bold choice for your children and protect them from a system that is set up to profit from our misery.

At the very least, vaccines induce autoimmunity and allergies. In addition, there is excellent evidence that they are also causing infant deaths from SIDS and developmental disasters by scrambling our children's brains. The pharmaceutical industry then profits at both ends: first, when we pay them to injure ourselves and our children; then when we require multiple drugs to alleviate the symptoms of the host of chronic conditions their vaccines created.

When we get new and reliable information, we need to consider whether our prior position still makes sense. My hope is that you are now empowered with enough information to make a bold choice for your children and protect them from a system that is set up to profit from our misery.

NOTES

Charts and graphs always seem abstract to me. Someone did research and made cute little charts with lines or symbols representing their findings. Until now, that is. When I look at the graphs from Dr. Paul's study, I see the faces of both the VFP kids and the unvaccinated. I know some of these precious kids, so for me they are not just lines. It is research taken from actual pediatric patient charts. Hard cold facts. Yes, sometimes unvaccinated children get sick and, yes, other factors contribute to the development of conditions like autism and ADHD, but it is very clear that children who receive no vaccines are healthier than their vaccinated counterparts.

It is very clear that children who receive no vaccines are healthier than their vaccinated counterparts.

I know it can be scary to make the decision not to vaccinate because there is some risk that your child will get a disease that kills one in a million kids. That's a choice only a parent should make. All we're asking is that you remember there is a very substantial risk that your child will have long-term negative health consequences from any vaccine you choose to give, and those risks include profound disability and death. Another consideration is that no vaccine is 100% effective, meaning that even if you do choose to vaccinate against a particular disease, you cannot eliminate all risk that your child will get the disease and die. This is why my motto is "faith over fear." Take a deep breath and ask yourself, what do I fear most?

—Just a Mom

CHAPTER 19

HOW TO REDUCE HARM IF YOU VACCINATE

When we vaccinate, we are intentionally attempting to trigger a massive immune response so that our child will develop long-term protection against the specified pathogen. Even if you believe that "vaccines are [generally] safe and effective," immunologists and vaccine manufacturers know that the massive immune response can never be safe for every child, every time. The once-common understanding that one should never vaccinate a sick child is lost on the new generation of doctors, who have been told that it is fine to vaccinate as long as there's no fever. Vaccinating sick children, they're told, is preferable to letting them fall behind.

Wrong—sadly and fatally wrong for far too many babies. Please refuse all vaccines if your child is sick in any way, even if you think it is "just a cold."

What if your child isn't sick, though, and you have decided—even after all you have read here—that you still want your child to receive some vaccines? What should you do then? Imagine you are preparing to go into a major sporting event that will require everything you've got to do your best. Think of a well child visit to the pediatrician (which is when vaccines typically happen) as a major physical event. It is! The goal is to win. You want your child to not just survive, but thrive as well.

As I type that word "thrive" in conjunction with the concept of vaccines —I must be honest—a very uneasy feeling comes over me.

Why?

Well, the entire book by now should have you very aware that for most, if not all, children vaccines cause more harm than good. Okay, enough on that. This chapter is for those of you who feel you must or want to vaccinate and want to do it as safely as possible. Back to our preparation for that major sporting event.

Eat well. Food is medicine. Organic please, and if you are still breast feeding even better. I used to frown upon the idea of breast feeding until age three or four, but if thriving and being optimally prepared for a major event is our goal, nothing could be better than breast milk. Mom's best! If your child is eating solid foods, eat the rainbow, meaning all colors of fruits and lots of vegetables, home-cooked and organic if you can.

Eat organic and breast feed if possible.

Sleep is vital. How prepared for a major event do you feel when you have had a rough night's sleep? The same goes for your child. If you know your child is not getting restful sleep or they just had a rough night, that is not the time to take them in for a vaccine. Cancel or reschedule. Rough nights, especially if not the norm for your child, could mean they are coming down with something.

Cancel or reschedule a vaccine visit (well child appointment) if your child didn't sleep well.

Tune in to your child's mental, emotional, and spiritual state. Are they in a good place? What does your mama or papa intuition tell you? While this may sound unscientific, parents have relied on their gut instincts to protect their children since the beginning of time. Don't disregard that important part of being an effective parent. I remember trying to prepare my first couple kids for vaccine visits when they were old enough to talk. The anxiety that the discussion brought up for them should have been a clue to me. At that time, my papa intuition was virtually nonexistent. I ignored their

mental and emotional state and powered on through. Is it any wonder there were issues later?

Tune in to your child's mental, emotional, and spiritual state. Are they in a good place? Trust your gut instinct and cancel the vaccine visit (well child appointment) if your gut says to.

We have two main goals: The first is to reduce the vaccine's ability to trigger inflammation. Understand that aluminum is so naturally inflammatory that if the vaccine contains it there will likely be a large local reaction where the needle goes in. We just want to minimize ongoing inflammation in other places of the body, like the brain for example. We also aim to maximize the elimination of any toxic ingredients.

Dr. Russell Blaylock discovered one way to reduce not only the local reaction, but possibly the central nervous system (CNS) reaction as well. That is to apply a cold compress to the site of injection and change it each time it loses its coldness. Do this immediately and for at least four hours afterwards. This will prevent the immune reaction.

Apply a cold compress to the site of injection and change it each time it loses its coldness for four hours after vaccines.

To lower the aluminum level, nanocurcumin is excellent and easily enters the CNS and removes aluminum from the brain. It also prevents the toxic reaction of any retained aluminum. The dose will have to be adjusted for the child. Other things that chelate aluminum include hesperidin, nano-triphala, bacopa, and saffron. Quercetin can also lower aluminum but may cause hypoglycemia.[498]

I list below a few of the key supplements you might consider with the guidance of a trusted and skilled holistic provider or functional nutrition

expert or coach. Consider doing these things for at least a week *before* a vaccine and continue for a month after. For supplement dosing, please consult with your trusted health care provider. There are many things to consider when you are using nutritional supplements. What supplements is your child on already? What vaccine or vaccines are being given? Your child's age and weight. Does your child tend to have constipation or diarrhea? How is your child doing in the developmental areas of growth, gross and fine motor coordination, social interactions, and language? If there are any delays at all, that to me is a sign that you should wait and not risk further challenges by pushing forward with vaccines.

Supplements to consider, under guidance, that help usher aluminum out include nanocurcumin, hesperidin, nanotriphala, bacopa, saffron, and quercetin.

Minimize inflammatory foods. Top of this list are the oils from corn, safflower, sunflower, soybean, canola, and peanuts. Avoid partially hydrogenated vegetable oils (margarine) and high-fat animal meats. Sugar in all forms and artificial sweeteners should be avoided, along with processed foods and flour (gluten) and dairy. This first step should be an ongoing priority.

Glutathione is a major detox molecule, but it is difficult to absorb and taking it as a supplement is generally not advisable unless it is in a stable liposomal form. If your child is old enough, NAC (N-acetylcysteine) can boost glutathione production. It tastes like rotten eggs due to the cysteine, so I wish you good luck if your child is not yet swallowing capsules.

NAC, vitamin C, vitamin D_3, zinc, selenium, B-vitamins, and vitamin E will boost detox and help reduce inflammation.

Vitamin C supports glutathione as well and is an important anti-inflammatory supplement. If your child is eating solids, you can select foods rich in vitamin C, which includes citrus, guava, cantaloupe, red peppers, and cruciferous vegetables like broccoli. As a supplement, vitamin C is very water soluble so our bodies will get rid of any extra vitamin C you don't need. That is why your urine is so yellow after taking a big dose of vitamin C. It is also why you can, and perhaps should, take it three to four times a day to keep up the level in your bloodstream.

Vitamin D_3 combined with vitamin K_2 reduces both infections and cancer risk and helps regulate your immune response. Since most of us are very deficient in this vitamin, you should probably be on a daily dose ongoing. If you have not been regularly taking vitamin D perhaps have your child's level checked. The goal is to maintain an optimal level of 50–80 ng/ml. Your healthcare provider can order this test for you, or you can check it from the comfort of your home with a test kit available on my website at https://paulthomasmd.rxhometest.com/product/vitamin-d-test.

You may have heard that zinc is beneficial when you are coming down with a viral infection like a cold. When COVID arrived, it seemed that suddenly everyone was talking about it. It is also very protective against vaccine toxicity. You can likely find a multivitamin with adequate zinc. The therapeutic dose range for zinc is thought to be about 25–40 mg a day for adults.

Selenium, B vitamins, and vitamin E all help with reducing the inflammation. Make sure you select a multivitamin without iron. Choosing a high-quality multivitamin with adequate amounts of these nutrients is more important than you may realize. Your trusted health care provider can guide you on how much and what sources to use for these nutrients. It is especially important to get guidance when you are considering supplementing an infant or young child.

Magnesium and calcium are very important minerals, and generally the dose in multivitamins is so low that you may need a specific supplement of these nutrients. You probably should find a good source and supplement magnesium and calcium in addition to the multivitamin. Liquid preparations are available for children, and I know many adults who prefer

liquid to the large tablets of calcium and magnesium. The citrate version of magnesium is known to stimulate loose stools, so avoid that if loose stools are an issue. In that situation you may want to take magnesium in the glycinate or threonate forms. These will not act as a laxative. Unfortunately, the most common form of magnesium in supplements is oxide, which I don't recommend at all. This form is poorly absorbed by most and is guaranteed to cause diarrhea.

Fish oil with the omega-3 fatty acid eicosapentaenoic acid (EPA), taken before injections with the adjuvant lipopolysaccharide (LPS) can block the ability of the that LPS to induce brain inflammation. Hib, Prevnar, and meningococcal shots were developed with LPS technology.

> **For shots using LPS (lipopolysaccharide) like Hib, Prevnar, and meningococcal shots, take omega-3 fatty acids (fish oil with EPA) before the vaccine is given.**

Flavonoids inhibit autoimmunity and inflammation. You may find a product that combines Vitamin C with flavonoids. If quercetin is not included, it is a supplement worth adding on its own as it is highly anti-inflammatory. However, quercetin will lower most people's blood sugar and can cause hypoglycemia. It should always be taken with a meal, and if not tolerated it should be stopped. Eating the rainbow of food colors is a great way to boost flavonoids. Berries, citrus, and green vegetables are rich in these nutrients.

Now for the most important ingredient of all . . . LOVE. Pour as much love into your child as humanly possible, and then call in the angels with prayer and an open heart, soul, and spirit.

What is a normal reaction to vaccines?

I hear parents tell me all the time that their child had a crazy high fever, over 104˚ sometimes, lasting for days, was very irritable, screaming as if in severe pain, or lethargic, and when they called the pediatrician's office, they

were reassured with, “Oh, that’s normal.” Well, it is common—far too common in fact—but it is certainly not “normal.” Kids don’t just get 104˚ fevers. That is their body under massive stress, trying to recover from a huge inflammatory assault. The other reaction that is very common is a large area of redness where the shot was given. Again, you will be reassured that this is normal and not to worry. I disagree. Too often, parents have shared that their children who had the largest local redness and heat reactions were the ones who went on to have developmental challenges or other chronic health conditions. Think about it. If the shot can trigger that much inflammation locally, what do you suppose will happen when those ingredients get to the brain? Is it any wonder our kids are irritable?

So, what can you do if your child has these reactions?

Take it seriously and decide about future vaccines. My feeling is that your child’s body is clearly communicating to you that the ingredients in that vaccine are dangerous and toxic. In the short term, you want to reduce fever if it is in that 104˚-and-above range or if your child is warm and very irritable. Think of it as their brain being on fire. Placing lukewarm wet washcloths around the child’s body and allowing the moisture to evaporate (repeating as necessary in a new location) will generally bring a fever down in minutes. You may have to continue this for hours and sometimes a couple days. I would never give a child Tylenol (acetaminophen) as it significantly lowers glutathione levels (Professor William Parker of Duke University has written extensively on the dangers of acetaminophen to neurodevelopment). And you don’t want to lower every fever. Lowering a child’s fever during an infection has been shown to drastically increase mortality. Ibuprofen is a leading cause of leaky gut syndrome, which can increase aluminum absorption. Nanocurcumin will do all and much more than the drug can do, and its only side effect is that it will chelate iron. It should be given on an empty stomach 20 minutes before a meal. Iron levels should be drawn at least every two months until stable, just to make sure the iron levels are normal.

In these moments of anguish, do contact your trusted healthcare provider and as a last resort you may have to go to the ER. However, many parents have shared that the ER was a waste of time (and money) since vaccine reactions are just thought of as "normal."

Final thoughts

Again, if, despite all your efforts, your child has a significant reaction to a vaccine, it would be very important not to repeat that vaccine. If it was an aluminum-containing vaccine, it may be important to avoid all future aluminum-containing vaccines.

I also encourage you to detox your child after any vaccination and especially if they have a negative reaction. Chapter 6 contains helpful suggestions. Please remember that if you are unsure or would like more information you can always reach out to us through kidsfirst4ever.com or contact a health provider or wellness coach.

I don't feel that the mRNA platform is safe for anyone. If you have chosen to take an mRNA vaccine and notice any change in health for the worse, you might be wise to avoid all future mRNA products. In my opinion, and I'm not alone on this, the mRNA platform was not ready for primetime, and it is not safe. At the time of writing this book, the COVID shot is the only one using mRNA technology, but there seems to be a massive movement underway in the vaccine development world to shift to the mRNA platform.

NOTES

I have coached several parents on how to prepare a child or themselves for a vaccine that they HAD to get. I am surprised by how many people do not want to get a vaccine but are required to for so many things. I believe that the most important part of prepping yourself or your child to get a vaccine when you are concerned (and after reading this book you may be very concerned), is to release yourself from fear! Once you have made a decision, it will NOT help

you to hold on to guilt or concern or even be worried! Take deep breaths and get to work preparing yourself and your child for the best outcome. Visualize everything going as well as possible.

—Just a Mom

CHAPTER 20

FAMILY HISTORY AND SPECIAL CONSIDERATIONS

One of the most important guiding principles of good health care is to individualize our approach for the specific person in front of us. Onesize-fits-all medicine is rarely on target. We are all different and respond uniquely to medications and vaccines. What might work well or be tolerated by one person could be very harmful for another.

By definition, the CDC's childhood immunization schedule is a one-size-fitsall approach. It makes sense if you want to maximize pharmaceutical profits. It makes no sense at all from the perspective of an individual with risk factors that make some—or all—vaccines dangerous.

Family history

One of the key pieces of information doctors used to collect before coming up with a treatment plan for their patient is the family history. When it comes to vaccines, does your family have members (parents, siblings, grandparents, aunts and uncles, first cousins) who have had serious vaccine reactions or vaccine effects? If you limit the conditions to consider to just severe allergic reaction—which is what the CDC would have you do—then you will miss the majority of conditions that we now know are related to vaccines. Since over 99% of Americans have had at least one vaccine, we will assume for the purposes of the family history that we are talking about vaccinated family members.

Do you have family members who regressed into autism or other developmental delays? You now know more than most doctors know and

understand that vaccines likely caused that regression or those delays. ADD and ADHD are considered by most aware physicians to be on the mild end of the autism spectrum. A little brain inflammation and you might appear to have ADD or ADHD, but with massive brain inflammation your child might be mildly, moderately, or severely autistic.

Do you have family members who developed eczema, allergies of any kind, or any of the autoimmune conditions that now plague so many? Autoimmune conditions include type 1 diabetes, rheumatoid arthritis, lupus, Sjogren's, celiac, thyroid issues (either overactive, Graves' disease, or underactive, Hashimoto's thyroiditis), dermatomyositis, inflammatory bowel disease (including Crohn's disease and ulcerative colitis), Addison's disease, multiple sclerosis, Raynaud's syndrome, psoriasis, and pernicious anemia. In recent years, research has indicated that, contrary to long-standing belief, asthma may be an autoimmune condition. There are now over 100 conditions that are considered autoimmune. Vaccines may well be the single most important cause of autoimmune conditions. Aluminum in the vaccines and mechanisms of molecular mimicry, where vaccine-triggered antibodies mistakenly attack our bodies, are known to play a significant role in the development of many of the autoimmune diseases.[499]

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Genetics and epigenetics

Most of us were trained to think of genetics as hard-wired in our bodies, something we had no control over. This is an unfortunate superficial understanding of genetics that leaves most people feeling helpless, thinking it is just bad luck that they have so many health challenges. Messaging from most sources, including medical societies, the CDC, the NIH, public health

departments, and even doctors, is that your condition is genetic. It runs in your family; therefore, it is your destiny. The result is that people are tricked into thinking there is little they can do to change the health outcome for their child or family.

Some conditions are truly genetic in nature, but they are relatively rare. In the case of Down syndrome, for example, also known as trisomy 21, there is a third copy of chromosome 21. This results in a condition with characteristic growth, brain development, and other health challenges that so far medical science has been unable to completely mitigate.

The vast majority of so-called genetic conditions are really influenced by the environment. What that means is that there are tiny single nucleotide polymorphisms (SNPs), changes that make us more vulnerable to various conditions or substances. We all have numerous SNPs that make us respond uniquely to environmental pressures. It is part of the way we adapt to environmental changes. Sometimes our environment has changed too fast. Think about the number of vaccines going from a handful a generation ago to potentially a hundred or more in 2024 and beyond. Adaptations that were helpful in the past might make us more vulnerable today.

One example of this is the MTHFR gene. It stands for methylenetetrahydrofolate reductase. This is the key enzyme in the methylation cycle that turns the B vitamin folate into activated methylfolate. There are two main SNPs that affect this enzyme, at nucleotide positions 1298 and 677. If you have either glitch, it can significantly reduce the ability of the MTHFR enzyme to activate your folate. This in turn affects your ability to methylate, which is key to turning on and off many important reactions in the body, but it also reduces your ability to make serotonin from tryptophan and dopamine from tyrosine. If you struggle with mental health issues, focus, or autism, you may well have an MTHFR SNP glitch. My biological sons all have the MTHFR glitch, as do their parents. Two of them got the worst SNP from each of us, so they got what I call the double whammy (homozygous for the worst defect, the 677). Those of us with MTHFR issues should supplement with methylfolate and avoid regular folate or folic acid. We also may not detox as well as those unaffected by this, which for me means we should not vaccinate.

Parent groups of severely autistic children learned that so many of their kids had problematic MTHFR polymorphisms, they started calling it the Mother-F#*&er Gene.[500] [501]

In addition, the action of our genes can often be turned on or off by the addition or subtraction of chemical "tags." These *epigenetic* changes are entirely affected by the environment. Interestingly, methylation, the addition of a methyl group, is one of the ways gene expression can be changed and is affected by MTHFR polymorphisms.

The truth is that most medical conditions are largely avoidable. It is all about lifestyle choices and what you allow into your body. If you smoke, your risk of getting lung cancer goes way up. So don't smoke. If your family has a history of any of the conditions I described above and you don't vaccinate, guess what? Your child's chances of getting those conditions go way down.

You might be wondering who is left for whom vaccines are safe. By now, you have probably figured out there is simply no way to give all those vaccines at the rate called for on the CDC schedule and not expect some harm. Might you be able to give one vaccine for a specific reason and avoid harm? I suspect yes, for many people, but there are instances where a single vaccine at the wrong time permanently tipped the scales. And waiting until your child's brain has passed the period of extremely rapid development clearly reduces risk of vaccine injury or adverse effects. The older, the better.

Travel

I grew up in Africa, a place many would think of as dangerous due to all the infections. As I pointed out earlier in the book, most of the increased mortality is in communities that do not have flush toilets, good clean water, or electricity. When you add the fact that health care may not be accessible for many who live in remote villages or in poverty, then risks go up. The reality is that if you prepare for your travel, you can ensure you will have clean drinking water, or at least a way to purify it, and rehydration solutions should you get diarrhea. You can also make sure you have an exit plan in case you need hospital care for IV fluids for example.

Occasionally, you may find yourself traveling to an area that is actively undergoing an outbreak of some infection for which there is a vaccine. The CDC travel pages[502] have good information on current risks around the world. It's also good to check with anyone you know who lives in the area you are traveling to. The locals usually know both what is going on and what works best to treat it. Let's say there was a large measles outbreak where you are going. You might choose to postpone your trip. If that is not an option and your child is over the age of six months, you could choose to get the MMR. I *strongly* prefer to wait until after age three for that one, however. Also understand that extra vitamin A and vitamin C can significantly reduce the risk of dying from measles. For other diseases and infections, coaching is available at kidsfirst4ever.com to help you decide what is best.

My child is sick

Today's doctors are trained to give vaccines at every possible opportunity, so they don't miss what may be their only chance to get your child vaccinated. I've heard countless stories of vaccine injury, including regression into autism, after vaccines were given while a child was ill. Febrile seizures, caused by either infections or the vaccines to prevent them, can occur between the age of six months to six years. We don't know why some children get them, but a percentage of children who have them go on to have lifelong epilepsy. Vaccines often cause fevers, and illness often causes fever. Why would you increase the risk of high fever by vaccinating while your child is sick?

Past reactions to vaccines

I covered this in the family history section. If other family members have had reactions to vaccines, take that as a warning that it could happen to your child also. They likely have similar SNPs to yours in their genes. You may have shared environmental risk factors as well. Your child's risk is higher when others in the family have had bad reactions or vaccine-related conditions. If you personally have reacted poorly, please don't just hammer

away with more vaccines. There is a term "vaccine eyes" that I wish more parents and doctors would become familiar with. Infants can't speak to tell you how they feel. The severe crying that is common after infant vaccines *is* their way of telling you not to do that again. The more subtle, but equally important, clue is their eyes. Are they alive and attentive, scanning their environment with curiosity? "Vaccine eyes" are empty, dull, and frankly sad. Parents, pay attention to your babies' eyes before vaccines. If you choose to vaccinate, be especially observant of their eyes in the hours and days after. If they are different, dull, vacant, disinterested in their world, they are telling you something. Something bad has happened; they're uncomfortable and they don't know why, but they really don't want you to do it again.

Autoimmunity

We are living in the era of autoimmunity and chronic disease. The era of infectious diseases is decades behind us. If you look at the drugs that make the most money for the pharmaceutical industry, it is the immunosuppressants. We have anakinra (Kineret), canakinumab (Ilaris), rilonacept (Arcalyst), infliximab (Remicade), adalimumab (Humira), golimumab (Simponi), etanercept (Enbrel), certolizumab (Cimzia), tocilizumab (Actemra), sarilumab (Kevzara), rituximab (Rituxan), belimumab (Benlysta), abatacept (Orencia), secukinumab (Cosentyx), ixekizumab (Taltz), brodalumab (Siliq), guselkumab (Tremfya), ustekinumab (Stelara), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), dupilumab (Dupixent), omalizumab (Xolair), vedolizumab (Entyvio), tofacitinib (Xeljanz), upadacitinib (Rinvoq), baricitinib (Olumiant).[503] Why did I give you this long list of drugs? Simply to make a point. None of these existed when I came out of medical school 40 years ago. And most of the autoimmune conditions that these drugs are used to treat were also extremely rare. We have traded short-term bouts with infectious diseases for chronic, debilitating autoimmune conditions and cancer. The pharmaceutical industry makes most of its money from immunizations that create autoimmunity, from immunosuppressants used to treat the autoimmunity, and from anti-cancer drugs for the cancers that

result from being on immunosuppressants. It is a revolving door of pharmaceutical profit at our expense.

If there is any autoimmunity in your family, it would be wise to avoid vaccines.

> **The pharmaceutical industry makes most of its money from immunizations that create autoimmunity, from immunosuppressants used to treat the autoimmunity, and from anti-cancer drugs for the cancers that result from being on immunosuppressants. It is a revolving door of pharmaceutical profit at our expense.**

NOTES

This is a chapter that hits home hard for me. Why on earth would I ever have thought to allow any vaccine in my child when I, myself, was severely injured by a vaccine? I have tried to rationalize it to myself. First, I was five years old when it happened. How could I have known? The years spent having cardiac doctors check my heart should have been a reminder. My care was paid for by the American Heart Association. My mom smoked all through her pregnancy with me. She was 18 when she became pregnant and didn't know better at the time. I was born with a mild heart condition that was enough of a health concern that the family that was supposed to adopt me chose not to. Rather than putting me in an orphanage, my mom, single and unable to truly care for me, kept me.

At age five, after having several infections like measles and mumps, the doctors described me as "sickly." They told my mom the

smallpox vaccine would be important. If I were to get smallpox (which, remember, was eradicated in 1980 and gone from the US since 1949), it would kill me. I was given the vaccine, and within 72 hours (as the story goes) I was having open heart surgery, with my life on the line. It was clear to the doctors involved that it was the vaccine that caused my heart to fail.

It was lucky for my mom that they acknowledged it. Today doctors rarely admit that a vaccine could have caused any problems. Two world-renowned heart surgeons stepped in at Texas Children's Hospital and did the surgery. We were told that the American Heart Association would cover all the bills, and my 23-year-old mother would not have to pay anything. It's probably good that it was before the 1986 act that removed manufacturers' liability for vaccine effects and injuries. Once that happened, vaccine injuries became less visible and less likely to be medically acknowledged. It didn't even dawn on me until later why, in 1987 when I turned 22 years old, I was given a clean bill of health and told I was good to receive vaccines.

I was told I needed to catch up. Again, not thinking critically, every time I got a vaccine I would have mild-to-moderate reactions, which was all "normal" for the course. I had no allergies, asthma, or any other chronic conditions until I turned 28. I received a flu shot that year and became very ill. I was told that I had a heart murmur. Then I developed a cough that just never went away. I finally got an asthma diagnosis and began using inhalers. Fast forward to age 34 when I decided that the flu shot was why I kept getting the flu and I stopped getting them for several years. I was diagnosed in my early 30s with a right ventricle bundle branch blockage, which explained

the “funny feelings” I sometimes had in my chest. When I became pregnant at 35, the stress on my body intensified the murmur and made me “high risk.” I was watched closely. The stress on my heart during birth caused both Ryder and me to need medical intervention.

After all that, why on earth would I have chosen to get any vaccine? Because I hadn’t read the chapter above on family history.

I was told repeatedly that “vaccines save lives.” There was a part of me that felt like it was something I shouldn’t do. My son isn’t fully vaccinated according to the CDC, but I wasn’t going on anything more than a gut feeling that made me question vaccines. My momma’s intuition just didn’t stand up to doctors’ bullying. I faced two pediatricians who pressured me to vaccinate. One tricked me, as I mentioned earlier; the second time we were at an urgent care clinic because Ryder was sick with a fever while we were traveling. That doctor told me if Ryder wasn’t fully vaccinated, he wouldn’t treat him. But he was nice enough to offer to vaccinate him and catch him up at no charge! That was a RED FLAG! Fortunately for Ryder, I walked out instead. We have heard too many stories of parents being threatened or coerced to vaccinate children.

When we know better, we do better! I cannot say that my health issues or Ryder’s are all due to vaccine injury, but I have learned that there is a real reason to question the current schedule and vaccines in general. There are just too many things that don’t add up. The biggest concern I have is that informed consent isn’t being offered or even allowed in many cases. It doesn’t seem logical to me that we must be forced or bribed to receive a vaccine or any shot or medical procedure. I don’t know about you, but if I am the one living with the consequences shouldn’t I be the one to make the choice?

—Just a Mom

CHAPTER 21

COMMUNICATION: WHAT NOW?

Whewwwww! That is a lot of information. Good job hanging in there and getting through it all. Or maybe you're not sure yet whether you got enough information? If so, there are many other resources, and lots of them are in the endnotes for this book.

So, what now? You would think that once you have all the information it would be easy to decide and make your decision stick, right? But even after reading this book (and/or others) you might still have a difficult time ahead.

Informed consent means being given all the information, but it also means that no one *tells* you what to do. And no one should! No one else should be making decisions about what is best for you and your children—not your child's doctor, not your school system, and especially not the government. But they often think they have the right to tell you what to do, and that can make the decision process quite hard. Unless you live in a state that allows religious and/or philosophical exemptions to school vaccination requirements or you home school, you might be forced to do what someone *else* thinks is best for your child.

We believe every parent has the right to refuse any or all vaccines for their children, but state governments don't agree—yet. So, your child will need an exemption from vaccine requirements to attend school. Every state offers medical exemptions, but in many states that's not a viable way to avoid vaccination, no matter how vulnerable your child may be. Doctors often won't write exemptions for fear of losing their license to practice

medicine. Obviously, given what we know about the medical risks of vaccination that is an absurd situation, so don't feel bad about taking advantage of whatever exemptions your state offers. If your state only offers religious exemptions and you don't consider yourself particularly religious or you don't belong to a church with clear objections to vaccination, don't worry too much about it. The religious convictions can be personal to you, and *you* know that vaccines could be dangerous for your child. What religion allows a parent to knowingly inflict harm upon their child?

And, of course, if you do decide to do something you believe is best for your child that goes against what others believe is best, you may be judged —even by family or friends. Or maybe I should say *especially* by family and friends. I will never understand why other people believe it's okay to tell you what you should do or, worse, that you are crazy for making your own decisions about what is best for your family.

COVID made it clear that we are expected to trust what other people say is best for us. This pandemic has shown us that division is easy to start and very difficult to repair. If you make a decision that goes against the grain, you are likely to be criticized without even being asked why you believe the way you do. I have been surprised by how many people—often good people trying hard to "do the right thing"—blindly follow what someone else thinks is the right course without ever questioning it, no matter how much evidence is easily available. What happened to being able to ask questions and get answers?

A heartbreaking number of injuries and deaths have piled up in recent years, and still we are expected to trust.

I can well imagine the pain of making a decision and having that decision cost your child their life. If you make a mistake and your child is injured, even if the mistake is not fatal and they "just" live with severe health issues for the rest of their life, that affects a parent deeply. I know; that is a guilt that I live with, having made just such a mistake. But we are all on our own journey, with our own challenges, and much as we are connected to our children's challenges, their challenges do not belong to us. My own son had to remind me that the vaccine injured him, not me.

We hear that vaccines are safe and effective, but those are words that don't ring true for those parents who have buried their children right after a round of vaccines that were supposed to protect them. To make matters worse, the parents who lose a child to vaccine injury often get blamed for that death. It may be labeled "suffocation" or "SIDS," and the parents may be told that it's their fault because their child was in bed with them, or asleep in a crib across the room, or down the hall. You might be getting the idea that it doesn't matter what the actual circumstances are, it's always the parents who are blamed when our medical system doesn't recognize the havoc that vaccines can cause in infants' bodies. When you hold an urn containing the ashes of a two-month-old baby, that is—well, something there just aren't words to describe. When I looked into Sawyer's mom's eyes, my breath stopped and I felt a pain in my heart that I had never felt before. The helplessness is overwhelming, spiritually consuming.

We make decisions for our kids because we love them. We don't want them to get a disease and die. So, we trust doctors. They have the education, right? But before we give our power over to someone else, we should stop and think. Education, information, always comes from somewhere. Shouldn't we stop and think about where it comes from, where doctors got their information? Why don't they know what's in the vaccines, and why aren't they held responsible for the decisions they insist we make? Do they ever wonder why no one is ever accountable for damage from a product they *require* that we put into a child's body? Why is it that, when we simply ask questions or share our concerns, we are so often met with defensiveness, angry outbursts, accusations about our parenting, or the worst-case scenario, threats of being turned in to Child Protective Services, who we're told will be only too eager to take our children away if we don't toe the line.

WAIT! WAIT! WAIT!

We pay for our insurance, our medical bills, and all other expenses related to our children, and we bear full responsibility for what happens to them. But we are supposed to do what someone *else* thinks we should do? NO! If something goes wrong, we parents are the only ones held liable for those decisions. If our child is hurt by something someone *else* has decided

is safe and effective, we are the only ones who will deal with the consequences and be liable for their care, often for the rest of their life.

So, say you have gone through all the soul-searching and you have made a difficult decision—you are not going to vaccinate according to the CDC schedule. That's when the going can get really tough, and you need to be prepared. You made your decision, but now you have to stand your ground and defend your position. Should you have to? No, of course not. But the real world often doesn't behave the way it "should." You will have to justify your decision to someone at some time. How do we do that when so many don't want to listen, or they just question or judge us?

Fortunately, I can help with that!

DeeDee's Guide to Effective Communication

When I am coaching someone on effective ways to communicate in order to accomplish their goals—in this case, keeping their child's immune system intact—I start by asking *who*, *what*, *when*, *how*, and *why*?

- **Who:** Who do you need to share your choices with?
- (Your child's school, doctor, family, friends, work, sports, camps, events, or activities.)
- **What:** What are you trying to accomplish?
- (Your child being able to attend school, go to camp, or play a sport without being vaccinated. Being able to work or attend events without being vaccinated.)
- **When:** When is the best time to communicate?
- (When will the listener be most likely to be receptive to what you have to say?)
- **How:** How do we communicate?
- (Over the phone, text, email, or in person.)
- **Why:** Why do you need to communicate with this specific person?
- (Your child needs a form signed for school.)

Knowing the answers to these questions helps me tailor my feedback to be helpful for each person's individual situation. But there are some basic

Dos and Don'ts that I like to think of as "what will work" and "what won't."

Dos—What Will Work

- **Ask questions**—Asking questions can signal that you want to understand where the other person is coming from. That tends to relax them and keep them from being defensive. The answers you can get help you decide what approach you want to take with them.

  Examples:

  Do you know of studies or research that has been done on vaccines?
  Why do you think people chose to get the COVID shot?
  What is your opinion on mandating the shot to travel or work?
- **Listen**—Be present when they are answering your questions or telling you their story. Try to understand the reasons why they have made the decisions they made. They are more likely to hear you if you really understand where they are coming from!
- **Be compassionate**—No matter how someone responds to you or what they say, even if it is hurtful or harmful, do not respond in any other way but lovingly. When we don't see eye to eye or agree with each other, it is easy to lose patience. But if we step back, allow ourselves to feel what they are feeling, and show compassion, it could make a difference.
- **Be understanding**—We must remember that not everyone knows what we know. If they are taking a stand for vaccines and mandates, we have to realize that they are hearing only one side. The only way they will hear *us* is if we stay in a place of love. If you don't understand why they believe what they do or why they are questioning you, then ask more questions. If you understand where they are coming from and why, it will make it easier to share why you believe the way you do.

Don'ts—What Won't Work

- **Be accusatory**—The second we accuse someone of something, they will become defensive and unable to listen and hear what we have to say.

- **Be defensive—**If they accuse you, take a breath and do *not* get defensive. That puts you in an emotional state that will affect your ability to communicate effectively.
- **Raise your voice or yell—**They will do the same or shut down. If someone raises their voice or yells at us, we still want to be heard, so it is natural, but not effective, to respond in kind.
- **Be angry—**Your feelings and emotions about what they say, believe, or feel can affect communication. Own your own thoughts and don't take theirs personally.
- **Be hurtful—**Saying negative things can feel hurtful to the other person and could be met with defiance that will affect positive, loving communication.
- **Make them wrong—**If we allow ourselves to think we are right, and they are wrong, that stops communication. If we want to communicate how we feel and what is true for us, we need to understand that they don't have to be wrong for us to own our truth.

For conversations with your doctor, your legislators, or other influential people, try to come into the conversation armed with these three things:

1. **An Expert**
   Experts are people with comprehensive knowledge of or skill in a particular area. As a parent, I am not an expert on vaccines, or illness and diseases for that matter, but I can bring an expert with me or gather the data and resources from experts to share in a way that others will trust.
   Examples: links to studies, books on vaccines, podcasts and shows with information that supports evidence-based science. Share names and websites of experts in the field. Websites such as https://openvaers.com and https://childrenshealthdefense.org and https://thehighwire.com and https://www.kidsfirst4ever.com and many others.
2. **An Advocate**

An advocate is a person who understands my position and will make sure I am not bullied by someone with a different position. The role of an advocate is to offer independent support when we are not being heard and to make sure we are taken seriously and that our rights are respected. Of course, you are probably there to advocate for someone who can't advocate for themselves, your child. Sometimes just knowing that gives people strength they didn't know they had.

3. **Personal Story**
   If providing expert information or being an advocate isn't enough to get through, then your personal story or one of the myriad stories of children who have died or been seriously injured may open someone's heart. When others see that your choices run deep within you, it can help them be more compassionate towards you.

When going to a doctor's office or another meeting where the stakes are high, I advise people to *never* go alone. Doctors' visits can get very adversarial, and your child's life is literally at stake. If you don't feel prepared enough or are feeling fearful, cancel the appointment or meeting and get yourself in a better place. Reach out for help. Most states have medical freedom groups that are relatively easy to find. Once you make a connection, chances are good that person is connected to many others who can offer moral support and encouragement if nothing else. If you do not feel you can advocate for yourself and your child, you can bring a support person to be your advocate if you begin to feel challenged or start wavering about your choices. Make sure your support person fully understands your position and you trust them to back you up if the going gets tough.

When going to a doctor's office or another meeting where the stakes are high, I advise people to *never* go alone.

If after reading all this you still have questions or confusion or want more support, you can reach out to us at https://www.kidsfirst4ever.com. We understand that this may be the most important decision you make for your child's wellbeing and health, and we can role play with you to help you prepare for your unique situation. We know all the sneaky tricks that can be used against you and will arm you with strategies that will get you exactly what you want.

CHAPTER 22

CONCLUSION

If you have made it through this book to the end, thank you.

I have shared my experience (and DeeDee has shared hers) and the logical and well-founded scientific evidence that backs it up. Given all that I have seen as a parent and healthcare provider, that was enough to drive me to hit the pause button on vaccines. I hope I have helped you get there as well by giving you the important facts and attempting to put them in context. I have told you the truth in a way that I hope helps you apply it to your situation and child's life. I know there will still be a lot of "noise" we must all tune out to discern the best way forward for our children, for our family.

Some say that truth is relative. I struggle with that because it seems to me that if something is not true, then it is false, a lie. Facts can be taken out of context and manipulated to produce a conclusion that is false. That is deception. And that is exactly what is happening in vaccine "science," which has been hijacked by corporate greed and the quest for money and power. During the COVID pandemic, we constantly heard "follow the science." But if you manipulate the science by designing vaccine trials without true placebo controls, that only look at benefits and ignore risks, and that cut off the possibility of longterm follow-up—well, what you have is hardly science. It is tobacco science, "science-like," or fake science.

In this book I have shared science that I believe was done honestly. Some may try to refute it with mountains of junk science or science-like articles. If this causes you confusion, I caution you to be careful where you put your trust. Will you put your trust in the doctor who won't answer your questions or doesn't know the answers—or, worse, threatens to dismiss you

from their practice and turn you in to CPS if you dare to challenge their advice and choose not to vaccinate? Consider listening to the doctors who are brave enough to stand up and share the truth, giving you facts and research to back up what they say, despite the fact that doing so might cost them everything.

Like many other doctors, I sacrificed my career by putting my patients and the children of the world first. I did it knowing what I was risking. When I set out to publish my data, when I spoke publicly on the steps of the Oregon capitol, at rallies and conferences and in Washington DC, had I lost my mind? No. When I pulled the data for every child born into my practice and published that study comparing the vaccinated to the unvaccinated—the study the world badly needed to demonstrate once and for all what we are doing to our children's health—I knew I was putting a huge target on my back.

Indeed, it was just five days after that article was available online that my license was emergently suspended under the pretext that I was a "threat to public health." No, I was a threat to one of the most powerful and profitable industries in the world today. You must understand that not only does the vaccine industry take in hundreds of billions of dollars a year directly, but it also drives demand (through the devastation of the immune system) for the two largest pharmaceutical money makers: immunosuppressants that often cost about $100,000 per person per year and cancer chemotherapy drugs, which can be even more expensive.

We who speak the truth do it for the kids—our kids and grandkids, your kids, and all the children in the world, born and yet to be born.

There are many heroes out there who sacrificed it all to stand for the truth. I could, and perhaps should, fill a page or two with their names—many who charged ahead way before my awareness reached a level that allowed me to see what was really happening to our children. Thankfully, more and more doctors are waking up to the massive deception that is vaccines.

Most of us are not against the theory of vaccination. What a wonderful idea, that you can take a part of an infecting virus or bacteria and create a milder form of a deadly disease that then protects you. We would all line up

for such a product if it really was both effective (meaning it worked and provided lasting protection) and safe. Who wouldn't want a get-out-of-sickness-free card? But demonstrating true safety would require honest and long-term trials with saline-only placebos and assessment and tracking of all health outcomes for years after licensing. I can assure you they will never do such studies—for good reason. It turns out those get-out-of-sickness-free cards are anything but free; though the costs are well hidden, they are astronomically high. If safety studies were done properly, it would quickly become clear that vaccines are causing significant harm. Perhaps we should never have messed with the body's immune system, assuming that we could do better than the divine intelligence at work within us.

There is an important legal document.[504] This 450-page report clearly documents that there is virtually zero risk to not vaccinating healthy children in the USA today. The report clearly documents that the risk of each vaccine (even using underreported VAERS data) is exponentially higher than the risk of the targeted disease.

In other words, even if we use *the government's own terrible data*, there is no scientific justification for the mass vaccination program. Put another way, your child will be better off remaining unvaccinated for any and all diseases for which we have vaccines.

Your child will be better off remaining unvaccinated for any and all diseases for which we have vaccines.

If you think of truth as theoretical, you have the option, even the temptation, to debate it, question it and even deny it. This is what most doctors and too many parents do when they put their trust in doctors who have lost the ability to think critically and perhaps even their connection to their soul. I know because I was once there. I gave my children most of the vaccines according to the CDC schedule. Sorry, kids, I truly regret that I was not more aware, more informed, more diligent, and more careful.

My hope is that you now understand the truth and have enough information and knowledge to make great decisions for your children. The

truth has the power to transform you, and you should never look back. You know what you know, and you can never unknow it. You will protect your children and do all you can to help other parents do the same for their children.

Life is sacred, and our souls know it.

The truth has the power to transform you, and you should never look back. You know what you know, and you can never unknow it. You will protect your children and do all you can to help other parents do the same for their children.

Welcome to a new, wonderful, connected way of being. Let us link arms for ourselves and for our children. There is nothing to fear and everything to gain by listening to our inner voice, our intuition, and fighting for our children's right to live free and wonderful, healthy lives.

—Dr. Paul

NOTES

I also want to thank you for reading or listening to us. Hopefully, my notes helped if you couldn't follow all the data, and scientific thinking. I know I struggle to understand it all.

I can't undo my past. For a long time, even with my past experiences, I still wanted to believe that if vaccines exist it must be because they are good for us. I believe that the concept was a great idea. Had they been able to make them so that they do what they are supposed to but not harm or cause death, then I would be all in. Unfortunately, I have witnessed them causing harm one too many times to ever go back. Working with the unvaccinated and vaccine-

injured population has been incredibly eye opening. I can't turn away anymore and say it's okay to force people to vaccinate their children.

An increasing number of people are choosing not to vaccinate, and they are not dying of polio, measles, chicken pox, etc. In fact, they are healthier and have fewer chronic health conditions than the vaccinated. All we have to do is look around. Talk to others; don't take my word for it. Do the work, ask questions, look at the research, and make your own decisions. Is it really necessary to put so many toxins into our newborn babies? Does what the CDC is telling you to do make sense? If I had vaccinated Ryder according to today's CDC schedule, or had I been vaccinated with that schedule, I don't think either of us would be alive today.

Does that sound extreme?

I can give you the names of babies who didn't make it. Thanks to the COVID vaccine, I can also give you the name of several adults who didn't make it. I have learned that it is better to fight for something than against it, so I say fight for your child's health.

I, like Dr. Paul, would love to receive a shot or even a medicine that kept me from getting a disease that could kill me; however, if there is a risk that it will make me sick or keep me medically compromised for the rest of my life, I will pass, thank you!

Parents have a tough job when deciding when or how much to vaccinate because no one wants to deny their child something that could save their lives. We have been told that vaccinating is the most important thing we can do to protect our children. But is it? Vaccination can provide "protection" against specific acute infections, but there's another very important side to the coin that most people never see. Dr. Paul did the work to prove that there is too much harm

being done in the name of “protection.” People who aren’t vaccinating their children have proved that there is harm to vaccinating. I believe that’s where we have to change the narrative.

Please think for yourself and make the choices that make sense for your family.

No matter how it feels now, you aren’t in this alone. Kids First 4 Ever was created to help support families make difficult decisions. We don’t make them for you but rather inform and educate you so that you can make the best decision for you and your child. That’s why it is called informed consent!

—Just a Mom

CALL TO ACTION

Now that you have all this information, what are the next steps? If you and the other decision-makers in your life have complete confidence in your decision regarding vaccines and you can stand strong in your decision, congratulations!

If you want or need help thinking through situations unique to your family regarding vaccines past or future or deciding how best to talk with family, school districts, camps, or health care providers, then consider a coaching session with Dr. Paul or DeeDee Hoover, which you can book at https://www.kidsfirst4ever. com.

If you desire greater mastery of the topic of vaccines so you can talk confidently with your doctor, other professionals or with family members and friends, consider taking the Vax Facts course which is also available at https://www.kids-first4ever.com.

ABOUT THE AUTHORS

Dr. Paul Thomas

Dr. Thomas was born in Portland, Oregon, grew up in Rhodesia (now Zimbabwe), and attended Dartmouth Medical School where he received his medical degree in 1985. He was a board-certified pediatrician for 30 years and practiced pediatric medicine for 35 years in the Portland, Oregon, area. Dr. Paul taught residents and medical students from Oregon Health & Science University for many years and was in a group pediatric practice from 1993 to 2008. In 2008 he opened his own practice, Integrative Pediatrics, which focused on informed consent and honored parents' wishes in all areas and especially when it came to vaccines. Parents could do all, some, or none of the CDC and AAP-recommended vaccines.

Integrative Pediatrics served over 15,000 active patients. As the owner and director, Dr. Thomas supervised numerous pediatric nurse practitioners. Over his 14 years (2008–2022) there, they provided over 100,000 patient visits, and their clinic was the most sought-after clinic for parents who wanted to be free from the coercion and bullying that was becoming common in other pediatric practices. This gave Dr. Thomas a unique opportunity to see the real-world differences in health outcomes for these different groups of patients. He was astounded by how healthy and relatively free from chronic disease the unvaccinated children were.

Dr. Paul cowrote the book *The Vaccine-Friendly Plan*, published in 2016 by Ballantine, which has sold over 175,000 copies and been translated into many languages. He also cowrote *The Addiction Spectrum*, published by Harper One, and several other publications and articles in peer-reviewed journals.

After he published the landmark scientific paper that compared health outcomes for the unvaccinated to those of the variably vaccinated, the Oregon Medical Board emergently suspended Dr. Thomas's medical license, which was odd because he had just produced exactly what the board had requested from him—data proving that the vaccine-friendly plan was as safe as the CDC vaccine schedule. (The irony, of course, is that the CDC schedule has never been tested for safety!) Dr. Paul retired, under duress, in December 2022 to save the practice. The silver lining was that left him free to communicate openly about this vital vaccine issue.

Dr. Paul has been speaking publicly at medical freedom rallies and professionally at numerous conferences about the dangers of the CDC vaccine schedule and vaccines in general for several years. He co-founded Kids First 4 Ever with coauthor, DeeDee Hoover: https://www.kidsfirst4ever.com. He is also the founder and host of the show "With the Wind" at https://www.doctorsandscience.com. He currently hosts the weekly show "Pediatric Perspectives" at Children's Health Defense TV on their *Good Morning CHD* platform.

The PaulThomasMD YouTube channel has 1.6 million subscribers: https://www.youtube.com/user/paulthomasmd.

DeeDee Hoover

DeeDee Hoover was born in Texas and lived and worked in numerous states before settling in Oregon, where she currently lives and works. She has been a licensed massage therapist for the past 35 years and has had certifications as a personal fitness instructor and coach, nutrition coach, lactation specialist, and many bodywork modalities.

She's been teaching for the past 25 years, and her bodywork specialties include pediatrics, oncology, pain treatment and prevention, decompression therapy, geriatric and end of life care, and many more.

She's also a family health and wellness coach. As a pediatric "kids first" wellness advocate, DeeDee is cofounder of Kids First 4 Ever: https://www.kidsfirst4ever.com and cohost of "With the Wind; Science Revealed" at https://www.doctorsandscience.com. Her YouTube channel is youtube.com/@wholehealthmyotherapy7539. DeeDee is passionate about

supporting families to help improve pediatric health outcomes and family wellness, especially coaching them on vaccine issues and teaching them how to effectively communicate with those who don’t agree with their understanding of the data.

ADDITIONAL RESOURCES

Go to https://www.kidsfirst4ever.com for a list of recommended resources.

APPENDICES

APPENDIX A

UNDERSTANDING RELATIVE RISK REDUCTION

Relative Risk Reduction (RRR) is the relative decrease in the risk of an adverse event (disease, illness, infection) in the exposed group (those who got the vaccine or medication) compared to an unexposed group. RRR is a statistical term that researchers use to make poorly performing therapies—such as medications or vaccines—look like they are more effective than they truly are.

Absolute Risk Reduction (ARR) is the difference between the risk of an outcome (infection or illness) in the exposed group and the unexposed group. This measure gives you a real-world, true indication of how effective the vaccine or treatment is.

Every time a new product is brought to market, the pharmaceutical industry uses a trick, a play of words. You will hear the product reduces the risk by some very high percent, usually in the 75–95% range (for example, COVID vaccines were claimed to be about 95% effective). What they are not telling you is the reduction in absolute risk, which is what matters most in the real world. Often that absolute risk reduction is less than 1%. That means 99% of those who take the vaccine or drug will receive *no benefit at all*. Would you take the risk of the drug or vaccine if you knew there was less than a 1% chance it would benefit you? Put another way, would you take a vaccine or drug if you knew there was a 99% chance it would fail to provide you with any benefit?

Let's do the numbers for a couple of recent products.

Take the Pfizer BNT162b2 mRNA COVID shot. They were not even looking to see if the vaccine prevented deaths or hospitalizations, just whether or not it reduced symptoms.

How many got COVID symptoms? Eight in the vaccinated group and 162 in the placebo group.

It is important to know the size of the two groups. In this case there were 18,198 vaccinated and 18,325 unvaccinated (placebo).

Pfizer–BioNTech BNT162b2 mRNA vaccine

Vaccinated recipients with symptoms	Placebo recipients with symptoms	Relative RR	Absolute RR
8	**162**	**95%**	**.84%**
8 / 18,168 = 0.04%	**162 / 18,325 = 0.88%**	**0.04 / 0.88 = 0.05**	**0.88 – 0.04 = 0.84%**

When you divide the number of infections by the number of people in each group, you see that it is 8 / 18,168 or 0.04% of the vaccinated group who had symptoms and in the unvaccinated (placebo) there were 162 / 18,325 (0.88%) who had symptoms.

To obtain relative risk reduction, you divide the % with symptoms in the vaccinated by the % with symptoms in the unvaccinated: 0.04 / 0.88 = 0.05

You then subtract this number from one to get the Relative Risk Reduction: 1 – 0.05 = 0.95. Thus the 95% relative risk reduction by vaccinating. The real-world, absolute risk reduction is 0.88 – 0.04 = 0.84%. That means there's a less than 1% (1 in 100) chance the vaccine will do anything to protect you. Put another way, there is a greater than 99% chance the vaccine will be of no benefit at all!

I wonder how many people would have rolled up their sleeves for the COVID jab had Anthony Fauci, all the newscasters, and CDC and NIH officials shared that the shots wouldn't make any difference for 99% of those who took them.

Now let us look at the brand-new RSV product being rolled out to newborns and infants.

Beyfortus (nirsevimab)

Vaccinated recipients with symptoms	Placebo recipients with symptoms	Relative RR	Absolute RR
42	**74**	**67%**	**4%**
42 / 2,579 = 0.02%	**74 / 1,284 = 0.06%**	**0.02 / 0.06 = 0.33**	**0.06 – 0.02 = 0.04%**

> Infants have a 4% chance of benefiting from the shot; 96% get no benefit. The number in the trial who took the product: 2,579
> 42 / 2,579 got symptoms of RSV = 2%

The number who did the placebo (actually they took a different similar product): 1,284

74 / 1,284 got symptoms of RSV = 6%

To calculate the relative risk reduction, you divide the percentage with symptoms in the vaccinated (0.02%) by the percentage with symptoms in the unvaccinated (0.06%). The calculation is 0.02 / 0.06 = 0.33. Then, subtracting that from one: 1 – 0.33 = 0.67. The relative risk reduction was 67%.

The real-world, absolute risk reduction is 4%. A 4 in 100 chance the product would help you avoid RSV symptoms. Put another way, there is a 96% chance that this RSV product won't help at all.

It doesn't look so attractive anymore, does it?

Data for the above calculations was taken from the package inserts for these products.

APPENDIX B

VACCINE INGREDIENTS

The vaccine ingredients are listed in the product package inserts, which are saved and available at https://www.kidsfirst4ever.com.

Package inserts can also be obtained from the links provided Appendix E.

Vaccine Excipient Summary

A full and concise list of key ingredients in vaccines can be found in the Center for Disease Control and Prevention's Vaccine Excipient Summary. These are part of the CDC's "Pink Book" and available at

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

APPENDIX C

CURRENT RISK OF DEATH FROM DISEASES FOR WHICH THERE ARE VACCINES

The data presented in this appendix taken from The Control Group's Judicial Report:

https://vaxcheckers.org/wp-content/uploads/2021/09/PRJN4.pdf.

Risks are for children ages 6 months–19 years.

Disease	**Risk of Death**
Diphtheria	< 1 / 4,823,154
Tetanus	< 1 / 105,339
Pertussis	< 1 / 6,947
Polio	< 1 / 50 billion
Measles	< 1 / 106,506,429
Mumps	< 1 / 40,371,594
Rubella	ZERO to negligible
Varicella	< 1 / 32,331,860
Hepatitis A	< 1 / 1,667,135
Hepatitis B	< 1 / 305,465
Hib	< 1 / 1,494,710

Pneumococcal	< 1 / 236,562
Meningococcal	< 1 / 821,925
Influenza	< 1 / 135,905

APPENDIX D

VACCINE SIDE EFFECTS—DEATHS

The data presented in this appendix is taken from The Control Group's Judicial Report: https://vaxcheckers.org/wp-content/uploads/2021/09/PRJN4.pdf.

Vaccine Type	**Risk of Death**
Polio	>1 in 214,973
DTaP/ DPT	>1 in 76,341
D + P + T + Polio	>1 in 56,335
Measles + Mumps + Rubella	>1 in 108,666
Varicella	>1 in 202,398
Hepatitis A	>1 in 72,948
Hepatitis B	>1 in 96,314
Hib	>1 in 45,966
Pneumococcal	>1 in 50,056
Meningococcal	>1 in 141,124
Flu (pediatric)	>1 in 15,702

APPENDIX E

VACCINE RISKS (PACKAGE INSERTS)

For vaccine information see each specific package insert. These are the two most important sections:

- Section 6: ADVERSE REACTIONS
- Section 11: DESCRIPTION (including the vaccine's ingredients).

All the links can be found here: https://www.vaccinesafety.edu/package-inserts-and-manufactuers-for-some-uslicensed-vaccines-and-immunoglobulins/.

COVID-19

Comirnaty (Pfizer–BioNTech): https://www.fda.gov/media/151707/download
Spikevax (Moderna): https://www.fda.gov/media/155675/download

DT (diphtheria and tetanus toxoids adsorbed)

DT (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/diphtheriaandtetanustoxoidsadsorbedpi.pdf

DTaP (diphtheria and tetanus toxoids and acellular pertussis)

Daptacel (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/daptacelpi.pdf

Infanrix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Infanrix/pdf/INFANRIX.PDF

Adacel (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/adacelpi.pdf

Boostrix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Boostrix/pdf/BOOSTRIX.PDF

DTaP + polio

Quadracel (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/quadracelpi.pdf

Kinrix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Kinrix/pdf/KINRIX.PDF

DTaP + polio + hep B

Pediarix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Pediarix/pdf/PEDIARIX.PDF

DTaP + polio + Hib

Pentacel (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/pentacelpi.pdf

DTaP + polio + Hib + hep B

Vaxelis (Merck): https://www.merck.com/product/usa/pi_circulars/v/vaxelis/vaxelis_pi.pdf

Hepatitis A

Havrix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Havrix/pdf/HAVRIX.PDF

Vaqta (Merck): https://www.merck.com/product/usa/pi_circulars/v/vaqta/vaqta_pi.pdf

Hepatitis B

Engerix-B (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Engerix-B/pdf/ENGERIX-B.PDF

Hepatitis A + hepatitis B

Twinrix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Twinrix/pdf/TWINRIX.PDF

Hib (*Haemophilus influenzae* B)

Liquid PedvaxHIB (Merck): https://www.merck.com/product/usa/pi_circulars/p/pedvax_hib/pedvax_pi.pdf

ActHIB (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/acthibpi.pdf

HPV (human papillomavirus)

GARDASIL 9 (Merck): https://www.merck.com/product/usa/pi_circulars/g/gardasil_9/gardasil_9_pi.pdf

Influenza

Fluzone Quadrivalent (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/fluqivpi.pdf

FluMist Quadrivalent (AstraZeneca): https://den8dhaj6zs0e.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/6eed7dd8-73a2-40bfa69d-f5237c5c8dbf/6eed7dd8-73a2-40bf-a69d-f5237c5c8dbf_viewable_ rendition____v.pdf

MMR (measles, mumps, rubella)

M-M-R® II (Merck) https://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf

Priorix (GSK) https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Priorix/pdf/PRIORIX.PDF

MMR (measles, mumps, rubella) + varicella

ProQuad (Merck) https://www.merck.com/product/usa/pi_circulars/p/proquad/proquad_pi_4171.pdf

Meningococcal (groups A, C, Y, and W-135)

Menveo (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Menveo/pdf/MENVEO.PDF

MenQuadfi (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/2023/Prescribing-Information_menquadfi.pdf

Menactra (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/menactrapi.pdf

Menomune (Sanofi Pasteur): https://www.fda.gov/media/83562/download

Meningococcal (group B)

Trumenba (Pfizer): https://labeling.pfizer.com/ShowLabeling.aspx?format= PDF&id=1796

Bexsero (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Bexsero/pdf/BEXSERO.PDF

Pneumococcal

Prevnar 13 (Pfizer): https://labeling.pfizer.com/ShowLabeling.aspx?format= PDF&id=501

Vaxneuvance (15-valent) (Merck): https://www.merck.com/product/usa/pi_circulars/v/vaxneuvance/vaxneuvance_pi.pdf

Prevnar 20 (Pfizer): https://labeling.pfizer.com/ShowLabeling.aspx?id=15428

Pneumovax 23 (Merck): https://www.merck.com/product/usa/pi_circulars/p/pneumovax_23/pneumovax_pi.pdf

Polio

IPOL (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/ipolpi.pdf

Rotavirus

Rotarix (GSK): https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/
Rotarix/pdf/ROTARIX-PI-PIL.PDF

RotaTeq (Merck): https://www.merck.com/product/usa/pi_circulars/r/rotateq/rotateq_pi.pdf

Varicella

Varivax (Merck) https://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf

Miscellaneous

ACAM2000 (Smallpox) (Emergent Product Development): https://www.fda. gov/media/75792/download

Typhim Vi (Typhoid) (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/typhimvipi.pdf

Vivotif (Typhoid) (Emergent Travel Health, Inc.): https://www.fda.gov/media/75988/download

YF-Vax (Yellow Fever) (Sanofi Pasteur): https://www.vaccineshoppe.com/assets/pdf/vsh/pi/yfvaxpi.pdf

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