

VAX FACTS & REBUTTALS

SHOTS OF TRUTH TO BECOME
INFORMED & EMPOWERED



MILLIONS AGAINST MANDATES

www.MillionsAgainstMandates.org

FOREWORD

It is with a *deep sense of gratitude* that I commend the brilliant and generous person (who wishes to remain anonymous) for authoring this extraordinary compilation of facts and rebuttals related to the very complex and controversial topic of vaccines.

IN ALL MY YEARS AS A PEDIATRIC, HOLISTIC REGISTERED NURSE DEDICATED TO EXPOSING THE UNETHICAL AND UNSCIENTIFIC REALITIES SURROUNDING VACCINES, I HAVE NEVER COME ACROSS A RESOURCE AS COMPREHENSIVE, POTENT, AND PRACTICAL AS THIS ONE.

This 200-page eBook leaves no stone unturned and no question unanswered. Backed by over 150 live links to peer-reviewed studies, books, and credible sources, it provides clear, evidence-based explanations to support every claim.

What makes it even more valuable? It's not just easy to understand—it's also empowering. In a time when fear is weaponized, this guide offers truth, clarity, and real-world solutions.

Millions Against Mandates ([MAMM.org](https://mamm.org)), the organization the author has entrusted this material to, has a simple mission: ***to build collaboration in the health freedom movement so together we can be more effective in creating solutions for the chronic health conditions affecting our children.***



FOREWORD

This eBook exemplifies both aspects of MAM's mission as one, *it is being offered as a free gift to any individual or organization interested in learning the facts about vaccines - therefore serving as a tool for unification.* Secondly, *it is my deep belief that the more we as a society understand and expose the truth about vaccines (as well as the barrage of toxins affecting our health and the health of our children) the more likely the vaccine and toxic chemical industries will collapse or at the very least reform under public pressure.*

Given the toxic ingredients in vaccines their extensive and well documented history of causing tremendous harm (which are explained and referenced in this eBook), removing them would be a huge step forward in our efforts to make our children healthy again and solve the current chronic health crisis.

Read this eBook, study it and if you are not already a person who has the irrefutable facts at your fingertips able to intelligently discuss, debate and open people's minds to the truth about vaccines with confidence and fervor, you will soon become one.

What's needed to slay the "Goliath" vaccine industry is an army of "Davids" who are well intentioned and well informed. If you wish to become part of an unstoppable and powerful force to protect our children please read and share this eBook and consider making a [donation to MillionsAgainstMandates.org](https://www.millionsagainstmandates.org) so we can continue to spread the truth and do our part in creating a freer, saner, healthier and more beautiful world!

With Great Hope for the Future,
Maureen McDonnell, BSN
Founder and Executive Director of MAM



INTRODUCTION



Congrats! If you are reading this then it means you are a critical thinker and want to go beyond what mainstream medicine tells you about vaccines.

In this guide, we will show you how to powerfully advocate for yourself and your family, and how to address common objections to medical freedom.

This guide was written because those choosing not to vaccinate encounter tremendous push-back from friends, family, people in society, and medical doctors. Our goal is to give parents and others who insist on their right to choose or refuse vaccinations responses to defend their stance against a societal culture that demands conformism to vaccine ideology.

So much has happened since 2020, from the COVID pandemic to Trump's victory to Robert F. Kennedy Jr. heading up HHS. We are looking at a brand-new world that is friendlier towards those who question vaccines and forego vaccination. There is a renewed focus on inherent human rights and being able to tell both medical professionals and the government that you are not vaccinating.



INTRODUCTION



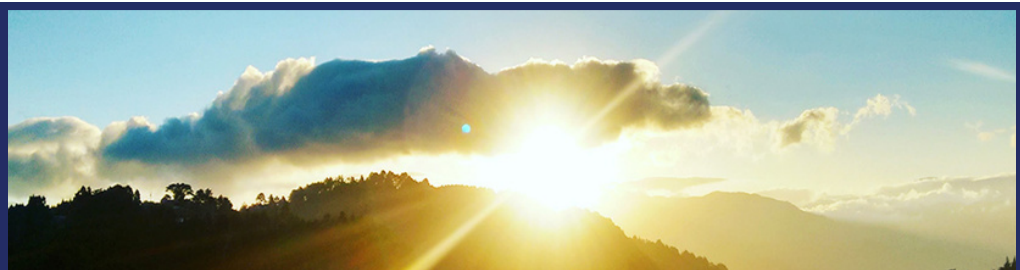
We are witnessing a transformation of medicine and the world. It is a very exciting time.

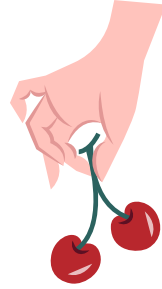
Whether you are a parent who is wondering about vaccines, a parent who is committed to going vaccine-free, a clinician looking to learn more about this issue, or an activist looking to reform the medical system, this guide can help educate you regarding facts and considerations that medical providers and mainstream media often omit.

A core precept of this guide is that human rights are foremost. Vaccine policy should serve people, not the other way around. As such, vaccine policy should be transparent and people should be able choose what vaccines, if any, make sense for them.

Medical culture has become dogmatic and toxic regarding vaccines. It is often challenging for individuals and parents to argue against medical professionals who hold credentials, are assumed to be well-versed in science and medicine, and are emotionally charged on this issue.

But nothing can change that 1) vaccine safety science is flawed, 2) the vaccine schedule is not individualized medicine, and 3) you have a fundamental right to choose what is right for you.





INTRODUCTION

Medical authorities often deliberately cherry-pick the medical information they want you to hear. They actively deny vaccine injury cases and communicate in ways to give an illusion of consent. Their goal is not to honor the treatment you desire, but to get you to vaccinate according to the full CDC childhood vaccine schedule.

We take the view that the CDC childhood vaccine schedule is a recommendation, not a mandate, and its existence is meant to serve parents in helping facilitate the vaccination decision rather than supplanting the individual's decision-making.

The CDC does not know you or your child. It does not know your genetic profile, your exact demographics, what your risk tolerances are, your family's medical history, your natural immunity status, nor what your living situation is. As you will see, the CDC does not fully understand your risk profile of the vaccines it is recommending. It recommends the same vaccine regimen for everyone.

Where there is risk, there must be choice.

Thus, vaccine mandates, in any form, are unethical. They represent a kind of [colonialist mentality](#) in which the all-wise doctor dictates mandates that the uneducated lay person must accept. Instead, we advocate being a savvy, knowledgeable consumer of medical information and science.



A COLLECTIVE ACKNOWLEDGMENT

While this work has been compiled by one individual who wishes to remain anonymous, the desire for anonymity is both a dedication and an acknowledgement that the information presented here stems from the collective knowledge of the entire **Health Freedom Movement**.

This movement has evolved as a dynamic conversation spanning decades among dedicated and principled individuals, comprising both laypeople, medical professionals, and professionals from diverse fields.

THIS WORK IS A CELEBRATION, FOR WE ARE MORE THAN JUST INDIVIDUALS; WE EXIST TOGETHER AS A MOVEMENT OF INDIVIDUALS, ALL FIGHTING FOR THE SAME PRINCIPLES AND VALUES, ACROSS TIME AND SPACE.

And that, even though we may not know you personally, the addition of your voice to our cause is no less important than ours and contributes to the symphony that is our movement.

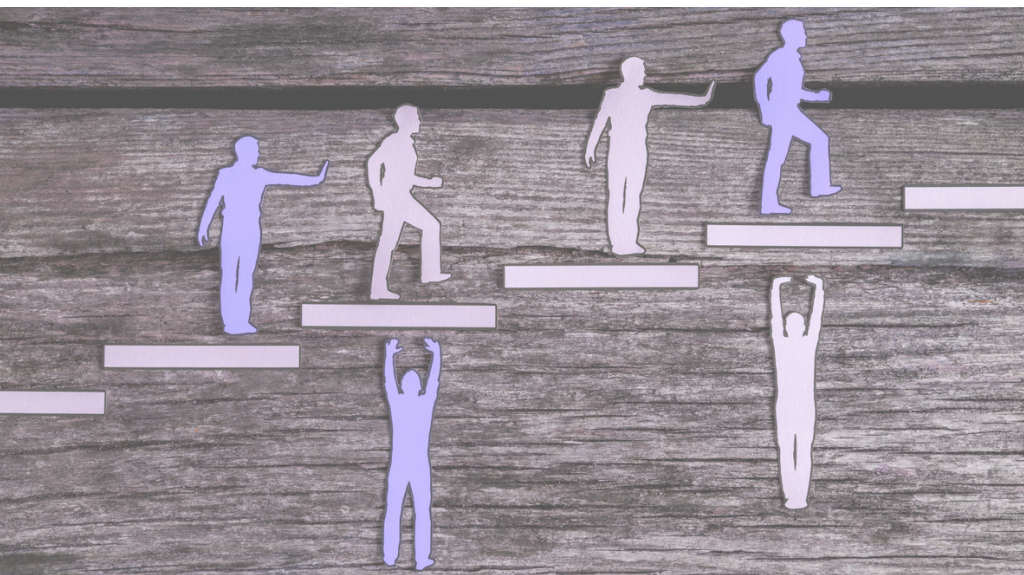


TABLE OF CONTENTS



Foreword.....2

Introduction.....4

A Collective Acknowledgment.....7

Questions.....9

Part 1: How to Use This Guide.....14

Part 2: The Big Picture: Public Health and Declining
Child Wellness.....20

Part 3: Ethics, Consent, and Mandate.....29

Part 4: Vaccine Safety: Monitoring, Oversight & Injury.....38

Part 5: The COVID Chapter.....60

Part 6: Challenging the Narrative: Dissent, Labels, and Bias.....65

Part 7: The Measles Vaccines.....86

Part 8: Autism and Aluminum.....100

Part 9: The Public Health Argument: Collective Good vs.
Individual Risk.....122

Part 10: Making Vaccine Choices.....132

Part 11: Broader Environmental Social, and
Lifestyle Context.....151

Part 12: The Call for Medical Reform and a New Vision for
Public Health.....176

Part 13: Appendix – Recommended Resources.....181

QUESTIONS

MILLIONS
AGAINST
MANDATES

Part 1 How to Use This Guide

- Best Practices in Effective Rebuttals

Part 2: The Big Picture: Public Health and Declining Child Wellness

- What evidence is there that children's health is getting worse?
- Has the number of vaccines given to children increased over time?
- Did vaccines save millions of lives from diseases in the Western world?
- What were the death rates for individual types of infections?
- How did the incidence rate for infections change over time?

Part 3: Ethics, Consent, and Mandate

- Why is a mandatory vaccine program unethical?
- What are the core principles of Informed Consent?
- How does Informed Consent relate to vaccination?
- Should I get all vaccines on the CDC schedule?

Part 4: Vaccine Safety: Monitoring, Oversight & Injury

- Aren't vaccines safe?
- How is vaccine safety tracked in the USA?
- How might monitoring systems miss the full picture on vaccine injury?
- What needs to change with vaccine safety monitoring systems?
- Is it true that VAERS vaccine injury reports do not show causality?
- What are some known problems with vaccine safety trials?

QUESTIONS

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AGAINST
MANDATES

- Does the government compensate victims of vaccine injury?
- Is it true that pharmaceuticals are given liability protection for vaccine injury and death?
- Does liability protection create perverse incentives for vaccine safety?
- Are manufacturers protected from liability for COVID vaccine injuries and death?
- Should I be concerned about “tiny amounts” of ingredients in vaccines?
- Could vaccines be related to food allergies?

Part 5: The COVID Chapter

- Why should or shouldn't I take COVID shots?
- Should children take the COVID shots?
- Do the COVID injections prevent transmission?

Part 6: Challenging the Narrative: Dissent, Labels, and Bias

- Is anyone who questions vaccines an “anti-vaxxer”?
- Are anti-vaxxers “conspiracy theorists”?
- Are “anti-vaxxers” just making a “correlation is causation” mistake with vaccine injury?
- Do we need to “do more studies” before concluding that vaccines are unsafe?
- Are people who question vaccines “anti-science”?
- Do “anti-vaxxers” spread misinformation?
- Haven't vaccines been scientifically proven as safe?
- How did tobacco companies delay inquiry into smoking harms for over a decade?

QUESTIONS

MILLIONS
AGAINST
MANDATES

- How is “tobacco” science being used to bias vaccine safety science?

Part 7: The Measles Vaccines

- How much should we be concerned about measles?
- What are the risks of the MMR vaccine for measles?
- Can Vitamin A help with measles treatment?
- Why is mainstream medicine against promoting Vitamin A for use as a measles treatment?
- Did children who died in West Texas die “from measles” or “with measles”?

Part 8: Autism and Aluminum

- Have health authorities “debunked” a link between vaccines and autism?
- Isn’t the cause of autism purely genetic?
- Why is thimerosal in vaccines unsafe?
- Is aluminum adjuvant in vaccines unsafe?
- Is questioning aluminum just a “shifting hypothesis”?
- Could aluminum in vaccines be linked to autism?
- Can aluminum in vaccines reach the brain?
- Could aluminum in vaccines be linked to Alzheimer’s Disease?
- Are there any resources for parents for helping manage or treat their child who has autism?

QUESTIONS

MILLIONS
AGAINST
MANDATES

Part 9: The Public Health Argument: Collective Good vs. Individual Risk

- Vaccines save lives. Don't vaccines overwhelmingly benefit the individual and society?
- Do we need vaccines for herd immunity?
- Are "anti-vaxxers" dangerous to society?
- Is it dangerous to not vaccinate?
- But isn't vaccination the reason for the low incidence rates?
- Wouldn't infections return if we stopped vaccinating?
- Are they morally irresponsible or free-riding on the backs of those who do vaccinate?
- Isn't our societal duty to vaccinate in order to protect the immuno-compromised?

Part 10: Making Vaccine Choices

- Aren't vaccinated children healthier than unvaccinated children
- How can I research the risks of each individual vaccine?
- Are there alternatives to the CDC vaccine schedule or can I create my own vaccination plan?
- What's a recommended path forward for me if I want to go fully unvaccinated?

QUESTIONS

MILLIONS
AGAINST
MANDATES

Part 11: Broader Environmental, Social, and Lifestyle Context

- What is health equity and how does it relate to vaccination?
- What is the role of the environment on health risk from infections?
- What is the role of nutrition on the immune system and recovery from infections?
- There's so much to learn about vaccines. Why should I care about environmental toxins too?
- What problematic toxins should I be worried about in the environment?
- Why is glyphosate in the environment problematic?
- What's wrong with fluoride in our drinking water?
- Why should we be concerned about electromagnetic frequency (EMF) pollution and 5G?
- Why should I care about organic food and the Regenerative Agriculture movement?

Part 12: The Call for Medical Reform and a New Vision for Public Health

- To that end, we propose the following essential reforms

Part 13: Appendix – Recommended Resources

- 62 Influential Books for The Medical Freedom Activist
- Organizations And Resources That All Medical Freedom Activists Should Know About

HOW TO USE THIS GUIDE

This guide can be used in two ways:

1) getting answers to specific questions about vaccines, or **2)** responding to those who question your vaccine decisions.

If used for the former, reading through the entire guide and then drilling down into the links is advisable. This is a lot of information, and it will take a while to digest. Sometimes a second or third read-through after putting it aside will help solidify the understanding.

If you are using this guide to respond to criticisms, it is good to peruse through all the questions, and, when encountering a situation, use the appropriate response to make your argument. These responses have been used over and over again, and they will work for you.

Some answers deal with science-related topics while others are to common criticisms or objections you might encounter from the vaccine defenders. Sometimes, these objections include insults or attacks. These can be surprising the first time you encounter them, but remain calm and use your response.

HOW TO USE THIS GUIDE

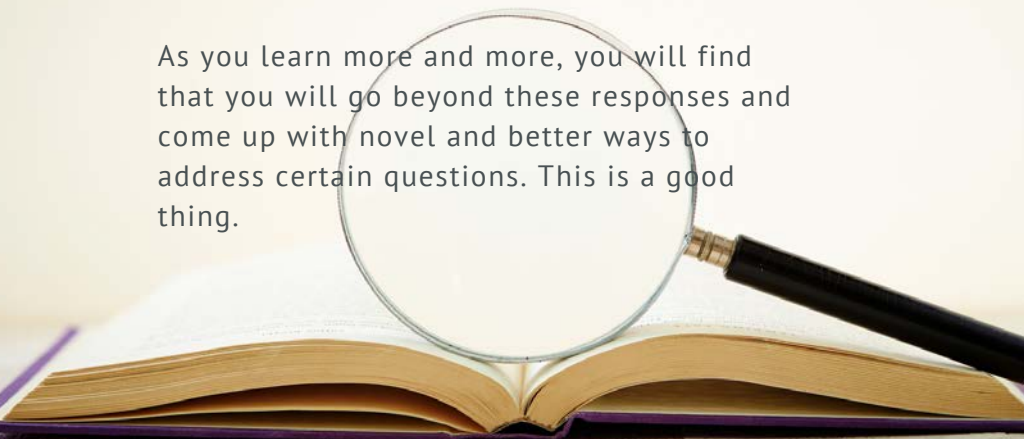
You will never know everything. Often, you will find variants of questions that require research beyond these answers. These are good opportunities to learn more about vaccine science and what responses work for different situations.

A news article can include accounts of eyewitnesses to the happening event. It can contain photographs, accounts, statistics, graphs, recollections, interviews, polls, debates on the topic, etc.

The writer can also give facts and detailed information following answers to general questions like who, what, when, where, why and how.

WHEN DOING REBUTTALS, IT IS GOOD TO NOT TAKE YOURSELF TOO SERIOUSLY. APPROACH ALL DISCUSSIONS AS AN OPPORTUNITY FOR LEARNING AND AN OPPORTUNITY FOR JOINT PROBLEM-SOLVING TO FIND THE TRUTH.

As you learn more and more, you will find that you will go beyond these responses and come up with novel and better ways to address certain questions. This is a good thing.



HOW TO USE THIS GUIDE

AS A FINAL NOTE, YOU SHOULD END YOUR COMMUNICATION WITH THE NEED FOR REFORM. WE WANT TO CHALLENGE THE MEDICAL AND PUBLIC HEALTH PROFESSIONALS THAT A BETTER WAY IS POSSIBLE.

We believe that for medicine and public health institutions to retain the trust of the public as guardians of health, there needs to be:

1. Formal recognition by the medical community about the risks of vaccine-related injury and death
2. Public health resources devoted to increased research on the etiology of and risk reduction of vaccine-related injury and death
3. Increased transparency on vaccine safety and cost-benefit analysis done for public health recommendations, including access to raw data underlying clinical studies and other evidence that health authorities use as a basis for national health policy in order for review and replication by independent researchers and scientists to take place
4. Proper redress is given to as well as an end to gaslighting by the medical community for the individuals and families with life-altering adverse effects after vaccine receipt
5. The repeal of any existing vaccine mandates and a recognition that mandates are a violation of natural human rights
6. A renewed formal commitment to the medical ethical precept of informed consent in light of serious risks
7. A broader view and more consideration are given to established protocols, innovative treatments, and the recognition of natural immunity for mitigating vaccine targeted illnesses

HOW TO USE THIS GUIDE

BEST PRACTICES IN EFFECTIVE REBUTTALS

There are two different situations you will encounter:

1. One-on-one private conversations
2. One-to-many social media responses

These two situations are very different scenarios and strategy differs between them.

The following best practices apply to both:

- **Remain calm** – The calmer you are, the quicker ideas will come to you.
- **Be respectful** – Don't respond to insults. Just calmly point out that insults are no substitute for rational arguments and that you would like to have a respectful conversation.
- **Be curious** – You want to find out what the other person knows and where they are coming from. Then, you will have more information to tailor your response for the situation.
- **Tell the truth** – Dishonesty damages trust and credibility. You can make strong arguments using the truth.
- **It's okay to say "I don't know"** – Nobody knows everything. If you don't know the answer to a question, it's okay to say so and that you will look into it further. Being able to do so takes pressure off of you

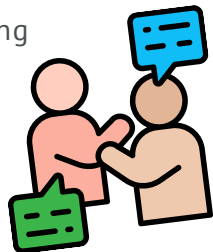


HOW TO USE THIS GUIDE

BEST PRACTICES IN EFFECTIVE REBUTTALS

When dealing with a one-on-one scenario, the following are good tips:

- ***Focus on building rapport*** – Trust and rapport are essential for one-on-one conversations.
- ***Find common ground*** – Find shared values that you both can agree upon.
- ***Persuade the undecided*** – Find the reasons for their doubt and try to fill in information gaps.
- ***Sow doubt in the dogmatic*** – For those committed to their position, try to find any misconceptions they might have and try to correct them.
- ***Quit while you're ahead*** – Preserving rapport is important. Sometimes you can only take a given discussion so far.



When dealing with one-to-many social media situations, the following are good tips:



- ***Convince the onlookers and unknown lurkers*** – Focus on convincing the hidden onlookers rather than the immediate person you are debating with.
- ***Sow doubt in the dogmatic and within the venue*** – You will often have to correct misconceptions right away and point out flaws in their arguments.
- ***Show the undecided that your position is legitimate.***
- ***Expect pushback and reframe insults*** – You will encounter more toxic behavior from people online. It is good to calmly point out unacceptable behavior and get back to your scientific points you are making.
- ***Focus on engaging the audience effectively.***

HOW TO USE THIS GUIDE

BEST PRACTICES IN EFFECTIVE REBUTTALS

Something that helps with appearing professional and respectful is using Rapoport's Rules:

1. Attempt to re-express your target's position vividly and clearly
2. List any points of agreement
3. Mention anything you have learned from your target
4. Only then, start with your rebuttal and criticism

Remember that rebuttals serve to convey our message to an unaware public that may hold stereotypical views of those deemed to be “anti-vaccine.” By following the above principles, you will come across as more competent and credible. Each response or rebuttal you make helps advance the idea of health freedom in society.

CREDIBILITY
=
HEALTH FREEDOM





THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

WHAT EVIDENCE IS THERE THAT CHILDREN'S HEALTH IS GETTING WORSE?

It's suddenly become the norm for children to have a chronic illness.

A [review by Children's Health Defense](#) paints a stark picture. Despite higher per capita health spending, children in the United States have [poorer health outcomes](#) than other Western nations. In addition, the review shows that every chronic illness is on the rise in children, including asthma, attention-deficit/hyperactivity disorder, allergies, autoimmunity, etc.

The CDC's analysis corroborates these facts. According to them, [40% of school-aged children have at least one chronic health condition](#), such as asthma, obesity, other physical conditions, and behavioral/learning problems. The CDC further states that there are [significant year-over-year increases in cases of diabetes in youths younger](#) than 20 years, with gains of 4.8% per year for Type 2 diabetes and 1.9% for Type 1 diabetes.



THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

It turns out that mental health issues are on the rise in children. A [five-year study on US children's health and well-being](#) found that rates of anxiety and depression in children rose 30% from 2016 to 2020. A [survey done on young people in the UK](#) saw a 19% increase in the proportion of mental disorders between 1999 and 2017. The CDC estimates that as many as [1 out of 5 children experience a mental illness](#) in any given year.

There has been a stellar increase in obesity in children. [Childhood obesity prevalence is ten times higher](#) now compared to 1970. Obesity increases the [risk for many serious diseases](#), including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, and mental illness. In addition, childhood obesity is [associated with lower IQ](#).

Medicine has been aware of the rise of chronic illnesses in children, yet it cannot explain why. If it cannot understand these chronic illnesses, medicine cannot prevent them. Nor does medicine deal with the underlying causes of these illnesses. It has a focus on symptom management.

FROM THIS BACKGROUND, THERE IS THE IMPORTANT QUESTION – DOES GIVING A MULTITUDE OF VACCINES TO OUR CHILDREN INCREASE THE RISK OF CHRONIC ILLNESS?

Medicine does not know the answer to this question. It doesn't even want this question to be asked and medical professionals deride and silence anyone who does.

As we will see in this FAQ, there are plenty of reasons to believe that over-vaccination leads to increased harm.

THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

HAS THE NUMBER OF VACCINES GIVEN TO CHILDREN INCREASED OVER TIME?

Yes. The immunity from liability provides tremendous incentive to vaccine manufacturers to add more vaccines to the CDC childhood vaccination schedule.

The lack of liability for harms caused by their products, and the common use of mandates to force vaccines upon citizens means the vaccine industry has little risk and immense profits. This lack of proper safeguards puts us all at risk.

The following graphic from [Stand For Health Freedom](http://StandForHealthFreedom.com) sums it up:



LIKE WHAT YOU SEE?
MAKE A DONATION TO MAM!

THE BIG PICTURE:

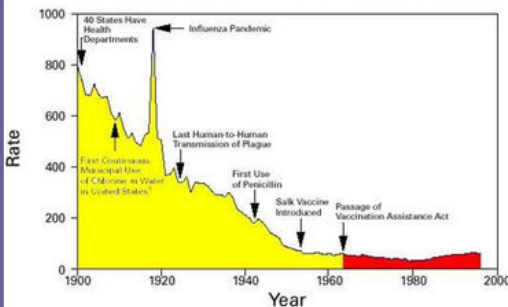
PUBLIC HEALTH AND DECLINING CHILD WELLNESS

DID VACCINES SAVE MILLIONS OF LIVES FROM DISEASES IN THE WESTERN WORLD?

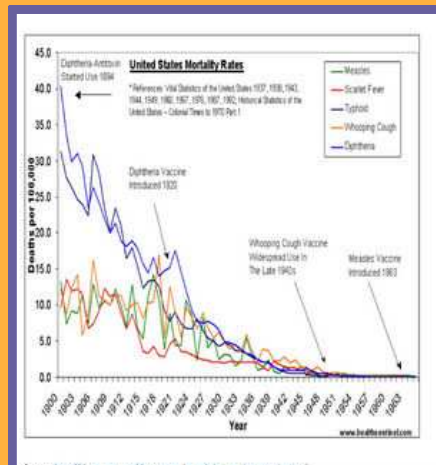
False. This is a medical myth. Better nutrition, clean water, modern sanitation, hygiene, improved living and working conditions, and antibiotics have played essential and under-appreciated roles in public health. Many infections were controlled before the modern vaccination program begun.

This can be seen using the CDC's own data below. The modern vaccination program had very little influence on the mortality rate from infections.

FIGURE 1. Crude death rate* for infectious diseases — United States, 1900–1996†



Another graph that shows the breakdown of the mortality rate by individual type of infection is the following:



THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

NOTE A COMMON TRICK PLAYED BY HEALTH AUTHORITIES IS TO TAKE HEALTH STATISTICS FROM THIRD-WORLD COUNTRIES AND ATTEMPT TO GENERALIZE THEM TO THE UNITED STATES AND OTHER WESTERN NATIONS. THIS IS CALLED INAPPROPRIATE TIME REGIME COMPARISON.

Medical professionals seldom acknowledge the drop in mortality rates prior to the modern vaccination program. Because of this, medical and public health authorities typically overstate the benefits of vaccination.



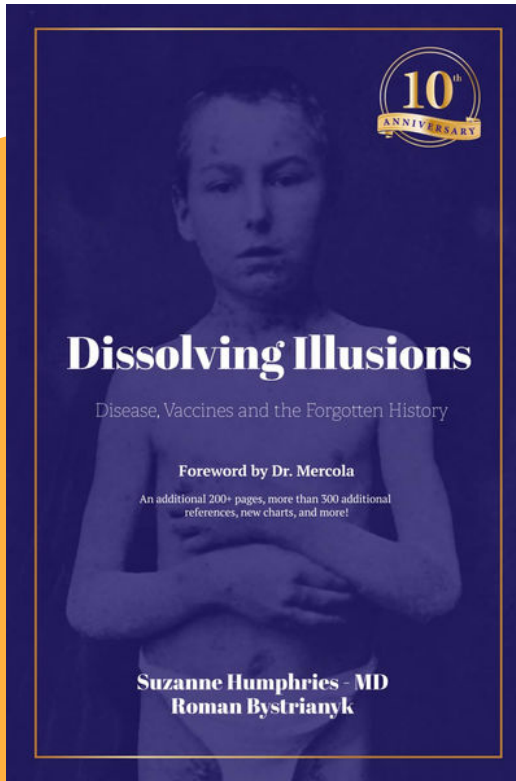
THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

WHAT WERE THE DEATH RATES FOR INDIVIDUAL TYPES OF INFECTIONS?

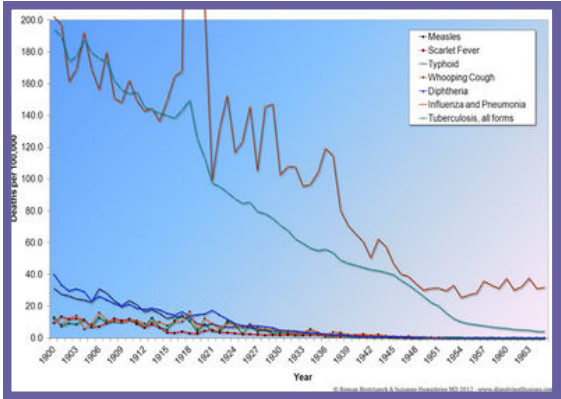
This is something that many doctors don't know and is downplayed by vaccine authorities. This data clearly shows that the vaccines-as-miracles was a medical myth. In fact, many types of infections like bubonic plague, tuberculosis, and scarlet fever disappeared without vaccinations.

The following graphs are from the book *Dissolving Illusions* by Dr. Suzanne Humphries and Roman Bystrianyk compiled from the actual United States CDC data.

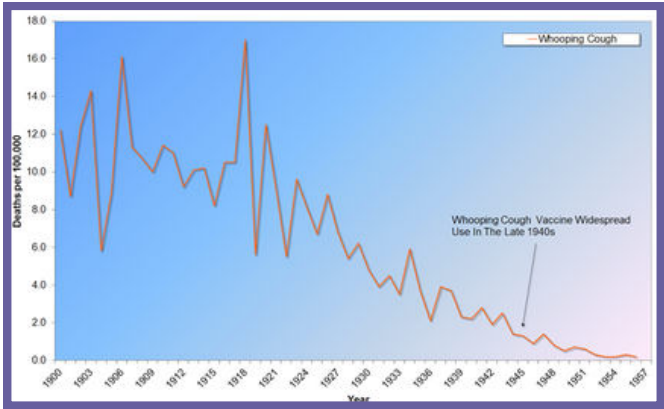


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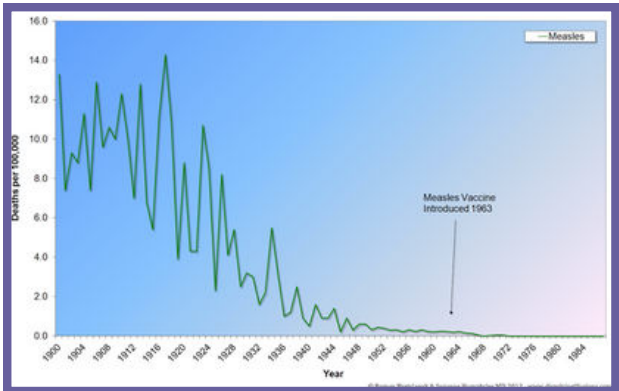
PUBLIC HEALTH AND DECLINING CHILD WELLNESS



This chart shows the death rates for a number of vaccine-preventable diseases



This chart is the pertussis death rate in America



This chart shows the measles death rate

THE BIG PICTURE:

PUBLIC HEALTH AND DECLINING CHILD WELLNESS

CLEARLY YOU CAN SEE ALL OF THESE WERE DOWN-TRENDING WAY BEFORE THE INTRODUCTION OF VACCINES. IN PARTICULAR, MEASLES, OFTEN HERALDED WITH MUCH FEAR-MONGERING TODAY, HAD A DEATH RATE OF LESS THAN 1 IN 250,000. THIS SHOULD BE ENOUGH FOR YOU TO QUESTION THE INFORMATION THAT MEDICAL AUTHORITIES ARE GIVING YOU!



THE BIG PICTURE:

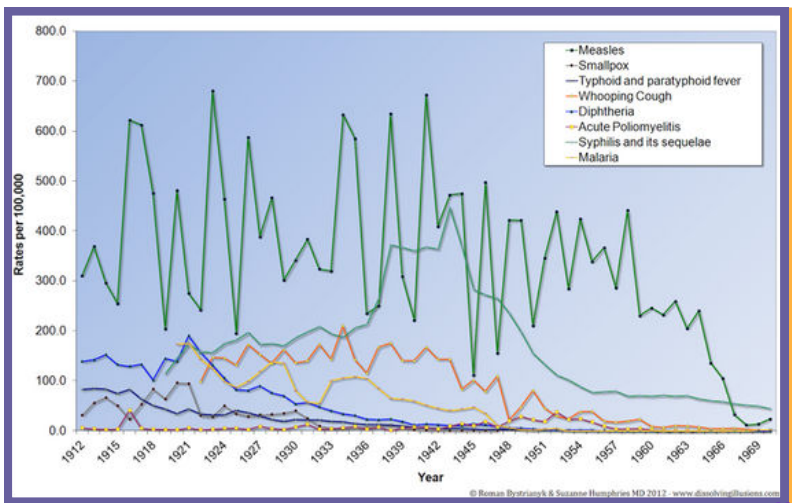
PUBLIC HEALTH AND DECLINING CHILD WELLNESS

HOW DID THE INCIDENCE RATE FOR INFECTIONS CHANGE OVER TIME?

Vaccine authorities will insist upon the dangers of not vaccinating. Often vaccine authorities speak of danger as the primary impetus for vaccination, but that necessitates looking at the death rate.

The death rate is the more important indicator to look at. Incidence rate in of itself is a flawed proxy for danger. Can you imagine if we compared hay fever, allergies, dandruff, heartburn, etc.—all of which have high incidence rates—to cancer? It would be absurd.

You can see the incidence rate below. A number of these diseases were down trending before vaccination. A number of them (like measles) did not fully go down in incidence until the vaccine.





ETHICS, CONSENT AND MANDATE



WHY IS A MANDATORY VACCINE PROGRAM UNETHICAL?

The foundation of an ethical medical system is informed consent. The problem is that a mandatory vaccine program eliminates informed consent in order to meet the public health goals of “the state.”

Informed consent/informed choice is a formal process by which a healthcare provider obtains permission from a patient before providing treatment. Obtaining permission prior to any medical treatment is an essential prerequisite for ethical and legal medical care. It is also an important means of protecting against medical errors and abuse.

The choice of medical treatment and/or refusal has been recognized by courts internationally and by natural law. Healthcare providers who fail to obtain informed consent can be subject to professional penalties, civil liability, and/or charged with criminal negligence. All individuals have the right to accept or refuse any medical treatment, including vaccines.

ETHICS, CONSENT AND MANDATE

The basis of informed consent is that all individuals have free will, and thus the right to accept or reject any medical treatment. Informed consent is considered the most important principle of an ethical medical system. The principle is found in the Code of Ethics of every health profession and has both moral and legal implications for those administering a medical treatment.

The principle of informed consent is applicable not only to surgical operations, but to all forms of medical treatment and diagnostic procedures that involve intentional interference with the person.

VACCINATION INVOLVES THE INTENTIONAL INTERFERENCE OF AN INDIVIDUAL'S IMMUNE SYSTEM, AND THE EFFECTS OF VACCINATION ARE IRREVERSIBLE.

No man, woman, or child should be subjected to medical treatment without his or her informed consent, especially for treatments for the good of "the state." This is a fundamental human right which remains regardless of the benefit of the vaccines to the individual or to the state.



ETHICS, CONSENT AND MANDATE

We, as citizens, should be skeptical of any mandatory medical program, because the *right to body anatomy* is the most fundamental right that a person can have. A man or woman is not the property of the state.

Mandates are unethical when we know that a subset of the population will suffer from adverse effects that can cause permanent death or injury. These persons are essentially "sacrificed" in order to fulfill state goals. ***Remember that the measure of a democracy is how well it protects its least privileged members.***



ETHICS, CONSENT AND MANDATE

WHAT ARE THE CORE PRINCIPLES OF INFORMED CONSENT?

Informed Consent is the fundamental basis upon which the vaccine decision should be made. Our goal is to empower individuals and parents to firmly embrace their right to medical choice and to recognize it is not only their right and responsibility, but their duty to exercise informed consent as a necessary process in protecting their children.

The Requirements for Consent

For consent to serve as a defense to allegations of either negligence or assault and battery, it must meet certain requirements. The individual must have been properly informed, the individual must have the capacity to consent, and the consent must be voluntary.

Properly Informed

Healthcare providers are responsible for providing patients with clear and complete information about proposed medical interventions, and for answering all questions related to treatment. The information must be contextualized for each patient's individual situation, taking into account variables such as age, gender, and individual and family medical history.

The information must be adequate, true, and include an explanation of treatment benefits, risks of harm, and alternatives. In some cases, information about the limitations of clinical trials to support the claims of safety and effectiveness is also necessary, particularly when specific groups have been excluded from the trials, for example, pregnant women and infants.

ETHICS, CONSENT AND MANDATE

Competence

The principle of competence refers to a person's capacity to understand the recommended medical treatment, its significance, and the consequences of their decision. Competence also includes a person's ability to apply their own reasoning in considering a medical treatment, and to assertively express their choice to accept or refuse treatment.

Voluntariness

Patients must be free to choose or refuse treatment, and free of any suggestion of duress or coercion. After receiving adequate information about a recommended treatment, a person must be in a position to express his or her free will without any controlling influence or coercion. This is particularly relevant to those who are vulnerable, such as children, the elderly, and new parents.

Consent obtained under any suggestion of compulsion either by the actions or words of the physician, public health, government agent, or others may not be deemed to be voluntary consent. Rather, it may be considered assault.

The right to informed consent has been codified in the [United Nations International Covenant on Civil and Political Rights \(1966\)](#), which states under Article 7 that ***"no one shall be subjected without his free consent to medical or scientific experimentation."***

LIKE WHAT YOU SEE?
MAKE A DONATION TO MAM!

ETHICS, CONSENT AND MANDATE

HOW DOES INFORMED CONSENT RELATE TO VACCINATION?

Of critical concern is that the foundational right to informed consent is not upheld when the treatment is vaccination. Informed consent is routinely ignored, dismissed, or blatantly infringed upon by governments, health authorities, family physicians, schools, daycare centers, employers, the medical profession, and even our courts. **This is a violation of the fundamentals of an ethical medical system.**

Vaccines are routinely administered without adequate information of risk of harm or alternatives; administered to minor children who do not have the competence to make this complex decision; and many, if not most, are subject to some form of coercion or sense of compulsion. Mandates are a form of coercion and compulsion.

Ultimately it is our responsibility as individuals to assert our right to informed consent and bodily autonomy, and to defend our right to make medical decisions for our children. Without these rights, we do not have an ethical medical system, bodily sovereignty, or the ability as parents to make medical decisions for our children.

Fundamental human rights are inalienable rights from God and not imparted by the good graces of governments, or conditional on the adherence to medical dictates. The basic duty of the State is to protect the fundamental human rights of its citizens. And it is our responsibility and duty to ensure governments uphold and protect these rights.

ETHICS, CONSENT AND MANDATE

As free and sovereign individuals, there must be no mandated or coerced medical interventions. We must be free to make our own voluntary informed decisions for our own particular health needs and circumstances. Vaccines, or any medical treatment, must never be mandated or coerced regardless of their purported safety and “community benefit.” The perceived “common good” does not supersede an individual’s right to free will, medical choice, and bodily autonomy.

This right is codified in the [Universal Declaration on Bioethics and Human Rights](#), adopted at the United Nations Educational, Scientific and Cultural Organization (UNESCO) in October 2005:

“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information ... In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual’s informed consent.”

SOVEREIGN

ETHICS, CONSENT AND MANDATE

We also hold the position that a simple “**I do not consent**” ought to be sufficient and that the requirement to file a written notice of exemption is unnecessary and coercive and should be eliminated.



The lobbying efforts by the vaccine industry to have governments enact legislation to make vaccines mandatory, as occurred during COVID-19, changed the social contract between government and citizens, and represented a clear effort to impose vaccinations by coercion rather than consent. In fact, vaccine, masking, and other mandates actually prevented citizens from making their own informed medical choices.



Vaccine mandates violate a medical practitioner’s legal and ethical obligation to obtain informed consent for the medical intervention of vaccination. The collapse of long-established safeguards to protect the health, well-being, and civil liberties of citizens should concern us all. **The right to bodily autonomy must be preserved.**

ETHICS, CONSENT AND MANDATE

SHOULD I GET ALL VACCINES ON THE CDC SCHEDULE?

You can respond that the recommendation to just get all the vaccines the medical authorities tell you to get is naive and over-simplified.

What's missing from the picture? The person ignores a wide variety of living conditions and epigenetic profiles that occur in society, the fact that different people have higher environmental toxic loads than others, and that the ability to detoxify or process the vaccine differs markedly between individuals.

Furthermore, the person assumes there is no risk from cumulative exposure to vaccines and that "over-vaccination" could play a role in chronic disease. There is a very real risk of vaccine injury.

The new model for approaching vaccines is as an **"empowered consumer"** who understands the risks and trade-offs for any medical interventions and who decides what is right for him or herself with the help of the medical provider.

Remember the patient is taking on the risk of the recommendations. Thus, it's a partnership between the patient and the medical provider.





VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

AREN'T VACCINES SAFE?

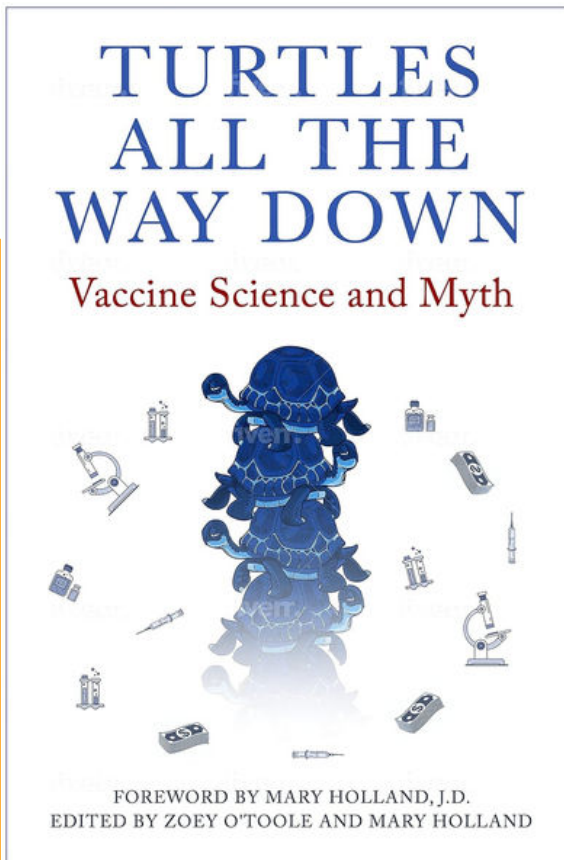
A significant problem with the vaccine ideology is that medical professionals typically overstate the benefits of vaccination and understate its risks.

- First, there are long-standing problems in vaccine safety. It is unethical when scientific facts are misrepresented and manipulated, naysayers are intimidated into being quiet, negative results are hidden from the public, and public regulators hide their financial conflicts of interest.
- Second, vaccine injury is actively denied by medical professionals. Bolstered by a culture of arrogance and hubris in medicine, medical professionals have long denied vaccine injury and gaslit the men and women experiencing vaccine injury themselves.
- Third, vaccine injury is under-diagnosed.

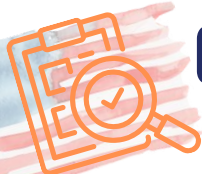
VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

Medical professionals are part of a medical system that profits from vaccines and the allopathic treatment model. They are ideologically invested in a mythology that sees medical doctors as champions of Western science who tame a dangerous and chaotic world.

We will examine some of these problems in the subsequent questions. For a more detailed treatment, see the book [Turtles All the Way Down](#).



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY



HOW IS VACCINE SAFETY TRACKED IN THE USA?

There are two major systems that monitor vaccine safety after the vaccine is approved and offered to the public:

1. Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national early warning system co-managed by the CDC and FDA. It's open to anyone—doctors, nurses, patients, and parents can all submit reports of adverse events following vaccination.

THINK OF IT LIKE A WHISTLEBLOWER SYSTEM FOR POTENTIAL SIDE EFFECTS.

Reports may include anything from mild fevers to serious outcomes like seizures, hospitalizations, or even death. But here's the catch:

- VAERS is passive—it relies on people to voluntarily report.
- It's well-documented that VAERS suffers from underreporting, with some estimates suggesting fewer than 1% of adverse events are captured.
- It does not determine causation—it only records that an event occurred after vaccination.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY



2. VSD (Vaccine Safety Datalink)

The Vaccine Safety Datalink is a project between the CDC and several large healthcare systems. It tracks electronic medical records from over 12 million people to study vaccine safety in real time.

Unlike VAERS, VSD allows for active surveillance, tracking outcomes across vaccinated and unvaccinated populations.

BUT THERE'S A BIG LIMITATION – THE DATA ISN'T PUBLIC. ONLY CDC-APPROVED RESEARCHERS CAN ACCESS IT, MAKING INDEPENDENT VERIFICATION IMPOSSIBLE.

Digital Healthcare Research ["Electronic Support for Public Health - Vaccine Adverse Event Reporting System"](#)



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

HOW MIGHT MONITORING SYSTEMS MISS THE FULL PICTURE ON VACCINE INJURY?

1. Underreporting and Incomplete Data

- VAERS relies on voluntary submissions, and many people—including doctors—don't know how to use it.
- Mild or delayed-onset issues (like autoimmune conditions or neurological symptoms) are often ***not linked back*** to vaccination and go unreported.

2. No Long-Term or Cumulative Safety Studies

- Most vaccines are tested individually before approval.
- In the real world, children receive multiple vaccines at once, often over a short time period.
- There's little data on the long-term effects of this cumulative exposure, especially in sensitive populations.

3. Lack of Independent Access

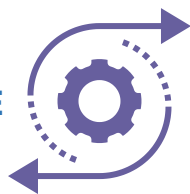
- VSD data is closed to the public, limiting outside scientific inquiry.
- This creates a conflict of interest when the same agencies responsible for approving vaccines also control safety monitoring.

4. One-Size-Fits-All Approach

- Everyone has a unique biology. Some people may be more susceptible to vaccine injury due to **genetics**, immune sensitivity, or pre-existing health conditions.
- Current systems don't screen for or account for these individual differences.

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

WHAT NEEDS TO CHANGE WITH VACCINE SAFETY MONITORING SYSTEMS?



To maintain public trust in vaccines—and to protect those who may be at risk—we need stronger, more transparent, and more responsive systems.

→ Here's what that could look like ←

- Make vaccine safety data (like from VSD) publicly available for independent review.
- Improve education and tools for healthcare providers and the public to report to VAERS accurately and consistently.
- Study long-term and synergistic effects of multiple vaccines in real-world schedules, not just controlled trials.
- Support individualized approaches, recognizing that some children or adults may need adjusted timelines or exemptions based on health status.

Given the public's knowledge of vaccine injury, public health authorities cannot ignore the problems in our vaccine safety monitoring systems any longer.

A strong public health system doesn't ignore concerns. It listens, learns, and evolves.

REAL SAFETY MEANS REAL TRANSPARENCY. AND REAL TRUST STARTS WITH HONEST SCIENCE.

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

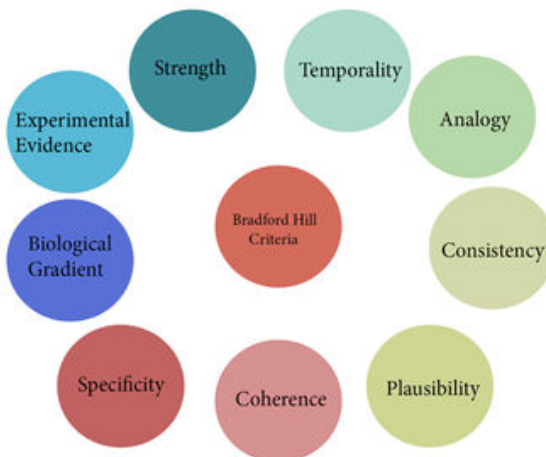
IS IT TRUE THAT VAERS VACCINE INJURY REPORTS DO NOT SHOW CAUSALITY?

When critics dismiss vaccine injury concerns by saying "VAERS reports do not prove causality," they're technically correct – but the full picture is far more nuanced.

VAERS was never designed to prove causality in the legal sense. Instead, it functions as a surveillance system – a *"canary in the coal mine"* meant to detect early safety signals.

TO DISREGARD VAERS ENTIRELY BECAUSE IT CONTAINS UNVERIFIED REPORTS IS TO IGNORE ONE OF THE ONLY OPEN-ACCESS SAFETY MONITORING TOOLS AVAILABLE TO THE PUBLIC AND RESEARCHERS.

What's missing from this objection is the application of the [Bradford-Hill criteria](#) – a well-established set of nine scientific principles used to determine whether an observed association is likely causal.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

When applied to certain adverse outcomes reported after vaccination (such as myocarditis after mRNA COVID vaccines, or seizures and encephalopathy after MMR or DTaP vaccines), multiple criteria are met:

- **Temporality:** The injury follows the vaccine exposure in time.
- **Strength and consistency of association:** Repeated findings in population-level surveillance across countries.
- **Biological plausibility:** Well-understood mechanisms, such as autoimmune activation, molecular mimicry, or inflammatory cytokine responses.
- **Dose-response relationship:** Higher rates of injury with increasing doses or combinations.
- **Analogy:** Other pharmaceuticals have caused similar injuries under similar circumstances



**ADVERSE
OUTCOMES**

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

The scientific literature now contains hundreds of peer-reviewed studies exploring vaccine adverse events, ranging from autoimmune conditions to neurological disorders. Even governments acknowledge these risks through action – over \$5.3 billion has been paid out by the U.S. Vaccine Injury Compensation Program (VICP) for injuries including Guillain-Barré syndrome, encephalitis, and even death.

And beyond the numbers, there are thousands of documented testimonies from individuals and families whose lives have been altered by vaccine injury – cases often dismissed or gaslit despite consistency and medical documentation.

If vaccine injury is as “vanishingly rare” as some claim, why does the system resist open, rigorous investigation into the injuries that do occur? The dismissal of VAERS data, the lack of long-term synergistic vaccine interaction studies, and the hostility toward open scientific debate are all signs of a system more focused on protecting policy than patients.

IT'S TIME FOR REFORM. A 21ST-CENTURY VACCINE PROGRAM MUST BE BUILT ON TRANSPARENCY, INDEPENDENT SAFETY MONITORING, INFORMED CONSENT, AND GENUINE ACCOUNTABILITY. ONLY THEN CAN PUBLIC TRUST—AND PUBLIC HEALTH—TRULY THRIVE.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

WHAT ARE SOME KNOWN PROBLEMS WITH VACCINE SAFETY TRIALS?

One of the biggest problems is the use of a non-inert placebo. In many safety trials, the new vaccine is compared against placebo with a non-zero risk factor. For example, the comparison group could contain aluminum adjuvant or could be another vaccine.

The outcome is that the new vaccine would show a lower relative risk for adverse events than if an inert saline placebo were used. This hides the absolute risk for the new vaccine and understates the true extent of vaccine injury.

The allowance of this practice benefits the pharmaceutical industry and increases the likelihood of the FDA granting approval for the new vaccine.

The problem is visible in the [Gardasil vaccine insert](#) for HPV:

Table 1: Injection-Site Adverse Reactions in Girls and Women 9 Through 26 Years of Age*

Adverse Reaction (1 to 5 Days Postvaccination)	GARDASIL (N = 5088) %	AAHS Control† (N = 3470) %	Saline Placebo (N = 320) %
<i>Injection Site</i>			
Pain	83.9	75.4	48.6
Swelling	25.4	15.8	7.3
Erythema	24.7	18.4	12.1
Pruritus	3.2	2.8	0.6
Bruising	2.8	3.2	1.6

*The injection-site adverse reactions that were observed among recipients of GARDASIL were at a frequency of at least 1.0% and also at a greater frequency than that observed among AAHS control or saline placebo recipients.

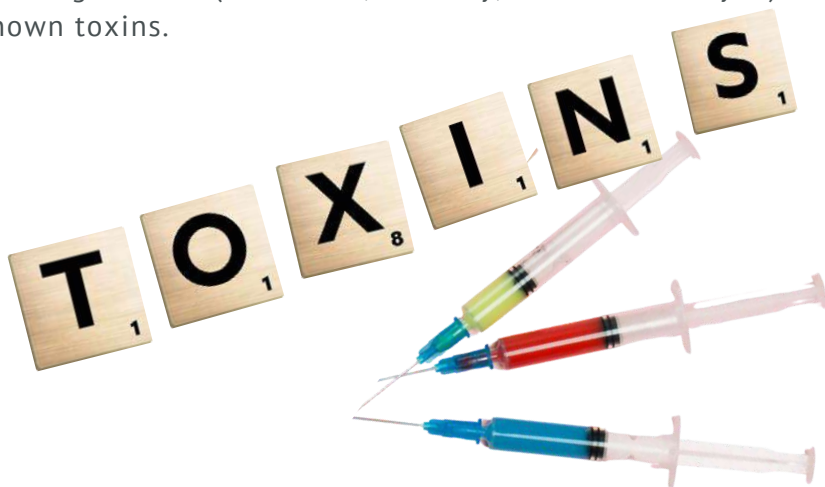
†AAHS Control = Amorphous Aluminum Hydroxyphosphate Sulfate

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

While the Gardasil vaccine safety trial did use a saline placebo group, the main control group is the AAHS (aluminum adjuvant group) which is nearly 10 times the size of the saline group. The saline group is deliberately underpowered and the small size of the group makes it difficult to find real adverse effects and be able to make a statistically significant comparison.

Moreover, the observation period is just 5 days long. The short windows make it difficult to find conditions which have a longer onset period such as autoimmune conditions.

Aside from biased placebos, many ingredients used within vaccines themselves lack their own safety assessment. Some of these ingredients (aluminum, mercury, and formaldehyde) are known toxins.



The Toxic Truth About Vaccines

AND WHAT YOU CAN DO ABOUT IT

CENTNER
RESEARCH

SALMON
ALLERGEN
RESEARCH

Watch [The Toxic Truth About Vaccines and What You Can Do About](#) it for full details about the toxic ingredients in vaccines.

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

DOES THE GOVERNMENT COMPENSATE VICTIMS OF VACCINE INJURY?

The National Childhood Vaccine Injury Act of 1986 created the National Vaccine Injury Compensation Program which compensates sufferers with serious vaccine injury. To date, the program has paid out over \$5.3 billion in vaccine injury compensation.

According to the [US Health Resources & Services Administration](#):

“SINCE 1988, OVER 28,292 PETITIONS HAVE BEEN FILED WITH THE VICP. OVER THAT 30-YEAR TIME PERIOD, 24,602 PETITIONS HAVE BEEN ADJUDICATED, WITH 11,671 OF THOSE DETERMINED TO BE COMPENSABLE, WHILE 12,931 WERE DISMISSED. TOTAL COMPENSATION PAID OVER THE LIFE OF THE PROGRAM IS APPROXIMATELY \$5.3 BILLION.”

As part of the program, a special master of the court, within the United States Court of Federal Claims, issues a legal decision as to whether the petitioner presents sufficient evidence to show that the vaccine more than likely caused the injury or that an injury resulting from the vaccine is on the Vaccine Injury Table.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

If the special master rules in favor of the petitioner, the petitioner is paid by “negotiated settlement” which has the caveat that compensation is *“not an admission by the United States or the Secretary of Health and Human Services that the vaccine caused the petitioner’s alleged injuries, and, in settled cases, the Court does not determine that the vaccine caused the injury.”*

The funds paid to vaccine-injured individuals for vaccine injury compensation ***do not come from the manufacturers of the vaccine, rather it comes from the taxpayer.*** The government feels it is perfectly legitimate to transfer the financial liability from pharmaceutical companies to average citizens. Again, this means there is no incentive for vaccine manufacturers to make their products safer.

[National Vaccine Injury Compensation Program Data & Statistics](#)



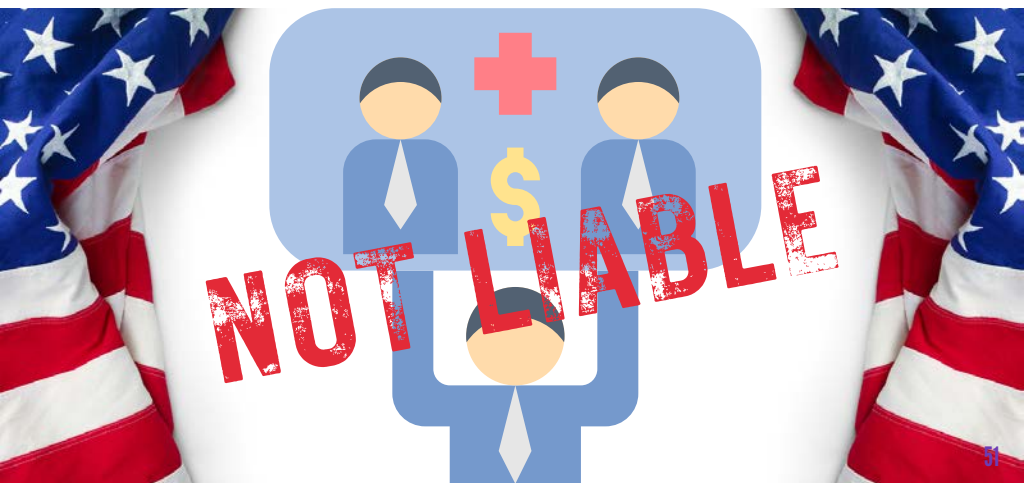
VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

IS IT TRUE THAT PHARMACEUTICALS ARE GIVEN LIABILITY PROTECTION FOR VACCINE INJURY AND DEATH?

In 1986, the US government passed the [National Childhood Vaccine Injury Act](#), which gave vaccine manufacturers immunity from liability for injury or death caused by their products.

“No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.” - 42 U.S. Code § 300aa-22

No other industry or product is afforded this protection.





VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

In 2011, the US Supreme Court declared that federally licensed childhood vaccines are “unavoidably unsafe” and effectively removed all civil liability from vaccine manufacturers – even if there is evidence a company could have made a vaccine less harmful.

The consequence of this legal immunity is that there is no legal or financial incentive for vaccine manufacturers to make their products safer, even when there is evidence that vaccines can be made safer. Nor is there incentive to properly safety test their vaccines. This creates a very dangerous situation.

THE ABILITY TO HOLD COMPANIES RESPONSIBLE WHEN CREATING DANGEROUS PRODUCTS IS ONE OF THE FOUNDATIONAL MECHANISMS FOR KEEPING CONSUMERS SAFE. THIS IMPORTANT AND EFFECTIVE SAFEGUARD HAS BEEN REMOVED WITH VACCINE PRODUCTS.

The immunity from liability includes not only the vaccine manufacturers, but also politicians who pass vaccine mandates, government agents who impose vaccine policies, and those who encourage, license, and administer vaccines. If you or your child are harmed by a vaccine, or if your child dies from a vaccine, the sole persons left with any responsibility for what happens to a vaccine injured child are the parents.

For more information, watch ‘1986 The Act’.

<https://7thchakrafilms.com/>

H.R.5546 - National Childhood Vaccine Injury Act of 1986

<https://www.congress.gov/bill/99th-congress/house-bill/5546>

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

DOES LIABILITY PROTECTION CREATE PERVERSE INCENTIVES FOR VACCINE SAFETY?

Liability protection given to vaccine manufacturers creates the perverse incentive for them to create as many vaccines as possible and get them added to the CDC childhood vaccine schedule with no regard to increasing risk from over-vaccination.

The pharmaceutical industry has effectively been given license to injure and maim (which may result in permanent disability and death) with impunity. This legal immunity is not designed to protect citizens. It is designed to protect the pharmaceutical industry. There is evidence that the legal immunity provided to vaccine manufacturers has increased the risk of harm to health consumers.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

The two most effective safety mechanisms to protect the public from harm caused by a defective product is robust safety testing and legal action. Both of these safeguards have been disabled when the product is vaccines and no one is liable for any damage they cause.

IF MISTAKES ARE NOT CONFRONTED, AND LEARNED FROM, THE SAME MISTAKES WILL BE MADE OVER AND OVER AGAIN. THIS IS WHY, ACCORDING TO [AUTHOR MATTHEW SYED](#), PREVENTABLE MEDICAL ERROR IS ONE OF THE BIGGEST KILLERS IN THE WEST. IN THE US, 400,000 PEOPLE DIE ANNUALLY BECAUSE OF PREVENTABLE ERROR IN HOSPITALS ALONE. THAT IS THE EQUIVALENT OF TWO JUMBO JETS CRASHING EVERY DAY.

COVID vaccines were sold to governments globally under the express condition that manufacturers would not be held liable for injury or death from their products. Many countries, including the US, knowingly agreed to these terms.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

ARE MANUFACTURERS PROTECTED FROM LIABILITY FOR COVID VACCINE INJURIES AND DEATH?

COVID vaccine manufacturers are protected from liability under the [Prep Act](#).

THE PREP ACT PROVIDES “LIABILITY IMMUNITY RELATED TO THE MANUFACTURE, TESTING, DEVELOPMENT, DISTRIBUTION, ADMINISTRATION AND USE OF MEDICAL COUNTERMEASURES AGAINST CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR AGENTS OF TERRORISM, EPIDEMICS, AND PANDEMICS.”

PREP Act Questions and Answers

<https://aspr.hhs.gov/legal/PREPact/Pages/PREP-Act-Question-and-Answers.aspx#COVID>



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

SHOULD I BE CONCERNED ABOUT “TINY AMOUNTS” OF INGREDIENTS IN VACCINES?

Vaccine defenders will often comment about how “tiny” or “miniscule” the ingredients are in vaccines. They use logic to give the impression that such “tiny amounts” cannot possibly lead to any harm. Often, they will reference the size of a microgram and give a visual image that shows how small it is.

HOWEVER, IT'S NOT THE "AMOUNT IN MICROGRAMS" THAT MATTERS BUT AT WHAT LEVEL OF DOSAGE IS THERE "NO-OBSERVABLE EFFECT" ON THE BODY. A TRULY INERT INGREDIENT WILL HAVE ABSOLUTELY NO EFFECT ON THE BODY OR CAUSE ANY CHANGE IN FUNCTIONS.

Note, too, that certain compounds are so deleterious and harmful that we care about “parts per million” (ppm). Mercury is so dangerous that the EPA limit for mercury in drinking water is 2 “parts per billion” (ppb).

Aborted Fetal Cells mercury **Aluminum**
E. coli Polysorbate 20 EDTA Polysorbate 80 **Animal Parts**
 Spermicide Insect Cells Latex Rubber **Monkey Kidney Cells**
 Pig Sorbitol **Detergent** Beta-Propiolactone **Glutaraldehyde**
 Blood Genetically Modified Yeast **Formaldehyde** GM Soy MSG monosodium glutamate **Barium**

VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

The important questions for the medical authorities are:

1) Why are these ingredients even in vaccines to begin with? and 2) What safety studies have been done on the ingredients?

Oftentimes the answer to the former is that the ingredients have some relationship to the functioning of the vaccine. This is the case with adjuvants whose goal is to promote the inflammatory reaction.

And often with the latter question, no safety study has been done.

This is the case with aluminum adjuvant whose safety has been assumed due to the length of time it has been in use in the vaccine schedules. But this does not substitute for scientific rigor.

In the subsequent discussions, we will examine how two ingredients, thimerosal and aluminum, are unsafe.



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

COULD VACCINES BE RELATED TO FOOD ALLERGIES?

There is reason to suspect vaccination could be related to food allergies as:

- 1) Vaccines cause immune system reactions to whatever antigens are within the vaccines.*
- 2) Certain vaccines are prepared using food proteins.*

The MMR vaccine cell culture is grown on chicken embryos and the vaccine contains a minimal amount of egg proteins. Egg proteins could be present in minute amounts in the flu vaccines. Cow's milk is used in small quantities in the DTaP vaccine. Gelatin is used in the MMR, varicella, and flu vaccines. Yeast protein is present in the Hepatitis B and HPV vaccines.

Franceschini, F. ["Vaccination in children with allergy to non active vaccine components"](#)



VACCINE SAFETY: MONITORING, OVERSIGHT & INJURY

A good explanation for the mechanism comes from [researcher Vinu Arumugham](#):

***“THE IMMUNE SYSTEM DEPENDS ON A “DANGER SIGNAL” TO DETERMINE WHAT IS DANGEROUS AND MUST BE ATTACKED VS. SOMETHING THAT IS HARMLESS AND CAN BE IGNORED. ONE SOURCE FOR A DANGER SIGNAL IS TISSUE DAMAGE. INJECTION CAUSES TISSUE DAMAGE AND PROVIDES THE DANGER SIGNAL. SO THE IMMUNE SYSTEM ATTACKS THE PROTEINS THAT WERE INJECTED. IF A VIRAL PROTEIN WERE INJECTED, THE IMMUNE SYSTEM LEARNS TO ATTACK THAT PROTEIN AND THUS THAT VIRUS. WHEN VACCINES CONTAIN OR ARE CONTAMINATED WITH FOOD PROTEINS, THE IMMUNE SYSTEM LEARNS TO ATTACK THEM AS IF THEY WERE DANGEROUS PATHOGENS. THAT IS FOOD ALLERGY.*”**

A good explanation for the mechanism comes from [researcher Vinu Arumugham](#):

***“The immune system depends on a “danger signal” to determine what is dangerous and must be attacked vs.*”**

It is not just proteins but also large protein-like molecules like polysaccharides, polyethylene glycol – PEG in COVID vaccines, which are all targeted for attack when injected.”

[“Injected Allergies: How Injected Proteins Are Rewiring the Immune System”](#)



THE COVID CHAPTER

WHY SHOULD OR SHOULDN'T I TAKE COVID SHOTS?

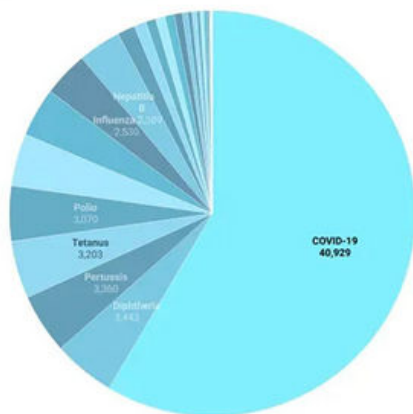
The decision whether to take or not take the COVID shots is a serious one. These shots use novel mRNA technology which has no long-term safety record. The COVID injections are not actually vaccines as commonly understood, but a different kind of RNA technology that induces the body to produce spike protein.

Amongst all the vaccines, the COVID injections have alarming numbers of adverse events, more than just about all the other vaccines put together.

Deaths By Vaccine Whenever Officially Notated 1988 - Feb 2024

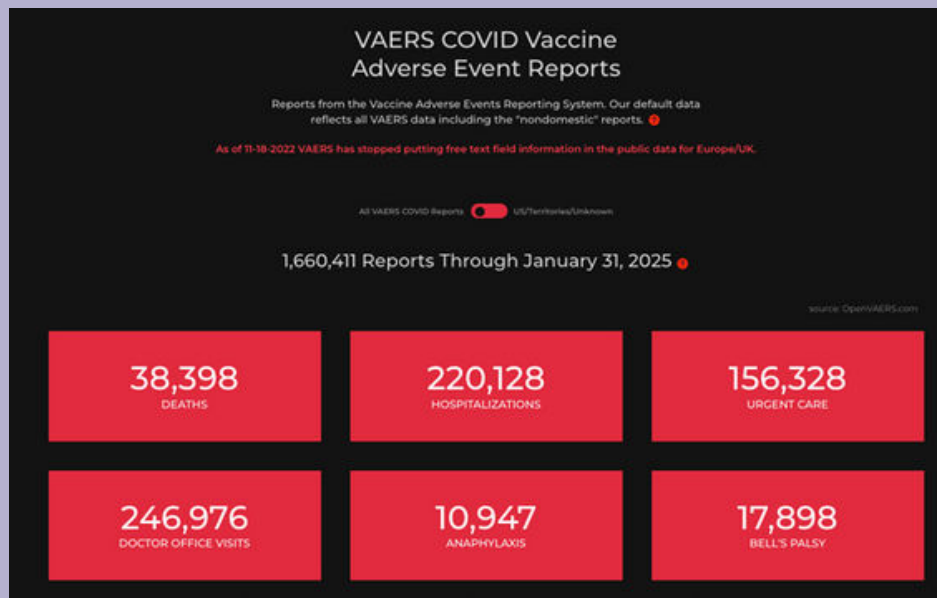
CDC VAERS

COVID-19 (40,929) | Diphtheria (1,443) | Pertussis (3,360) | Tetanus (3,203) | Polio (3,079) | Haemophilus (2,927) | Pneumonia (2,726) | Influenza (2,530) | Hepatitis B (2,389) | Rotavirus (979) | HPV (671) | Measles (561) | Mumps (526) | Rubella (522) | Shingles (455) | Meningitis (284) | Tetanus (253) | Varicella (243) | Dengue (205) | Rabies (184) | Hepatitis A (183) | Tuberculosis (197) | Yellow Fever (64) | Typhoid (33) | Anthrax (31) | Smallpox (20) | RSV (22) | Encephalitis (16) | Lyme (9) | Adenovirus (2) | Plague (3) | Cholera (2) | Ebola (1)



THE COVID CHAPTER

According to VAERS, the COVID shots have nearly 40,000 deaths and over 220,000 hospitalizations reported after receipt of the jab.



Many individuals and even celebrities have come forward with stories of vaccine injury. The [React19](#) organization formed because medicine wasn't properly addressing the grievances of the vaccine injured. Rock and roll legend [Eric Clapton suffered from a vaccine injury](#) as did [Jessica Sutta](#) of the multi-platinum girl group, Pussycat Dolls

COVID shots have been [linked to autoimmune diseases](#) including myocarditis, pericarditis, ITP, Guillain Barré Syndrome, and Bell's Palsy. The problems of the COVID injections are [documented in over 1,000 studies](#).

Furthermore, there are many [established mechanisms of harm](#) from the COVID injections. Scientists are learning more negative effects of the COVID shots every day.

THE COVID CHAPTER

In a recent preprint, Yale scientists link [Covid shots to alarming new syndrome](#) causing “distinct biological changes” to the body.

Women have been [reporting disruptions to their fertility](#) and to their menstrual cycle, not only due to receipt of the COVID shot, but to just being in the presence of the recently vaccinated.

These effects have been captured here by:

<https://mycyclestory.com>.

Contrary to medical authorities' assurance that mRNA from the COVID injections is transient, there is evidence that the mRNA material [stays in the body far longer](#) than expected.

A [recent 2025 study](#) found evidence of micro-scarring and heart damage in COVID shot recipients who died due to unexplained cardiac arrest:

“A global survey showed that any type of COVID-19 vaccine appears to instigate cardiac arrhythmias, and COVID-19 vaccines may lead to cardiac conduction abnormalities. These mechanisms are speculated to arise from molecular mimicry or spike protein production, an escalated inflammatory response, and the eventual scar and fibrosis.”

Koizumi, Tomomi. [“Cardiac Multiple Micro-Scars: An Autopsy Study”](#)

THAT SAID, SOME MEDICAL PROFESSIONALS ARGUE THAT ELDERLY PATIENTS WITH PRE-EXISTING CONDITIONS WHO MAY NOT DO WELL IN CASE OF COVID INFECTION MAY BENEFIT FROM THE COVID INJECTIONS. WHAT IS TRUE THOUGH IS THAT THE RISKS OF COVID SHOTS HAVE BEEN UNDERSTATED AND WE STILL DON'T KNOW THE FULL EXTENT OF THE LONG-TERM HEALTH RISKS.

React19 has a [database of 4,000 studies](#) that cite adverse effects post COVID injection:

<https://react19.org/science>

THE COVID CHAPTER

SHOULD CHILDREN TAKE THE COVID SHOTS?

While the [CDC approved the COVID shot for children](#), childhood deaths from COVID are [very rare](#). It has no evidence that shows the benefits of taking the COVID vaccines exceed the risk of adverse events like myocarditis. There is also irrefutable evidence that the pharmaceutical companies did not properly [disclose the full amount of risk to children](#) in their vaccine trials.

With the long-term safety unknown and the very high chance of favorable outcome from natural exposure, the risk-benefit assessment is that children should not receive the COVID shot. The state of Florida does not [recommend the COVID vaccine for children](#). For the majority of children, it isn't needed.

[The Flame "They Don't Care About Your Kids – Wake the Hell Up!"](#)



They Don't Care About Your Kids – Wake the Hell Up!

THE COVID CHAPTER

DO THE COVID INJECTIONS PREVENT TRANSMISSION?

The COVID shots do not prevent transmission. This was acknowledged by former CDC director Rochelle Walensky in a [2022 interview](#) when she stated that *“what they [the COVID vaccines] can’t do anymore is prevent transmission.”*

Because COVID injections do not prevent transmission, there is no community benefit from taking them (where vaccinated people provide a kind of protective buffer for the unvaccinated) and there is no protective benefit to one’s neighbor for taking them. ***COVID shots do not help at all with herd immunity.***





CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

IS ANYONE WHO QUESTIONS VACCINES AN “ANTI-VAXXER”?

The term anti-vaxxer is a derogatory term used to silence anyone who questions vaccine safety, efficacy, or necessity. It relies upon an [illusion of consensus](#) and psychological pressure to get someone to stop questioning.

The use of the term is meant to silence questions and doubt. Science is based on the principle of questioning, demanding evidence, and challenging ideologies. Vaccine adherents purport to be scientific but resist the principles of science.

The term itself is also antiquated and misleading. It attempts to group people into two binary camps: those that believe in vaccines and those that don't.

The real world isn't so simple and there is a plethora of views on vaccination. Neither is the scientific world so simple; again, there is a plethora of views on vaccination.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

There are also a multitude of perspectives, too. Some people oppose vaccines on the basis of religious reasons and others just want the freedom to choose.

Some folks oppose vaccines due to vaccine injury. Some folks oppose vaccines due to distrust of medical institutions and public health.

WE NEED NEW WAYS OF THINKING FOR NEW TIMES. IT'S TIME TO MOVE PAST THE TERM "ANTI-VAXXER."

Instead of focusing on the anti-vaxxer label, we should focus on where attention needs to be:

- 1) Making a safer vaccine program, and
- 2) Safeguarding people's fundamental right to choose which vaccines, if any, make sense for them.
- 3) Become a [Vaccine Injury Specialist!](#) Shift the term to the positive

MY BODY
MY RULES



LIKE WHAT YOU SEE?
MAKE A DONATION TO MAM!

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

ARE ANTI-VAXXERS “CONSPIRACY THEORISTS”?

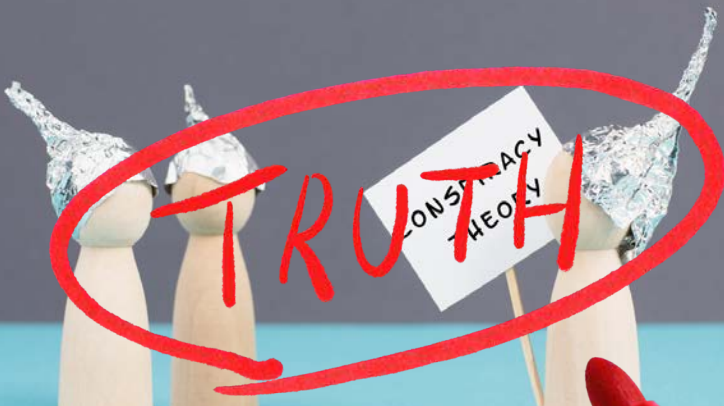
The label “conspiracy theorists” is another derogatory label meant to silence people and to get them to stop questioning.

MANY “CONSPIRACY THEORIES” ARE TRUTHS THAT THE PUBLIC HASN’T YET ACCEPTED.

When encountering a conspiracy theory accusation, it is best to reframe and talk about the reality of vaccine injury and the problems of vaccine safety.

It’s now 2025. So much has been learned about vaccines and so many people have experienced vaccine injury from the COVID vaccines that the talk of vaccine injury is now mainstream. Even the New York Times recently covered it.

New York Times. [“Thousands Believe Covid Vaccines Harmed Them”](#)



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

ARE “ANTI-VAXXERS” JUST MAKING A “CORRELATION IS CAUSATION” MISTAKE WITH VACCINE INJURY?

This is a common objection – but it often *misrepresents how science actually works*. While it’s true that correlation doesn’t automatically equal causation, it’s also true that causation always begins with correlation. You can’t discover a cause without first observing patterns worth investigating.

In fact, correlation is the spark that leads to deeper scientific inquiry. When people notice consistent adverse events after a medical intervention—such as vaccines—the intellectually honest response isn’t to dismiss them outright, but to ask: **Could something real be happening here?**

To determine whether a correlation is meaningful, scientists use a well-established framework called the Bradford Hill criteria – a set of nine principles used to assess whether observed associations are likely to reflect a true cause-and-effect relationship, especially in situations where randomized controlled trials (RCTs) may not be ethical or feasible (as is often the case with potential harm).



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

These criteria ask thoughtful, layered questions like:

- Temporality: Does the effect occur after the exposure?
- Biological plausibility: Is there a credible mechanism for how this effect might happen?
- Consistency: Do we see the effect repeated in multiple studies or populations?
- Strength and dose-response: Are the effects stronger with higher doses or repeated exposures?

When it comes to vaccine injury, multiple Bradford Hill criteria are clearly met:

- There are numerous published studies suggesting mechanisms for injury (e.g., immune dysregulation, molecular mimicry, mitochondrial stress).
- There are real-world epidemiological patterns in reports to systems like VAERS and EudraVigilance.
- There is a legal infrastructure (like the U.S. Vaccine Injury Compensation Program) that has paid out billions in verified injury claims.
- And there are thousands of documented firsthand accounts of life-altering events following vaccination which are dismissed far too often without serious investigation.



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

To suggest all these cases are coincidence, or that concerned parents and individuals are simply confused about correlation, is to ignore not just science, but also compassion and logic. The goal shouldn't be to label people, but to listen and pursue honest research wherever the evidence leads.

DISMISSING EVERY VACCINE INJURY CONCERN AS A “CORRELATION FALLACY” ISN'T CRITICAL THINKING – IT'S ANTI-SCIENTIFIC GASLIGHTING AND AN EXAMPLE OF TOXIC BEHAVIOR THAT HAS BECOME COMMONLY ACCEPTED IN MEDICAL CULTURE.

Learn more about the Bradford Hill criteria here:
https://en.wikipedia.org/wiki/Bradford_Hill_criteria



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

DO WE NEED TO “DO MORE STUDIES” BEFORE CONCLUDING THAT VACCINES ARE UNSAFE?

No, there are already enough existing papers that show biological harms and enough testimonies of vaccine injury such that we know vaccines can be unsafe. We know vaccines can cause injury to recipients in certain cases depending on a multitude of factors. But regardless, vaccines are a causal part of the injury – no vaccine would imply no injury.

WHAT WE ARE SEEING WITH VACCINE SAFETY ON PART OF THE VACCINE MANUFACTURERS AND PUBLIC HEALTH INSTITUTIONS IS A KIND OF “TOBACCO SCIENCE.”

“Tobacco science” is a term used to describe industry-funded, manipulated, or misleading scientific research intended to create doubt about the harmful effects of smoking. The term originated from the tobacco industry’s strategy to delay public understanding and regulation of smoking-related health risks by funding studies that questioned or obscured the link between smoking and diseases like lung cancer and heart disease.

This approach has become the blueprint for many industries (e.g., fossil fuels, pharmaceuticals, and chemicals) seeking to protect their profits from damaging scientific findings.

In the following section, we will see how the tobacco companies successfully delayed inquiry into harms and such knowledge from reaching the public for over a decade.



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

ARE PEOPLE WHO QUESTION VACCINES “ANTI-SCIENCE”?

Often those who question vaccines know more vaccine science than people who blindly follow the CDC vaccine schedule or even the clinicians who administer the vaccines. Many doctors do not have a full picture of the associated risks with vaccination.

People willing to speak out against one-size-fit-all mandatory vaccination policies and existing dangers are doing a favor to society by bringing attention to the flawed science of the public health authorities.

A 2003 article in the Journal of American Physicians and Surgeons “[Is Vaccination Dissent Dangerous?](#)” written by Roger Schlafly, Ph.D. examined the question and concluded: “Marginal and poorly tested vaccines are regularly added to the official mandates with little public opposition. Vital vaccine data and policy rationales are withheld from the public. The CDC and the drug companies lobby the states to pass stricter and more coercive vaccination laws.

“There is an imbalance of power and influence, and it favors the proponents of aggressive vaccination policies. We need more vaccination critics so that the issues will be debated in a more open and scientific manner, and so that parents and others can make safe and informed vaccination decisions.”

INFLUENCE IS
POWER

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

Given the pharmaceuticals are protected from liability by the federal government, there is no market competition that compels vaccine manufacturers to produce safer vaccines.

Skeptical parents who demand proof of safety instead of blindly trusting the assumptions of safety that our medical authorities give us create an impetus for vaccine manufacturers and the government to actually provide real safety for vaccines. This demand can help create more transparency and innovation in an area that desperately needs it.



VACCINE CRITICS PLAY AN IMPORTANT ROLE IN HELPING EXAMINE THE SCIENTIFIC AND ETHICAL BOUNDARIES OF OUR VACCINATION POLICIES IN WAYS THAT THE PHARMA-BACKED VACCINE SCIENTISTS CANNOT.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

DO “ANTI-VAXXERS” SPREAD MISINFORMATION?

No, it is not misinformation to discuss vaccine injury and the risks associated with vaccines. On the contrary, open discussion of the full picture, both pros and cons, is what allows the populace to make an informed decision.

A recent [The Hill op-ed](#) “Questioning the risks and benefits of vaccines isn’t spreading misinformation” shows the changing tenor in medicine. The op-ed written by a doctor acknowledges that the way the COVID vaccine was pushed and mandated has created a backlash in public health.

The op-ed also acknowledges that vaccine injury has occurred in previous vaccination campaigns and cites the example of the [1976 swine flu fiasco](#).

[“Questioning the risks and benefits of vaccines isn’t spreading misinformation”](#)

Still, it is important to note what hasn’t been said in the op-ed. While you are told of all the lives that the COVID vaccine has saved, there is no acknowledgement of the high rates of vaccine injury among COVID vaccine recipients and there is no mention of any of the [numerous literature](#) that links COVID vaccines to adverse events.

Lastly, the claim the author makes of **“vaccines saving hundreds of millions of lives”** may be exaggerated when considering the epidemiological history of the USA. See related question – [Did vaccines save millions of lives in the Western world?](#)

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

HAVEN'T VACCINES BEEN SCIENTIFICALLY PROVEN AS SAFE?

No. All medical treatments have side effects. Vaccine injury is real and is the implied cost of vaccinating.

Medical professionals cannot deny vaccine injuries occur, but they dispute their rarity. They often claim that such injuries are “one in a million.”

Moreover, medical professionals like to lump all vaccines together. This makes it easier for the public to digest the message that all vaccines are safe. But the truth is that different vaccines have varying kinds of side effects. For example, certain vaccines, such as the COVID vaccines and smallpox vaccines, are more dangerous than others.

After the swath of injuries reported after the COVID vaccines, there has been a renewed interest in vaccine injury and it is clear that medical professionals have been gaslighting those who have been vaccine injured. The New York Times had a recent article about the thousands of COVID vaccine injuries that were unacknowledged by medicine

New York Times [“Thousands Believe Covid Vaccines Harmed Them”](#)



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

Finally, the cumulative CDC vaccine schedule comprising over 72+ doses has never been shown to be safe. Vaccine safety has focused on individual vaccine safety testing but medicine has never done a study to assess the health effects of the entire vaccine schedule.

Given the inherent risks of vaccination, informed consent and the ability to refrain from vaccination are important for parents and patients.

WHERE THERE IS A RISK, THERE MUST BE A CHOICE.



CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

HOW DID TOBACCO COMPANIES DELAY INQUIRY INTO SMOKING HARMS FOR OVER A DECADE?

For decades, tobacco companies successfully delayed public health action by employing a multi-pronged disinformation strategy. It is useful to consider this case as instructive for what is happening with vaccine safety science. Here's how they did it:

1. Manufacturing Doubt Through Industry-Funded Research

- The tobacco industry realized early that it could not prove cigarettes were safe, so instead, it focused on creating doubt.
- They funded research that downplayed or contradicted studies linking smoking to cancer, emphasizing uncertainty.
- Example: The Tobacco Industry Research Committee (TIRC) was founded in 1954 to give the illusion of scientific investigation, but its purpose was to undermine independent studies linking smoking to lung cancer.



2. Hiring "Expert" Scientists to Cast Doubt

- Tobacco companies paid scientists and doctors to publicly challenge research showing smoking caused disease.
- These "experts" wrote op-eds, testified before Congress, and gave interviews promoting the idea that the science was "inconclusive."
- They often emphasized correlation vs. causation, suggesting that smoking might be associated with lung cancer but wasn't necessarily the cause.

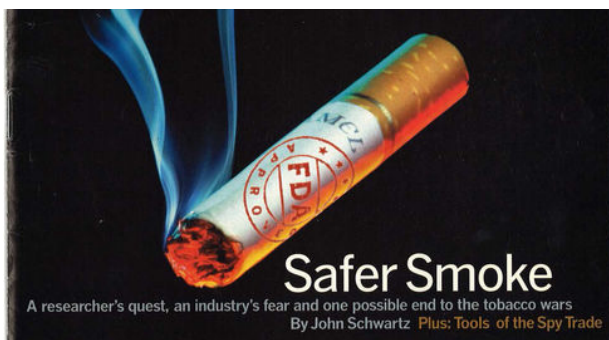
CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

3. Creating Confusion with Alternative Theories

- The industry pushed alternative explanations for rising lung cancer rates, such as:
 - Air pollution
 - Genetics
 - Urbanization
- By presenting multiple competing theories, they made it harder for the public and policymakers to reach a firm conclusion.

4. Suppressing Negative Research

- Tobacco companies withheld their own internal studies that showed smoking was harmful.
- Example: In the 1960s, Brown & Williamson (a major tobacco company) discovered in internal research that nicotine was addictive, but they buried the findings.



5. Lobbying and Political Influence

- The industry used aggressive lobbying to pressure Congress, the FDA, and other regulatory bodies to avoid anti-tobacco policies.
- They contributed to political campaigns and hired former government officials as lobbyists.
- Example: In the 1970s and 1980s, they delayed warning labels on cigarettes and blocked advertising bans.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

6. Creating Front Groups and Fake Grassroots Movements

- Tobacco companies funded organizations that appeared independent but actually worked to spread industry-friendly messaging.
- Example: The "Smokers' Rights Movement"—a supposed grassroots group—was secretly funded by tobacco companies to fight smoking bans.

7. Using Media and Public Relations to Shape Public Opinion

- The industry funded advertisements claiming there was “no conclusive proof” that smoking caused lung cancer.
- They used PR firms to write pro-tobacco articles that appeared in newspapers and magazines.
- TV and movie product placement: Tobacco companies paid to have characters smoke in movies, making smoking appear glamorous and normal.



8. Delaying Regulation Through Lawsuits and Legal Manipulation

- Whenever health regulations were proposed, tobacco companies filed lawsuits to stall the process.
- They demanded "more research" before action could be taken, using the legal system to delay policies.
- Example: When the U.S. Surgeon General's report linked smoking to lung cancer in 1964, the tobacco industry fought labeling laws for years.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

Despite decades of delay tactics, several key events forced the truth into the open:

- **1964:** U.S. Surgeon General's Report – A landmark study officially linked smoking to lung cancer, but tobacco companies continued to deny the findings.
- **1990s:** Whistleblower Testimonies – Former tobacco insiders revealed secret industry documents proving companies knew about the dangers of smoking for decades.
- **1998:** Master Settlement Agreement (MSA) – Tobacco companies agreed to a \$206 billion settlement with U.S. states, admitting to decades of deceptive practices.
- **2006:** Federal Court Ruling – A judge ruled that tobacco companies engaged in a massive conspiracy to deceive the public about smoking risks.

Tobacco companies successfully delayed public recognition of smoking harms for decades by manipulating science, controlling public discourse, and influencing policymakers. Their approach wasn't to prove cigarettes were safe but rather to create enough doubt that regulation was delayed.

Eventually, overwhelming evidence and legal action exposed their deception, but not before millions suffered from preventable diseases. Today, their tactics serve as a cautionary tale for recognizing corporate influence in science and policy.



INFLUENCE

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

HOW IS “TOBACCO” SCIENCE BEING USED TO BIAS VACCINE SAFETY SCIENCE?

The tactics used in “tobacco science” to delay recognition of smoking-related harms have parallels in how vaccine injury concerns have been addressed by pharmaceutical companies, regulatory agencies, and some scientific institutions. Below, we’ll outline each of the key tobacco industry strategies and explain how similar methods have been applied to minimize attention on vaccine injuries.



1. Manufacturing Doubt Through Industry-Funded Research

Tobacco Tactic: The tobacco industry funded research that downplayed the link between smoking and lung cancer, creating the illusion of scientific debate where there was none.

Vaccine Parallel:

- Vaccine manufacturers and health organizations have funded studies that emphasize vaccine safety while often excluding key populations (e.g., those susceptible to adverse reactions).
- Some vaccine safety studies use healthy user bias—excluding individuals who had prior vaccine reactions—making vaccines appear safer than they might be in the general population.
- Industry-funded research often frames adverse effects as coincidental rather than causal.
- Example: The CDC-funded studies on thimerosal (a mercury-based preservative previously used in vaccines) concluded no link to autism, despite concerns about study design flaws and conflicts of interest.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

2. Hiring "Expert" Scientists to Cast Doubt

Tobacco Tactic: The industry recruited scientists to publicly dispute the link between smoking and disease.

Vaccine Parallel:

- Pharmaceutical companies and public health agencies use the same experts repeatedly to dismiss vaccine injury concerns.
- Experts who raise safety concerns (such as Dr. William Thompson, the CDC whistleblower, or Dr. Peter Aaby, who questioned excess mortality with some vaccines) are marginalized or ignored.
- Example: In response to concerns about the MMR vaccine and autism, high-profile scientists were deployed to label such concerns as "anti-science" instead of addressing them openly.

3. Creating Confusion with Alternative Explanations

Tobacco Tactic: When lung cancer rates skyrocketed, the industry suggested air pollution, genetics, or urbanization as possible causes.

Vaccine Parallel:

- Vaccine regulators often attribute adverse events to coincidence, preexisting conditions, or genetic predisposition instead of recognizing patterns in vaccine injury.
- Claims that the rise in autism is due to "better diagnosis" mirror how the tobacco industry blamed lung cancer on factors other than smoking.
- Example: [The Simpsonwood CDC meeting_\(2000\)](#) – internal discussions on thimerosal and neurodevelopmental disorders showed concern, yet the public narrative shifted toward genetic predisposition as the sole cause.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

4. Suppressing Negative Research

Tobacco Tactic: The industry buried its own internal studies showing nicotine's addictiveness and the harms of smoking.

Vaccine Parallel:

- Some vaccine injury data has been hidden or downplayed in government and corporate research.
- VAERS data is often dismissed as unreliable, despite serving as an early warning system.
- Researchers who find adverse effects face career repercussions or retraction of their studies.
- Example: Dr. Andrew Wakefield's study, which suggested a possible link between the MMR vaccine and gastrointestinal disorders in autistic children, was retracted, and his medical license was revoked, despite continued research into immune-mediated autism mechanisms.

5. Lobbying and Political Influence

Tobacco Tactic: The industry spent millions lobbying Congress to delay regulation and keep warning labels weak.

Vaccine Parallel:

- Vaccine manufacturers have strong lobbying influence in Congress, the CDC, WHO, and the FDA.
- The National Childhood Vaccine Injury Act of 1986 shielded vaccine makers from liability, reducing incentives for safety improvements.
- The pharmaceutical industry is one of the biggest funders of political campaigns and health organizations.
- Example: In 2019, the WHO admitted that vaccine hesitancy was fueled by lack of trust in regulators, yet industry lobbying continues to push for mandates without liability.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

6. Creating Front Groups and Fake Grassroots Movements

Tobacco Tactic: The tobacco industry funded "independent" groups that promoted smoking and opposed regulation.

Vaccine Parallel:

- Organizations such as Voices for Vaccines and other pro-vaccine advocacy groups present themselves as grassroots movements but have ties to vaccine manufacturers or government agencies.
- Social media fact-checkers often censor vaccine injury discussions, favoring official narratives without independent scrutiny.
- Example: The Institute of Medicine (IOM), funded in part by vaccine manufacturers, issued reports downplaying vaccine injury risks while presenting itself as an objective health authority.

7. Using Media and Public Relations to Shape Public Opinion

Tobacco Tactic: The tobacco industry ran ads promoting smoking as glamorous, while also planting articles that questioned anti-smoking research.

Vaccine Parallel:

- Media outlets receive major funding from pharmaceutical companies, influencing their coverage.
- Negative vaccine stories (e.g., severe adverse reactions) are often downplayed or not reported at all, while pro-vaccine stories dominate.
- Fact-checkers aggressively label vaccine injury discussions as "misinformation," often relying on sources with conflicts of interest.
- Example: In 2021, Facebook and YouTube aggressively censored vaccine injury testimonials, removing thousands of accounts questioning vaccine safety.

CHALLENGING THE NARRATIVE: DISSENT, LABELS, AND BIAS

8. Delaying Regulation Through Lawsuits and Legal Manipulation

Tobacco Tactic: Tobacco companies fought every attempt at regulation through legal battles, delaying bans on advertising and public smoking.

Vaccine Parallel:

- Vaccine manufacturers are shielded from direct lawsuits through the Vaccine Injury Compensation Program (VICP).
- If someone is injured by a vaccine, they must go through a special vaccine court, where compensation is limited and legal discovery (evidence-sharing) is restricted.
- The standard for proving vaccine injury is higher than for pharmaceutical drug injuries, making compensation difficult.
- Example: Since the VICP's inception in 1988, over \$5 billion has been paid to vaccine injury victims, yet the process remains cumbersome and slow, discouraging claims.

The same methods used by the tobacco industry to delay action on smoking harms have been used in vaccine science to minimize attention on vaccine injuries. These include:

- Funding biased research
- Suppressing dissenting voices
- Controlling media narratives
- Using lobbying power to influence public policy
- Dismissing concerns as "misinformation"
- Shielding manufacturers from liability

**RECOGNIZING THESE PATTERNS HELPS CREATE A MORE
TRANSPARENT AND OPEN DISCUSSION ABOUT VACCINE SAFETY.
IGNORING LEGITIMATE CONCERNS AND INJURIES IN FAVOR OF
INDUSTRY PROTECTIONISM CAN ERODE TRUST IN SCIENTIFIC
INSTITUTIONS, JUST AS IT DID WITH TOBACCO.**

THE MEASLES VACCINES

HOW MUCH SHOULD WE BE CONCERNED ABOUT MEASLES?

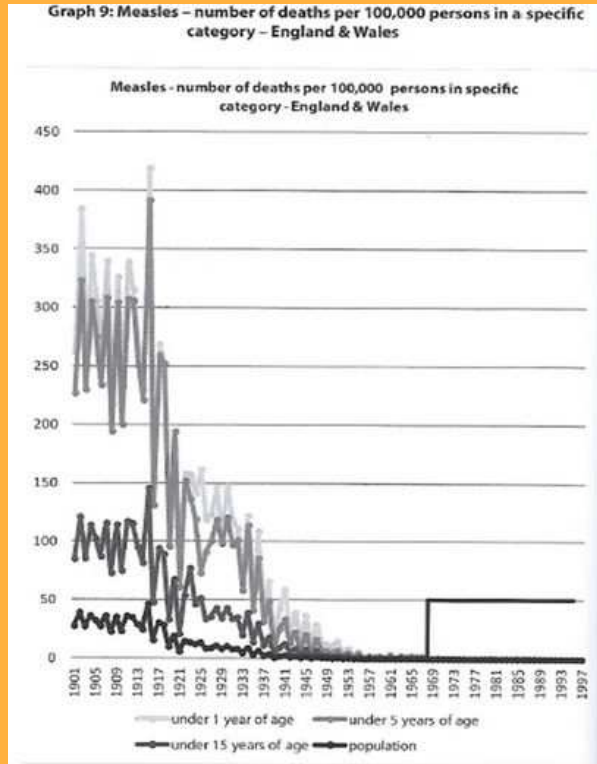
As of spring 2025, there has been much news about an [outbreak of measles in Texas](#) among an unvaccinated population that has led to hundreds of measles cases. Medical authorities have used this news to spread fear about infections and push the need for vaccination. But how much should we fear measles in reality?

As we have already seen in epidemiological graphs, infection mortality largely plummeted prior to the modern vaccine program. The same drop in mortality rate occurred for measles. See related question – [Did vaccines save millions of lives in the USA?](#)

LIKE WHAT YOU SEE?
MAKE A DONATION TO MAM!

THE MEASLES VACCINES

WE CAN SEE HERE THAT, JUST LIKE IN THE USA, THE UK DATA SHOWS MEASLES MORTALITY WAS PLUMMETED POST-WORLD WAR 2:

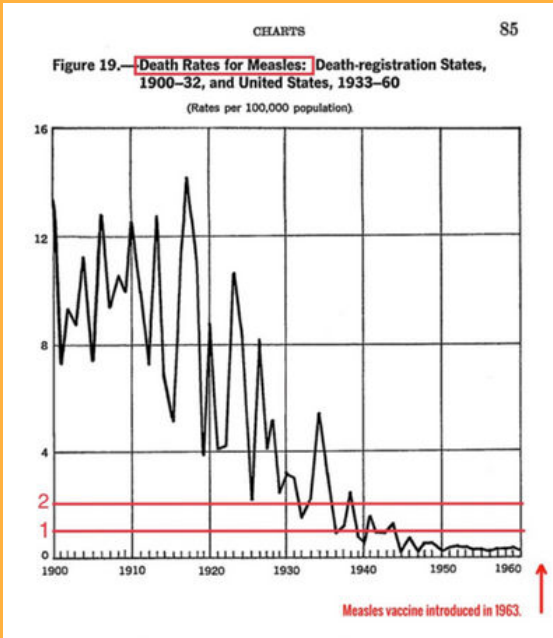


By the time of the measles vaccine in the early 1960s, it was widely acknowledged in the USA that measles was a “relatively mild, rite of passage” childhood disease that just about everyone got and that people developed lifelong immunity to.

Just prior to the introduction of the measles vaccine in 1963, deaths from measles were very rare and were less than 1 in 250,000 in the USA.

THE MEASLES VACCINES

WE CAN SEE THIS OURSELVES IN THE
CDC MEASLES DATA:

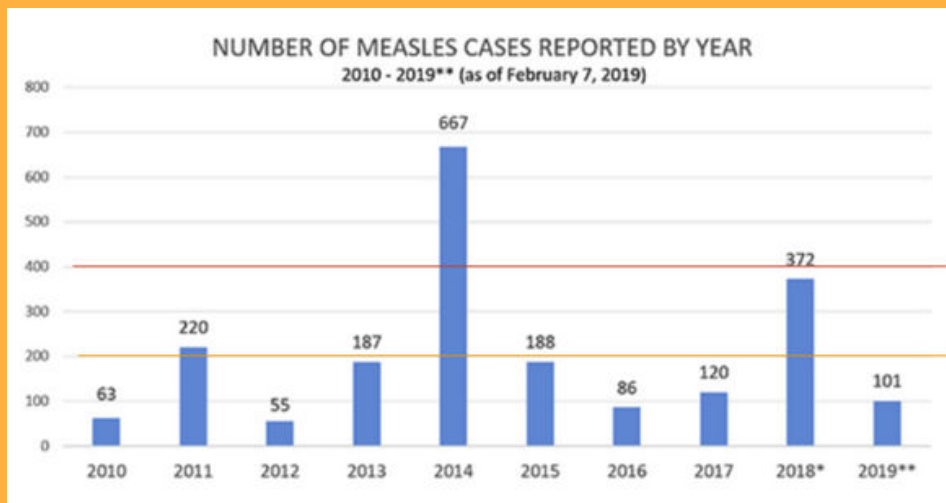


In public health communications, we are commonly bombarded with graphic descriptions of measles and the threat of serious injury and death. However, you are never told the denominator and you are never told the absolute risk probability.

It was only after the vaccine and the subsequent granting of liability protection to the vaccine manufacturers in 1986 that every measles case was given prominent attention and a marketing of fear was created around the measles in an effort to get people to vaccinate.

Despite the recent attention given to the Texas measles cases, we should keep in mind that somewhere between 100-1200 measles cases happen each year. Measles deaths are still a very rare occurrence.

THE MEASLES VACCINES



That said, any measles cases should be treated carefully and given appropriate attention as serious complications can still occur.

According to the [Physicians for Informed Consent](#), the following are the odds for serious complications from a measles infection:

Research studies and national tracking of measles have documented the following:

- 1 in 10,000 or 0.01% of measles cases are fatal.³
- 3 to 3.5 in 10,000 or 0.03–0.035% of measles cases result in seizure.¹⁰
- 1 in 20,000 or 0.005% of measles cases result in measles encephalitis.⁴
- 1 in 80,000 or 0.00125% of cases result in permanent disability from measles encephalitis.⁴
- 7 in 1,000 or 0.7% of cases are hospitalized.¹¹
- 6 to 22 in 1,000,000 or 0.0006–0.0022% of cases result in subacute sclerosing panencephalitis (SSPE).¹²
- 1 in 93,000 or 0.001% of measles cases with normal levels of vitamin A result in permanent disability or death.¹³

PARENTS SHOULD KNOW WHAT TO DO, HOW BEST TO SUPPORT THEIR CHILD, AND TO HAVE A NETWORK OF TRUSTED MEDICAL PROFESSIONALS TO KNOW WHERE TO SEEK HELP.
CHILDREN'S HEALTH SOLUTION SERIES HAS THE KNOWLEDGE FOR PARENTS.

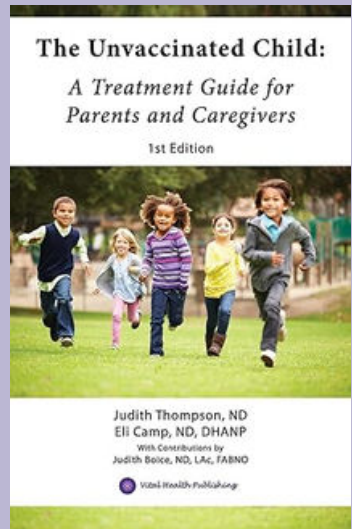
THE MEASLES VACCINES

Physicians For Informed Consent has a fact-filled one-pager on measles here:

<https://physiciansforinformedconsent.org/measles/>



It is recommended those seeking to go the unvaccinated route should read the following book: [The Unvaccinated Child: A Treatment Guide for Parents and Caregivers by Judith Boice.](#)



There are more recommendations for good books to read for the related question – [How can I research the risks of each individual vaccine?](#)

The World Council for Health has a [good article on measles](#) “*Is vaccination really the best defense against measles?*”

THE MEASLES VACCINES

WHAT ARE THE RISKS OF THE MMR VACCINE FOR MEASLES?

Though severe adverse events for MMR (measles-mumps-rubella) vaccine are rare, they can and still do happen.

The [World Council for Health](#) notes that:

The side effects of the MMR vaccine are more common and severe than many realize. For instance:

- 1 in 640 children suffers from epileptic seizures after vaccination. ¹⁰
- 1 in 168 children ends up in the emergency room after their first dose. ¹¹
- As of May 2019, the Vaccine Adverse Event Reporting System (VAERS) recorded 93,929 adverse reactions to the MMR vaccine, including 1,810 disabilities and 463 deaths. ¹²

It is not well-known that MMR vaccine was created using aborted fetal tissue and may contain fetal DNA above the safety limit.

THE MMR VACCINE CONTAINS A LIVE BUT WEAKENED (ATTENUATED) VERSION OF THE MEASLES VIRUS. THERE ARE MANY RARE SERIOUS ADVERSE EVENTS REPORTED ABOUT MMR VACCINE RECEIPT INCLUDING ENCEPHALITIS, PNEUMONIA, TRANSVERSE MYELITIS, ANAPHYLAXIS, AND EVEN DEATH.



THE MEASLES VACCINES

One prominent, tragic case of death after the MMR vaccine is [Holly's Story](#) in which a 5-year-old girl was given the MMR vaccine which resulted in encephalitis, a high fever, and then her death after three days.

The testimony from her family is as follows:

"On February 4th, 2000, Holly Stavola, our daughter, and a sibling, a grandchild, and a niece died tragically and unnecessarily from encephalopathy due to her 2nd MMR vaccination. Holly was a completely healthy, bright, kind and beautiful 5-year-old child. The day she received her vaccinations at her 5-year well check-up Holly was not sick nor immunocompromised in any way. She received the MMR, the oral polio (which was no longer recommended as of Jan. 2000), the DTaP, the Mantoux test, and my son received the Chickenpox Vaccine (he was 9 years old).

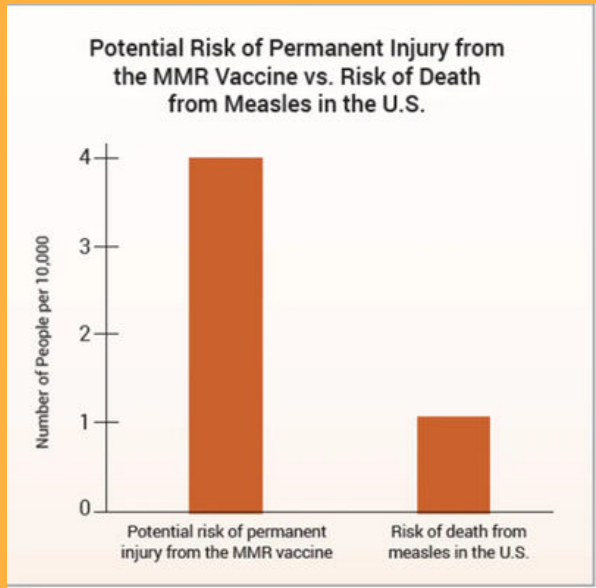
She became very ill a week following the shots, which is within the expected time period, a vaccine table injury of encephalopathy. Encephalopathy is one of the potential reactions of the MMR as stated in the Merck Package Insert and the Vaccine Injury Table of the U.S. Department of Health and Human Services. It can occur between 5-15 days after the vaccine.

She suffered 65 hours before becoming brain dead. Her first symptoms were a 107-degree fever and seizure that happened in our house before calling 911. In the first hospital we were screaming for help; they did a spinal tap to check for meningitis, and with increasing brain inflammation this should not have been done. She was shivering because hypothermia set in due to them trying to cool down her 107/108 fever."

THE MEASLES VACCINES

Though serious adverse effects from the MMR vaccine are rare, it is a non-zero risk and medical providers should not misrepresent the MMR vaccine as completely safe. The probability of risk versus benefits is a debatable one and one that parents should decide.

TO LEARN MORE, READ
WORLD COUNCIL OF
HEALTH'S [ARTICLE](#) ON
"MEASLES FACTS":



**Measles
Scare**

Facts

THE MEASLES VACCINES

CAN VITAMIN A HELP WITH MEASLES TREATMENT?

Yes. The evidence suggests that Vitamin A can help in measles treatment and reduce risk of severe measles complications.

Vitamin A has been in the news due to the recent 2025 measles outbreaks and HHS Secretary Robert F. Kennedy Jr.'s [recommendation of cod liver oil](#) for measles treatment. Cod liver oil is a good source of Vitamin A and Vitamin D, vitamins which play important roles in the functioning of the immune system.

In 2020, the National Foundation For Infectious Disease published a report "[Call to Action for Vitamin A for the Management of Measles](#)." According to the report, they state the effectiveness of Vitamin A for measles treatment and lament the fact that public health practices in the USA has not incorporated this knowledge into the standard treatment:

"The management of patients with measles also includes provision of vitamin A for reducing complications and mortality. Vitamin A deficiency affects the severity of measles, delays recovery, can lead to measles-related complications, including blindness, and is associated with a higher rate of deaths. Vitamin A has been recommended for decades by the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) for hospitalized children with measles. However, recent studies show that vitamin A has not been used appropriately to treat US children with measles – either by not using vitamin A at all or by using insufficiently low doses. The reason for this is unknown."

NFID - ["Call to Action for Vitamin A for the Management of Measles"](#)

THE MEASLES VACCINES

The World Health Organization has long advocated for the [use of Vitamin A in measles treatment](#). For active measles cases, they recommend an acute high-dose of Vitamin A for children with active measles cases.

World Health Organization - [“Vitamin A supplementation”](#)

This [1987 study](#) was one of the original studies that showed the importance of Vitamin A in protecting against measles deaths. In a randomized-controlled study, a group of children were given 200,000 IUs of Vitamin A versus controls who were not. The group receiving Vitamin A had reduced death rates compared to those who were not.

Barclay, AJ. [“Vitamin A supplements and mortality related to measles: a randomized clinical trial.”](#)

It should be noted that the Vitamin A doses recommended by the WHO (100,000 - 200,000 IUs of Vitamin A) are very high doses and there is the risk of Vitamin A toxicity when given to children. This level of dosing should only be done under doctor supervision.

That said, the amount of Vitamin A in cod liver oil is around 4,500 IU per serving and within acceptable ranges for Vitamin A. Thus, using cod liver oil prophylactically in areas of measles outbreak would be a sound recommendation.

VITAMIN
A

THE MEASLES VACCINES

WHY IS MAINSTREAM MEDICINE AGAINST PROMOTING VITAMIN A FOR USE AS A MEASLES TREATMENT?

Mainstream medicine seems [to be up in arms over the recommendation of Vitamin A](#) for measles treatment. Their message is consistent in stating that Vitamin A is “not a cure for measles” and therefore “one should get vaccinated.”

It is important to look deeper beyond this messaging. There is an unstated fear by medical professionals that “any discussion of viable treatments” will “undermine the impetus for vaccination.” Therefore, their philosophical approach appears to be to “present vaccination as the only possible option.”

While the presence of treatments can reduce the need for vaccination, the approach used by medical and public health authorities is ethically unsound because it withholds material information from the public that may affect its informed decision-making process.

It is crucial that the full truth be given to the public without withholding information so the public can make an informed choice for themselves regarding what treatments and vaccinations make sense for them.

Lastly, the statement “Vitamin A is not a cure” is misleading as it is the body’s immune system that fights off the measles infection. Vitamin A helps bolster the effectiveness of the body’s immune system. The role of medicine has always been to work with the body to accomplish the cure.

For more information, see the NFID’s report [“Call to Action for Vitamin A for the Management of Measles”](#):

THE MEASLES VACCINES

DID CHILDREN WHO DIED IN WEST TEXAS DIE “FROM MEASLES” OR “WITH MEASLES”?

The 2025 first “measles-death” of a child in West Texas during the measles outbreak is worth examining in depth as medical authorities are using her story as a fear-based cautionary tale of “why one should get vaccinated.”

There is an important causal difference between saying someone “died from measles” versus “died with measles.” Given the exceeding rarity of measles death today in the USA, we should really consider if there are extenuating circumstances to this story.

The parents of the child that died gave a [recent interview](#) with Children’s Health Defense. Based on the parent’s testimony, it appears the “child was dehydrated” and had “difficulty breathing.” The parents were concerned that their child was not being given adequate care and they stated that hospital staff did not address the concerns that were brought up.

[CHD “Parents of Child Who Died During Texas Measles Outbreak Speak Out”](#)

CHD.TV Exclusive: Parents of Child Who Died During Texas Measles Outbreak Speak Out

The parents of the 6-year-old West Texas child who died in a hospital after testing positive for measles shared their story with Children’s Health Defense’s (CHD) Polly Tommeyer and Brian Hooker, Ph.D., in a live interview recorded Saturday in Seminole, Texas.

by [Suzanne Burdick, Ph.D.](#)

MARCH 17, 2025



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THE MEASLES VACCINES

Subsequently, Children’s Health Defense was able to obtain the medical records of the child and have these records examined by Dr. Pierre Kory. Dr. Pierre Kory stated that the hospital failed to [treat the child with proper antibiotics](#) and allowed the child to “die catastrophically in a state of shock.”

CHD - [“Breaking News: Hospital Records in Texas Measles Death Released To CHD”](#)

The danger of dehydration and its ability to [impair the body’s ability](#) to fight off infections is well-known. It can make individuals more susceptible to illness, worsen the severity of existing illness, and compromise the immune system. It is also well-known that [dehydration can lead to sepsis](#).

Healthcare Infection Society - [“The danger of dehydration: how can you spot it in COVID-19 patients?”](#)

Nursing Home Law Center [“Can Dehydration Cause Sepsis?”](#)



GIVEN THE EVIDENCE PRESENTED, IT WOULD APPEAR THAT THIS CHILD’S TREATMENT WAS BOTCHED BY HOSPITAL PROVIDERS AND CAN BE CLASSIFIED AS AN IATROGENIC DEATH (DEATH BY MEDICAL ERROR). THE IATROGENIC HARM BY THE HOSPITAL HERE SIGNIFIES DEEPER PROBLEMS WITH THE MEDICAL SYSTEM.

THE MEASLES VACCINES

According to BMJ, the USA has 150,000-200,000 medical error deaths a year. This is 3-4x the number of American soldiers that died during the Vietnam War per year. There is no reason that this many deaths should be happening.

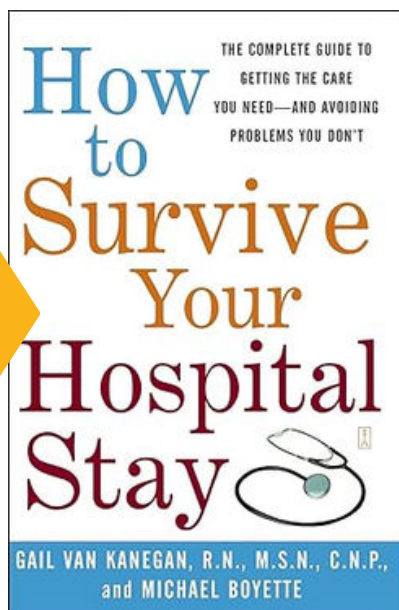
The BMJ - "[Medical error – the third leading cause of death in the US](#)"

This child appears to have been yet another victim of America's broken medical system.

Dr. Pierre Kory examines the first and second measles deaths here:

<https://pierrekorymedicalmusings.com/p/my-expert-review-of-the-medical-records>

To learn more about iatrogenic harm and for practical skills you may need for yourself or to advocate for a loved one, the book "[How to Survive Your Hospital Stay: The Complete Guide to Getting the Care You Need](#)" is a recommended read.



AlAluminum
26.9815385

AUTISM AND ALUMINUM

HAVE HEALTH AUTHORITIES “DEBUNKED” A LINK BETWEEN VACCINES AND AUTISM?

Health authorities regularly claim that “vaccines don’t cause autism” and that the case study authored by Dr. Andrew Wakefield and others which implicated the MMR vaccine in causing autism has been debunked.

There are problems with the health authority’s claims that “vaccines do not cause autism.”

If you looked at the safety studies that were done on vaccines and autism, only one vaccine – MMR (measles-mumps-rubella) – and only one ingredient – thimerosal (mercury) – have been thoroughly studied for a relationship to autism, and the results have been inappropriately extrapolated to the [entire CDC childhood vaccine schedule](#) (which in whole comprises over 72+ doses).

The phrase “vaccines don’t cause autism” is bad science. Most vaccines on the schedule have not been tested for a relationship to autism, and the most important study, the whole cumulative CDC vaccination schedule, has never been tested. Safety cannot be concluded on a lack of studies done.

www.MillionsAgainstMandates.org

AUTISM AND ALUMINUM

Imagine you are looking for your missing keys, and you aren't finding them because you are only looking in spots that are well-lit while avoiding the dark areas. This is what medicine and public health have done.

You can see this mistake in many vaccine promotion sites (i.e., the Health Children's [vaccine safety assessment](#) at Children's Hospital of Pennsylvania's [Vaccines & Autism Q&A](#)). Just look at the studies done and you will see for yourself the limited scope of studies.

If medical authorities want to claim that “vaccines do not cause autism,” then they will have to do a thorough evaluation of the entire childhood vaccine schedule.



AUTISM AND ALUMINUM

ISN'T THE CAUSE OF AUTISM PURELY GENETIC?

This is a common myth based on old science that has been supplanted by new research. No serious autism researcher believes autism is “purely genetic.”

There is no single “cause” for autism but there is a constellation of epigenetic factors that, when present in the right conditions, can lead to autism. There may be [over 1,000 genes](#) that are associated with autism. Many [epigenetic mechanisms](#) have been documented for autism.

The epigenetic link (a combination of the environment and genetics) is too powerful to contest. See the following research papers:

[“Epigenetics of Autism Spectrum Disorder”](#)

[“Future Prospects for Epigenetics in Autism Spectrum Disorder”](#)

[“Epigenetics of Autism Spectrum Disorders: A Multi-level Analysis Combining Epi-signature, Age Acceleration, Epigenetic Drift and Rare Epivariations Using Public Datasets”](#)

[“Epigenetics of Autism Spectrum Disorder: Histone Deacetylases”](#)

THE FACT IS THE DRAMATIC INCREASE IN AUTISM FROM LESS THAN 1 IN 10,000 CHILDREN IN 1980, TO MORE THAN 1 IN 31 CHILDREN TODAY CANNOT BE EXPLAINED BY GENETICS. GENETICS CANNOT ACCOUNT FOR THE RAPID DECLINE IN OUR CHILDREN'S HEALTH. AN ENVIRONMENTAL FACTOR IS CLEARLY IMPLICATED.

AUTISM AND ALUMINUM

WHAT EVIDENCE IS THERE TO BELIEVE THAT VACCINES CAUSE AUTISM?

Before addressing this question, make sure to address the previous question first

Given that medical authorities have failed to properly investigate vaccines and autism, now we can turn to the evidence that shows vaccines and autism may be related.

A good causality model for autism comes from this [2018 paper](#) ***“Autism is an Acquired Cellular Detoxification Deficiency Syndrome with Heterogeneous Genetic Predisposition.”*** It should be clear that autism does not have a single cause but can occur from the presence of multiple factors that overwhelm the body’s defenses

The key-takeaways are as follows:

- Autism likely results from a combination of genetic vulnerability and environmental toxins, rather than just genetics alone.
- The body’s ability to detoxify harmful substances plays a major role in ASD development.
- Heavy metals (like mercury and aluminum) may contribute to autism by damaging brain cells and disrupting normal brain function.
- Reducing exposure to harmful toxins during pregnancy and early childhood could lower autism risk.
- Some children may be more genetically sensitive to toxins, and testing could help identify them.
- Research should include environmental factors like vaccines and industrial chemicals rather than focusing only on genetics.

James LW. [“Autism is an Acquired Cellular Detoxification Deficiency Syndrome with Heterogeneous Genetic Predisposition”](#)

AUTISM AND ALUMINUM

One of the most problematic ingredients in vaccines is the aluminum adjuvant. This is an ingredient that has no safety assessment and whose use in vaccines has been grandfathered in. It has been shown in study after study to have neurotoxic effects. See the related question – [Is aluminum adjuvant in vaccines unsafe?](#)

There is significant evidence to suspect that aluminum may be related to autism. See the related question – [Could aluminum in vaccines be linked to autism?](#)

Though mercury in the form of thimerosal has been mostly removed from the childhood vaccine schedule, there is no doubt that its presence was a danger. See the related question – [Why is thimerosal in vaccines unsafe?](#)

More [recent research](#) has shown that factors like maternal immune activation (over-activity in the immune system of the mother) and the composition of the gut microbiome play an important role in autism risk. In this paper, an animal experiment done with mice showed that child mice, borne from a mother mouse with maternal immune activation, were more likely to have a bad gut microbiome, chronic inflammation, and autism.



AUTISM AND ALUMINUM

Tartaglione, AM. “Maternal immune activation induces autism-like changes in behavior, neuroinflammatory profile and gut microbiota in mouse offspring of both sexes”

<https://www.nature.com/articles/s41398-022-02149-9>

There is so much more research that has been done. The following website is a fantastic collection of literature that links vaccines to autism:

<https://howdovaccinescauseautism.org/>

JB Handley has an [excellent write-up](#) for more information on this topic.

GIVEN ALL THE EVIDENCE FOR A LINK BETWEEN VACCINES AND AUTISM COMING FROM MANY DIFFERENT SOURCES, THE LINK CANNOT BE DISMISSED. THE LIP SERVICE GIVEN BY MEDICAL AND PUBLIC HEALTH ON THE AUTISM EPIDEMIC IS ONE OF THE GREATEST MEDICAL FAILURES OF OUR GENERATION



AUTISM AND ALUMINUM

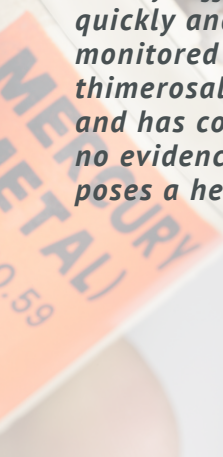
WHY IS THIMEROSAL IN VACCINES UNSAFE?

Thimerosal is a preservative used to increase the shelf-life of vaccines. It contains mercury in the form of ethylmercury. While its use was prevalent during the 1990s, it was largely removed in the early 2000s from the childhood vaccine schedule with the exception of the multi-dose flu vaccine.

According to the [World Health Organization](#), exposure to mercury—even small amounts—may cause serious health problems, and is a threat to the development of the child in utero and early in life. The health impacts of mercury are numerous including kidney and nervous system damage and skin problems. Exposure of the fetus to mercury poses danger to the unborn child.

There are [two types of mercury](#) that people can be exposed to – methylmercury and ethylmercury. The former is the kind of mercury found in fish and has been found to be harmful in high levels. Ethylmercury is kind of mercury found in thimerosal and supposedly it is cleared out more quickly from the body and therefore less likely to cause harm.

The WHO states: ***“Compared to methylmercury, ethylmercury is very different. Ethylmercury is broken down by the body quickly and does not accumulate. WHO has closely monitored scientific evidence relating to the use of thimerosal as a vaccine preservative for more than 20 years and has consistently reached the same conclusion: there is no evidence that the amount of thimerosal used in vaccines poses a health risk.”***



AUTISM AND ALUMINUM

It would be easy to stop at the pronouncement of safety by global public health authorities. But the more we dig into this question, the more problems arise.

→ **First**, have public health or health regulators ever done a safety assessment on thimerosal in isolation? The answer is no and this is problematic.

→ **Second**, the WHO's assessment seems to assume that the body will quickly clear out ethylmercury from the body but the question is this – does this assumption apply to everyone?

THE WHO IGNORES THE REALITY OF EPIGENETICS, THAT A WIDE VARIETY OF GENETIC PROFILES AND PREEXISTING TOXICOLOGICAL LOADS EXIST IN THE POPULACE. COULD THERE BE INFANTS OR INDIVIDUALS WHOSE DETOXIFICATION MECHANISMS TO CLEAR OUT ETHYLMERCURY ARE IMPAIRED?

The answer is yes. In such cases, the exposure to thimerosal can cause neurologic harm to these individuals

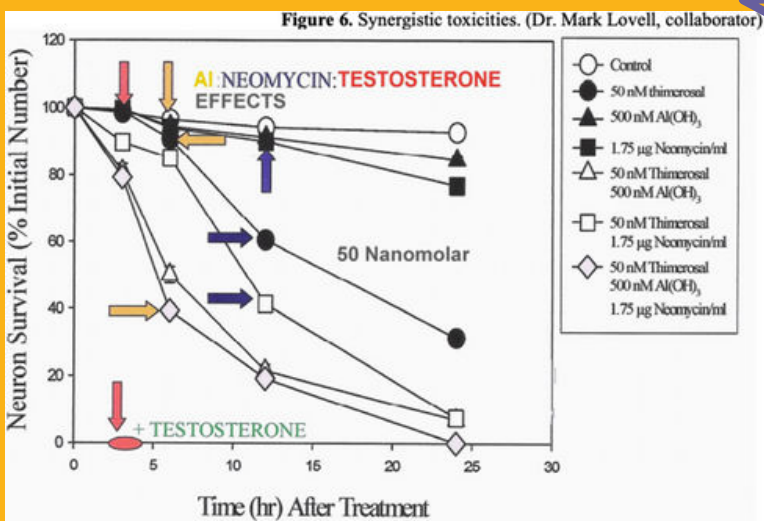


AUTISM AND ALUMINUM

In a paper "[Mercury toxicity: Genetic susceptibility and synergistic effects](#)," Dr. Boyd Haley stated:

"In summary, mercury build up in the brain tissue has the ability to cause the equivalent of a biochemical train wreck. Most importantly, the axon, which contains tubulin, is rapidly and effectively disrupted by Hg^{2+} . Many pathways and many supramolecular structures are injured by mercury similar to the aberrancies observed in AD brain pathology and biochemistry. While it is possible that other environmental factors, yet unidentified, could affect brain changes similar to mercury and as observed in AD brain, it seems unquestionable that exposure to mercury vapors for scores of years and high dose vaccine delivered thimerosal in the aged would exacerbate the disease in those who are afflicted."

Dr. Boyd Haley "[Mercury toxicity: Genetic susceptibility and synergistic effects](#)"



THIS GRAPH FROM THE PAPER IS TELLING

The data shows that thimerosal has a harmful effect on neurons. But interestingly enough, there is a synergistic effect when thimerosal is combined with other compounds. The most harmful combination is thimerosal+aluminum adjuvant.

AUTISM AND ALUMINUM

A [2017 paper](#) provides scientific evidence for genetic susceptibility to mercury toxicity. It states: ***“children have a higher susceptibility to adverse neurological mercury effects, compared to adults with similar exposures.***

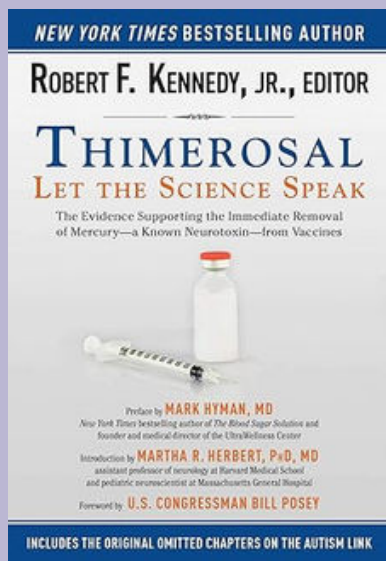
Moreover, there exists a marked variability of personal response to detrimental mercury action, in particular among population groups with significant mercury exposure.”

Tchounwou, P. [“Genetic Aspects of Susceptibility to Mercury Toxicity: An Overview”](#)

For an in-depth look at the literature, Children’s Health Defense has a [compilation of 89 studies](#) that show the harmful effects of mercury.

For a detailed look at the [scientific problems](#) in the CDC’s assessment of thimerosal and autism, read this paper: [“Methodological Issues and Evidence of Malfeasance in Research Purporting to Show Thimerosal in Vaccines Is Safe”](#)

Robert F. Kennedy Jr. has a book [Thimerosal: Let the Science Speak](#) which breaks down the controversy over mercury in vaccines and the papers that corroborate the claim of harm.



AUTISM AND ALUMINUM

IS ALUMINUM ADJUVANT IN VACCINES UNSAFE?

Since the removal of mercury, aluminum is the next toxin to be most concerned about. Aluminum has been in vaccines for at least 50 years now. Its safety was taken on assumption. Despite the CDC claim of safety, there has been no individual ingredient safety assessment for aluminum.

Aluminum in vaccines is used as an adjuvant, an ingredient within vaccines whose purpose is to agitate the immune system and trick it into reacting against dead antigen proteins given concomitantly with the vaccines. The most common forms of aluminum adjuvant are aluminum hydroxide (AH) and aluminum phosphate (AP). The CDC has a list here of [which vaccines contain aluminum adjuvant](#).

According to the US government's [ATSDR toxicological profile for aluminum](#), aluminum is a known neurotoxin that can cause neuronal cell death and there are links between aluminum and autoimmune diseases.

[ATSDR toxicological profile for aluminum](#)

Aluminum's potential for neurotoxic and neuro-developmental effects when there is impeded ability to clear aluminum from the body are clearly stated on the report:

The preponderance of available intermediate-duration studies has focused on the potential for aluminum to induce neurological and neurodevelopmental effects. Although neurotoxicity of aluminum has not been established in people with normal renal function, the data for dialysis encephalopathy (as well as some occupational studies) establish that the human nervous system is susceptible to aluminum and neurotoxicity is a well-documented effect of aluminum in orally-exposed mice and rats. A wide

AUTISM AND ALUMINUM

GIVEN THAT ALUMINUM ADJUVANT IS USED IN MANY VACCINES ON THE CHILDHOOD SCHEDULE, THE CUMULATIVE EFFECT OF ALUMINUM AND ITS ACCUMULATION IS THE CONCERN. THERE IS A POSSIBLE ASSOCIATION BETWEEN CUMULATIVE ALUMINUM DOSING AND CHRONIC HEALTH PROBLEMS.

The [2018 paper](#) *“Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum”* by Dr. Lyons-Weiler discusses the problem that safety limits for aluminums are not adjusted for infant bodyweight:

“The 850 µg of aluminum per vaccine FDA amount was derived from data that demonstrated that this amount of aluminum per dose enhanced the antigenicity and effectiveness of the vaccine but does not include safety considerations. Current amounts of aluminum are not adjusted to the body weight of an infant... At the current time, there are no known or published studies specifically defining levels of Al in any vaccine product based on safety studies of Al.”

The safety problem compounds when accumulation of aluminum is considered. The same paper states:

“However, even when the appropriate and necessary adjustments are made, our results predict an increased risk of neurotoxicity from birth through 36 months particularly when the accumulating body burden is taken into consideration at every scheduled vaccine interval.”

Lyons-Weiler, J. [“Reconsideration of the immunotherapeutic pediatric safe dose levels of aluminum”](#)

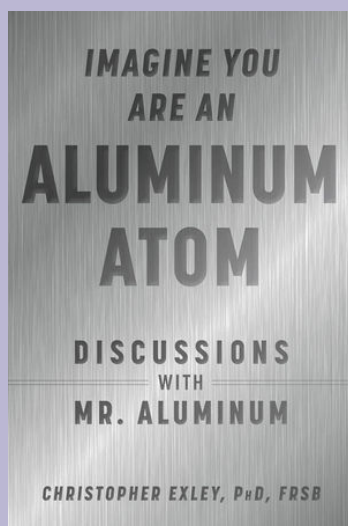
AUTISM AND ALUMINUM

A [2013 paper](#) “*Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity*” states:

“The literature demonstrates clearly negative impacts of aluminum on the nervous system across the age span. In adults, aluminum exposure can lead to apparently age-related neurological deficits resembling Alzheimer’s and has been linked to this disease and to the Guamanian variant, ALS-PDC. Similar outcomes have been found in animal models... In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders.”

Shaw, CA. [“Aluminum in the central nervous system \(CNS\): toxicity in humans and animals, vaccine adjuvants, and autoimmunity”](#)

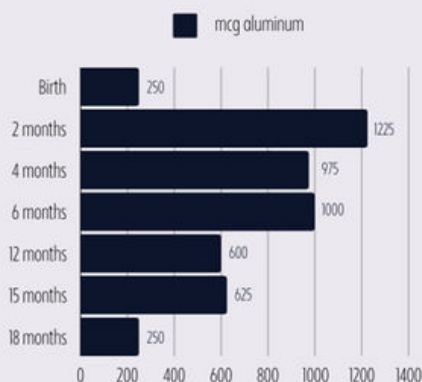
If you want to learn more about the science of aluminum and its negative health effects, the book [“Imagine You Are An Aluminum Atom: Discussions With Mr. Aluminum”](#) by Dr. Christopher Exley is a good read.



AUTISM AND ALUMINUM

JB Handley's [excellent write-up](#) is another must-read for this topic.

How much aluminum is given by 18 months?



TOTAL = 4,925 mcg

Safe injected aluminum limit = 1 mcg aluminum per kg of body weight per day

Pediatric vaccines containing aluminum

DTaP - contains aluminum hydroxide or aluminum phosphate

Hib - the brand PedvaxHIB contains amorphous aluminumhydroxyphosphate sulfate

Hep A - contains aluminum hydroxide or amorphous aluminumhydroxyphosphate sulfate

Hep B - contains aluminum hydroxide or amorphous aluminumhydroxyphosphate sulfate

HPV - contains amorphous aluminumhydroxyphosphate sulfate

Influenza - contains aluminum, MF59, or AS03

Meningococcal - contains aluminum hydroxide, aluminum phosphate or MF59

PCV13 - contains aluminum phosphate

Tdap - contains aluminum hydroxide



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AUTISM AND ALUMINUM

IS QUESTIONING ALUMINUM JUST A “SHIFTING HYPOTHESIS”?

A common criticism of pro-vaccine medical professionals is that questioning the safety of aluminum is just another example of a “shifting hypothesis” that aims to implicate vaccines for autism.

A good way to respond is to point out that medicine still doesn’t understand the causes for autism and thus we cannot eliminate potential factors because it happens to be “inconvenient” to the financial interests of doctors and medicine.

In the interest of public health and protecting the public, all factors need to be considered. In the case of aluminum, there is significant corroborating evidence for neurological harm. We will examine the harms of aluminum in greater depth in the following sections.



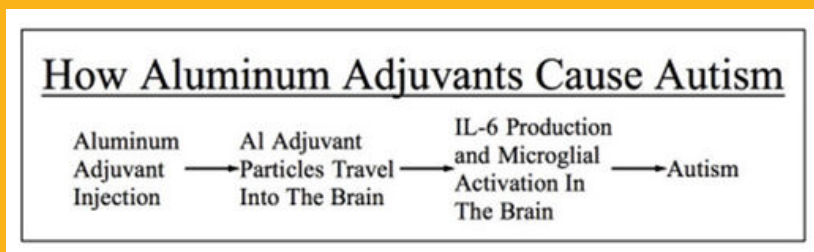
AUTISM AND ALUMINUM

COULD ALUMINUM IN VACCINES BE LINKED TO AUTISM?

Yes. In addition to the papers already discussed, there are more papers to show how aluminum could be related to autism.

One of the best hypotheses for how [aluminum could lead to autism](#) is from the paper *“Autism & Aluminum Adjuvants in Vaccines: How Aluminum Adjuvants in Vaccines Can Cause Autism”* written by an anonymous scientist.

In the paper, the author proposes the following model:



In the model, aluminum adjuvant injected intramuscularly accumulates in the muscle in a kind of “depot.” In the traditional understanding, some of the aluminum is up-taken by the bloodstream over time and eliminated via the kidneys into urine. However, it is possible that this aluminum can translocate (or move) into other organs and even the brain. The result is a kind of low-grade chronic inflammation. If the location is the brain, then possibly the aluminum can damage neurons and interfere with normal infant brain development thereby leading to autism.



AUTISM AND ALUMINUM

A [2012 paper](#) ***“Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure”*** did an analysis through VAERS data and found that symptoms related to autism were more highly related to vaccines containing aluminum than those without.

The authors explained: ***“The incidence of autism-related adverse events in the VAERS database continued to rise over the time period after the amount of thimerosal in the vaccines had been sharply reduced. We hypothesize that this unanticipated consequence is due to simultaneous increases in the aluminum content, attributed to an increased number of required vaccines, intentional addition of aluminum to achieve an adjuvant effect, as well as the likely further accumulation of aluminum as a consequence of leaching, given the new practice of storage in individual glass vials with rubber stoppers.”***

We identified several severe adverse reactions that were much more prevalent in reports from the second decade of the data, and showed that these same symptoms were also much more prevalent for reports involving aluminum-containing vaccines compared to reports on vaccines without aluminum, over the entire data set. These symptoms include seizure, cyanosis, gaze palsy, depression, fatigue, insomnia, and death.”Seneff, S. [“Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure”](#)



AUTISM AND ALUMINUM

A 2017 paper “*Aluminium in brain tissue in autism*” looked at donor brains from deceased individuals with autism and found some of the highest aluminum content ever recorded in a human brain. Mold M. [“Aluminium in brain tissue in autism”](#)

It’s clear from the above research that there is sufficient evidence and concern here for public health to do a deeper investigation into the safety of aluminum in vaccines.

IT IS ALSO CLEAR THAT PARENTS' CONCERNS REGARDING THE CUMULATIVE EFFECTS OF VACCINATIONS SHOULD BE TAKEN SERIOUSLY.



AUTISM AND ALUMINUM

CAN ALUMINUM IN VACCINES REACH THE BRAIN?

Yes. There is considerable evidence that aluminum adjuvant can reach the brain.

This [2015 paper](#) examined the pharmacokinetics (movement of drugs) of aluminum adjuvant in the body. The aluminum adjuvant stays in a kind of “depot” after it is injected intramuscularly. Over time, it is up-taken by macrophages who then take it to the lymph system and to the bloodstream. While the traditional understanding is that the kidneys then filter out the aluminum, the aluminum adjuvant can translocate (move its location) to distant organs, including the brain. Once there, the aluminum adjuvant can lead to a kind of low-grade inflammation in the area.

The research team that wrote the paper were able to demonstrate the effect in mice. Normally, the amount of aluminum adjuvant that enters the brain is very low. But if there are problems with the blood-brain barrier or in the presence of low-grade inflammation (which they term MCP-1/CCL2 signaling), the translocation of aluminum to the brain was increased.

Herardi, RK. [“Biopersistence and Brain Translocation of Aluminum Adjuvants of Vaccines”](#)



AUTISM AND ALUMINUM

COULD ALUMINUM IN VACCINES BE LINKED TO ALZHEIMER'S DISEASE?

Yes. There is substantial research that links aluminum to Alzheimer's Disease (AD).

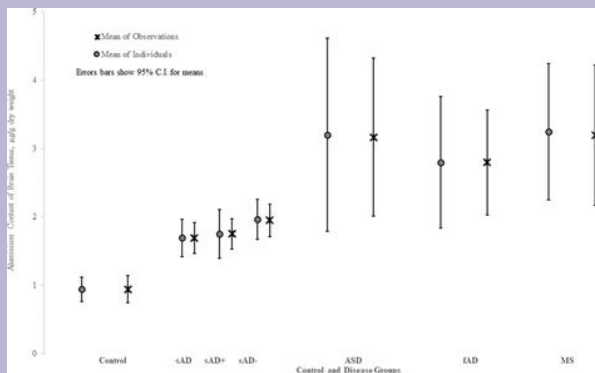
This [2011 paper](#) showed growing evidence of a link between aluminum and AD. But they were cautious in their interpretation that the exact mechanisms were unknown:

“There is growing evidence for a link between Al and AD, and between other metals and AD. Nevertheless, because the precise mechanism of AD pathogenesis remains unknown, this issue is controversial. However, it is widely accepted that Al is a recognized neurotoxin, and that it could cause cognitive deficiency and dementia when it enters the brain and may have various adverse effects on CNS.”

Kawahara, M. [“Link between Aluminum and the Pathogenesis of Alzheimer's Disease: The Integration of the Aluminum and Amyloid Cascade Hypotheses”](#)

More recent [2020 research](#) by Exley found high amounts of aluminum in the donor brains of deceased individuals with Alzheimer's Disease, multiple sclerosis, and autism versus normal controls.

The diagram below helps illustrate the statistically significant elevated aluminum content that was found:



AUTISM AND ALUMINUM

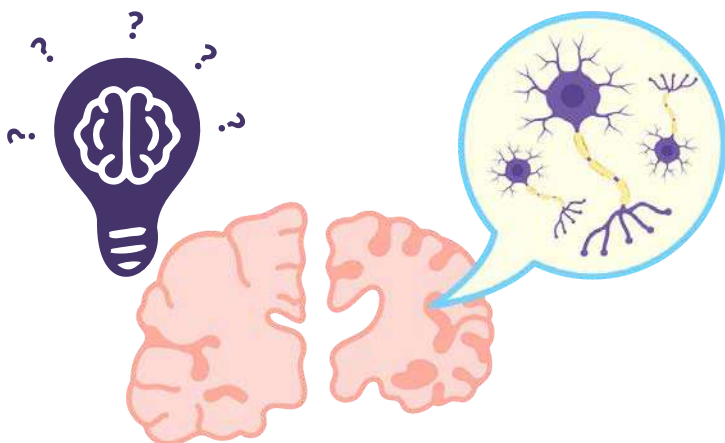
Exley, C. “Aluminium in human brain tissue from donors without neurodegenerative disease: A comparison with Alzheimer’s disease, multiple sclerosis and autism”

A [2019 review](#) of heavy metals and links to Alzheimer’s Disease concluded that evidence suggests that heavy metals play a role in AD:

“Altogether, evidence strongly supports that disruption in the homeostasis of essential metals and the accumulation of non-essential metals disturb the cellular metabolism, antioxidant defense, and immune responses, leading to the onset and progression of AD.”

Huat, T. [“Metal Toxicity Links to Alzheimer’s Disease and Neuroinflammation”](#)

ALTOGETHER, WHILE HEALTH AUTHORITIES DO NOT WANT TO MAKE A DEFINITIVE CONCLUSION BETWEEN ALUMINUM AND ALZHEIMER’S DISEASE, THERE IS STRONG ENOUGH EVIDENCE FOR INDIVIDUALS AND PARENTS TO BE CONCERNED ABOUT ALUMINUM INTAKE.



AUTISM AND ALUMINUM

ARE THERE ANY RESOURCES FOR PARENTS FOR HELPING MANAGE OR TREAT THEIR CHILD WHO HAS AUTISM?

The organization [Millions Against Mandates](#) has an excellent video on this topic:



There are organizations composed of clinicians who have experience in managing or treating children with autism. See the websites for [Medical Academy of Pediatrics & Special Needs](#) and the [Autism Hope Alliance](#)



For parents with a non-verbal autistic child, many parents and their children have benefitted from the [Spelling to Communicate](#) program.

A good story of hope you might be interested in is the book [Underestimated: An Autism Miracle](#) by JB Handley.



THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK




VACCINES SAVE LIVES. DON'T VACCINES OVERWHELMINGLY BENEFIT THE INDIVIDUAL AND SOCIETY?

Look at the health of children in the US today. One in six has a learning disability, one in nine has asthma, one in twelve has ADD, one in 31 or more has autism (1 in 20 for boys). The [US ranks 46th in infant mortality](#) in the world below every industrialized country except Poland. See related question – [What evidence is there that children's health is getting worse?](#)

While vaccines may have helped to diminish the incidents of vaccine-preventable infection, but they have not ensured good health. We are experiencing an alarming increase in a wide range of chronic, neurological, and autoimmune diseases and disorders.

There is some evidence that too many vaccines could be compromising the health of our children. There is evidence that unvaccinated children have better health outcomes than vaccinated children. This science is discussed in detail in the book [Vax-Unvax: Let the Science Speak](#).



Given the [flawed foundations of vaccine safety science](#), public health must revisit vaccine policy and re-evaluate each vaccine on the schedule. It must move away from one-size-fits-all recommendations and allow people to customize the schedule for themselves.

THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

DO WE NEED VACCINES FOR HERD IMMUNITY?

This is an important question whose foundation is at the heart of public health vaccine policy. But treating all vaccines as a singular group is nonsensical because the herd immunity must be discussed on a per-vaccine basis.

Not every vaccine contributes to herd immunity. Some vaccines (like the COVID vaccine) do not prevent transmission. This is also the case with pertussis in which vaccinated individuals can still transmit the infection (which can be more problematic as the infected individuals may not show symptoms). See below study.

[“Pertussis Infection in Fully Vaccinated Children in Day-Care Centers, Israel”](#)

Some vaccines are designed, not to prevent or stop transmission of the infection, but to protect you from its negative effects. For example, tetanus comes from a bacterium that lives in the soil and it spreads through contact with deep wounds. The tetanus vaccine does help stop the spread of tetanus. The diphtheria vaccine is a toxoid vaccine, meaning it protects the recipient from toxins produced by the diphtheria bacteria but it does not stop the spread of the infection.

Medical authorities like to lump all the vaccines together and make the misleading case that because one type of infection is highly contagious and requires herd immunity that they all do. This isn't true. Different types of infections have different transmission properties and a discussion on herd immunity doesn't make sense unless you specify which type you are talking about.

THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

Some infections are markedly less contagious than others. Hepatitis B is spread through blood, semen, or other bodily fluids. It's primarily a sexually-transmitted disease and thus the standard definitions of herd immunity don't seem to readily apply.

Finally, the topic of waning effectiveness should be discussed. Protective effects from vaccination wane over time. Thus, some vaccines require "boosters." Even with boosters, protective effects can still wane. This is the case with the COVID and pertussis vaccines.

Even in communities where 98%+ of the population is "fully vaccinated" for measles (supposedly meeting the required levels of herd immunity), outbreaks among the vaccinated can still occur. The [following study](#) shows a measles outbreak at a school that should have been protected by herd immunity because the vaccination population was 98%. Vaccine failure is a real phenomenon.

Nkowane, BM. ["Measles outbreak in a vaccinated school population: epidemiology, chains of transmission and the role of vaccine failures"](#)

The measles vaccine contains a live but weakened (attenuated) version of the measles virus. Recipients of the measles vaccine can still spread the vaccine-derived version of the virus (called "live-shedding"). This has been known for a long time by the medical community. The following case traces a recent measles outbreak to a vaccine-recipient who ended up live-shedding the measles virus.

["Measles Outbreak Traced to Fully Vaccinated Patient for First Time"](#)

The phenomena of herd immunity are more complex than public health authorities like to acknowledge and can only be discussed with regard to specific vaccines.

THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

ARE “ANTI-VAXXERS” DANGEROUS TO SOCIETY?

This is a false belief meant to pressure people into vaccinating. As we have seen, not all vaccines participate in herd immunity so this argument cannot apply to the entire vaccine schedule.

To claim that those who are “anti-vaccine” are dangerous would require a “clear and present danger” argument from public health authorities. But in the Western world, vaccine-preventable infections are so rare that a “clear and present danger” cannot be established.

Given that the majority of society is vaccinated then, provided vaccination works, an unvaccinated person with an infection can just be quarantined until the infection resolves.

THIS ARGUMENT RELIES UPON STEREOTYPING AND UNTRUE DEROGATORY REMARKS AGAINST THOSE THAT DO NOT WANT TO COMPLY WITH THE CDC VACCINE SCHEDULE. IT IS AN ARGUMENT OF HATE AND SHOULD BE CALLED OUT FOR WHAT IT IS.

Public health cannot override people’s fundamental rights without a considerable justification of “clear and present” danger. Even then, such an override should be temporary and done with the highest possible level of oversight.





THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

IS IT DANGEROUS TO NOT VACCINATE?

This question seems similar to the previous question, but it is more about the personal costs to foregoing vaccination and ascertaining the true cost-benefits of vaccination. Still, it should be acknowledged that a lot of public health messaging about vaccines is driven by fear.

CDC policy would like you to believe this in order to meet its policy goals. However, the danger has to be stated in terms of probability in order for parents to make an assessment of risk. Often, public health officials paint gruesome pictures of disease but do not communicate the true probability of risk.

Risks are often overstated. For example, polio has largely been deemed eradicated in the USA. There was a [single case in 2022](#) of wild poliovirus and prior to that there were no wild poliovirus cases since 1979. Most poliovirus cases in the USA came from the live oral poliovirus vaccine and even that was extremely rare (with only 6 cases per year). It should be noted that there are millions of unvaccinated individuals in the USA who are not contracting polio.

The majority of vaccine-preventable infections are rare. For example, in 2015, there were 5 cases of rubella, 30 cases of tetanus, 188 cases of measles, 1308 cases of mumps, 0 cases of diphtheria, and 20,679 cases of pertussis in the United States.

CONSIDERING THAT THE POPULATION OF THE UNITED STATES IN 2014 WAS 318 MILLION, THE PROBABILITY OF ANNUAL INCIDENCE FOR THE MOST COMMON INFECTION LISTED ABOVE, PERTUSSIS, IS ROUGHLY 0.00625% OR 1 IN 16,000. YOU CAN COMPARE THIS TO THE ODDS OF DYING IN A MOTOR VEHICLE ACCIDENT IN A GIVEN YEAR WHICH IS ROUGHLY 1 IN 9,000.

THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

Furthermore, based on the data above, the current odds for a measles incident in 2025 is 1 in 156,400 which is extremely low. For infections like diphtheria and tetanus, the odds are even lower.

It is important to understand the epidemiological data that shows that infection mortality has been decreasing since the early 1900s. This is information that is commonly omitted by medical professionals and hence the need for vaccination is frequently over-biased. See related question – [Did vaccines save millions of lives from diseases in the Western world?](#)

That said, individual circumstances and risk tolerances vary. It is still important to be well-versed on each type of infection, how to treat it, and to have trusted medical professionals you can contact if you require them. The considerations are not as simple as the medical authorities want to present. See related question – [How can I research the risks of each individual vaccine?](#)



THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

BUT ISN'T VACCINATION THE REASON FOR THE LOW INCIDENCE RATES? WOULDN'T INFECTIONS RETURN IF WE STOPPED VACCINATING?

A common objection is that vaccination is responsible for the low incidence rates and thus vaccines are a “victim of their own success.” If the majority of the populace is vaccinated, then that would serve as the reason incidence rates are so low.

We should keep in mind that many types of infections were down trending as a result of improvements to the environment and sanitation. Many deadly types of infection largely disappeared on their own without the need for vaccination (i.e., scarlet fever, bubonic plague, tuberculosis, etc.).

There are notable exceptions like measles and chickenpox. Both were common childhood illnesses before, and it is clear that vaccinations and herd immunity have led to the decrease in incidence.

THAT SAID, THE CURRENT MORTALITY AND INCIDENCE RATES FOR INFECTIONS ARE WHAT THEY ARE. THEY DO NOT CHANGE WHETHER OR NOT YOU OR YOUR CHILD DECIDES TO VACCINATE. IT IS IMPORTANT THAT YOU FOCUS ON WHAT IS BEST FOR YOUR SITUATION FOREMOST.

The “*what if everyone stopped vaccinating?*” scenario is an appeal to an extreme hypothetical because it won't happen and should not be a consideration in your current decision.



THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

ARE THEY MORALLY IRRESPONSIBLE OR FREE-RIDING ON THE BACKS OF THOSE WHO DO VACCINATE?

This question is misguided in that it mistakenly assumes that vaccination is the sole reason that current infection incidence and death rates are so low. But this is a myth which we have previously addressed. See related question – [Did vaccines save millions of people in the Western world?](#)

This question also makes a mistaken assumption regarding herd immunity in which they assume that the vaccinated are protecting the unvaccinated, but this oversimplifies herd immunity and ignores its problems. See related question – [Do we need vaccines for herd immunity?](#)



THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

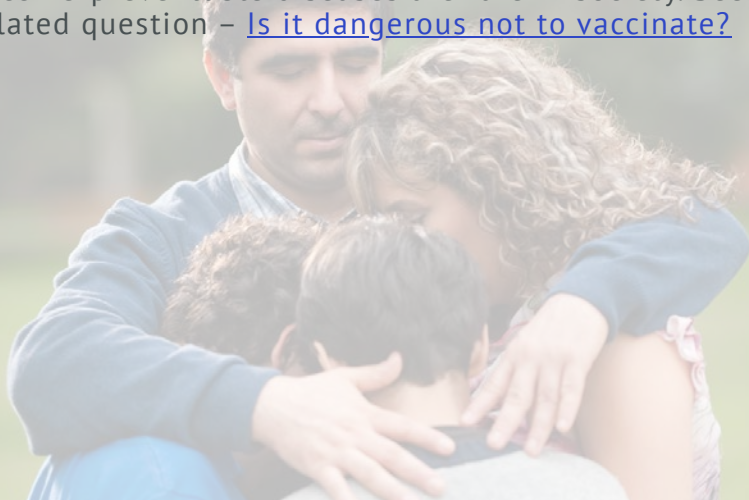
ISN'T OUR SOCIETAL DUTY TO VACCINATE IN ORDER TO PROTECT THE IMMUNO-COMPROMISED?

This is a guilt-based appeal to vaccinate done in the name of [utilitarianism](#). But keep this dictum in mind: “It is not my responsibility to light myself (or my child) on fire to keep others warm.”

AS A PARENT, YOUR FIRST RESPONSIBILITY IS TO YOUR CHILD. YOU CANNOT BE ASKED TO GIVE FORCED MEDICAL INTERVENTIONS AND SIDE EFFECTS FOR THE SAKE OF SOMEONE ELSE'S CHILD. YOU HAVE A DUTY TO YOUR OWN CHILD FOREMOST.

Forcing parents via mandatory programs or social pressure from parents of immunocompromised children is wrong. The parents of the immunocompromised have a duty to protect their own child but not to force potentially damaging actions on others. We should all speak out against such practices.

Moreover, why does society specifically single out the unvaccinated versus other segments of society that may pose a larger threat to the immuno-compromised? Vaccine-preventable diseases are rare in society. See related question – [Is it dangerous not to vaccinate?](#)



THE PUBLIC HEALTH ARGUMENT: COLLECTIVE GOOD VS. INDIVIDUAL RISK

What about other segments such as homosexuals who have a higher rate of STDs, the promiscuous, the overweight who don't exercise and have poor diets, or mothers who choose not to breastfeed? Are the odds of infection from these groups spreading to the immunocompromised much greater?

Also, there are measures that the immunocompromised can take to protect themselves. They can maintain social distance and wear masks if they feel like (both non-invasive measures which do not permanently change the body).

HYPOCRISY SHOULD BE OBVIOUS. MEDICAL AUTHORITIES DOWNPLAY THE RISKS AND PURPOSELY ATTACK THE UNVACCINATED IN ORDER TO COMPEL OBEDIENCE.



MAKING VACCINE CHOICES

AREN'T VACCINATED CHILDREN HEALTHIER THAN UNVACCINATED CHILDREN?

The claim is that vaccines are safe and effective in promoting our children's long-term health. More and more evidence, however, is being revealed that challenges this claim. Several research studies now clearly indicate that vaccinated children have far worse health outcomes, with higher rates of many chronic diseases, than unvaccinated children.

Modern society is experiencing unprecedented rates of autism, asthma, allergies, inflammatory bowel disease, diabetes, obesity, depression, cancers, and more in children in recent decades.

Much of what we have been told about the success of early vaccines, including smallpox and polio vaccines is untrue. There is compelling evidence that vaccination did not eliminate either smallpox or polio.

Albert Sabin MD, the developer of the polio vaccine acknowledged in 1985:

"Official data have shown that large scale vaccinations undertaken in the U.S. have failed to obtain any significant improvement over the diseases against which they were supposed to provide protection."

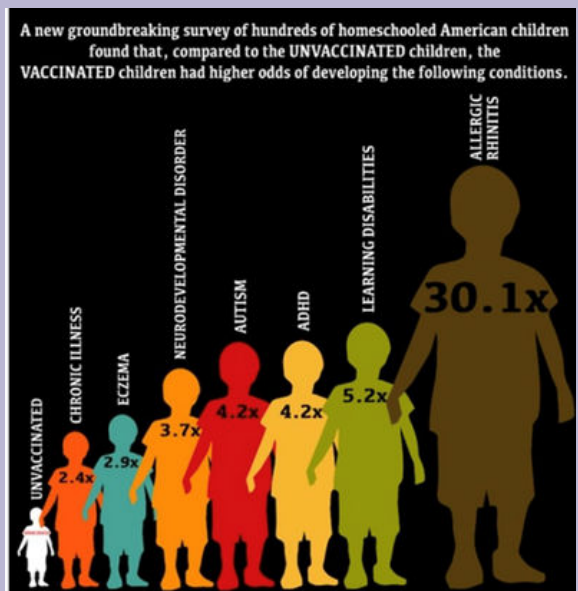
MAKING VACCINE CHOICES

For more information on the history of vaccines and the illusions we hold about vaccination - [*Dissolving Illusions*](#) by Dr. Suzanne Humphries MD, and Roman Bystryanyk

National regulatory agencies have failed to conduct the necessary research to determine whether vaccines given to children alone or together according to the ever-expanding childhood vaccination schedules are associated with poor health outcomes compared with children who are unvaccinated.

In 2017, the Journal of Translational Science published the first independent, non-industry funded study comparing the overall health of vaccinated and unvaccinated 6 - 12-year-old children in the United States. The results of the study reveal that while vaccinated children were significantly less likely to have chicken pox or whooping cough, they were significantly more likely to have pneumonia, allergies, ear infections, eczema, learning disabilities, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, neuro-developmental disorders, and chronic illness.

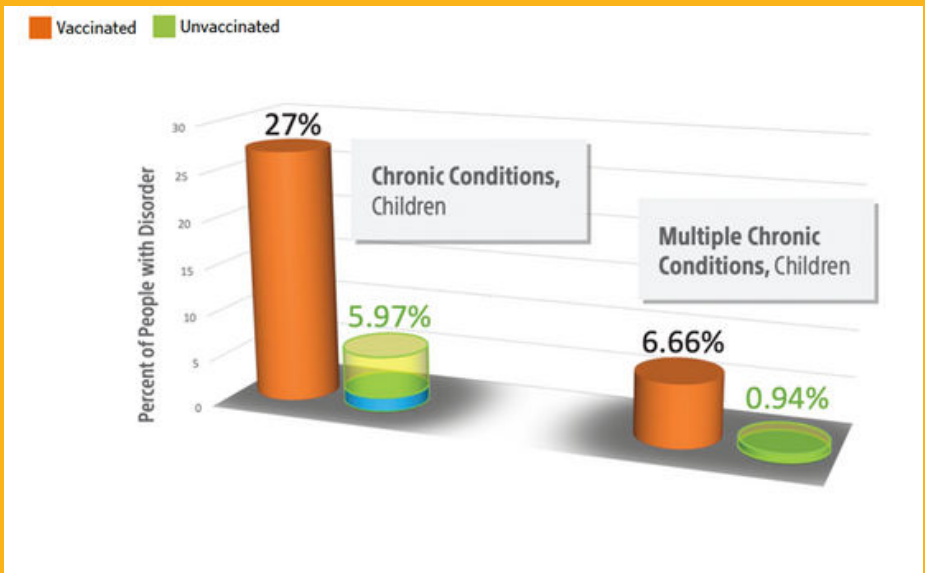
NO SIGNIFICANT BENEFITS WERE SEEN WITH THOSE INJECTED WITH HEPATITIS A OR B, MEASLES, MUMPS, MENINGITIS (VIRAL OR BACTERIAL), INFLUENZA, OR ROTAVIRUS VACCINES.



MAKING VACCINE CHOICES

Results from the 2019/2020 nationwide Control Group Survey of Unvaccinated Americans show that those refusing vaccines are thriving while those accepting them are being injured and experiencing a multiplicity of grave injuries as well as sudden unexpected death.

This survey quantified the long-term health risks of total vaccine avoidance against the health outcomes observed in the vaccine-exposed American population. The evidence supports the position that vaccines are the cause of well over 90% of the disabling and life-threatening chronic conditions suffered by Americans.



[“Health versus Disorder, Disease, and Death: Unvaccinated Persons Are Incommensurably Healthier than Vaccinated”](#)

MAKING VACCINE CHOICES

A [2012 vaccine study](#) found a positive correlation between the number of vaccine doses administered and the rates of hospitalization and death. The study also showed that the younger the infant at the time of vaccination, the higher the rate of hospitalization and death.

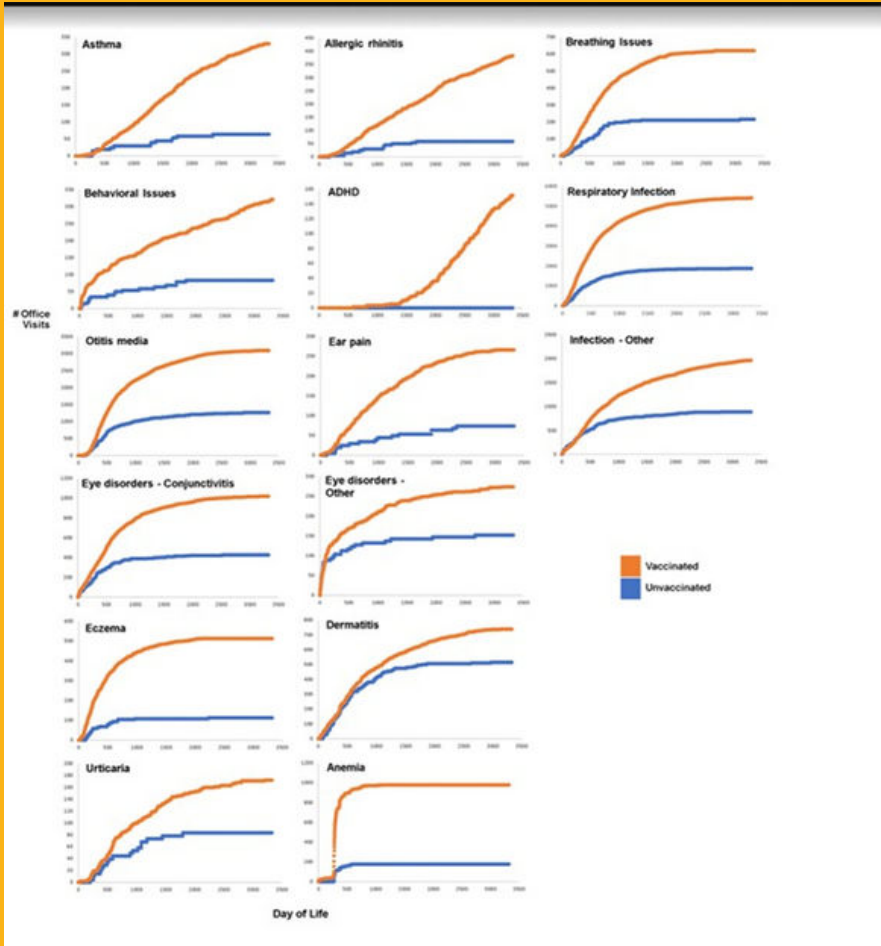
Specifically, hospitalization rates increased from 11.0% for infants receiving two vaccine doses to 23.5% for those receiving eight doses. Additionally, younger infants exhibited higher hospitalization rates, decreasing from 20.1% in those younger than 0.1 years to 10.7% in those aged 0.9 years. The mortality rate also increased with the number of vaccine doses, rising from 3.6% for 1-4 doses to 5.5% for 5-8 doses.

Miller, N. [“Infant mortality rates regressed against number of vaccine doses routinely given: is there a biochemical or synergistic toxicity?”](#)



MAKING VACCINE CHOICES

Dr. Paul Thomas, an Oregon pediatrician, is reported to have had the largest patient population of unvaccinated and partially vaccinated children in America. The Oregon Board of Health challenged Dr. Thomas to prove that his unvaccinated and partially vaccinated children were healthier than children receiving the full schedule of recommended vaccines. Below are the results of the study. The graphs speak for themselves.



MAKING VACCINE CHOICES

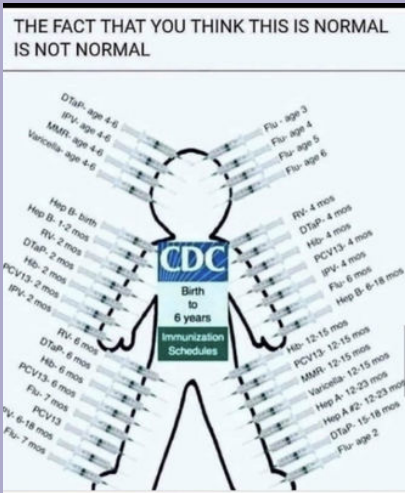
Rather than celebrate the efforts of Dr Thomas which clearly resulted in greater children’s health, the Oregon Medical Board removed Dr. Thomas’s license to practice medicine in Oregon.

Dr. Paul Thomas’ story and persecution by the Oregon Medical Board is told in the book [The War on Informed Consent](#) by [Jeremy Hammond](#).

North American children are now among the most vaccinated children in the world. Since 1980, vaccine schedules have more than quadrupled the number of vaccines given. In the early 1980’s our children received 23 doses of 7 vaccines before age 18.

TODAY, PUBLIC HEALTH AUTHORITIES NOW RECOMMEND MORE THAN 72 DOSES OF 18 VACCINES BEFORE AGE 18, NOT INCLUDING THE COVID-19 VACCINE, WHICH COULD ADD ANOTHER 20 – 35 DOSES. OUR INFANTS RECEIVE UP TO 41 DOSES OF 17 VACCINES IN THE FIRST 18 MONTHS ALONE.

At the same time the rate of chronic childhood illnesses has increased substantially. Today, more than 50% of children have one or more chronic health conditions that we now accept as normal. This wasn’t normal prior to 1980.



MAKING VACCINE CHOICES

In the last 45 years there has been huge increases in the following childhood illnesses:

- Autism – increased from 1 in 10,000 to 1 in 31 today
- Impact on Development – Over 27% of children fall short on at least one measure of physical, emotional, or cognitive development by age 5
- Attention Deficit Hyperactivity Disorder (ADHD) – 10% increase
- Learning Disability – now affects 1 in 6 children
- Severe Mood Dysregulation (bipolar disorder) – affects 1 in 30 children
- Ear Infections – affects 50% of 2–3-year-olds
- Allergies – increased 6-fold since 1980
- Anaphylactic Food Allergies – doubled in the last decade
- Eczema – 1 in 5 children affected
- Asthma – 1 in 8 children affected
- Obesity – tripled since 1980
- Juvenile Diabetes – more than 100% increase since 1980

Disorders such as autism, attention deficit hyperactivity disorder (ADHD), learning disabilities, life-threatening allergies, juvenile diabetes, childhood cancers, seizures, and autoimmune diseases such as arthritis, conditions that were once rare in childhood, are increasingly common today.



Be sure to watch [This Children's Health Solution Series](#) for Solutions for Childhood Anxiety, Autism, ADHD and other chronic illnesses effecting our children.

MAKING VACCINE CHOICES

A recent study analyzed by Brian Hooker, Ph.D. revealed that ***“Out of a sampling of 230 children followed for the first three years of their lives, fully 88% of those who were diagnosed with autism started at average and above average social engagement scores, and then regressed prior to ultimately being diagnosed with autism. In other words, nearly all of the children in the study developed autism ... were not born with it.”*** This means that healthy children developed autism.

The question we ought to be asking is – ***what causes the regression into autism?*** This study suggests that autism is triggered by an environmental cause rather than a genetic cause. Dr. Christopher Exley, considered the world’s leading expert on aluminum, has discovered high levels of aluminum in the brains of deceased children with an autism diagnosis.

The medical establishment considers vaccines effective if they suppress a few targeted illnesses – but at what expense? An emerging body of evidence indicates that vaccines can and do damage a child’s developing immune system and brain, leading to life-threatening or debilitating disorders like autism, ADHD, asthma, peanut allergy, juvenile diabetes, or SIDS, death itself.

**FOR THE FIRST TIME IN HISTORY...CHILDREN ARE SICKER
THAN THE GENERATION BEFORE THEM.
THEY’RE NOT JUST A LITTLE WORSE OFF, THEY ARE
PRECIPITOUSLY WORSE OFF,
PHYSICALLY, EMOTIONALLY, EDUCATIONALLY AND
DEVELOPMENTALLY.”**

~ Judy Converse, MPH, RD, LD

MAKING VACCINE CHOICES

The fact is that vaccine manufacturers are not required to demonstrate that vaccines reduce the rate of disease contraction, contagion, complication, or mortality. Vaccines are the only medication where evidence of improved health and absence of harm are not required for approval.

There is no substantive evidence that children receiving the current vaccine schedule are healthier than those who don't.

With regard to Covid-19 vaccination, evidence from independent experts and official international databases show that the Covid-19 vaccines are not effective and are not safe, raising serious questions around the authorization of the Covid-19 vaccines.

There are serious concerns among medical experts that existing childhood vaccines will be converted to mRNA technology. This genetic technology has not been proven safe for use in vaccines. The concern is that this change is already being implemented without public awareness, consent, and a robust research and regulatory process.

We deserve to know the risks so we can weigh them.

"WE'VE SHIFTED THE HUMAN POPULATION TO DEPENDENCY ON VACCINE-INDUCED IMMUNITY. WE'RE IN A VERY FRAGILE STATE NOW. WE'VE DEVELOPED A WORLD THAT IS DEPENDENT ON VACCINATIONS."

Heidi Larson, Vaccine Confidence Project



MAKING VACCINE CHOICES

HOW CAN I RESEARCH THE RISKS OF EACH INDIVIDUAL VACCINE?

It is important that parents educate themselves about each infection on the CDC childhood vaccine schedule.

Some good places to start are the [National Vaccine Information Center](#) and [Children's Health Defense's Vaccines 101](#).

The vaccine inserts are the closest admission to actual side effects that the government will admit. You can see a list of symptoms observed after each vaccination on the insert. A [list of FDA inserts](#) for the vaccines are available here at Just the Inserts (<https://justtheinserts.com/>) or the FDA (<http://www.immunize.org/fda>).

Learn the Risk has a [good collection of studies](#) for each individual disease and other topics.
<https://learntherisk.org/vaccines/studies/>

There are many good books for understanding the individual diseases, how to choose what vaccines make sense for you, and how to raise a vaccine-free child:

- [Vax Facts](#) by Dr. Paul Thomas
- [The Vaccine Book](#) by Dr. Robert Sears
- [What Your Doctor May Not Tell You About Children's Vaccinations](#) by Dr. Stephanie Cave
- [The Unvaccinated Child: A Treatment Guide for Parents and Caregivers](#) by Judith Thompson
- [Raising a Vaccine Free Child](#) by Wendy Lydall
- [How to Raise a Healthy Child in Spite of Your Doctor](#) by Dr. Robert Mendelsohn
- [Be Your Child's Pediatrician](#) by Rachel Weaver

See the appendix of Recommended Resources for more good information.

MAKING VACCINE CHOICES

ARE THERE ALTERNATIVES TO THE CDC VACCINE SCHEDULE OR CAN I CREATE MY OWN VACCINATION PLAN?

Yes, there are alternative vaccination schedules developed by some integrative or vaccine-cautious pediatricians and researchers who believe in a more individualized, risk-based approach to immunization. You can also make your own customized plan that fits for your living situation.

These alternative schedules aim to:

- Minimize exposure to potentially harmful additives (e.g., aluminum, polysorbate 80, formaldehyde)
- Delay certain vaccines until the child's immune and detoxification systems are more mature
- Reduce the number of vaccines given at one time to lower the risk of overload or adverse reaction
- Avoid or delay less immediately necessary vaccines depending on region, risk, and disease prevalence

Here are several commonly discussed alternative schedules:

Dr. Robert Sears' Alternative Vaccine Schedule (From The Vaccine Book, 2007)

Dr. Bob Sears, a California pediatrician, proposed a schedule for parents who want to vaccinate but are concerned about overloading the immune system or giving multiple shots at once.

Key features:

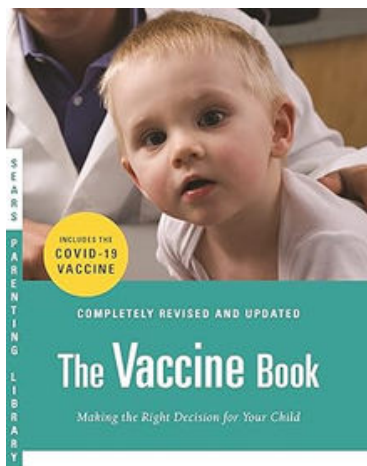
- **Spreads out vaccines to limit the number of aluminum-containing shots given at once**
- **Delays live virus vaccines like MMR and varicella until after age 3**
- **Avoids combination vaccines in favor of single-disease vaccines (e.g., separate MMR instead of triple)**
- **Prioritizes DTaP, Hib, Polio in the first year, delays Hep B, MMR, chickenpox**

MAKING VACCINE CHOICES

Dr. Sears emphasizes that this schedule is designed for lower-risk children (e.g., not attending daycare, breastfed, no underlying conditions) and is not officially recommended by CDC or AAP.

DR SEARS ALTERNATIVE VACCINE SCHEDULE

- 2 Months: Rotavirus, DTaP
- 3 Months: PCV, Hib
- 4 Months: Rotavirus, DTaP
- 5 Months: PCV, Hib
- 6 Months: DTaP, Rotavirus
- 7 Months: PCV, Hib
- 9 Months: Polio, Flu (2 doses – 2nd dose given 4 weeks after 1st)
- 12 Months: MMR, Polio
- 15 Months: PCV, Hib
- 18 Months: DTaP, Polio
- 21 Months: Flu
- 2 Years: Varicella
- 2 Years, 6 Months: Hepatitis B
- 2 Years, 7 Months: Hepatitis B, Flu
- 3 Years: Hepatitis B
- 4 Years: DTaP, Polio, Flu
- 5 Years: MMR, Flu
- 6 Years: Varicella, Flu
- 7 Years: Hepatitis A, Flu
- 8 Years: Hepatitis A, Flu
- 9 Years through 18 Years: Flu Each Year
- 12 Years: Tdap
- 13 to 14 Years: HPV (3 doses)
- 16 Years: Meningococcal



Robert W. Sears, MD

[The Vaccine Book: Making the Right Decision for Your Child](#)
by Robert W. Sears MD



MAKING VACCINE CHOICES

Dr. Paul Thomas' "Vaccine-Friendly Plan" (From The Vaccine-Friendly Plan, 2016)

Dr. Paul Thomas, a board-certified pediatrician, developed a selective vaccination plan focused on minimizing neurotoxicity and immune system overload, based on his clinical practice data.

Key features:

- No vaccines at birth, including Hep B (unless mother is Hep B positive)
- Delays MMR until at least age 3 to reduce autoimmune/neurodevelopmental risk
- Prioritizes DTaP and Polio in infancy, delays or skips rotavirus, hepatitis A, and flu
- Emphasizes genetic and environmental risk factors to individualize recommendations
- Encourages detox support, gut health, and vitamin D optimization alongside vaccination

In 2020, Dr. Thomas [published a study](#) using EHR data from his practice showing lower rates of developmental delays and chronic conditions in children on his alternative schedule compared to fully vaccinated children.

["Relative Incidence of Office Visits and Cumulative Rates of Billed Diagnoses Along the Axis of Vaccination"](#)

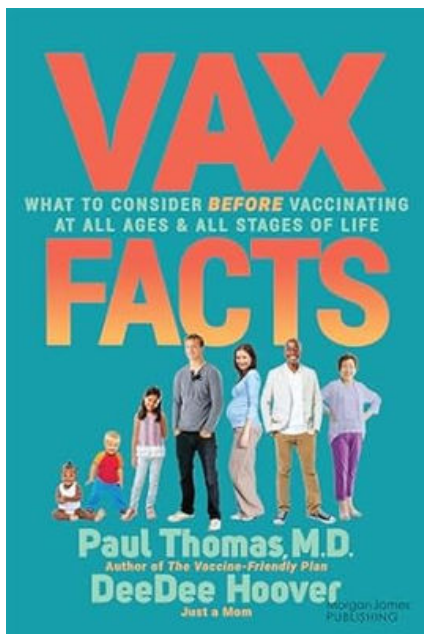
Dr. Paul's Approved Vaccine Plan is [available here](#).



MAKING VACCINE CHOICES

DR. PAUL'S APPROVED VACCINE PLAN

- Pregnancy: No vaccines (No Tdap, No flu)
- Birth: No Hep B
- 2 months: Hib, DTaP (No Hep B, Rotavirus, IPV)
- 3 months: Prevnar
- 4 months: Hib, DTaP (No Rotavirus, IPV)
- 5 months: Prevnar
- 6 months: Hib, DTaP (No Hep B, Rotavirus, IPV)
- 7–9 months: Prevnar
- 1 year: Hib, Prevnar (No MMR, Hep A, Varicella)
- 18 months: DTaP 2 years (No Hep A)
- 3 years: Consider MMR (always give MMR by itself)
- 4–6 years: DTaP, (consider Varicella, IPV)
- 10 years: Tdap (boost every 5 – 10 years)
- 11 years: Menveo or Menactra (meningococcal), Varicella
- 12–14 years: Hepatitis B (3 dose series)
- 16–18 Years: Menveo or Menactra & consider meningococcal B, Hepatitis A



Dr. Paul's plan delays vaccination until at least age five or never if the family has a history of autoimmune disease, [MTHFR mutation](#), or autism.

[The Vaccine-Friendly Plan](#) by Dr. Paul Thomas

*** IT SHOULD BE NOTED THAT DR. PAUL THOMAS HAS UPDATED HIS BELIEFS SINCE HE FIRST WROTE THE ABOVE BOOK AND YOU SHOULD READ HIS FOLLOW-UP BELOW.**

[Vax Facts: What to Consider Before Vaccinating at All Ages & Stages of Life](#) by Dr. Paul Thomas

MAKING VACCINE CHOICES

You can start with the above two plans and then customize as you learn more about each individual disease and the associated risks.

SOME THINGS YOU SHOULD KEEP IN MIND ARE:

- Do a risk analysis of each disease – Weigh the actual risk of the disease in the child’s environment versus the potential risk of vaccine injury
- Think about delayed aluminum-containing vaccines to avoid early-life exposure or space them out adequately
- Focus on detox pathways, methylation genetics (e.g., MTHFR), and overall health prior to vaccination
- Give no more than 1-2 vaccines per visit
- Delay live virus vaccines (like MMR, varicella) until age 2–3+
- Skip or delay low-risk vaccines in low-incidence regions
- Preference for preservative-free, single-dose vials when available

YOU MIGHT ALSO CONSIDER WORKING WITH A KNOWLEDGEABLE AND OPEN-MINDED HEALTH CARE PROVIDER AS YOU CONSIDER CUSTOMIZING THE SCHEDULE.

[FIND A MED MAP TRAINER PEDIATRICIAN](#)



MAKING VACCINE CHOICES

WHAT'S A RECOMMENDED PATH FORWARD FOR ME IF I WANT TO GO FULLY UNVACCINATED?

If a parent is considering keeping their child fully unvaccinated, it's important to approach this choice with care, responsibility, and preparation. It's often not too easy to go against the conventions of society, but many have done it before you.

Below are practical and evidence-informed tips for parents who choose not to vaccinate, to help minimize risk, support their child's health, and navigate legal and social systems.

1. Be Well-Educated and Informed

- Know the risks and benefits of each vaccine-preventable infection, not just the vaccines themselves
- Understand the signs and symptoms of serious infections (e.g., meningitis, pertussis, measles) so you can act quickly
- Read both mainstream sources (CDC, WHO) and alternative perspectives to form a balanced view
- Keep up with outbreak reports in your region





MAKING VACCINE CHOICES

2. Strengthen Your Child's Immune System Naturally

Since your child won't be receiving vaccine-based immunity, it's vital to optimize their body's natural defenses:

- Breastfeed as long as possible to transfer maternal antibodies
- Focus on a nutrient-dense, whole-food diet rich in vitamins A, C, D, zinc, selenium, and healthy fats
- Consider immune-supportive supplements (with your doctor's input), such as:
 - Vitamin D3
 - Vitamin C
 - Probiotics
 - Elderberry or medicinal mushrooms (e.g., reishi, lion's mane)
 - Minimize exposure to processed foods, sugar, and household toxins
- Prioritize sleep, sunlight, movement, and connection with nature

3. Understand Natural Immunity and Infection Management

- Learn how the body builds natural immunity through exposure and recovery
- Be prepared to manage infections at home, and know when to seek medical care
- Consider building a “fever-friendly” medicine cabinet with:
 - Herbal antivirals (e.g., echinacea, elderberry, oregano oil)
 - Homeopathic remedies
 - Electrolytes and hydration tools
 - Essential oils for respiratory support
 - Quality thermometers and pulse oximeters
 - Nebulizer



MAKING VACCINE CHOICES

4. Know the Legal and School Requirements

- Research your state's vaccine exemption laws:
 - Medical, religious, or philosophical exemptions may be available depending on where you live
- Maintain organized records of exemption forms and required documents
- If homeschooling, understand what documentation (if any) is required for your jurisdiction
- Know your rights during outbreaks, school exclusions, or travel restrictions

5. Assess Your Child's Unique Risk Profile

- Some children may be more vulnerable to specific illnesses due to:
 - Chronic health conditions
 - Premature birth
 - Immune or genetic vulnerabilities
- If the above applies, consider a selective or delayed vaccine approach, or prepare additional safeguards and support systems

6. Communicate Clearly with Doctors and Schools

- Be respectful but firm about your decisions
- Bring written materials, waiver forms, and exemption laws to appointments
- Build relationships with providers who honor informed consent
- Continually educate yourself by reading guides like this and books on vaccination



MAKING VACCINE CHOICES

7. Embrace a Proactive, Not Fear-Based Mindset

- Focus on resilience, prevention, and trust in your child's innate ability to heal
- Join supportive communities of like-minded parents for information and mutual aid
- Stay open to new information and adjust your path if your child's health needs change

8. Build a support network and get involved

- Consider working with a holistic or integrative pediatrician who supports your decisions while helping you monitor your child's health
- Connect with holistic moms and like-minded parents who are supportive of your stance
- Follow and subscribe to groups like [Children's Health Defense](#) and [NVIC](#)
- Get involved with local medical freedom activist groups and stay abreast of any political changes
- Become politically active to support medical freedom and rights for the unvaccinated

GOING FULLY UNVACCINATED SHOULD BE APPROACHED WITH INTENTIONALITY AND AWARENESS. YOU SHOULD ALSO BE AWARE OF RELEVANT LAWS AND, IF YOU ARE SENDING YOUR CHILD TO PUBLIC SCHOOL, WHAT VACCINE EXEMPTIONS ARE AVAILABLE.

REST ASSURED THAT MILLIONS OF PARENTS ARE ON THIS JOURNEY WITH YOU, AND YOU WILL BE SUPPORTED BY THE LARGER COMMUNITY.

LIKE WHAT YOU SEE?
MAKE A DONATION TO MAM!

BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHAT IS HEALTH EQUITY AND HOW DOES IT RELATE TO VACCINATION?

Health equity is the idea that everyone, regardless of race, demographic, or income level, can attain their highest levels of health through equal access to healthcare. Public health officials use the idea of health equity to push the idea that vaccination is a right and everyone should have access to “life-saving vaccines.” The term was popular during the COVID pandemic and used to drive demand for the vaccine.

From a social justice standpoint, making sure everyone has access to affordable medical treatments they need in a cost-effective manner is laudable and something we want.

However, the values of health equity should never be forced to justify or promote vaccine mandates. When the government feels that it knows best what should be done for the populace then it becomes paternalistic and oppressive.

GOVERNMENT PUBLIC HEALTH OFFICIALS MUST UNDERSTAND THAT SOCIAL JUSTICE GOES BEYOND ECONOMIC CONCERNS. FOR PROPER SOCIAL JUSTICE TO EXIST, PEOPLE MUST BE FREE TO SELF-DETERMINE THEIR LIVES WITHOUT OPPRESSIVE INFLUENCE AND HAVE THEIR HUMAN FREEDOMS PROTECTED.

BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

The problem is more complicated with vaccine injury. Medical and public health officials who promote vaccination under health equity often ignore or deny the reality of vaccine injury. By failing to understand the drivers of vaccine injury while knowing that it occurs to a subset of people (whose health can be permanently harmed) in the populace is antithetical to the idea of health equity.

THUS, THE USE OF VACCINE MANDATES BY THE GOVERNMENT IS A SETBACK FOR SOCIAL JUSTICE. IT IS A WAKE-UP CALL TO GOVERNMENT AND PUBLIC HEALTH OFFICIALS THAT NATIONAL VACCINE POLICY HAS BECOME OPPRESSIVE.

[Rethinking Health Equity: Critical Perspectives on COVID-19 Vaccination and Public Policy](#)



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHAT IS THE ROLE OF THE ENVIRONMENT ON HEALTH RISK FROM INFECTIONS?

Based on the statistics we have viewed, the environment plays a critical role in the health of the individual.

Health is [epigenetic](#) – health is controlled by a dynamic interplay between the individual's genes and their environment. Essentially, how epigenetics works is that environmental factors or health choices we make can modulate the turning on or off of certain genes we have.

In the past, the roles of germs vs. the environment were presented in the dichotomy. This [article](#) has a good explanation of this dichotomy:

GERM THEORY



**Vaccinate
the Fish**

“Germ Theory argues that it is microbes and pathogens which cause disease by invading the body and wreaking havoc. This leads to several important conclusions if it’s true and we will examine them in just a bit. What’s less known about Pasteur is that he had a bitter rivalry with some other French scientists and researchers named Antoine Béchamp and Claude Bernard.

Contrary to Pasteur’s theory, Béchamp and Bernard argued something called Terrain Theory. Through it they postulated that it wasn’t the germs coming in and creating disease, but rather that diseased environments attracted and housed germs in the first place, allowing them to proliferate out of control and cause disease.”

TERRAIN THEORY



**Clean
the Tank**

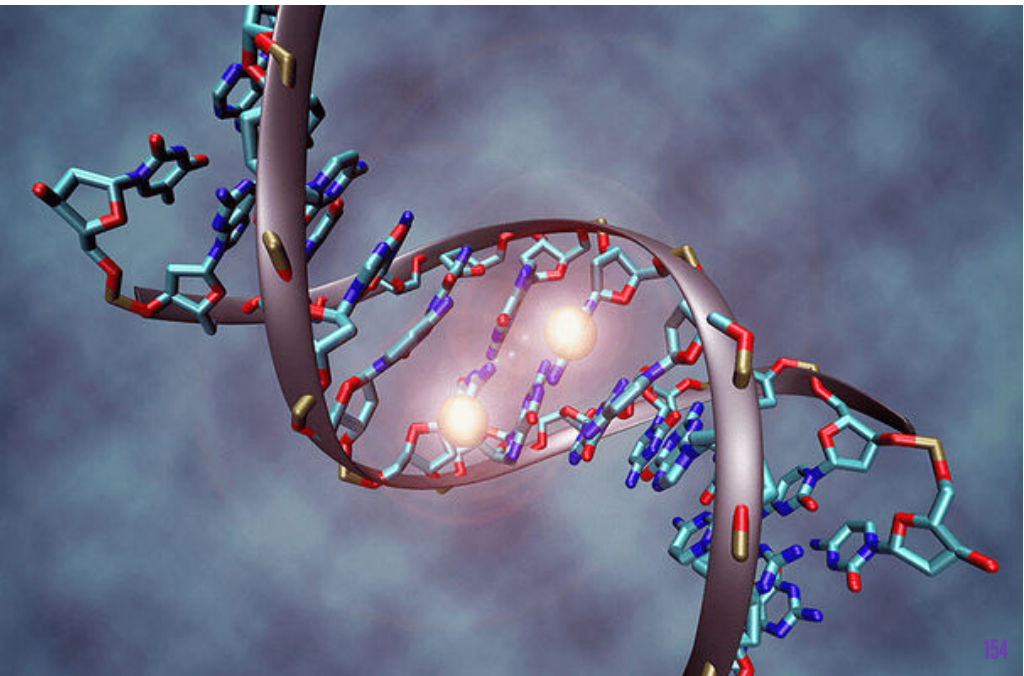
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In reality, both the germ theory and terrain theory apply in a dynamic interplay. Not everyone who is exposed to a germ will get sick. The “terrain” affects the strength of an individual and their resilience in the face of germs.

The implication is that the health choices we make and healthy habits we have are critical to our long-term health. We, not allopathic doctors, are responsible for our long-term health. In the next section, we will examine the role of nutrition in recovering from infection.

[“What is epigenetics?”](#)

[A Tale of Two Theories \(Germ & Terrain Theory\).](#)





BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHAT IS THE ROLE OF NUTRITION ON THE IMMUNE SYSTEM AND RECOVERY FROM INFECTIONS?

Good nutrition is essential for a [strong immune system](#), helping to prevent infections and support recovery when we do get sick. Certain nutrients, like vitamins A, C, D, and E, as well as minerals like zinc and selenium, play a key role in keeping the immune system functioning properly.

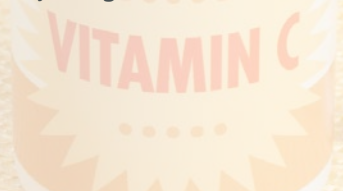
For example, vitamin C helps the body produce immune cells that fight off infections, while vitamin D helps regulate the immune response. Zinc is essential for the growth and function of immune cells, and selenium acts as a powerful antioxidant, reducing inflammation and helping the body heal. Without enough of these nutrients, the immune system may not respond as effectively to infections.



When the body is fighting an infection, it needs even more nutrients to recover. Gut health, in particular, plays a big role in immunity. A diet high in fiber helps the good bacteria in the gut thrive, which in turn strengthens immune function.

Certain short-chain fatty acids, produced when fiber is fermented in the gut, can reduce inflammation and help fight infections like *Clostridioides difficile*. Studies have also shown that eating fiber-rich foods can speed up recovery after taking antibiotics, which sometimes disrupt the gut microbiome.

On the other hand, **poor nutrition** weakens the immune system, making it harder for the body to fight off infections. Research shows that people who are malnourished are more likely to get sick and take longer to recover.



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

During the COVID pandemic, researchers found that [vitamin D deficiency](#) was associated with more severe COVID infections and a higher risk of pneumonia.

THAT'S WHY A BALANCED DIET—RICH IN VITAMINS, MINERALS, AND FIBER—IS ONE OF THE BEST WAYS TO SUPPORT YOUR IMMUNE SYSTEM AND STAY HEALTHY.

For infants, [numerous literature](#) has pointed to the powerful effect that breastfeeding has on infant health and strengthening the infant's immune system against infections.

Harvard. "[Nutrition and Immunity](#)"

Millions Against Mandates. "[The Toxic Truth About Food and What You Can Do About It](#)"

Moura, Ines. "[Using nutrition to help recovery from infections](#)"

Weir, K. "[Does vitamin D deficiency increase the severity of COVID-19?](#)"

Morales, Fatima. "[Effects of Malnutrition on the Immune System and Infection and the Role of Nutritional Strategies Regarding Improvements in Children's Health Status: A Literature Review](#)"



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

THERE'S SO MUCH TO LEARN ABOUT VACCINES. WHY SHOULD I CARE ABOUT ENVIRONMENTAL TOXINS TOO?

In the same manner we care about the potential negative effects of vaccination, environmental toxins play a huge risk in contributing to chronic illness. The way to think about it is that vaccines are a subset of a greater slew of environmental toxins to which we are exposed to.

Our bodies have [detoxification pathways](#) that protect us from deleterious chemicals and toxins. Any toxins that we are exposed to add to our environmental toxic load which the body (with the liver and kidneys playing a prominent role) has to process over time.

GIVEN THE IMPORTANCE OF EPIGENETICS, IT SHOULD BE NOTED THAT THERE IS A WIDE DISTRIBUTION IN PEOPLE'S EXPOSURES TO TOXINS AND THE DEGREE TO WHICH THEY CAN DETOXYFY AND ELIMINATE TOXINS.

The problem of one-size-fits-all with vaccine policy is also reflected in the one-size-fits-all assumptions regarding detoxification capability. Medical and public health professionals have not taken into account varying epigenetic profiles and thus have failed to protect the vulnerable from vaccine injury.

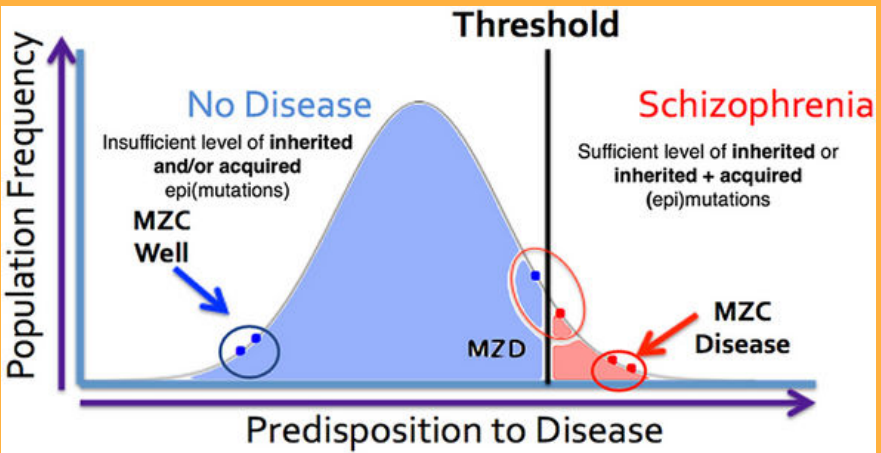
Likewise, when there is too much exposure to environmental toxins (which vaccines are a part of), then chronic disease occurs. Different environmental toxins accumulate in the same organism and can have a synergistic effect. When the toxic load becomes too much for an individual's body to handle, then chronic disease can set in.



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

Too many of our medical and public health models are linear and don't take into account accumulating toxic load from a variety of sources.

It is better to model environmental toxins as a **threshold model**:



The above is a threshold model for schizophrenia from the following paper:
<https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.587162/full>

NOTE HOW THIS MODEL BETTER APPROXIMATES PHENOMENA WE SEE IN REAL LIFE. WE SEE NO EFFECT FROM INCREASING EXPOSURE, THEN SUDDENLY A VERY RAPID CHANGE (WATER FREEZING INTO ICE CUBES IS A GOOD EXAMPLE).



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHAT PROBLEMATIC TOXINS SHOULD I BE WORRIED ABOUT IN THE ENVIRONMENT?

While we have already discussed toxins like aluminum and mercury in vaccines, there are numerous ingredients in the environment that have been shown to have a deleterious effect on health.

Both mercury and lead have long been recognized as environmental toxins that lead to harmful effects in multiple body systems, notably the brain. Children are especially vulnerable to both of these.

How about asbestos? It was used as insulation in buildings throughout the world. However, it turns out that asbestos fibers can be released into the air and cause damage to the lungs. Each year 12,000 to 15,000 people die of asbestos-related causes in the USA. Though the first documented death was in 1906, and while many other nations in the world have banned the use of asbestos, the USA remains one of the few countries not to have entirely done so.

Another prominent example is the use of the pesticide DDT. During the 1940s and 1950s, DDT was widely used as an agricultural insecticide on both farms and in neighborhoods. Health authorities encouraged the use of DDT in the USA to stop the spread of polio and to stop the spread of malaria in third-world countries.



You can find pictures of trucks spraying DDT in front of smiling families. All of these led to enormous profits for chemical companies.

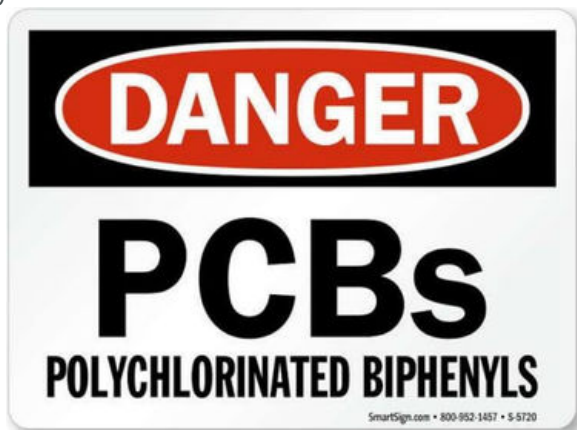
BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

This changed in 1962 when Rachel Carson published the book [Silent Spring](#), which documented DDT's physiological and environmental effects. She brought attention to FDA data that showed that [DDT was carcinogenic](#). She also brought attention to the intentional use of disinformation by chemical companies

Her book changed public sentiment against DDT, eventually leading to its ban in the USA in 1972. Despite this ban, US chemical companies still manufacture DDT for sale in foreign countries.

Polychlorinated Biphenyls (PCBs) are highly carcinogenic manufactured chemical compounds with no taste or smell. They were manufactured in 1929 and then [distributed by the chemical company Monsanto](#) starting in 1935. PCBs were used in many industrial settings until its adverse effects became known, leading to its [banning in the USA in 1979](#).

The [adverse effects of PCBs](#) are well-established. There is clear evidence that PCBs have toxic effects on animals and humans. The EPA concludes that PCBs are a probable human carcinogen. PCBs have been shown in human and animal studies to hamper the immune system and increase susceptibility to infections.



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

PFAS is an acronym for the complicated-sounding per- and polyfluoroalkyl substances. This group of chemicals has been the recent talk around environmental circles as the EPA warns that [PFAS is more dangerous than previously thought.](#)

The health effects of PFAS are very concerning. PFAS are hormone-disrupting chemicals that have a [wide variety of adverse effects,](#) such as interfering with human fertility, [impairing thyroid function,](#) increasing cholesterol levels, causing low birth weight in infants, and increasing the risk for certain cancers. Moreover, a [2013 study](#) found associations between heavily exposed communities and the following conditions: kidney cancer, testicular cancer, ulcerative colitis, thyroid disease, hypercholesterolemia, and pregnancy-induced hypertension.

Emulsifiers in foods like [polysorbate-80 and carrageenan](#) have recently been linked to disruptions in the gut microbiome, increased inflammation, and increased risks for several conditions like heart attacks and breast cancers. Polysorbate-80 is unfortunately an [ingredient used in several vaccines.](#)

There is so much more to toxins that needs to be discussed. In the following sections, we will discuss three toxins which each warrant their own section:

1) GLYPHOSATE, 2) FLUORIDE, AND 3) DANGERS OF EMF.

If you want to learn more about the danger and science of toxins, ***Millions Against Mandates*** has a video series called [The Truth Trilogy](#) which examines toxins in foods, the environment, and in vaccines.



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHY IS GLYPHOSATE IN THE ENVIRONMENT PROBLEMATIC?

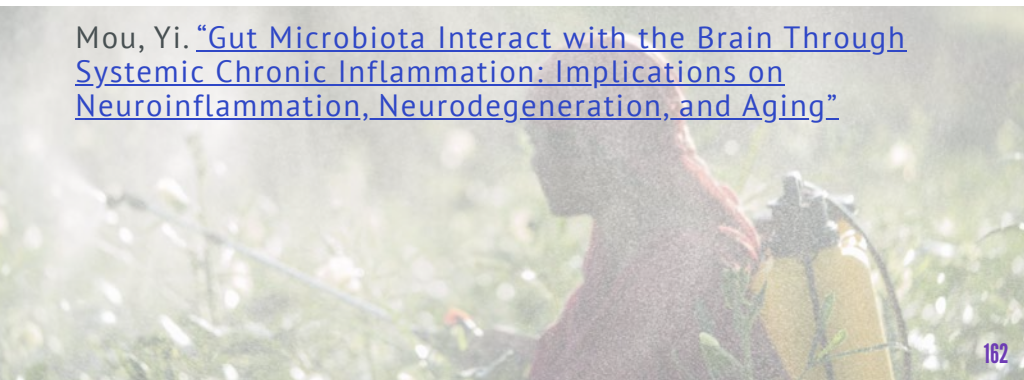
Glyphosate is a pesticide and herbicide used to control weeds. It is widely used in agriculture and sold under the brand name Roundup, originally sold by Monsanto before Bayer purchased it. [Roundup Ready crops](#) are crops which are genetically modified crop seeds that are resistant to Roundup.

Glyphosate works by disrupting a particular biological pathway [Shikimate Pathway](#) that is used by plants. The EPA and Monsanto argue that glyphosate is safe for human consumption because [humans do not have the Shikimate Pathway](#).

However, they omit from their analysis that [many bacteria in the human gut have the Shikimate Pathway](#) and are killed by glyphosate. In addition, it is well-known that [glyphosate has been patented for use as an antibiotic](#). Therefore, the widespread presence of glyphosate in the food supply may be disrupting the human gut microbiome.

It is acknowledged that the human gut microbiome has [far-reaching health effects](#). A 2022 study found that [disruption to the gut microbiome could play a role in severe neurological disorders](#) such as Alzheimer's disease, Parkinson's disease, and multiple sclerosis.

Mou, Yi. [“Gut Microbiota Interact with the Brain Through Systemic Chronic Inflammation: Implications on Neuroinflammation, Neurodegeneration, and Aging”](#)



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

But perhaps the most concerning health effects are glyphosate's effect on the brain. A 2022 study found that [glyphosate can infiltrate the brain and cause inflammation](#). Finally, a 2020 study found that mothers' exposure to glyphosate while pregnant increased [their children's risk of autism-like behaviors](#).

Winstone, JK. ["Glyphosate infiltrates the brain and increases proinflammatory cytokine TNF \$\alpha\$: implications for neurodegenerative disorders"](#)

Dr. Stephanie Seneff of MIT, author of the book ["Toxic Legacy: How the Weedkiller Glyphosate Is Destroying Our Health and the Environment"](#), has long sounded the alarm on the problem of glyphosate. She states that "the evidence is solid that glyphosate substitutes for the coding amino acid glycine by mistake during protein synthesis." This disruption to the body's protein synthesis could be why many chronic diseases rise in lockstep with glyphosate usage.

["Toxic Legacy: How the Weedkiller Glyphosate Is Destroying Our Health and the Environment"](#)

Currently, Bayer is [pushing for liability shielding](#) for injuries resulting from glyphosate. This is a prime example of corporate machinations to abuse government systems at the expense of people's health.





BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHAT'S WRONG WITH FLUORIDE IN OUR DRINKING WATER?

For decades, fluoride has been added to public drinking water to help prevent tooth decay, but recent scientific research has raised concerns about its potential impact on brain development. ***Several studies now suggest that high levels of fluoride exposure may be linked to lower IQ scores in children.*** This has sparked a growing debate over whether fluoride should be removed from tap water to protect children's cognitive health.

A [2025 major study](#) published in JAMA Pediatrics analyzed data from 74 studies across 12 countries and found that children with higher fluoride exposure had significantly lower IQ scores. They found for every 1 mg/L increase in fluoride concentration in urine, IQ scores dropped by an average of 1.63 points. Importantly, these effects were observed even at fluoride levels considered safe by health organizations like the WHO.

Taylor, K. [“Fluoride Exposure and Children’s IQ Scores”](#)

THE NATIONAL INSTITUTES OF HEALTH (NIH) HIGHLIGHTED SIMILAR CONCERNS IN A [DETAILED 324 PAGE REPORT](#), SUGGESTING THAT EXCESSIVE FLUORIDE EXPOSURE COULD NEGATIVELY AFFECT CHILDREN'S BRAIN DEVELOPMENT.

National Toxicology Program. [“NTP Monograph on the State of the Science Concerning Fluoride Exposure and Neurodevelopment and Cognition: A Systematic Review”](#)



Check out [The Toxic Truth About Toxins and What You Can Do About It](#) for a deep dive into water and environmental toxins

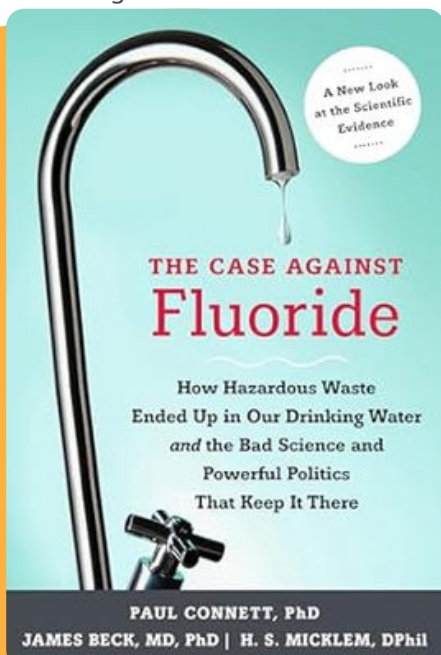
BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

Given that nearly all Americans consume fluoridated water within current guidelines, experts are now calling for a reassessment of fluoride levels to ensure public health policies are based on the latest scientific evidence. Many counties are now [removing fluoride from their drinking water.](#)

THE CASE OF FLUORIDE SERVES AS A CAUTIONARY TALE THAT LONG-ESTABLISHED SCIENCE DONE BY PUBLIC HEALTH CAN BE UP-ENDED BY NEW SCIENCE. IT ALSO SERVES TO SHOW HOW EASY IT IS FOR PUBLIC HEALTH TO DUST AWAY THE MILLIONS IN THE POPULACE WHO WERE HARMED BY ITS RECOMMENDATIONS WITHOUT APOLOGY.

For a good review of fluoride science and more details, the [Truth About Fluoride](#) is a good website.

The book [The Case against Fluoride](#) by Dr. Paul Connett gives a detailed overview of the history of fluoride use and builds a scientific case against it.



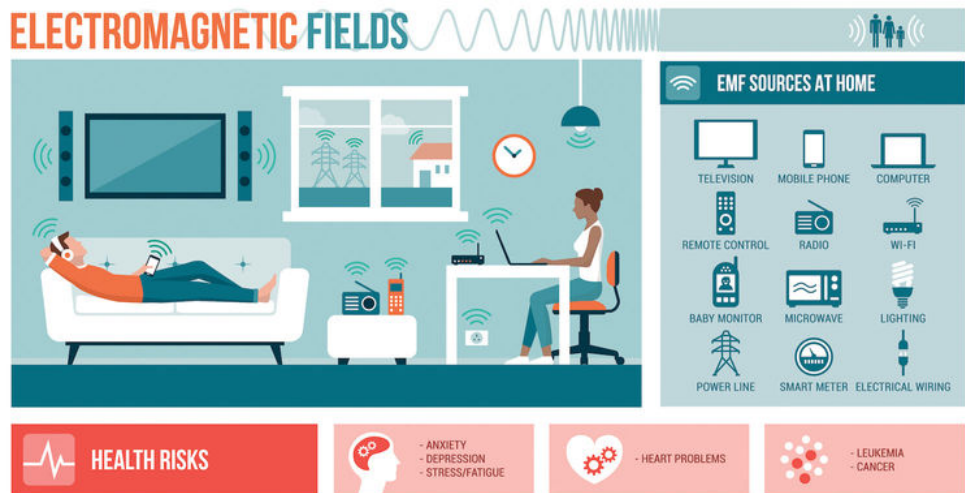
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WHY SHOULD WE BE CONCERNED ABOUT ELECTROMAGNETIC FREQUENCY (EMF) POLLUTION AND 5G?

We have unprecedented exposure to EMF due to ubiquitous cellphone usage, Wi-Fi routers, and Bluetooth in just about all our devices.

Cell phones and other devices emit ***non-ionizing electromagnetic fields (EMFs)***, primarily in the radiofrequency (RF) range. In the past, it was believed that non-ionizing radiation was safe, but recent research has shown concerning effects that has led non-ionizing EMF to be recognized as an [occupational hazard by OSHA](#). Despite this, the negative health effects of EMF radiation are not known by a majority in the public.

Let's review an assessment of the negative health effects associated with EMF radiation, based on existing research-



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

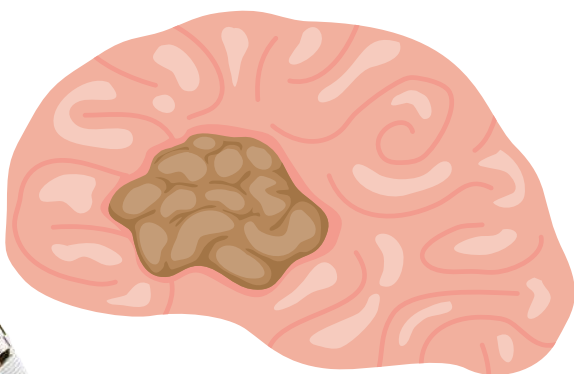
1. Cancer Risk

- Prolonged exposure to cellphone radiation has been suggested as a possible risk factor for brain tumors and other cancers.
- The [International Agency for Research on Cancer \(IARC\)](#) classified RF radiation as “possibly carcinogenic to humans” (Group 2B) based on epidemiological studies linking long-term mobile phone use to glioma and acoustic neuroma.
- A [2018 National Toxicology Program \(NTP\)](#) study in rats exposed to high levels of cellphone radiation reported increased incidence of heart schwannomas and brain gliomas.
- The [Interphone Study](#) found that heavy cellphone users (1,640+ hours total use) had an increased risk of glioma.

IARC. [“IARC classifies radiofrequency electromagnetic fields as possibly carcinogenic to humans”](#)

IARC. [“Interphone study reports on mobile phone use and brain cancer risk”](#)

NTP. [Toxicology and Carcinogenesis studies in mice exposed to whole-body radio frequency radiation”](#)



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

2. Genetic & Cellular Damage

- RF radiation may cause oxidative stress, DNA damage, epigenetic modifications that contribute to disease, and may interfere with DNA repair mechanisms, leading to accumulation of genetic mutations over time.
- A [2021 meta-analysis](#) published in The Lancet found that 68% of studies reported significant biological effects from non-ionizing EMF exposure, including DNA damage and oxidative stress ([The Lancet](#)).
- A [2022 review](#) found evidence of mutagenic and genotoxic effects from non-ionizing radiation exposure in mammals.

Bandara, P. [“Planetary electromagnetic pollution: it is time to assess its impact”](#)

Jagetia, G. [“Genotoxic effects of electromagnetic field radiations from mobile phones”](#)



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

3. Neurological & Cognitive Effects

- EMF radiation may affect brain function, leading to cognitive impairment, attention deficits, and increased neurological disorders.
- A [2017 study](#) found that RF radiation exposure altered brain glucose metabolism, suggesting potential neurophysiological effects.
- A [2018 study](#) found that exposing rats to 2.4 GHz radiation (common in Wi-Fi and cellphones) led to learning and memory deficits.

Volkow, N. ["Effects of Cell Phone Radiofrequency Signal Exposure on Brain Glucose Metabolism"](#)

Karimi, N. ["2.45 GHz microwave radiation impairs learning, memory, and hippocampal synaptic plasticity in the rat"](#)

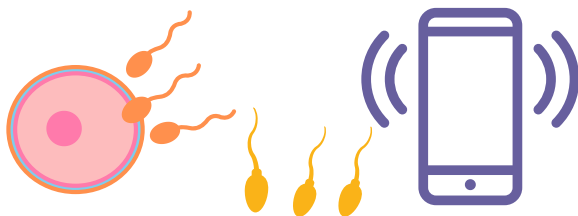


BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

4. Fertility & Reproductive Health Risks

- Prolonged exposure to cellphone EMFs may negatively impact sperm quality and reproductive health.
- A [2014 meta-analysis](#) of 10 studies found that mobile phone radiation exposure significantly reduced sperm motility and viability.

Adams, J. [“Effect of mobile telephones on sperm quality: a systematic review and meta-analysis”](#)



THE EXISTENCE OF THE ABOVE RESEARCH MEANS THAT CAUTION IS WARRANTED AND INDIVIDUALS NEED TO PROTECT THEMSELVES. AS A PRECAUTION, INDIVIDUALS CAN ADOPT RISK-REDUCING BEHAVIORS, SUCH AS:

- Using speaker mode or wired headsets instead of holding phones to the head
- Keeping cellphones away from the body when not in use
- Avoiding excessive phone use before bedtime to minimize sleep disruption
- Reducing cumulative exposure, especially for children, whose developing brains may be more vulnerable

The lesson of EMF radiation is that [government regulators, such as FCC, can become captured](#) by the companies they are supposed to regulate and engage in protection of those companies and deny the harms of technology.

[“How the FCC Shields Cellphone Companies From Safety Concerns”](#)

BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

Despite a litany of evidence, no actions are undertaken to protect the public and the individual must take precautions to protect themselves.

To learn more, for protecting yourself and your family from EMF harms, the book [Radiation Nation](#) is a readable and practical overview.



Another recommended introductory overview of EMF harms and protecting yourself is the book [The Non-Tinfoil Guide to EMFs](#).

THE [BIOINITIATIVE 2012](#) WORKING GROUP HAS THE MOST COMPREHENSIVE ASSESSMENT OF THE EXISTING RESEARCH THAT SHOWS EMF HARMS:



It is recommended that everyone have their own EMF meter. There are many good ones such as the [Trifield meter](#).

BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

WHY SHOULD I CARE ABOUT ORGANIC FOOD AND THE REGENERATIVE AGRICULTURE MOVEMENT?

If you're someone who cares deeply about vaccine safety, it's likely because you value transparency, informed consent, bodily autonomy, and minimizing toxic exposure – especially for our most vulnerable populations, like children.

But here's something you may not have considered: those same core values are directly connected to the quality of the food we eat and how it's grown. In fact, many of the reasons people question vaccine ingredients or the one-size-fits-all medical model apply just as strongly to our industrial food system.

So, let's explore why organic food and regenerative agriculture should matter to anyone advocating for cleaner, safer, and more ethical health choices.





BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

1. Shared Concern: Toxic Burden on the Body

Many who raise questions about vaccine safety are concerned about ingredients like aluminum adjuvants, polysorbate 80, or formaldehyde – substances that may contribute to neuroinflammation, immune dysregulation, or detoxification overload in sensitive individuals.

But similar concerns exist with conventionally grown food, which often contains:

- Glyphosate (a probable carcinogen and gut microbiome disruptor)
- Atrazine (linked to hormonal disruption)
- Synthetic fertilizers and pesticides (associated with neurotoxicity and developmental delays)

Why it matters: when children and adults are already dealing with immune, neurological, or detoxification challenges, every additional toxin adds to the body's burden. Clean food is just as important as clean medicine.

2. Shared Principle: Root-Cause, Whole-System Thinking

Vaccine safety advocates often call for more personalized medicine – not a one-size-fits-all model that overlooks individual genetic, epigenetic, and environmental factors. This mirrors the shift from conventional agriculture to regenerative farming, which focuses on:

- Soil health (the foundation of nutrient-dense food)
- Microbiome restoration (for plants, animals, and humans)
- Closed-loop systems that heal rather than harm ecosystems
-

Why it matters: a regenerative farm, like a well-functioning immune system, is resilient, diverse, and balanced. Supporting it reflects a holistic view of health.

LIKE WHAT YOU SEE?
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BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

3. Shared Opposition: Profit-Driven Models That Suppress Risk

Vaccine safety advocates are often wary of corporate influence in science, especially when regulators, manufacturers, and media all seem to speak with the same voice – often dismissing dissenting scientists or injured individuals.

The industrial food system operates the same way:

- Agrochemical giants like Monsanto (now Bayer) fund studies defending their products
- Independent researchers sounding the alarm on pesticide toxicity are often ignored
- Government subsidies often favor commodity crops (corn, soy, wheat) over fruits, vegetables, or regenerative practices

Why it matters: both in medicine and food, corporate consolidation and captured regulation threaten public trust and safety.

4. Shared Mission: Protect the Next Generation

If you're advocating for safer vaccines, it's likely because you want children to grow up healthy, protected, and thriving. But food and environment play a massive role in that equation:

- Exposure to agricultural chemicals in utero is linked to neurodevelopmental disorders
- Poor soil = nutrient-poor crops = nutrient deficiencies in kids
- A damaged gut microbiome (from processed food and pesticides) can increase autoimmunity and chronic inflammation

Why it matters: You can't talk about immune health without talking about food. What we feed our kids matters just as much as what we inject into their bodies.



BROADER ENVIRONMENTAL, SOCIAL, AND LIFESTYLE CONTEXT

The Takeaway: Vaccine Safety and Food Safety Are Part of the Same Conversation

- If you're reading labels on vaccines, read labels on your food
- If you're concerned about aluminum in shots, be concerned about glyphosate in snacks
- If you believe in detox and immune support, support the farmers regenerating our soil and food systems

BECAUSE IN THE END, THIS ISN'T ABOUT BEING ANTI-ANYTHING – IT'S ABOUT BEING PRO-HEALTH, PRO-TRANSPARENCY, AND PRO-CHOICE ACROSS ALL AREAS THAT IMPACT OUR FAMILIES.

Want to make an impact?

- Buy organic when possible—especially the “Dirty Dozen”
- Support local regenerative farms and farmers’ markets
- Educate others on how soil health = immune health
- Advocate for food and health policy reform that centers on children’s long-term well-being—not corporate interests

Health doesn’t start in a doctor’s office. It starts in the womb, in the kitchen, and in the soil beneath our feet. To learn more about the importance of organic foods and the need to remove pesticides like glyphosate from our food system, follow the work of the following organizations:

- Moms Across America – <https://www.momsacrossamerica.com>
- Organic Consumers Association – <https://organicconsumers.org>

To learn more about food resiliency and how to create a food forest, see the work of [Food Forest Abundance](https://www.foodforestabundance.org).




THE CALL FOR MEDICAL REFORM AND A NEW VISION FOR PUBLIC HEALTH

We conclude this educational work with a heartfelt call for medical reform and a reimagining of public health – *one that centers on truth, transparency, and human dignity.*

It is increasingly evident that there are real and pressing problems within the current medical paradigm, particularly in how vaccine safety, injury, and informed consent have been handled. The culture of public health has become, in many ways, toxic – prioritizing compliance over dialogue, and control over care.

Public health has, in its reductionist effort to eradicate infections – especially in the context of COVID-19 – lost sight of its deeper mission: to protect and empower individuals to lead healthy, fulfilling lives.



**“Medical school
should be renamed
Pharma school.
Doctors only learn
to treat symptoms
with drugs while
ignoring the cause.
Real health won’t
be found inside a
doctor’s office.”**

**— Brandy Vaughan,
ex-Merck Pharma rep &
LearnTheRisk.org founder**

THE CALL FOR MEDICAL REFORM AND A NEW VISION FOR PUBLIC HEALTH

TRUE HEALTH IS NOT THE ABSENCE OF DISEASE ALONE. IT IS THE CAPACITY OF THE HUMAN BEING TO SELF-ACTUALIZE, TO GROW IN BODY, MIND, AND SPIRIT WITHIN A SAFE, NURTURING ENVIRONMENT.

It is time to reclaim a more holistic vision of health, one that recognizes that the immune system does not function in isolation. It is intricately shaped by our microbiome, neurological health, nutritional status, genetic and epigenetic predispositions, environmental exposures, and psychosocial well-being. The narrow focus on vaccination as the singular marker of public health success must give way to a broader, systems-based approach that reflects the complexity of human biology – and respects the uniqueness of each individual.

We assert that medical freedom is a cornerstone of both personal health and human rights. Every individual deserves the uncoerced right to evaluate medical risk, consider personal circumstances, and decide what interventions are appropriate for them – without pressure, punishment, or the loss of social or economic participation.



THE CALL FOR MEDICAL REFORM AND A NEW VISION FOR PUBLIC HEALTH

INFORMED CONSENT IS NOT A BUREAUCRATIC FORMALITY – IT IS A MORAL AND ETHICAL IMPERATIVE.

Public health must never again become a tool to divide society, alienate dissenters, or shame those who make different but reasonable choices.

True public health is built on *trust, transparency, and compassion – not coercion or censorship.*

We cannot achieve lasting health security by undermining civil liberties or eroding bodily autonomy. Nor can we build a healthier future by turning neighbor against neighbor.

Historically, public health has encompassed far more than vaccines. It has championed clean air and water, safe housing, food security, education, emotional well-being, and respect for human rights. That broader vision must be restored and expanded.



THE CALL FOR MEDICAL REFORM AND A NEW VISION FOR PUBLIC HEALTH

TO THAT END, WE PROPOSE THE FOLLOWING ESSENTIAL REFORMS:

1. **Formal recognition of vaccine-related injury and death**, grounded in humility, science, and compassion.
2. **Dedicated public health resources** for researching the causes of vaccine injury and identifying risk factors for prevention.
3. **Full transparency** regarding vaccine safety data, including public access to raw trial data and cost-benefit analyses.
4. **Just redress for individuals and families harmed by vaccines**, including an end to the gaslighting and medical denial that too many have endured.
5. **The repeal of all vaccine mandates** and recognition that mandates violate bodily autonomy and natural human rights.
6. **A renewed commitment to the principle of informed consent**, especially when medical interventions carry serious or long-term risks.
7. **Recognition of natural immunity** and support for integrative approaches to infection prevention and treatment.
8. **A commitment to understanding the effects of the environment upon health and the creation of an environment free of dangerous toxins.**

THE CALL FOR MEDICAL REFORM AND A NEW VISION FOR PUBLIC HEALTH

Let us move forward—together—toward a *healthcare future that is people-centered, transparent, and rooted in respect*. A future where trust is earned, not demanded. A future where freedom, not fear, guides our decisions. A future where every human being is empowered to live fully, freely, and in vibrant health.

WE ENVISION A BRIGHTER PATH – ONE THAT HONORS THE SACREDNESS OF THE HUMAN BODY, THE SOVEREIGNTY OF THE HUMAN MIND, AND THE POWER OF A TRULY ETHICAL PUBLIC HEALTH SYSTEM TO UPLIFT US ALL.



APPENDIX – RECOMMENDED RESOURCES

SIXY-TWO INFLUENTIAL BOOKS FOR THE MEDICAL FREEDOM ACTIVIST

Here's a curated list of influential books on medical freedom, vaccine safety, informed consent, and health sovereignty. This includes works by doctors, researchers, investigative journalists, and advocates who have contributed meaningfully to the conversation, and covers a wide spectrum: historical context, scientific inquiry, ethical critique, and personal testimony.

FOUNDATIONAL WORKS ON VACCINE SAFETY & HISTORY

1. Dissolving Illusions – Dr. Suzanne Humphries & Roman Bystryanyk

A comprehensive history of infections and the role of vaccines with deep dives into public health data.

2. Dare to Question: One Parent to Another – Ted Kuntz An informative discussion of what medical providers won't tell you and why parents must question

3. Miller's Review of Critical Vaccine Studies – Neil Z. Miller

Summarizes 400 peer-reviewed studies related to vaccine safety, organized by topic

APPENDIX – RECOMMENDED RESOURCES

FOUNDATIONAL WORKS ON VACCINE SAFETY & HISTORY CONTINUED

4. The Poisoned Needle – Suppressed Facts About Vaccination – *Eleanor McBean*

An accumulated compelling evidence regarding the vaccination of the masses, the role of politics and profit, and reasons we should reject The Poisoned Needle.

5. Vax Facts: What to Consider Before Vaccinating at All Ages & Stages of Life – *Dr. Paul Thomas*

A one-stop-shop for all the information parents need to make an informed choice about childhood vaccinations

6. What Your Doctor May Not Tell You About Children's Vaccinations – *Dr. Stephanie Cave*

Pros and cons for parents to make knowledgeable, responsible choices about vaccines

7. The Vaccine Book – *Dr. Robert W. Sears*

Offers a balanced look at each vaccine, discussing pros, cons, ingredients, and alternative schedules

SCIENCE, IMMUNITY & HEALTH SOVEREIGNTY

8. The Vaccine-Friendly Plan – *Dr. Paul Thomas & Jennifer Margulis*

A proposed alternative vaccination schedule focused on minimizing risk and supporting natural immunity

9. Let the Science Speak – *Brian S. Hooker & Robert F. Kennedy, Jr.*

A rebuttal to the claim that the vaccine-autism link has been thoroughly debunked

APPENDIX – RECOMMENDED RESOURCES

SCIENCE, IMMUNITY & HEALTH SOVEREIGNTY CONTINUED

10. The Sanctity of Human Blood: Vaccination Is Not Immunization – *Tim O'Shea*

A heavily referenced deep dive into vaccine science, policy, and toxicity

11. What the Pharmaceutical Companies Don't Want You to Know About Vaccines – *Dr. Todd M. Elsner*

Breaks down vaccine safety issues in plain language for parents

12. Healing the New Childhood Epidemics – *Dr. Kenneth Bock*

Offers integrative treatment strategies for autism, ADHD, asthma, and allergies – conditions sometimes discussed in the context of vaccine injury.

13. Turtles All the Way Down: Vaccine Science and Myth – *Anonymous Israeli Medical Researchers*

A rigorous, citation-rich critique of vaccine safety studies and assumptions.

14. Vax-Unvax: Let the Science Speak – *Brian Hooker and Robert F. Kennedy Jr.*

One hundred studies in the peer-reviewed literature that consider vaccinated versus unvaccinated populations

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APPENDIX – RECOMMENDED RESOURCES

MEDICAL FREEDOM, ETHICS & INFORMED CONSENT

15. Plague of Corruption – *Dr. Judy Mikovits & Kent Heckenlively*

Memoir meets exposé on the suppression of dissenting scientists

16. The Real Anthony Fauci – *Robert F. Kennedy, Jr.*
Investigates conflicts of interest in public health and the pharmaceutical-industrial complex

17. Vaccine Epidemic – *Louise Kuo Habakus & Mary Holland*

A collection of essays on civil liberties, parental rights, and informed consent

18. HPV Vaccine on Trial – *Holland, Rosenberg & Iorio*

A legal and medical deep dive into the development, marketing, and adverse effects of the HPV vaccine

INVESTIGATIVE JOURNALISM & INDUSTRY CRITIQUE

19. Trust Us, We're Experts – *Sheldon Rampton & John Stauber*

Explores how industries (including pharma) manufacture credibility and manipulate public perception

20. Confessions of a Medical Heretic – *Dr. Robert Mendelsohn*

Challenges the blind faith placed in modern medicine and its institutions

APPENDIX – RECOMMENDED RESOURCES

INVESTIGATIVE JOURNALISM & INDUSTRY CRITIQUE CONTINUED

21. Overdosed America – *Dr. John Abramson*

Details how pharmaceutical companies distort research and compromise care

22. Medical Apartheid – *Harriet A. Washington*

Chronicles unethical medical experiments on marginalized populations – a vital context for discussions of trust and consent

23. Vaccine Epidemic – *Louis Kuo Habakus, Mary Holland, Kim Rosenberg*

How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children

PEDIATRICS, IMMUNE SUPPORT, AND INFECTION TREATMENT

24. Be Your Child's Pediatrician – *Rachel Weaver*

Discover how to heal and the healing of many illnesses

25. How to Raise a Healthy Child in Spite of Your Doctor – *Dr. Robert Mendelsohn*

A classic book advocating parental wisdom and questioning medical overreach

26. The Unvaccinated Child: A Treatment Guide for Parents and Caregivers – *Judith Thompson*

A naturopathic treatment guide for common childhood illnesses

27. Raising a Vaccine Free Child – *Wendy Lydall*

Comprehensive guide to facts, myths, problems, and solutions associated with raising a vaccine free child

APPENDIX – RECOMMENDED RESOURCES

HOLISTIC HEALTH, NATURAL HEALTH AND ALTERNATIVE PERSPECTIVES

28. Self Heal by Design – *Barbara O'Neill*

How to get the body to heal itself given the right conditions

29. Beyond Labels – *Joel Salatin & Dr. Sina McCullough*

Advocates for food freedom and biological individuality
– natural extensions of informed health choices

30. The Nourishing Traditions Book of Baby & Child Care – *Sally Fallon Morell & Thomas Cowan, MD*

Covers natural nutrition, immunity, and cautious vaccine scheduling

31. The Truth About Contagion – *Dr. Thomas Cowan & Sally Fallon Morell*

Rethinks viral theory and immunity – controversial but aligned with deeper critiques of germ theory orthodoxy

32. Deep Nutrition: Why Your Genes Need Traditional Food – *Dr. Catherine Shanahan*

An examination of the scientific basis of traditional diets that help people live healthy lives

33. The Biology of Belief – *Dr. Bruce Lipton*

Explores the impact of epigenetics, energy, and environment on health and healing

34. The GAPS Diet – *Dr. Natasha Campbell-McBride*

Gut-healing nutritional protocol aimed at reversing autism, ADHD, allergies, and autoimmune disease

APPENDIX – RECOMMENDED RESOURCES

HOLISTIC HEALTH, NATURAL HEALTH AND ALTERNATIVE PERSPECTIVES CONTINUED

35. Medical Medium – *Anthony William*

A popular (if controversial) guide to detox, immune support, and healing chronic conditions through whole foods and lifestyle changes

36. Cure Unknown – *Pamela Weintraub*

An investigative look at chronic Lyme and environmental illness – helpful parallels for those exploring non-traditional chronic disease models

37. Clean, Green & Lean – *Dr. Walter Crinnion*

A leading environmental medicine expert on how to detoxify and reduce the body's toxic burden

MEDICAL FREEDOM ACTIVISM, MEMOIRS, & PERSONAL ACCOUNTS

38. What the Nurses Saw – *Ken McCarthy*

An investigation into systematic medical murders during COVID and the nurses who fought back

39. Crooked: Man-Made Disease Explained – *Forest Maready*

Offers a theory about neurological damage (such as facial palsy) connected to vaccines and environmental factors

40. Callous Disregard – *Dr. Andrew Wakefield*

Wakefield's own account of the events surrounding the MMR-autism controversy and media backlash

APPENDIX – RECOMMENDED RESOURCES

MEDICAL FREEDOM ACTIVISM, MEMOIRS, & PERSONAL ACCOUNTS CONTINUED

41. Vaccine Whistleblower – Kevin Barry

The story of CDC scientist Dr. William Thompson exposing CDC fraud and vaccine/autism data suppression

42. War on Ivermectin – Jenna McCarthy and Dr. Pierre Kory

Personal narrative of Dr. Pierre Kory who drove the ivermectin research for COVID and the resulting suppression of scientific truth.

43. Underestimated: An Autism Miracle – JB Handley

A remarkable story of a father and his autistic son who discover a method of communication that breaks the son out of his “prison of silence.”

AUTISM, NEURODEVELOPMENT, AND ENVIRONMENTAL RISK

44. The Environmental and Genetic Causes of Autism – Dr. James Lyons-Weiler

Delves deep into the full body of past and current research to reveal how genetic predispositions and environmental factors can combine to produce the conditions known as autism.

45. The Autism Revolution – Dr. Martha Herbert & Karen Weintraub

A Harvard neurologist presents autism as a whole-body disorder influenced by inflammation, toxicity, and lifestyle

APPENDIX – RECOMMENDED RESOURCES

AUTISM, NEURODEVELOPMENT, AND ENVIRONMENTAL RISK CONTINUED

45. How to End the Autism Epidemic – *JB Handley*

A science-based explanation of what's causing the autism epidemic

46. Healing and Preventing Autism – *Jenny McCarthy & Dr. Jerry Kartzinel*

A parent's perspective blended with integrative medical treatment protocols

47. Changing the Course of Autism – *Dr. Brian Jepson*

Focuses on reversing or reducing symptoms through biomedical and environmental strategies

48. The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic – *Dan Olmsted & Mark Blaxill*

Investigates mercury exposure from vaccines and other sources as a root cause of rising autism rates

49. The Autism Vaccine: The Story of Modern Medicine's Greatest Tragedy – *Forrest Maready*

Argues a strong link between early-life neurotoxicity and the rise of autism diagnoses

ALUMINUM, TOXIC EXPOSURES & VACCINE INGREDIENTS

50. Imagine You Are an Aluminum Atom: Discussions with Mr. Aluminum – *Dr. Christopher Exley*

One of the world's leading aluminum researchers explores its role in neurodegenerative and immune-related diseases

APPENDIX – RECOMMENDED RESOURCES

ALUMINUM, TOXIC EXPOSURES & VACCINE INGREDIENTS CONTINUED

51. **The Age of Aluminum: The Dark Side of the Shiny Metal – Bert Ehgartner**

A broader historical and scientific examination of aluminum's rise in industry and medicine

52. **What Really Makes You Ill? – Dawn Lester & David Parker**

Challenges traditional germ theory and proposes environmental toxins—including metals—as major disease contributors

53. **Thimerosal: Let the Science Speak – Robert F. Kennedy Jr.**

The evidence supporting the removal of thimerosal from vaccines

MEDICAL REFORM, ETHICS, AND SYSTEMIC CRITIQUE

54. **The Truth About the Drug Companies – Dr. Marcia Angell (former editor-in-chief of NEJM)**

A scathing, insider look at how pharmaceutical companies influence science, policy, and medical education

55. **Resisting Medical Tyranny: Why the COVID-19 Mandates Are Criminal – Francis Boyle**

A review of the totalitarian measures enacted during the pandemic and how we can fight against them

56. **Deadly Medicines and Organised Crime – Dr. Peter C. Gøtzsche** Shocking but evidence-based expose of how industry-funded medicine has led to preventable harm

APPENDIX – RECOMMENDED RESOURCES

MEDICAL REFORM, ETHICS, AND SYSTEMIC CRITIQUE CONTINUED

57. **The Medical Mafia – *Dr. Guylaine Lanctôt***

A bold critique of modern medicine's control structures and spiritual disconnect

58. **The Truth About the Drug Companies – *Marcia Angell***

How the drug companies deceive us and what to do about it

59. **Follow The Science – *Sharyl Attkisson***

How Big Pharma misleads, obscures, and prevails through collusion with government and media

60. **The Pfizer Papers: Pfizer's Crimes Against Humanity – *Naomi Wolf***

An examination of how Pfizer knew its own vaccines were neither safe nor effective

61. **Cures vs. Profits: Successes in Translational Research – *Dr. James Lyons-Weiler***

Discusses the trade-off between doing research that advances the public good versus research that advances corporate profits

62. **The Wuhan Cover-Up: And the Terrifying Bioweapons Arms Race – *Robert F. Kennedy Jr.***

An inquiry into the Wuhan cover-up, the use of gain-of-function research, and the US government's research into bioweapons

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APPENDIX – RECOMMENDED RESOURCES

ORGANIZATIONS AND RESOURCES THAT ALL MEDICAL FREEDOM ACTIVISTS SHOULD KNOW ABOUT

THE NETWORK OF GRASSROOTS AND NATIONAL ORGANIZATIONS THAT AIM TO ADVANCE VACCINE CHOICE AND MEDICAL FREEDOM IS STRONGER THAN EVER BEFORE. THESE ARE SOME ORGANIZATIONS THAT YOU SHOULD FOLLOW AND SUPPORT.

1. Millions Against Mandates

Educate and equip millions to find solutions for healing our children.

🌐 Website: mamm.org

2. Medical Academy of Pediatrics & Special Needs (MAPS)

Help prepare health professionals to effectively treat their patients suffering from neurodevelopmental disorders

🌐 Website: medmaps.org

3. Dr. Sherri Tenpenny's Vaccine Research Library

Contains over 17,000 detailing published articles on the dangers of vaccines

🌐 Website:

<https://tenpennyresearchlibrary.com/author/sherri/>

4. Children's Health Defense (CHD)

Protects children from harmful environmental exposures and unsafe medical practices

🌐 Website: <https://childrenshealthdefense.org>

5. Stand for Health Freedom

Empowers individuals to advocate for their health rights

🌐 Website: <https://standforhealthfreedom.com>

APPENDIX – RECOMMENDED RESOURCES

6. Health Freedom Defense Fund

Engages in legal challenges to protect medical and bodily autonomy

🌐 Website: <https://healthfreedomdefense.org>

7. National Health Freedom Coalition

Supports legislation and access to natural and alternative healthcare

🌐 Website: <https://www.nationalhealthfreedom.org>

8. Alliance for Natural Health USA (ANH-USA)

Fights for access to natural health remedies and supplements

🌐 Website: <https://anh-usa.org>

9. National Vaccine Information Center (NVIC)

Advocates for vaccine safety and informed consent protections

🌐 Website: <https://www.nvic.org>

10. Texans for Vaccine Choice

Advocates for informed consent and vaccine choice rights in Texas

🌐 Website: <https://texansforvaccinechoice.com>

11. Vaccine Choice Canada

Promotes vaccine awareness and parental choice in Canada

🌐 Website: <https://vaccinechoicecanada.com>

12. Informed Consent Action Network (ICAN)

Promotes transparency and investigates medical interventions

🌐 Website: <https://www.icandecide.org>

APPENDIX – RECOMMENDED RESOURCES

13. California Health Coalition Advocacy

Focuses on vaccine choice and legislation affecting health freedom in California

🌐 Website:

<https://californiahealthcoalitionadvocacy.org>

14. Minnesota Natural Health Coalition

Supports natural health rights and freedom of choice

🌐 Website: <https://www.minnesotanaturalhealth.org>

15. New York Alliance for Vaccine Rights

A coalition of parents and advocates protecting vaccine rights in New York

🌐 Website:

<https://www.facebook.com/newyorkallianceforvaccinerights/>

16. Physicians for Informed Consent (PIC)

Nonprofit of doctors and scientists advocating for medical freedom and education

🌐 <https://physiciansforinformedconsent.org>

17. Citizens for Health

Advocates for health freedom, dietary supplements, and natural medicine

🌐 Website: <https://www.citizens.org>

18. Liberty Counsel

Legal advocacy group protecting religious and medical freedom

🌐 Website: <https://lc.org>

19. Parental Rights Foundation

Protects parental authority in medical and educational decisions

🌐 Website: <https://parentalrightsfoundation.org>

APPENDIX – RECOMMENDED RESOURCES

20. Right to Refuse

Grassroots movement to protect bodily autonomy and informed refusal of medical interventions

🌐 Website: <https://righttorefuse.org>

21. Freedom Keepers United

Nationwide advocacy network promoting health freedom and informed consent

🌐 Website: <https://www.freedomkeepersunited.com>

22. Stop Mandatory Vaccination

Educational site about the vaccine-free lifestyle and support network

🌐 Website: <http://stopmandatoryvaccination.com>

23. IPAK-EDU

Online education site that teaches science and other relevant topics for medical freedom activists

🌐 Website: <https://ipak-edu.org>

24. Truth About Vaccines

Educational platform for parents exploring vaccine safety and alternatives

🌐 Website: <https://thetruthaboutvaccines.com>

25. Vaccine Reaction (from NVIC)

Provides daily news and editorials about vaccine safety and policy

🌐 Website: <https://thevaccinereaction.org>

26. Children's Defense Health Europe

European arm of CHD, focusing on health freedom and transparency

🌐 Website: <https://childrenshealthdefense.eu>

APPENDIX – RECOMMENDED RESOURCES

27. World Council for Health

Global coalition of health professionals promoting ethical and open science

🌐 Website: <https://worldcouncilforhealth.org>

28. PERK (Protection of the Educational Rights of Kids)

Advocates for parental rights, medical freedom, and educational choice

🌐 Website: <https://www.perk-group.com>

29. Learn The Risk

Educational site that builds awareness on vaccine risks

🌐 Website: <https://learntherisk.org>

30. Global Health Project

International health freedom group advocating for science-based, consent-driven medicine

🌐 Website: <https://globalhealthproject.org>

31. React19

A non-profit that advocates for the vaccine-injured and collects their testimonies

🌐 Website: <https://react19.org>

32. US Right To Know

A non-profit, non-partisan public health research group that investigates government failure

🌐 Website: <https://usrtk.org/>

33. Citizen's Council for Health Freedom

National, health policy non-profit that exists to protect patient and doctor freedom

🌐 Website: <https://www.cchfreedom.org/>

34. V is for Vaccine

Grassroots activism group meant to bring attention to vaccine risk awareness

🌐 Website: <https://www.visforvaccine.com/>

APPENDIX – RECOMMENDED RESOURCES

35. Natural News

Censorship-free, health-related news about a variety of topics

🌐 Website: <https://naturalnews.com>

36. Green Med Info

A comprehensive natural health research database curated by Sayer Ji

🌐 Website: <https://www.greenmedinfo.com>

37. Building Biology Institute (BBI)

Offers education on creating low-toxicity, low-EMF living environments

🌐 Website: <https://buildingbiologyinstitute.org>

38. Freedom Farm Academy

Offers services to create your own local resilient food forest at your home using permaculture

🌐 Website: <https://foodforestabundance.com/>

39. Weston A. Price Foundation

A foundation that advocates for traditional, nutrient-dense diets and regenerative farming

🌐 Website: <https://www.westonaprice.org/>

40. Environmental Health Trust

Researches the biological effects of wireless radiation and EMFs

🌐 Website: <https://ehtrust.org>

41. Organic Consumers Association

A group which advocates for and posts news related to organic foods and regenerative agriculture

🌐 Website: <https://organicconsumers.org/>

42. Building Bridges in Children's Health

Online community dedicated to learning about and teaching science that supports healthy immunity

🌐 Website: <https://bbch.community>