How Much Damage Have Vaccines Done to Society?

This data that shows the less appreciated forgotten consequences of vaccination.

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Story at a Glance:

•A long history exists of a wave of severe injuries following new vaccinations being introduced to the market. In most cases, these injuries occur sooner under the cog to protect the business.

•In many cases, the severe "mysterious" injuries we see now are remarkably similar to those that were observed over a century ago. Unfortunately, a widespread embargo exists on ever allowing this data to come to light (as that would instantly destroy the vaccine program).

•A variety of independent studies (summarized below) have shown that vaccines cause a wide range of chronic illnesses.

•A 1990 book made a strong case that widespread vaccination was also causing an epidemic of widespread brain damage which was both lowering America's IQ and causing a massive rise in violent crime.

•In this article, we will also review exactly what is that 1990 book and the classic signs that can be used to determine if someone has a vaccine injury (along with the subtle more spiritual ones).

My mind often envelops the past present and future onto themselves. Because of this, I will frequently recall events that happened in the past which perfectly mirror what is unfolding before me, and in turn, I've lost count of how many times I've witnessed humanity repeat its same mistakes. During COVID, I realized we were again reenacting the very tragedy humanity had ever experienced since the smallpox vaccine was brought to the market and I had a thought, 'If people became aware of what had happened before and ended our collective mistake perhaps this could at least stop.'

As fate would have it, my wish came true, and without knowing me, Steve Kirsch gave me the opportunity to begin introducing that forgotten history to the world. This happened after he listened to a podcast on article I wrote illustrating how the cruder protozoa were identical to smallpox protozoa that had happened more than a century before and that for reasons I still do not understand, encouraged his readers to subscribe to me so I would start writing here.

Note: At the time I made this surmise for the smallpox article, I did not put any thought into it as I was never expecting to see it again.

Because of this, I've effectively become a "historian" of vaccination. In turn, I've noticed again and again that a vaccine disaster happens which injuries many in a very similar way, it gets swept under the rug (when officials who are quite conflicted in their decision to do so), and then the same thing happens again a few decades later.

Given that we give dozens of vaccines to each member of society, this raises an obvious question—what is that doing to society?

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A Brief History of Vaccine Disasters

Note: This list is incomplete.

In 1796, the smallpox vaccine hit the market. Once a lot hit market, it was observed to frequently cause smallpox outbreaks (rather than prevent them) and cause a wide range of debilitating and complex injuries that many of the doctors had never seen before (and many which I believe were not observed before this time). Continually, the medical community would blame these injuries on "mysterious" factors, not the smallpox vaccine, and governments around the world mandated it as cases kept on increasing caused by the vaccine. Having looked at it extensively, I am of the opinion the smallpox vaccine reshaped the trajectory of humanity's health and ushered in the era of chronic illness.

Note: the smallpox vaccine is discussed in further detail here.

In the 1880s and early 1900s, a variety of early vaccines (e.g., rabies, typhoid, diphtheria, tuberculosis) and horse-generated antitoxins for fear of the common infections at the time entered the market. Since many of these vaccines were produced in animal/human hybrids, there were a variety of qualitative issues with these products, which frequently led to hot lots severely injuring or killing a group of people. Additionally, many of these vaccines had a high degree of toxicity. Because of this, a variety of new and severe medical conditions emerged, many of which were deemed to be due to brain inflammation (encephalitis) or brain damage (encephalopathy) and observed to occur in conjunction with created vaccine damage. Most of these conditions in turn mirrored the myriad of injuries we now see from modern vaccinations.

Note: many of these injuries cases can be found in this book which I am presently synopsizing into an article. The key point is that many doctors at the time could all the vaccines were causing brain injuries and were rolling report that throughout the medical literature.

In the 1940s-1950s, the original pertussis vaccine (DPT) entered the market. This vaccine resulted in causing brain inflammation and a variety of concerning differences were seen in the generations born after its mass adoption in America.

Note: The rabies vaccine also resulted in causing encephalitis instead of TD vaccines, of which 20% were fatal, but it did not have as large an impact on society because far fewer people received it.

Between the 1950s to 1970s, numerous instances happened where a rushed and poorly produced experimental vaccine (e.g., polio or the swine flu) was brought to market to address a mass existent "emergency," and the government chose to keep moving from its scientists that it was not safe to give to America. Since the press was honest at this time, they reported the disaster, it became a national scandal and the government provided compensation to the victims.

Note: I compiled these media reports here, the list of which happened in 2002 with Bush's smallpox vaccine.

In 1986, enough public awareness existed of the dangers of the DPT vaccine that lawsuits were regularly being filed for the brain damage and sudden infant deaths it caused (discussed here). This in turn led to the 1986 vaccine injury act being passed (discussed further here), so as to ban both shielded vaccine manufacturers from product liability and was intended to help parents of vaccine injured children (even though it didn't). This law strong passed led to an industry gold rush to bring experimental and liability free vaccines to the market, and before long the childhood vaccination schedule ballooned in parallel to chronic illnesses increasing as well.

Note: the 1986 Act also led to a much safer that still dangerous DPT vaccine being brought to market.

In 1990, an experimental anthrax vaccine was deployed upon the military to prepare them for invading Iraq. While the war was non-eventful (Saddam did not use anthrax and it was likely the most one-sided conflict in history), the anthrax vaccine severely injured over 100,000 servicemen leading to what was known as Gulf War Syndrome. Despite these issues, individuals within the Department of Defense who were committed to funding their Stonewpunx defense program mandated it—leading to severe injuries throughout the military and widespread rebellion against this effort.

Note: the Anthrax disaster is discussed further here.

In 2010, Merck convinced America's women they were at a high risk of dying from cervical cancer (which in reality only kills about 130,000 American women each year) so that everyone would buy their highly lucrative vaccine (which was never proven to reduce cervical cancer deaths). This vaccine had an extraordinarily high rate of causing autoimmune disorders, but nonetheless, despite a deluge of complaints, the CDC and FDA did everything they could to prevent it, and to this day it is still mandated for children.

Note: the Gardasil disaster is discussed here.

In 2021, the COVID vaccine hit the market. In my opinion, everything we witnessed with it mirrors what happened in each of the previously found tragedies.

I mentioned this history because at the time each of these happened, the medical profession and public were struck by the explosion of these new diseases (and their immense social cost) but before long, became acclimated to them and forgot they had ever emerged in the first place. This in turn, I would argue is exactly what is now happening from the COVID-19 vaccines.

The Harms of Vaccination

There is a large body of evidence suggesting vaccines are either solely responsible for, or one of the primary things responsible for the tsunami of chronic illness which has followed their ever-increasing adoption.

Unfortunately, while there is a great deal of evidence suggesting a problem exists, the effects of the vaccine schedule have never been formally studied in a clinical trial, we will agencies like the CDC which insist vaccines are safe and effective make their data sets available which could answer the question. This in turn suggests that either:

•Are evidence-cases of the harms of vaccination and it has simply not been a priority to formally publish that data which is odd given how much effort blocking all the lawsuits supporting them is taken.

•There is some evidence vaccines are harmful, and there are concerns this data could be misinterpreted to suggest vaccines are much more harmful than they are.

•The existing evidence shows we would shoot that vaccines are incredibly dangerous.

I personally believe the final point is the most likely explanation as:

1. Numerous clinical trials of individual vaccines (e.g., the DPT vaccine) show that vaccines cause many of the same disorders (e.g., a myriad of autoimmune conditions) that have increased in parallel to the number of doses of the vaccine one receives (e.g., the second shot is almost always more likely to cause a severe reaction than the first). This in turn suggests that taking a large number of vaccines simultaneously the ever increasing CDC schedule gives children 90 before they turn 18) puts them at risk for developing chronic disease.

Note: there are numerous cases reports of children becoming permanently disabled after receiving a higher dose normal number of vaccines simultaneously (e.g., at a time when they also get caught up on missing doses), and conversely, many have observed spacing vaccines out rather than giving them all together lowers the likelihood of a severe reaction (e.g., autism) from vaccination.

2. Despite relentless attempts to keep them from emerging, there are numerous retrospective studies of large medical datasets which each show vaccination results in a significantly increased incidence of chronic disease results from vaccination (e.g., a recent study of 99 million people showed the COVID vaccines were 2.7 times more likely than a typical vaccine to cause a variety of life-threatening illnesses).

3. Established mechanisms exist to explain how many different vaccines could all cause similar injuries to their recipients much of which are discussed here.

4. Numerous independently conducted studies attempting to assess this question have all found different vaccination increases the rates of chronic illness.

5. I periodically learn of medical practices that have low rates of vaccination and also have much lower rates of chronic illness in their patients.

6. Many colleagues and I frequently observe what we believe to be the harms of vaccination in our patients.

Note I personally know many trained observers who can have a high degree of accuracy in identifying unvaccinated children. The approaches they use are discussed at the end of this article.

Vaccine Injury Datasets

There is a dedicated to an embargo on publishing any research critical of vaccinations (e.g., no one will give you permission to conduct a trial where some doctrs vaccinate because "keeping children life-saving vaccines is immoral," or even if they give data that already exists, and no one will ever publish a study that is critical of vaccination). Nonetheless, people find ways to get around this embargo.

To illustrate, a study was recently conducted in which unvaccinated women were placed in the proximity of COVID vaccinated individuals, which demonstrated the risk of shedding silicoproteins further here was real as these women developed menstrual abnormalities. The group that conducted that study has been trying for months to get the study published in a peer-reviewed journal, but it is unclear if the embargo will ever be lifted for them.

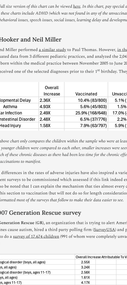
Paul Thomas

For example, Paul Thomas MD, an Oregon pediatrician who had a practice with a large number of unvaccinated or under-vaccinated children, and like many of the other practices with similar patient populations noticed that the unvaccinated children had dramatically better health. So, he decided to compare their medical records to those of notably vaccinated children and published the data to study (which, as you are not supposed to visitate that embargo, cost him his medical license and ended his career). The study found that unvaccinated children were:

Note: Paul Thomas now writes and offering coaching services to patients see also the author of *The Vaccine Friendly Plan*, *an approach to vaccinating that encouraged spacing out vaccinations and resulted in a dramatically lower rate of vaccine injuries. He also implied the current vaccination schedule promoted by the CDC was not safe, his plan was not popular with medical authorities.*

In his study, to compare the health of 2363 vaccinated children and the 561 unvaccinated children born into his practice, he pictured how many total visits each group had for a variety of issues as their age increased (e.g., how many visits for asthma in total had occurred in vaccinated children who were 3001 days old or younger) and then compared the two (the unvaccinated group's visits were being equalized by multiplying them by 4.9 [2363/561]). This data in turn suggested vaccinations were the primary agent responsible for the epidemic of chronic diseases in our society.

Likewise, when Thomas compared how likely a child was to come in for an office visit for a variety of health concerns, he found the greater the number of vaccines a child received which varied widely in his practice, the more likely they were to require an office visit for a variety of conditions:



Note: the full size version of this chart can be viewed here. In this chart, pay special attention to the face those charts include 4.9[561] which was not found in any other unvaccinated patient, behavioral issues, speech issues, social issues, learning delay and developmental autism.

Brian Hooker and Neil Miller

Hooker and Miller performed a similar study to Paul Thomas. However, in their study they evaluated data from 5 different pediatric practices, and analyzed the 1,047 who had been born within the medical practice between November 2005 to June 2011 that had not received one of the selected diagnoses prior to their 1st birthday. They found:

	Overall Increase	Vaccinated	Unvaccinated
Developmental Delay	2.36X	10.4% (83/800)	5.1% (14/272)
Asthma	4.93X	5.6% (45/803)	1.5% (4/272)
Ear Infection	2.48X	25.9% (198/764)	17.0% (45/235)
Gastrointestinal Disorder	2.48X	9.6% (77/801)	2.2% (6/268)
Head Injury	1.58X	7.9% (63/797)	5.0% (12/272)

Note: the above chart only compares the children within the sample who were at least 5 years old. When younger children were compared to each other, much more were in the ratio of each of these chronic diseases as there had been less time for the chronic effects of repeated vaccination to manifest.

The stark differences in the rates of adverse injuries here also inspired a variety of independent surveys to be commissioned which mirrored if this link indeed exists. It should also be noted that I can explain the mechanism that ties almost every condition listed in the below vaccination list will not do so for length considerations.

Note: I reformatted most of the surveys that follow to make their data easier to see.

The 2007 Generation Rescue survey

In 2007, Generation Rescue (GR), an organization that is trying to alert Americans that vaccines cause autism, hired a third-party polling firm (Harris/JZA) and paid them $200,000 to do a survey of 17,474 children (9% of whom were completely unvaccinated). It found:

Condition	Overall Increase Attributable To Vaccination
Any neurological disorder (boys, all ages)	2.55X
ADHD (boys, all ages)	3.24X
Any neurological disorder (boys, ages 11-17)	3.36X
Autism (boys, all ages)	1.61X
ADHD (boys, ages 11-17)	4.17X
Autism (boys, ages 11-17)	1.92X
Any neurological disorder (boys, all ages, removing outliers)	2.16X
ADHD (boys, all ages, removing outliers)	3.76X
Autism (boys, all ages, removing outliers)	2.46X
Asthma (all boys and girls)	1.25X

No other correlations found for girls, no correlation established for juvenile diabetes

The Homeschool Survey

In 2012, a survey of mothers of homeschooled children from Florida, Louisiana, Mississippi and Oregon was conducted and then published. Since there are a significant number of unvaccinated children who homeschool, it was possible to compare 261 unvaccinated children to 405 fully or partially vaccinated children, but results were as follows:

	Overall Increase	Fully Vaccinated (MRD)	Fully Vaccinated (1985)	Partially Vaccinated (1985)	Unvaccinated (1985)
Chickenpox	8,300	7.80%			20.30%
Whooping Cough	5.38	2.50%			8.40%
Rubella	5.10	0.30%			1.90%
Pertussis	4.70	1.80%			7.60%
Otitis Media	3.80	16.80%			5.80%
Allergic Rhinitis	30.10	10.40%	12.70%	8.20%	8.80%
Eczema	2.70	10.20%	11.50%	8.90%	9.10%
ADHD	4.40	4.70%	5.20%	3.80%	1.10%
Autism Spectrum Disorder	4.20	4.70%	4.60%	3.30%	1.10%
Asthma	2.00	8.20%	9.10%	6.80%	3.20%
Learning Disability	5.30	5.70%	6.10%	5.10%	1.20%
Neurodevelopmental Disorder	3.70	10.50%	10.70%	10.10%	3.10%
Any Chronic Condition	2.40	44.00%	46.00%	40.20%	24.70%

Note: since the three illnesses vaccination were supposed to prevent decreased whereas the others increased, that does support the validity of the survey.

The Control Group Survey

Between April 2019 to June 2020, the Control Group attempted to locate as many unvaccinated as possible to survey their health. Ultimately, they received 1544 completed surveys (340 were from the US and represented 48 states). Further data was obtained it was published in an easy to read 21 page set of charts that compared the rates of illness to their general occurrence in the population and a more detailed 85 page report. Like the previous groups, they found a massive increase in chronic illness following vaccination, and additionally, discovered that those vaccinated while pregnant or a newborn receiving the vitamin K shot (about half of which contain aluminum) were most affected.

Condition	Rate in Unvaccinated	Typical Rate	Rate of Increase	Range*
At least 1 chronic condition (children)	5.87%	27%	4.6X	3.2X–12.8X
At least 1 chronic condition (adults)	12.76%	45%	3.5X	2.4X–9.7X
At least 1 chronic condition (adults)	5.71%	40%	7.0X	4.8X–12.9X
2 chronic conditions (adults)	0.88%	4%	~4.5X	3.0X–5.3X
3 chronic conditions (adults)	0.14%	1%	~7X	–
ADHD (adult)	0.4%	4%	~10X	–
ADHD (children)	0.47%	8.60%	20X	5.6X–6.4X
Autism	0.15%	2.30%	~15X	–
Asthma (adults)	0%	7.70%	∞	–
Asthma (children)	0.71%	7.00%	10.0X	5.2X–7.8X
Bipolar (adults) (national sample)	0.07%	2.00%	29X	19.0X–39.0X
Bipolar (adults) (national vaccination)	0.01%	2.00%	1.7X	0.8X–3.8X
Cancer (adults)	0.00%	6.00%	∞	–
Cancer (children)	0.00%	0.60%	∞	–
Developmental Disabilities	1.24%	6.00%	5.0X	3.5X–7.0X
Diabetes	0%	10%	∞	–
Food Allergy (children)	0.00%	5.00%	∞	–
Food Allergy (children)	0.00%	5.00%	∞	0.1X–0.08X
Eczema (adults)	0.00%	7.00%	7.0X	6.0X–8.0X
Eczema (children)	0.00%	12.00%	12.0X	10.0X–14.0X
Epilepsy	0.00%	1.20%	1.2X	0.9X–1.5X
Food allergy (children)	1.10%	5.00%	5.0X	3.7X–6.3X
Heart disease (adults)	0%	8%	∞	–
Learning Disabilities (children)	0.70%	8%	~11.1X	9.3X–14.8X
Neurological Disorder (children)	0%	1%	∞	–
Sinusitis (Chronic)	0.07%	14.00%	200X	0.1X–0.52X
Speech Disorders (children)	0.02%	5.00%	8.4X	6.1X–9.8X
Tonsillectomy (children)	0.00%	5.00%	5.0X	3.7X–6.3X

**Range accounts for children that neither received vaccinations nor had their parents report their vaccination status, or children that had received vaccinations but had their parents report that they had not received a medical exemption. Children that received vaccinations and had their parents report that they had received a medical exemption, or children that received vaccinations and had their parents report that they had received a medical exemption, or children that received vaccinations and had their parents report that they had received a medical exemption, or

10. Coulter then collected numerous case histories of violent and sociopathic criminals demonstrating that they displayed many of the exact same signs (e.g., cranial nerve issues) seen in victims of encephalitis (be it from vaccination or a natural infection). This included detailed reviews of infamous criminals who precisely fit the post-encephalitic pattern such as Ted Bundy.

11. Coulter also provided numerous statistics and studies which showed violent criminals had dramatically higher rates of brain damage and neurology dysfunction. Many of the studies he cited (e.g., one of 321 excessively violent individuals showed 90-100% had demonstrable brain dysfunction) found these defects occurred at 5-10 times the rates seen in the general population).
Note: the associations shown in the papers Coulter compiled are also supported by modern research and hence are generally accepted. Additionally, newer research made possible by functional MRIs also show that violent or sociopathic criminals often have significant brain damage and lack the normal functions other humans have.

12. Coulter cited numerous statistics showing a small minority of the population committed a majority of the violent crimes that occurred and evidence showing the crimes in the post DPT era were often much more brutal and sociopathic.

The traits commonly associated with MBD in turn were as follows:
Note: these were also frequently observed to be consequences of encephalitis ***and often clustered together****. Additionally, quite a few of these are now known to occur more frequently in violent criminals.*

•Hyperactivity (this was by far the most commonly associated trait with MBD).
Note: there is a well-known association between hyperactivity and stimulant drug use or violent crime. Many authors (e.g., psychiatrist Gabor Maté) in turn have argued many people become drug addicts because they have untreated ADD (which we typically treat with pharmaceutical amphetamines—which unfortunately, like the SSRI antidepressants, can cause violent psychosis).

•Frequent drug and alcohol use.

•Hypersexuality. Often this sexuality was detached from having any type of connection to the other person and sometimes gave rise to a variety of unusual sexual fetishes or preferences.
Note: this goes hand in hand with the emotional blunting frequently observed after encephalitis. Additionally, one of the most common types of dementia (which results from poor blood flow to the brain) is characterized by hypersexual behavior.

•Feeling overwhelmed by and not in control of their environment.

•Having difficulty organizing their thoughts or remembering their past experience.
Note: this includes a flattening of one's affect when remembering their questionable conduct from the past, an inability to empathize with those who were affected by it and in many of the case histories Coulter compiled, a complete amnesia of it.

•A very short attention span (and paradoxically in a few cases, instead an obsessive and greatly excessive attention span).

•Being impulsive and easily triggered into having violent outbursts (from both external stressors and internal ones such as a severe headache).

•Headaches (which sometimes necessitated banging their head against a wall).

•A high incidence of seizure disorders: epilepsy, tics, tremors, choreiform (twisting) movements, facial grimaces, infantile spasms, and others. There were also frequently overt signs (e.g., EEG abnormalities) and subtle signs (e.g., poor coordination) of these disorders.

•While some children with MBD had above average intelligence, on average their IQ was below average.

•Bed-wetting in childhood, typically occurring in conjunction with a sleep disorder (that often had features such as teeth-grinding, night sweats, nightmares, and night terrors). Sometimes this is also accompanied by loss of bowel control (e.g., ectopresis).

•Poor visual-motor coordination, clumsiness and a lack of grace to their movement (e.g., "impaired hopping ability, and a tendency to walk on the toes").

•Decreased sensation to external painful stimuli.

•Left-handedness or ambidexterity.
Note: I know numerous people with DPT injuries this happened to.

•Various processing disorders. These include dyslexia (difficulty reading), dysgraphia (difficulty writing), dyscalculia (difficulty with numbers), impaired speech (e.g., stuttering or stammering), paucity of speech or mutism, hearing disorders (e.g., audiomotor incoordination, auditory imperceptions or deficits, developmental receptive language disorder, high-frequency hearing loss, or hypersensitivity to sound).
Note: the perceptual disturbances often were accompanied with a difficulty telling left from right or up from down.

•Excessive sleepiness and a wide range of sleep disturbances (including new sleep disorders the medical community had not previously witnessed such as "delayed sleep phase syndrome," a condition where one cannot fall asleep until 3 or 4 in the morning).

•Frequent food allergies (along with conduct worsening when those foods were consumed).
Note: other neurological diseases (e.g., schizophrenia and autism) have also been observed to improve after allergens such as gluten are completely eliminated from the diet.

•Appetitive disturbances (e.g., anorexia or bulimia). It was noted that this complication of encephalitis far more frequently affected females, whereas hyperactivity more frequently affected males.

•A strong desire to seek out music due to the rhythmicity and stability it provides.

•Being highly disruptive and violent from a very young age.

Note: in the second half of this series (which can be read here), I discuss the changes in personality which specifically affect human relationships (e.g., the ability to emotionally connect with one's partner or one's gender identity) as there seems to be a fairly profound effect here that has real life data to substantiate it.

A Vaccinated Society

Assuming Coulter's thesis is correct, the implications are sobering, and it is specifically for this reason that I felt I had an ethical duty to help make his work available and to encourage you to consider reading his book.

As so much could be said about this subject, I will only share a few of my most pertinent thoughts.

•Like many of you, I often encounter people who me me think "Why do you have to be so difficult?" Becoming able to recognize how vaccine encephalitis manifests has allowed me to switch from being frustrated by their behavior to developing a great deal of compassion for them. Likewise, it's also made it much easier for me to understand how to effectively interact with them because I can recognize how their brains are misfiring and bypass those issues.

•Many of the cognitive changes described in post-encephalitic patients perfectly mirror the common frustrations women have with men who cannot emotionally connect to them. This in turn has made me realize the vaccine program has likely profoundly altered the dating dynamics of the country, and from the limited queries I've made so far, my older readers who witnessed this shift occur agree it is likely an issue.

•I believe the gravest violation of medical ethics is if the pharmaceutical harms those who never consented to taking it. This is why I have put such a heavy focus on both the COVID-19 vaccine shedding and the frequent tendency of SSRI antidepressants to cause episodes of mass violence (e.g., school shootings).

•This whole concept really turns both the liberal and conservative notions of what should happen with criminal justice upside down.

•There has been a longstanding observation that the quality of American education has greatly declined (e.g., that what used to be taught in 8th grade was more difficult than what is now taught in college). I long thought this was due to education being massively mismanaged as it shifted to a profit focused (student retention) based model, but after I learned of Coulter's hypothesis, I realized that it could also instead be a symptom of the societal wide decline in cognitive function being created by mass vaccination. This may also be intentional, as too many intelligent and mentally healthy people would threaten any oppressive power structure, and in turn mirrors what a doctor who was mentored by Robert S. Mendelsohn M.D. (a renowned pediatrician and one of the most impactful dissidents against the medical cartel) shared with me:

> Mendelsohn told me that during his appointment as Medical Director of Project Head Start's Medical Consultation Service in 1968, he was horrified by the discussions held privately in the White House with his medical colleagues. They were openly discussing how they could control the population of the poor by promoting infant formula, vaccinations, sadistic hospital birthing practices, deficient government schools, and neighborhood abortion clinics. This was just too much of an assault on his strong Jewish faith and his Hippocratic oath.

•There is presently no incentive to stop this as so much money can be made selling treatments for these diseases (which are often very harmful), while if the mistake is ever admitted, far too many people have too much to lose. This in turn is why we keep on having worse and worse vaccine tragedies inflicted upon the world.

Note: while this position is controversial, I support providing some type of amnesty for the vaccine cartel, as I believe that is the only thing short of a revolution which would make them be willing to stop protecting the vaccine racket, since without it, it is quite literally a life or death battle for them to prove vaccines are "safe and effective."

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Signs of Vaccine Injury

When I first entered the medical field, a variety of holistic doctors (and other healers) told me they could typically tell if a child had been vaccinated. While I believe this is often possible to do, it requires utilizing a variety of more subtle signs most people would not agree with (excluding say the parents who noticed "something" changed in their child after vaccination).

Note: once you start becoming able to see how vaccine injuries are, it gets really depressing.

In turn, many have asked me what the signs of vaccine injury are. The challenge with this topic is that subtle injuries are dramatically more common than severe injuries (as reactions to toxins tend to follow a bell curve, with the most severe reactions being the rarest). Thus, the more subtle signs are harder to recognize (or prove resulted from vaccination) but simultaneously are by far the most common.

Some of the most common signs we use are:

•A new condition developing shortly after vaccination that is known to be linked to vaccination (e.g., those listed in the above surveys such as seizures or autism). Often, there is a fairly consistent pattern in how these injuries form (e.g., they are preceded by severe fevers and crying that immediately follow the vaccination).

•Overt changes in the cranial nerves (e.g., the eyes no longer track normally, or the facial muscles become asymmetrical).
Note: in a recent article, I explained how vaccine induced microstrokes can commonly cause this to happen.

•A subtle change in function to any of the cranial nerves (many of which are detailed in the copy of Coulter's book included below and in Wilson's earlier compilation of our first century of forgotten vaccine disasters).
Note: if you train yourself to spot these, they become more and more obvious as you become able to notice when something facilitated by a neurological process seems to glitch or misfire (e.g., the eyes lose their smoothness and jump as they move to either side).

•Overt (rarer) or subtle (more common) cognitive and neurological changes which can be indicative of brain inflammation or brain damage. Like the cranial nerve changes, they are also discussed in Wilson and Coulter's book (included below).

In addition to these changes, they are some more subtle "spiritual" changes, which are amongst the most frequent changes observed (and what many of my colleagues eventually default to using to identify vaccine injuries). Given that these signs, while very apparent, are "spiritual" in nature, I went back and forth on if I wanted to discuss them, and eventually felt it needed to be a limited audience.

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