

How Much Damage Has Mass Vaccination Done to Society?

The data that shows the less appreciated and forgotten consequences of vaccination



A MIDWESTERN DOCTOR

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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, those injuries were swept under the rug 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 in 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).

Note: due to the recent ACIP changes (the committee which decides which vaccines you take) and past interest in this article, I revised and updated it.

My mind often overlaps 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 us, and in turn, I've lost count of how many times I've witnessed humanity repeat its same mistakes or can see a slow motion train-wreck ahead on the horizon. During COVID, I realized we were again reenacting the same tragedy that 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 amnesia, perhaps this could be the last 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 chose to publish](#) an article I wrote illustrating how the trucker protests were identical to smallpox protests that had happened more than a century before and then 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 chose the username "A Midwestern Doctor" (for the smallpox article), I did not put much thought into it as I was never expecting to use it again.

Over the years, I've noticed again and again that a vaccine disaster happens which injures many in a very similar way, it gets swept under the rug (often by 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?

A Brief History of Vaccine Disasters

In 1798, the smallpox vaccine hit the market. Once it hit the market, [it was observed frequently cause smallpox outbreaks](#) (rather than prevent them) and to cause a wide range of [debilitating and complex injuries](#) that many of the doctors had never seen before (and many of which I believe were examples of “[blood stasis](#)”). Curiously, rather than recognizing this was a mistake, most of the medical profession endorsed the smallpox vaccine, and governments around the world mandated it as cases kept on increasing, leading to a downward spiral that was eventually broken by mass public protest against those mandates. Having looked at it extensively, I am of the opinion the smallpox vaccine reshaped the trajectory of humanity’s health and was [an inflection point in the era of chronic illness](#).

In the 1800s and early 1900s, a variety of early vaccines (e.g., rabies, typhoid, diphtheria, tuberculosis) and horse-generated antiserums (for most of the common infections at the time) entered the market. Since many of these vaccines were produced in small independent labs, there were a variety of quality control issues with these products, which frequently led to [hot lots being released](#) that severely injured killing a group of people. Additionally, many of those 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 cranial nerve damage. Most of these conditions (which I discussed in detail [here](#)) in turn mirrored the myriad of injuries we now too see from modern vaccinations. In addition to the injuries, two major issues stood out during this period:

- First, in addition to sometimes being directly contaminated with the disease causing organism (e.g., yellow fever or tuberculosis) and causing the illness, vaccines would often cause a temporary immune suppression which lead to disease outbreaks in the vaccinated (discussed [here](#)). However, each time this happened, rather than it being

seen as a sign we needed to dial back vaccination, it was interpreted as not enough people being vaccinated and harsher and harsher vaccine mandates being instituted to enact that policy or new vaccines being created to address the existing damage of vaccination (e.g., [the DPT vaccine frequently caused polio outbreaks](#)).

- Second, public health officials and vaccine designers were well aware of the injuries vaccines were causing, but since no other treatments existed for the disease, regrettably deemed this to be a necessary sacrifice for the greater good and hence covered the injuries up so the public would continue to vaccinate. However, while I understand their perspective, it rested on a faulty premise—effective treatments did exist for the illnesses (e.g., [in 1920 it was known IV hydrogen peroxide could treat severe infections](#) and [in 1928 it was known that ultraviolet blood irradiation could treat many otherwise incurable infections](#)).

Note: as you might have noticed, everything I just described also applies to the COVID-19 vaccines, hence illustrating how these dysfunctional cycles frequently perpetuate indefinitely.

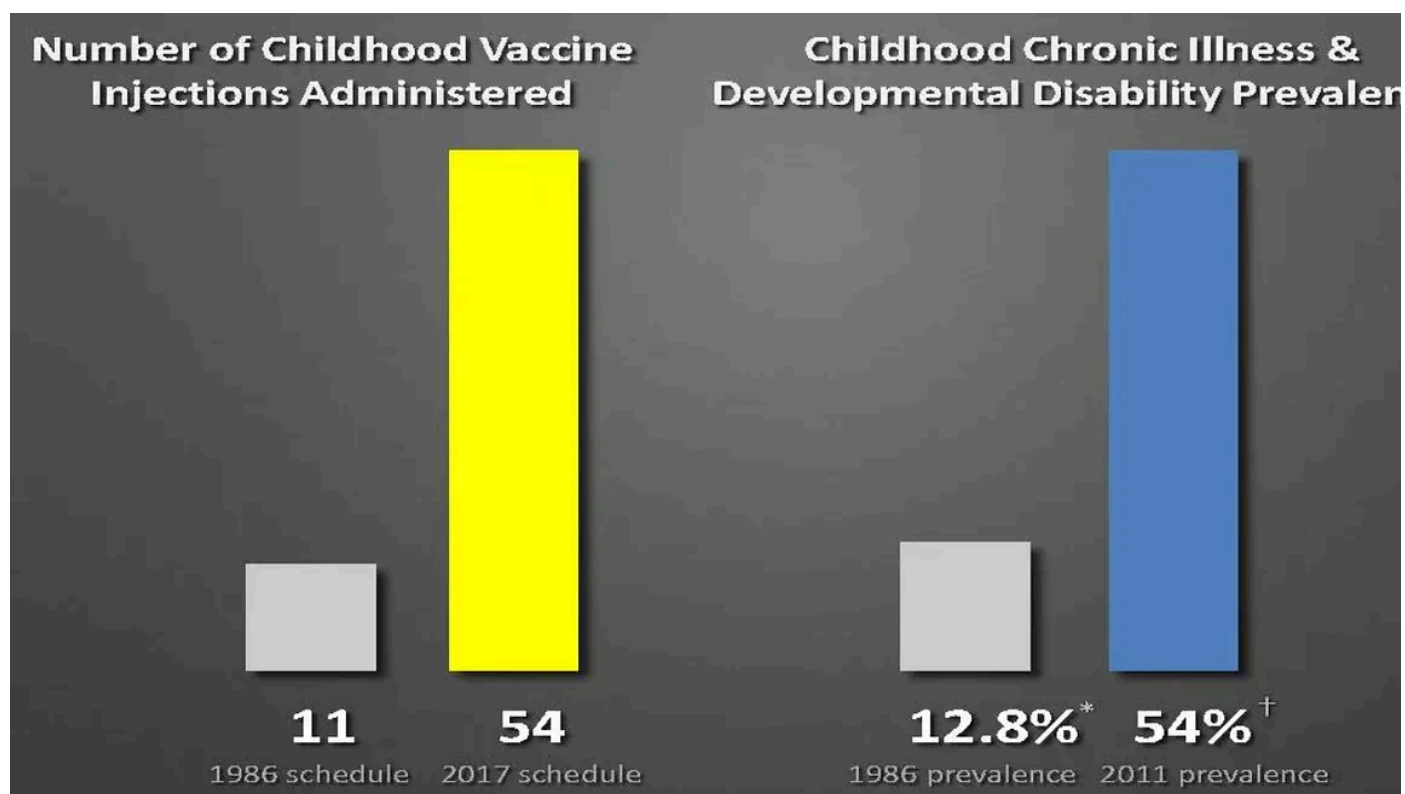
In the 1940s-1950s, the original pertussis vaccine (DPT) entered the market. This vaccine excelled at causing brain inflammation and a variety of concerning differences were seen in the generations born after its mass adoption in America.

Note: The rabies vaccine also [excelled at causing encephalitis](#) (around 1 in 750 injections, 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 non-existent “emergency,” and the government chose to ignore warnings from its scientists that it was not safe to give to America. Since the press was honest this time, they reported the disaster, it became a national scandal and the government provided compensation to the victims.

Note: I compiled those media reports [here](#), the last 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](#)), an act that both shielded vaccine manufacturers from product liability and was intended to help parents of vaccine injured children (even though it didn't due to [selective enforcement of its provisions](#) and [the Supreme Court exempting manufacturers from injuries caused by defective vaccines](#)). This act being 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: since this time other vaccines (e.g., RSV and annual COVID vaccinations) were also added to the childhood schedule (but fortunately MAHA managed to recently do the impossible and remove COVID from it).

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 bioweapons defense program mandated it—[leading to severe injuries throughout the military and widespread rebellion against this edict.](#)

After this, new biotechnologies began emerging which made it possible to genetically engineer a plethora of new vaccines that then began to flood the market as ACIP endorses virtually every vaccine given to them regardless of its merits (in fact, throughout their dozens of endorsements I could only identify one case where ACIP did not [boosters for teachers and healthcare workers], and in that instance [the CDC simply overrode ACIP](#)). In tandem, direct to consumer pharmaceutical advertising was legalized [by a 1997 FDA decision](#), making it possible for the pharmaceutical industry to buy the mass media's silence, and hence end all future coverage of vaccine injury.

In 2010, Merck convinced America's women they were at a high risk of dying from cervical cancer (which in reality only kills about 1/38,000 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 injury](#) (e.g., severe autoimmune disorders), but nonetheless, despite a deluge of complaints the CDC and FDA [did everything they could to protect it](#), and to this day it is still mandated for children.

In 2021, the COVID vaccine hit the market and caused an unprecedented amount of injury (e.g., many noticed healthy adults dying "suddenly" and [large polls showed](#) 34% of vaccine recipients reported minor side effects while 7% reported major ones severely impacting their quality of life). Fortunately or unfortunately, the rate of injuries from it was so high that unlike the past disasters, the mass media could no longer sweep it under the rug, which eventually culminated in MAHA ascending as

political force and RFK Jr. being put in charge of the agency which has orchestrated the vaccine disaster for decades.

In my eyes, one of the most important points to take from this history is that 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.

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 and instead concerns are simply dismissed by a chorus that echoes “vaccines are safe and effective.”

This has naturally led to calls for the vaccines to be formally tested, but this is always rejected under the argument that vaccines are “so safe and effective” it would be ‘unethical’ to withhold them from trial participants who need to receive a placebo and expose them to the severe harm vaccine preventable diseases could cause (despite the fact very few of the vaccines on the market are for life-threatening diseases which exist within the United States).

As such, to get around this embargo, a variety of independent studies (which all face stiff opposition) have been completed that compared unvaccinated populations to vaccinated ones, all of which show profound harm results from vaccination. However rather than be listened to, these studies are all dismissed because they “have no placebo” (despite placebo trials being impossible to conduct).

Note: this highlights why the vaccine industry [was so shaken up](#) by RFK exposing this grift and now requiring proper placebo testing for new vaccines.

In lieu of placebo trials, we are instead told large databases can be relied upon to monitor for vaccine injuries. However, with the exception of VAERS (which is continually discredited by the media, government and medical profession), all of the databases are secret to the point the government has fought for years in court to protect their release (e.g., “to protect patient privacy”) and told us to trust their assessments of them.

Note: through a series of lawsuits, we were able to get access to some of the CDC’s [V-Safe](#) data on the COVID vaccines. In addition to this showing massive harm from the COVID vaccine access to the raw data also showed that the Lancet summary of V-Safe’s data [had distorted](#) to provide an illusion of safety not shown by the data.

Access to the CDC’s vaccine injury database (the VSD) hence has been a longstanding goal of the vaccine safety community and one of the things RFK pledged to do if he ever assumed office. Remarkably however, right before he got access to it “rouge” H.H.S. employees [decided to delete it to prevent this from happening](#).

All of this hence suggests that either:

- No evidence exists 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 and petitions requesting it takes).
- 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 that vaccines are incredibly dangerous to the point it is an existential threat to the vaccine program and hence all measures possible have been taken to prevent it from being disclosed.

As you might guess, I believe the latter is the most probable, particularly since:

1. There have been documented instances of the [CDC altering studies to cover up evidence of vaccine harm](#) (e.g., autism).

2. Numerous clinical trials of individual vaccines show that vaccines cause many of same disorders that have risen in parallel with increased vaccination (e.g., the HPV vaccine [caused at least 2.3% of trial participants to develop an autoimmune disorder](#)

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

3. Despite relentless attempts to keep them from emerging, there are numerous retrospective studies of large medical datasets which each show vaccination results a significantly increased incidence of chronic disease results from vaccination. For example, [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 illness and we now have large datasets linking to the COVID vaccines to many conditions [myocarditis](#), [cognitive impairment](#), along with [many autoimmune, musculoskeletal and psychiatric disorders](#).

4. Established mechanisms exist to explain how many different vaccines could all cause similar injuries to their recipients (each of which are discussed [here](#)).

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

Despite the embargo on conducting or publishing studies demonstrating evidence of vaccine harm, a few still have been done. They are as follows:

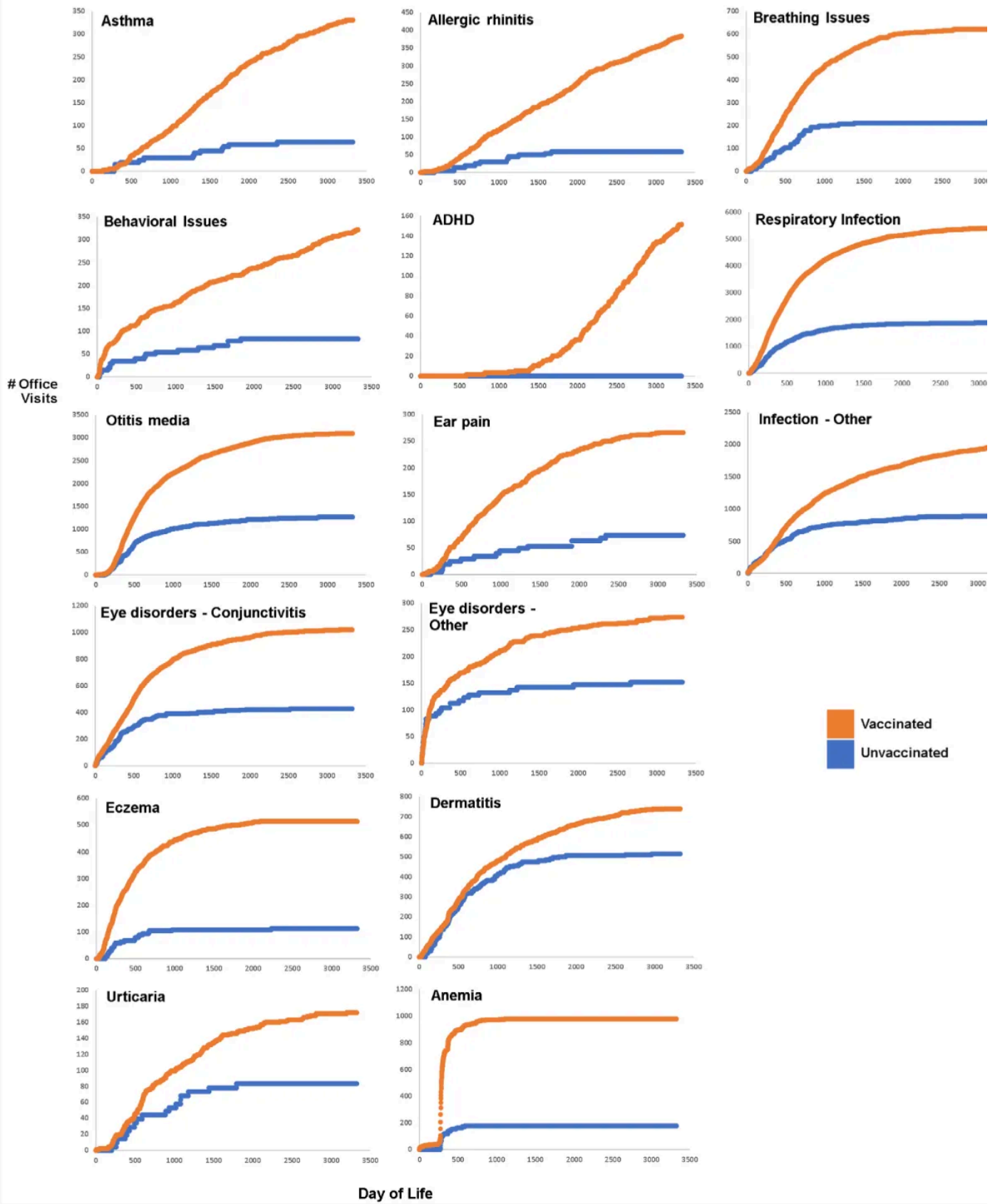
Paul Thomas

Paul Thomas MD, an Oregon pediatrician 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. He thus decided to compare their medical records to those of variably vaccinated children and [published the data in a study](#) (which, as you are not supposed to violate that embargo, [cost him his medical license](#) and resulted in [the study being retracted for spurious reasons](#)).

Note: [Paul Thomas](#) (now retired and [offering coaching services to parents](#)) was 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. Since his plan implied the current vaccination schedule promoted by the CDC was not safe, his plan was not popular with the medical authorities (which again illustrates the harm of the “safe and effective” dogma, as if dangers were to be acknowledged, far fewer people would be injured).

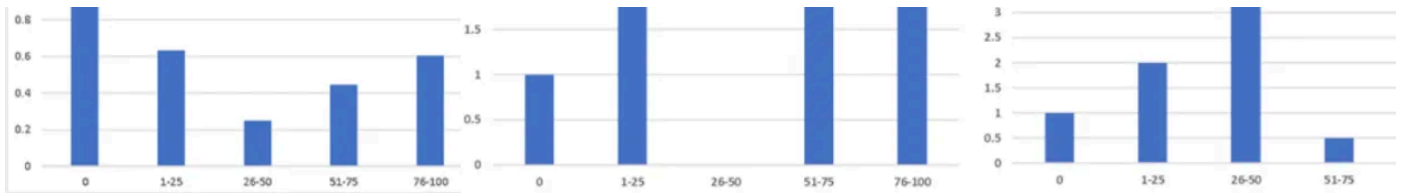
In his study, to compare the health of 2763 vaccinated children and the 561 unvaccinated children born into his practice, he plotted how many total visits each group had for a variety of issues as their age increased (e.g., how many visits for asthma in total had occurred in vaccinated children who were 1000 days old or younger) and then compared the two (with the unvaccinated group’s visits being equalized by multiplying them by 4.9 [2763/561]). 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 total 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 fact these charts include ADHD (which was not found in any of the unvaccinated patients), 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 3 different pediatric practices, and analyzed the 2,047 who had been born within the medical practice between November 2005 to June 2015 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% (14/27)
Asthma	4.93X	5.6% (45/803)	1.5% (4/27)
Ear Infection	2.49X	25.9% (168/648)	17.0% (40/23)
Gastrointestinal Disorder	2.48X	6.5% (37/776)	2.2% (6/26)
Head Injury	1.58X	7.9% (63/797)	5.9% (16/27)

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, smaller increases were seen in the rates of each of these chronic diseases as there had been less time for the chronic effects of repeated vaccinations to manifest (which helps to explain why vaccine studies stop monitoring for side effects shortly after vaccination).

The stark differences in the rates of adverse injuries (and lack of chronic illness in groups like the Amish who do not vaccinate) have also inspired a variety of

independent surveys to be commissioned which assessed if this link indeed exists. It should also be noted that there is a viable mechanism that ties almost every condition listed in this section to vaccination.

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 ([SurveyUSA](#)) and paid them \$200,000 to do a [survey of 17,674 children](#) (991 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)	2.58X
Autism (boys, all ages)	1.61X
ADHD (boys, ages 11-17)	4.17X
Autism (boys, ages 11-17)	2.12X
Any neurological disorder (boys, all ages, removing outlier)	2.55X
ADHD (boys, all ages, removing outlier)	3.79X
Autism (boys, all ages, removing outlier)	2.46X
Asthma (all boys and girls)	2.20X
<i>No other correlations found for girls, no correlation established for juvenile diabetes</i>	

The Homeschool Survey

In 2017, a survey of mothers of homeschooled children from Florida, Louisiana, Mississippi and Oregon [was carried out 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. Its results were as follows:

	Overall Increase	All Vaccinated (405)	Fully Vaccinated (197)	Partially Vaccinated (208)	Unvaccinated (261)
Chickenpox	0.26X	7.9(%)			25.3
Whooping Cough	0.3X	2.5(%)			8.4
Rubella	0.1X	0.3(%)			1.9
Pneumonia	5.9X	6.4(%)			1.2
Otitis Media	3.8X	19.8(%)			5.8
Allergic Rhinitis	30.1X	10.4(%)	12.7(%)	8.2(%)	6.9
Allergies	3.9X	22.2(%)	21.8(%)	22.6(%)	1
ADHD	4.2X	4.7(%)	5.6(%)	3.9(%)	1.0
Autism Spectrum Disorder	4.2X	4.7(%)	4.6(%)	5.3(%)	1.0
Eczema	2.9X	9.5(%)	10.2(%)	8.7(%)	3.6
Learning Disability	5.2X	5.7(%)	6.1(%)	5.3(%)	1.2
Neurodevelopment Disorder	3.7X	10.5(%)	10.7(%)	10.1(%)	3.1
Any Chronic Condition	2.4X	44.0(%)	42.6(%)	45.2(%)	24.9

Note: since the three illnesses vaccination were supposed to prevent decreased (whereas the others increased), that data supports the validity of this 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 (1482 were from the US and represented 48 states). Once this data was obtained it was published in an easy to read [21 page set of charts](#) that compared the rates of these events 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, demonstrated that vaccination while pregnant or a newborn receiving the vitamin K shot ([about half of which contain aluminum](#)) is not entirely safe.

Condition	Rate in Unvaccinated	Typical Rate	Rate of Increase	Range
At least 1 chronic condition (children)	5.97%	27%	4.5X	2.25 - 13.5
Multiple chronic conditions (children)	0.94%	6.66%	7.1X	0.12 - 2.5
At least 1 chronic condition (adults)	5.71%	60%	10.5X	4.49 - 12
2 chronic conditions (adults)	0.95%	42%	44.2X	0.56 - 3.7
5 chronic conditions (adults)	0%	12%	∞	
ADHD (adults)	0%	4.40%	∞	
ADHD (children)	0.47%	9.40%	20X	0.47 - 0.4
Arthritis	0.00%	16.67%	∞	
Asthma (adults)	0%	7.70%	∞	
Asthma (children)	0.71%	7.50%	10.6X	0.24 - 1.6
Autism Spectrum Disorder	0.21%	2.50%	11.9X	0 - 0.5
Birth Defects (maternal vaccination)	0.81%	3.00%	3.7X	0.29 - 1.9
Cancer (adults)	0.00%	6.00%	∞	
Cancer (children)	0.00%	0.35%	∞	
Developmental Disabilities	1.24%	6.99%	5.6X	0.32 - 2.9
Diabetes	0%	10%	∞	
Digestive Disorders	0.40%	18%	45X	0.12 - 1.0
Ear Fluid/Otitis Media (children)	0.10%	90%	900X	0 - 0.2
Eczma (adults)	0.95%	7.20%	7.6X	0 - 6.2
Eczma (children)	1.49%	10.70%	7.2X	0.36 - 3.2
Epilepsy	0.07%	1.20%	17.1X	0 - 0.2
Food allergy (children)	1.10%	6.50%	5.9X	0.71 - 1.8
Heart disease (adults)	0%	48%	∞	
Learning Disabilities (children)	0.72%	8%	11.1X	0.32 - 1.4
SIDS (Sudden Infant Death)	0%	0.04%	∞	
Sinusitis (Chronic)	0.07%	14.60%	208.6X	0 - 0.2
Speech Disorders (children)	0.52%	5.00%	9.6X	0 - 1.4
Strabismus (Children)	0.16%	2.00%	12.5X	0 - 0.4

**Range accounts for children that neither received vaccinations through their pregnant mother vaccinating nor received a newborn vitamin K shot and those who did (but otherwise didn't vaccinate)*

Steve Kirsch

Many people in tech believe the solution to all of humanity's problems is more data. This echoes the belief of the founder of evidence-based medicine (which has become the current dogma of modern medicine), who argued that having medical practice guided by the best available scientific evidence was essential as it would eliminate l

medical practices that had become entrenched medical dogmas and replace them with evidence-based approaches that saved lives.

While he was correct, like those in Silicon Valley, this approach was also incredibly naive as it failed to account for the obvious loophole—burying any data that provided inconvenient conclusions. As such, “the best available evidence” typically ends up being the best funded evidence, not the best evidence and at this point, trillions are spent each year to monopolize that evidence.

To illustrate: our electronic medical records which doctors are forced to spend a significant amount of each day entering data into collect an absolutely massive amount of medical data. Yet—despite countless pleas to, we almost never mine that data to determine what constitutes the best medical practice (e.g., which drug produces a better outcome for a condition or which pharmaceuticals are more likely to harm than help a patient).

This would be very easy to do, numerous people (including an acquaintance of mine) have tried to do this but got shut down (e.g., the government scrapped a system [that 2010](#), showed 2.6% of recipients of vaccines had an injury within 30 days of vaccination). In turn, I would argue that suggests the data in those records greatly threatens the pharmaceutical industry and hence cannot be disclosed.

Over the last few years, I’ve gotten to know [Steve Kirsch](#) and would argue the following traits hold true for him:

- He has a deep desire to help people (e.g., he’s donated a lot of money to charity) and believes that better data and science are the keys to doing this.
- He believes things should be fair and it really bothers him when people violate the responsibilities they are entrusted with (e.g., the CDC monitoring for vaccine safety

- When something bothers him, he often doesn't let it go and can be relentless in trying to rectify it (which is demonstrated by how much time he has put into obtaining the minute details of the COVID-19 injury data).

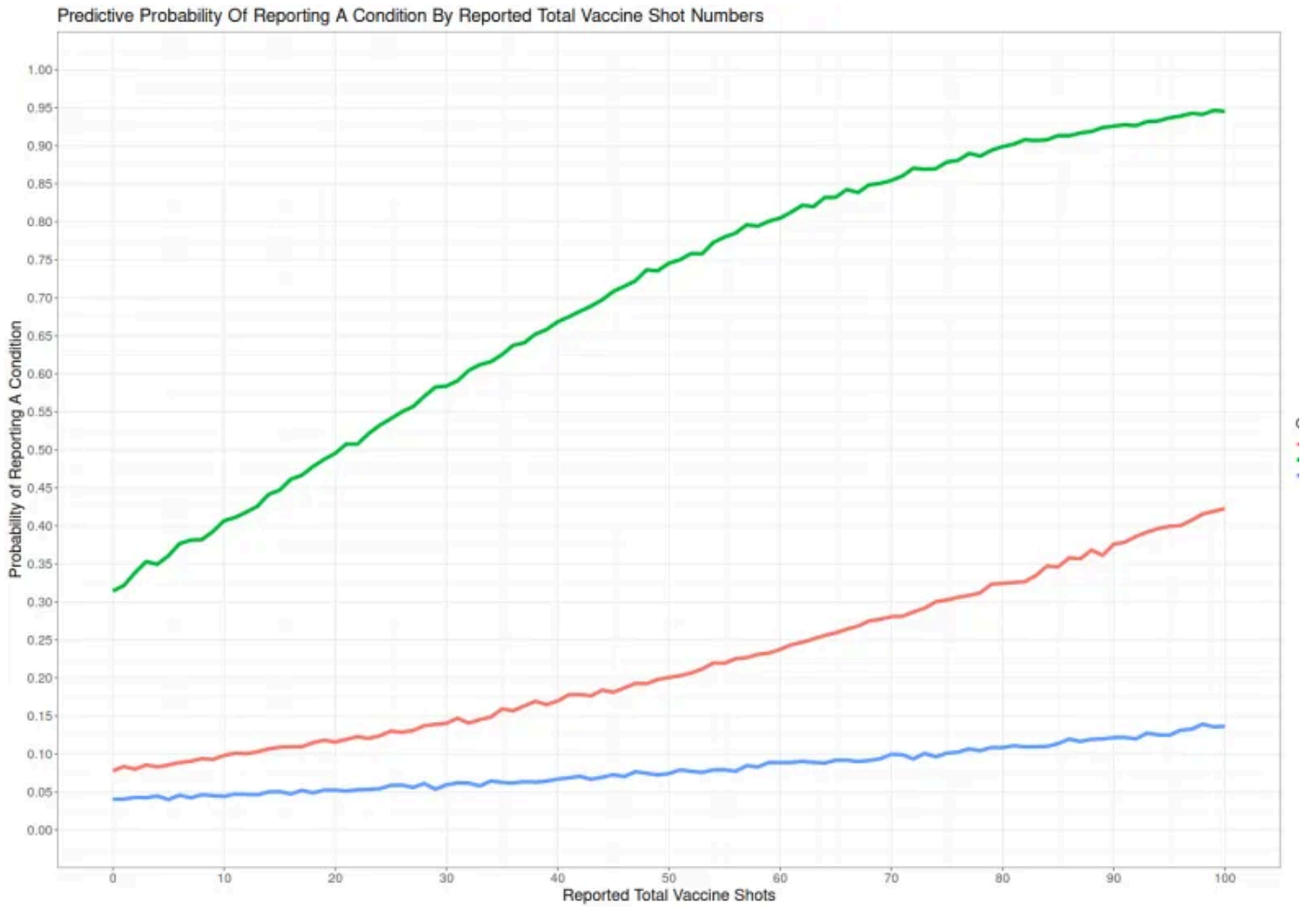
- He has no qualms about doing things you aren't supposed to do or creating an uncomfortable situation to get something done he believes is important. This includes directly confronting people he thinks are being dishonest or incompetent and full of

Note: I am sure many of you know someone like this. Steve however is unique because I don't know anyone else in this movement like that who has also been anywhere near as successful in the professional sphere as he has. I am hence incredibly grateful he decided to pick up the vaccine issue as we'd been waiting for decades for someone like him to do that (which is essentially why I've worked so hard to support him much in the same way we've helped Ron Johnson—[the first US Senator in history to fight for vaccine safety](#)).

Because of his personality, Steve in turn had a revelation—if no one will give us the data we need about the vaccines I should just obtain it myself. As such, beyond collecting every existing dataset demonstrating the harm of the vaccines (many of which I've reused here), he has also funded numerous professional surveys [being conducted on the COVID vaccines](#) (which all found between 8.6% to 16.4% of COVID vaccine recipients experienced significant harm from them, [a rate similar](#) to that of other independent surveys that were also conducted).

Additionally, he has also leveraged his large following to conduct numerous surveys on vaccine injury. While the initial ones were targeted at the COVID-19 vaccines, as he became aware of the scope of the problem we were facing, he also chose to do the same for the childhood vaccines.

From this, he found similar results to the previously mentioned parties. For example [his first survey](#) of ~10,000 people, he again demonstrated the dose-response relationship between vaccination and chronic illness:



Recently, [Kirsch completed](#) a larger survey of ~13,000 people which had similar results to [his previous survey](#) and the ones mentioned above.

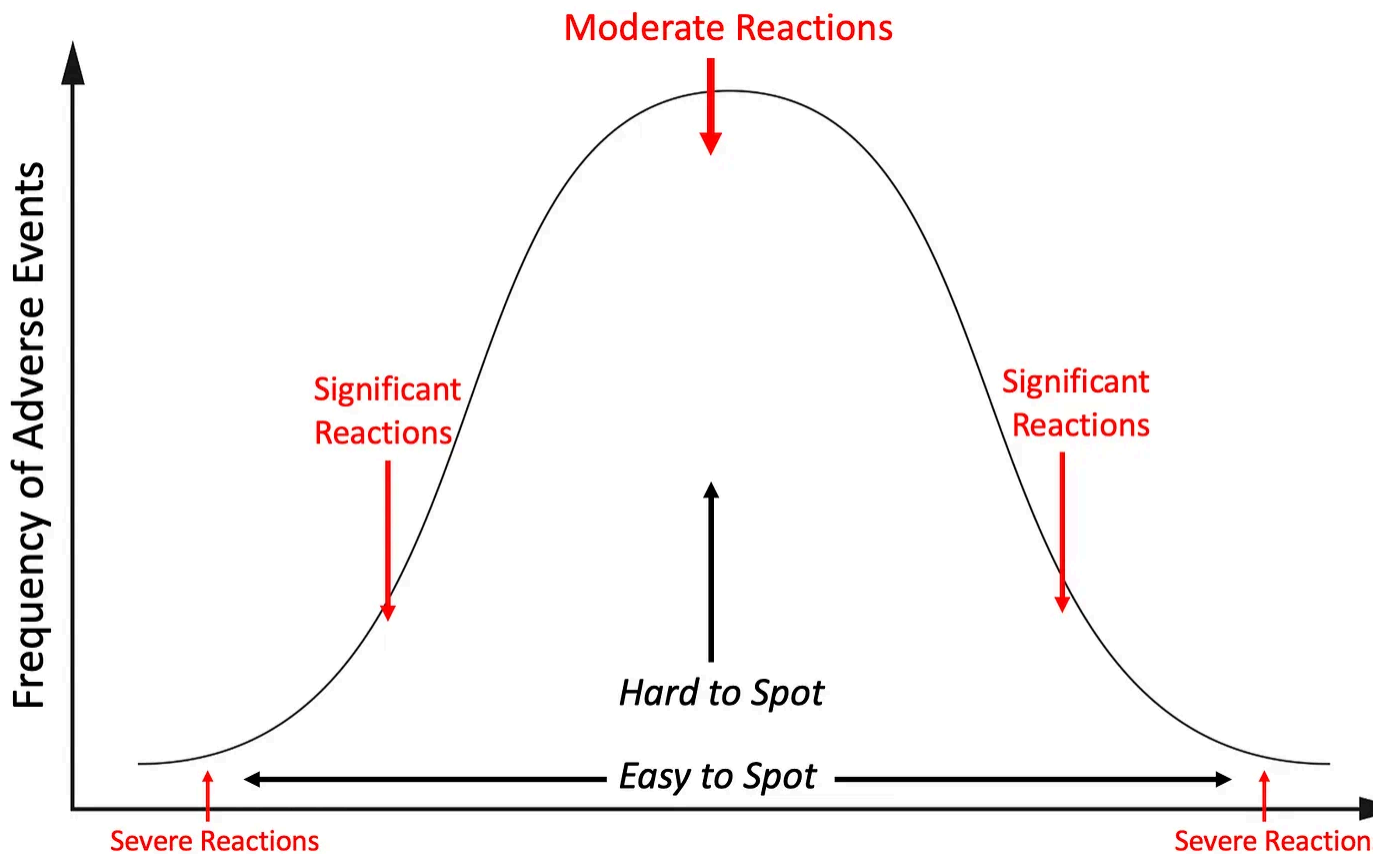
Data sourced from: https://kirschsubstack.com/p/new-survey-confirms-that-vaccines (a survey of approximately 13,000 people). Additionally, the overall increase found in a survey of 10,000 parents sourced from https://kirschsubstack.com/p/the-data-is-clear-the-more-vaccines is referenced in the first column.	Overall increase in all ages attributable to vaccination	Range of odds of having condition based on number of vaccines	No vaccines at all (total number of responses)	Low: had 25% or fewer of available vaccines	Medium: 25% to 75% of shots	High: 75% to 90%	Very high: 90% or more	T
One of more chronic diseases	3.3X	0.86 - 0.26	806	914	406	270	333	
ADHD (Attention-Deficit/Hyperactivity Disorder)	5.0X (7.3X)	0.02 - 0.11	36	79	118	97	156	
Allergies	3.3X (7.7X)	0.11 - 0.36	173	485	380	340	432	
Alzheimer's disease	2.9X	0 - 0.01	6	15	9	7	16	
Arthritis	1.4X	0.1 - 0.13	152	370	209	152	192	
Asthma / chronic Bronchitis	3.8X (9.3X)	0.03 - 0.1	45	171	134	140	149	
Autism/ASD	3.0X	0.01 - 0.03	16	33	40	29	44	
Autoimmune disorders including PANDAS/PANS	2.6X (21.7X)	0.03 - 0.07	45	108	106	78	104	
Bipolar disease when young (or still ongoing)	6.0X	0 - 0.02	6	12	19	20	33	
Birth defect(s)	2.4X (0.9X)	0 - 0.01	8	26	15	9	18	
Bleeding in the brain	4.3X (0.8X)	0 - 0.01	3	6	6	5	12	
Blood cancers (Leukemia, lymphoma, myeloma, ...)	1.6X	0.01 - 0.01	9	18	14	11	13	
Cancer	1.4X (3.1X)	0.06 - 0.09	105	203	121	80	131	
Cardiovascular issue (myocarditis, tachycardia, heart attack, ...)	2.0X (4.1X)	0.04 - 0.07	63	161	87	59	113	
Celiac disease	2.9X	0 - 0.01	6	42	25	19	16	
Chronic fatigue syndrome	2.6X	0.02 - 0.04	27	94	52	51	64	
COPD	1.0X	0.01 - 0.01	21	33	19	9	20	
COVID vaccine injury	25.8X	0 - 0.04	3	43	49	36	69	
Crohn's disease	3.5X	0 - 0.01	4	19	11	8	13	
Depression	4.2X	0.04 - 0.15	61	163	139	137	216	
Diabetes Type I (insulin dependent)	3.0X (3.5X)	0 - 0.01	5	11	13	12	14	
Diabetes Type II	1.3X	0.04 - 0.05	62	82	55	54	73	
Digestive disorder	3.2X	0.03 - 0.09	48	159	140	104	135	
Down's syndrome	1.1X	0 - 0	2		2	3	2	
Dyslexia	2.0X	0.01 - 0.02	16	42	27	32	30	
Ear infections frequently (otitis media)	5.1X	0.01 - 0.07	25	79	82	76	113	
Eczema	2.7X	0.04 - 0.09	60	136	115	120	140	
Epilepsy, Seizures	7.1X (4.1X)	0 - 0.02	4	21	19	11	26	
Febrile seizure (had one or more)	10.8X	0 - 0.01	1	5	5	11	10	
Fibromyalgia	1.5X	0.02 - 0.03	28	56	44	29	40	
Food allergy (or allergies)	2.2X (3.4X)	0.05 - 0.11	86	197	153	140	163	
Genetic defect (<i>I believe this was a control</i>)	(1.0X)							
Glaucoma	0.9X	0.02 - 0.01	27	57	31	32	22	
Gluten intolerance	1.5X (1.6X)	0.05 - 0.07	76	193	138	93	107	
Hayfever	3.1X (5.4X)	0.04 - 0.14	74	258	177	155	198	
Head Injury	(3.7X)							
Heart disease	1.7X	0.03 - 0.05	50	100	56	37	77	
Herpes	1.9X (2.8X)	0.02 - 0.04	38	130	72	51	66	
High blood pressure	1.3X	0.15 - 0.19	223	443	257	190	259	
Hypothyroidism	1.5X	0.06 - 0.09	99	263	148	114	132	
Learning disability/ intellectual disability	4.9X (6.6X)	0 - 0.02	8	25	26	27	36	
Lupus	3.2X	0 - 0.01	4	8	14	3	12	
Lyme disease (<i>this may be inaccurate due to multiple entries</i>)	0.6-0.8X	0.01 - 0.02	52	79	60	35	35	
Migraine headaches	3.4X (6.8X)	0.03 - 0.11	55	180	137	111	162	
Neurodermatitis (chronic itching, scaling, redness)	2.2X (4.3X)	0.01 - 0.01	10	28	29	25	20	
Neurological disorder affecting senses (deaf, blind, mute, ...)	1.4X (2.1X)	0.01 - 0.01	9	12	12	8	12	
Osteoarthritis	2.0X	0.03 - 0.07	59	201	114	80	108	
Parkinson's disease (shakes)	1.6X	0 - 0.01	6	3	2	7	9	
Physical disorder of any type (paralysis, ...)	3.0X	0.01 - 0.02	11	19	20	15	30	
POTS	3.0X	0 - 0.01	8	16	18	14	22	
Scoliosis	2.2X (4.0X)	0.02 - 0.04	32	75	82	48	65	
Sexual orientation issues	6.9X	0 - 0.01	3	12	10	11	19	
SIDS	2.2X	0 - 0	1	1			2	

Sinusitis (chronic)	4.1X	0.01 - 0.06	25	93	66	67	92
Sinusitis (unspecified)	32.8X						
Sleep apnea	2.9X	0.03 - 0.09	53	155	111	95	135
Sleeping disorders other than sleep apnea	2.7X	0.02 - 0.06	35	101	57	57	86
Speech disorder	4.2X	0 - 0.02	7	18	23	19	27
Strabismus (eyes not synchronized)	1.9X	0.01 - 0.01	9	18	12	6	16
Stroke	2.0X	0.01 - 0.02	20	40	25	20	37
Thyroid disease or dysfunction	1.6X (5.0X)	0.05 - 0.08	79	201	125	91	117
Tics (sudden unwanted movements) [see below for overlap]	3.4X (2.7X)	0 - 0.02	8	19	24	18	25
Other neurological disorder affecting movement (tics, ...)	3.9X (5.2X)	0.01 - 0.003	12	35	31	10	43
Other serious mental health/behavioral condition not listed like OCD	5.2X (4.4X)	0.01 - 0.004	13	27	45	28	61
Other serious physical health condition not listed	2.2X (9.0X)	0.04 - 0.08	63	124	96	102	124
Total			1745	2966	1697	1288	1623

Note: Steve Kirsch let me extensively examine his raw data and recently had an outside statistician [assess and affirm the validity of the above survey's data](#).

Hopefully, this shocking data provides some context to why many are so ardently opposed to vaccination and why there is such a strong embargo on ever letting any this data get out. Instead we've allowed an ever increasing number of vaccines to enter the market which in turn has led to us needing to spend trillions of dollars each year "treating" the complications of those vaccines.

What I believe is the most important to understand about these statistics is that they only represent the tip of the iceberg, as the surveyors were only looking for the easily observable conditions most obviously linked to vaccination (the "significant reactions") much in the same way conventional vaccine studies only assess for a few "rare" conditions linked to vaccination. This, in turn, is reflective of a fundamental principle in toxicology—extreme reactions to a toxin (sudden death) are much rarer than minor ones.



In the next section, we will consider the middle of this bell curve—the moderate reactions that are rarely linked to vaccination.

A remarkable feature of encephalitis—whether of epidemic origin or due to an infectious disease, traumatic injury, or vaccination—is the multifarious diversity of its physical, neurologic, mental, and emotional symptoms since any portion of the nervous system may be affected.

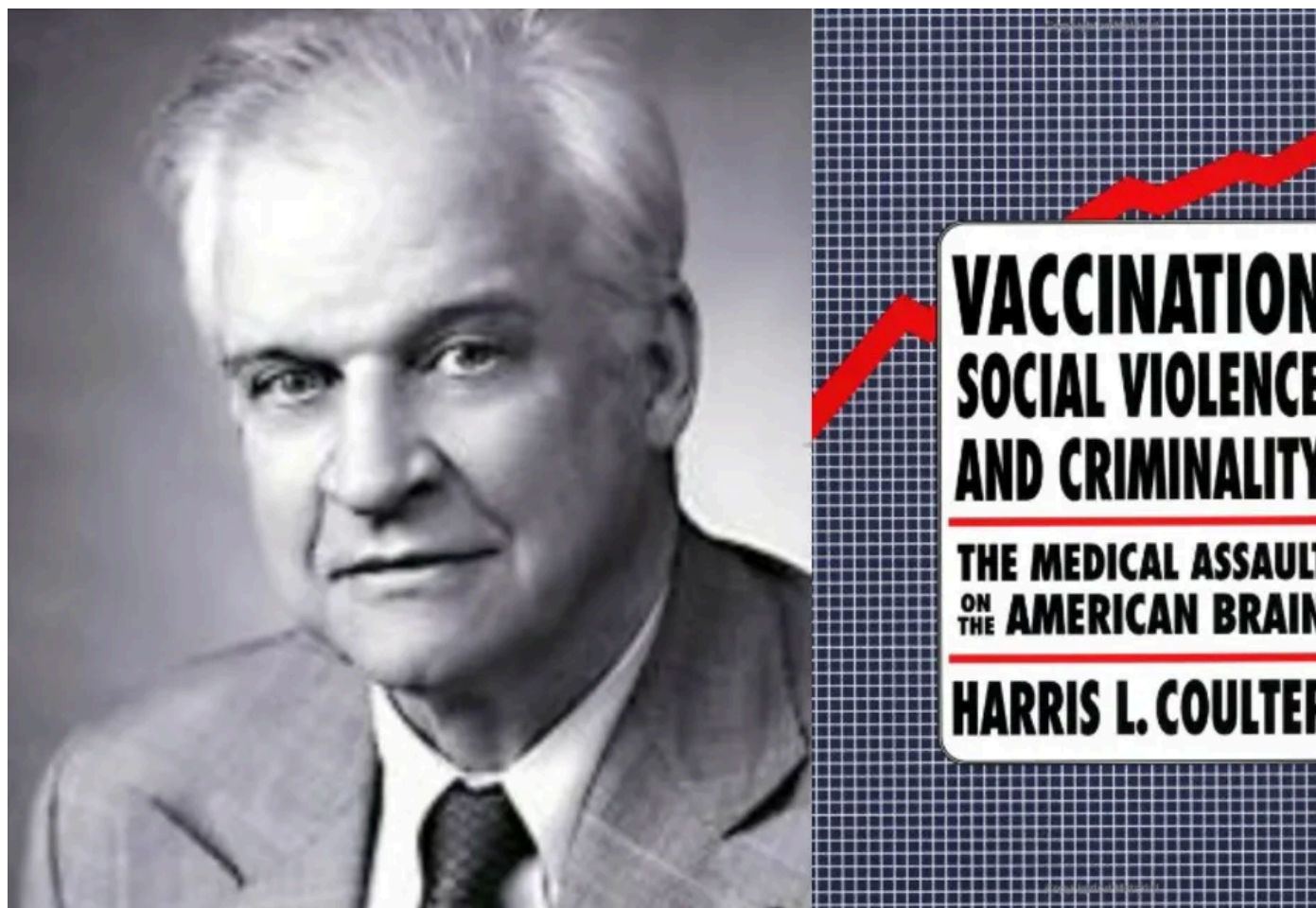
If autism is a manifestation of vaccine-induced encephalitis, the implications are very disturbing. The symptoms manifested with pathological intensity in a small group will of necessity appear in milder form in a much larger proportion of the population.

Note: in [this article](#), I reviewed the evidence showing autism is a form of encephalitis with many accompanying neurological injuries. Remarkably, while vaccines “don’t cause autism

one of the only injuries acknowledged by the 1986 Vaccine act was MMR (the vaccine linked to autism) causing encephalitis.

Minimal Brain Damage

The 1985 Book, [DPT: A Shot in the Dark](#) is arguably the most influential book ever written for the vaccine safety movement (e.g., it was responsible for rallying Congress to do something about the epidemic of sudden deaths and brain damage being created by the original DPT vaccine). What is less known is that in 1990, one of its authors, [Harris Coulter](#), then [published a book](#) that alleged that vaccines were responsible for the widespread increase in crime sweeping the nation.



Note: I consider this book to be one of the most eye opening and disturbing books I've ever read (e.g., as a child, I saw what it described happen in people I knew quite well). Since some of its content is quite graphic (and because the book is hard to find) I am including a copy of it at the end of this article for those who would like to read it (which I would strongly encourage you to do). As there are too many references to list here, to locate them, please consult the book's bibliography.

The author (who [as his obituary shows](#) was a lovely human being and gifted researcher) in this book argued that:

1. Many of the same complications seen after encephalitis (e.g., cranial nerve issues, seizures, paralysis, or permanent intellectual disability) [also occurred after vaccination](#). He proved this by compiling extensive literature reports of each, which showed they overlapped and in many cases, showed the vaccine injuries were assessed to be "encephalitis" (which I likewise did so [here](#)).

This included over 400 references from the scientific literature (located prior to the internet existing), another 400-500 he reviewed but did not cite (which arrived at similar conclusions), interviews of approximately 150 families, where in many cases he was able to show these childhood brain injuries progressed into a life of crime.

Note: I believe "encephalitis" (or encephalopathy) is a combination of brain inflammation (autoimmunity is [a common complication of vaccination](#)), brain swelling, microstrokes throughout the brain (discussed further [here](#)) and an unresolved cell danger response (discussed further [here](#)). Additionally, if you read the medical literature from roughly a century ago (summarized [here](#)), it's clear many doctors believed vaccines caused encephalitis based on the symptoms they observed (and in many cases the autopsies they later performed).

2. If the DPT vaccine can cause "acute encephalopathy" in a small number of cases ([which was acknowledged](#) by the Institute of Medicine in 1991), it must cause a mild condition in a larger number of cases as the reactions of a group of individuals to a given biological stress are never "all or nothing," but fall along a continuum.

Note: Coulter cited many different authors who observed a bell curve in post-encephalitis complications.

3. That it was very easy to miss that this was happening. For example, Coulter cited two different authorities on this subject who said:

Actually there is no correlation between the severity of the infectious disease and the cerebral involvement. In many cases with only a mild illness severe postencephalitic complications may arise months or even years later.

Even apparently uncomplicated attacks of infectious diseases of childhood (e.g., pertussis) may result in brain damage, which may then be the primary cause of subsequent behavior disorders

Researchers in the epidemiology of vaccine damage invariably assume that long-term sequelae will not occur in the absence of a severe acute reaction. This assumption was accepted by us in writing *DPT: A Shot in the Dark*. Thus it was puzzling to find that about half of the new families interviewed for the present investigation could not remember any marked vaccine reaction, even though the child began to develop symptoms of autism or other severe neurology shortly after one of the shots.

4. Many of complications of encephalitis (e.g., a myriad of learning disabilities or psychiatric and neurologic illnesses such as autism) became dramatically more common in our society starting in the 1940s and 1950s, a rise which paralleled increased vaccinations and increased vaccine injuries (predominantly as a result of DPT—[the vaccine most associated with brain injury](#)) and could be directly observed rippling through society as these children grew up. For example:

Rimland and Larson have called attention to "the striking, almost mirror-image correlation, starting about 1963, between the curves showing the decline in SAT

scores and the upsurge in violent crime [which was often psychotic in nature]," suggesting "the existence of one or more common causal factors."

The contrast between then and now was emphasized in a 1987 report on school discipline by the New Jersey Human Rights Commissioner. In the 1940s the most frequent school problems were: talking, chewing gum, making noise, running in halls, getting out of turn in line, wearing improper clothing, and not putting paper in wastebaskets. In the 1980s they were: drug and alcohol abuse, rape, robbery, assault, burglary, arson, bombings, murder, absenteeism, vandalism, extortion, gang warfare, abortion, and venereal disease.

The murder rate doubled between 1960 and 1980, from four to eight per 100,000 inhabitants, for a total of more than 20,000 in 1987, giving the United States the highest incidence of homicide of any industrialized country. The largest increase occurred between 1960 and 1970.

A 1987 Washington Post-ABC News poll made a curious discovery—that sixteen percent of Americans under thirty are left-handed or ambidextrous [this is a common consequence of encephalitis], as against only twelve percent of those over sixty. Another recent survey found an even greater disparity: thirteen percent of twenty-year olds were lefties, compared to five percent of persons in their fifties

5. Autism (a condition which follows vaccination and first emerged after DPT entered the market), [has a strong association](#) with many of the consequences of encephalitis (e.g., cognitive disability and cranial nerve paralysis).

6. That sociopathic behavior being observed to cluster in families mirrors the observation sensitivity to vaccine injuries also clusters in families. Likewise, Coulters suggested the increased sensitivity African Americans have to vaccine injuries (best shown through [the CDC's infamous decision to bury data](#) that showed vaccines caused black boys to develop autism) might explain the social patterns seen in those demographics.

Note: [in a recent article](#), I discussed how some patients (e.g., those with hypermobility) are much more sensitive to vaccine injuries.

7. That a variety of conditions had been created by the American Psychiatric Association which spanned the range from how minor to severe brain damage manifested itself in behavioral disorders (e.g., minimal brain damage, oppositional defiance disorder, conduct disorder, sociopathy). Coulter emphasized that as the DE encephalitis condition exploded across America, the psychiatric profession tried ag and again to [gaslight](#) the population by blaming it on unresolved psychological conflicts or poor upbringings rather than providing treatments holistic doctors had consistently found could help these conditions. As far as I can tell, this psychologic gaslighting continued until the newer psychiatric medications (e.g., [the disastrous antidepressants](#)) entered the market, at which point psychiatric pivoted to mass-prescribing these lucrative products to the post-encephalitic patients.

Note: this is a pattern that has persisted ever since Freud's original cases over a century ago [which falsely attributed symptoms of mercury poisoning to unresolved sexual issues](#).

8. In the 1950s, a condition termed “minimal brain damage” [MBD] was coined (with the defining characteristic of it being hyperactivity), which before long became “perhaps the most common, and certainly one of the most time-consuming problem in current pediatric practice”. The symptoms of MBD (as defined by America’s Public Health Service and the American Psychiatric Association) have a significant overlap with what was seen after encephalitis, DPT injuries, and what was associated with autism.

A British physician in 1928 noted that "changes in morals and character" in patients who have had encephalitis reveal a "curious uniformity." This same "curious uniformity" stamps the autistic, the minimally brain damaged, and the sociopath.

This encephalitis may produce an intellectual, tormented, and cruel monster out of a gentle girl or boy." "A child of previously responsible character may be so transformed as to seem a different person...cruel, destructive, abusive, indecent.

Note: as a point of clarification, autistic children typically do not demonstrate cruel or sadistic behaviors (as that is only one possible outcome of brain damage). However, they do share many of the other traits found in post-encephalitic individuals.

9. There was a wide range of consequences of encephalitis. Many of these were subtle and insidiously altered the child's personality, commonly making them hyperactive, hypersexual, less empathetic, and generally uncomfortable with their environment. Many of these traits in turn were also seen in violent criminals and disruptive children (who frequently then went on to become violent criminals).

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 neurologic dysfunction. Many of the studies he cited (e.g., one of 321 excessively violent individuals showed 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 (e.g., empathy) other humans have. Much of this is shown in [this audiobook](#) and [the research papers](#) its author published.

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 frequent 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 and 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 frequent overt signs (e.g., EEG abnormalities) and subtle signs (e.g., poor coordination) of the 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., ectopresence).
- 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), and perceptual disturbances (e.g., 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 in turn, many readers here (who recognized witnessing what I described unfold in their own lives) felt the same way.

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 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 queries I've made so far, my older readers who witnessed this shift occur agree it is likely an issue. For example:



yantra Apr 15 · edited Apr 15

Well, that is a very interesting question. First of all, i want to tell you that after reading your compelling article last evening, i went to bed filled with a new understanding of many things in my childhood, in my family and myself. Really somewhat consciousness altering.

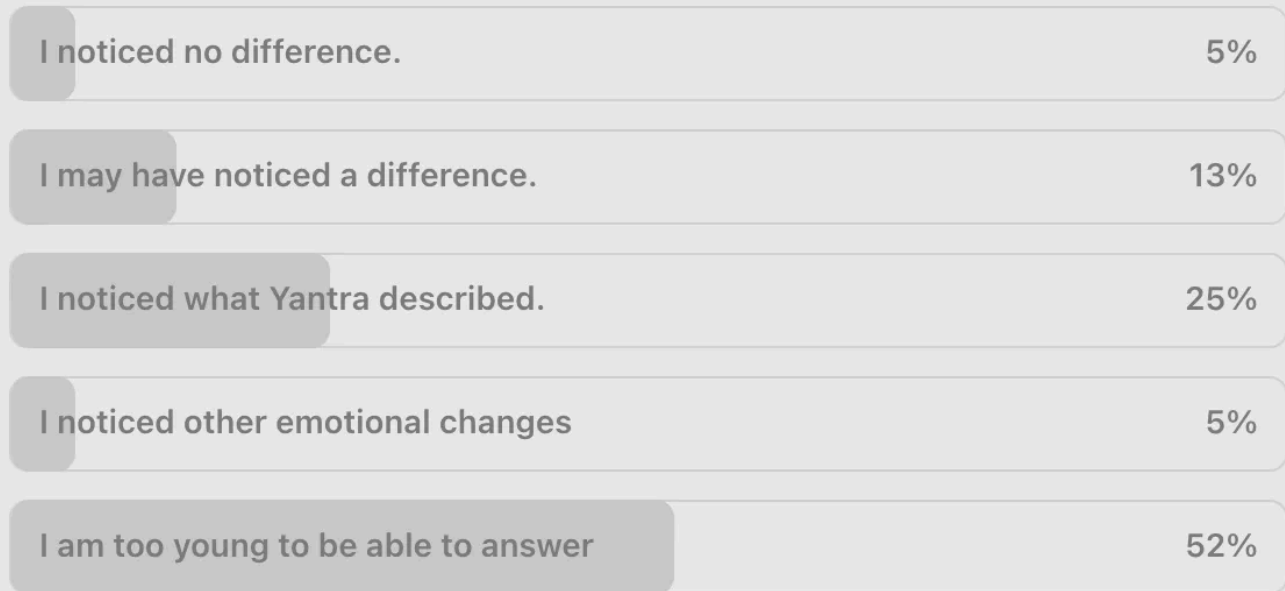
As for the men, i was born in the early 1950s, so first i can speak to the men my father (born 1917), and his brothers (~ 1907 & 1908). They were very kind, compassion loving men that i think any woman would easily relate to and emotionally connect with. They all had very long marriages, as did my maternal grandfather, born 1905. Most of the men (born between 1916 and 1930) i encountered as a child seemed kind and very human.

As for men i have known well born from 1939 through the 1950s, they are/were a mix bag - some quite compassionate and easy to connect with but others obviously troubled and much more shut down emotionally. It seems that most of those born before 1950 were and are more emotionally whole than those born after 1950. One man born in 1939 was so dyslexic his family wouldn't even teach him to drive, but he was brilliant in his own unique way, very compassionate, caring and almost feminine (in a good way) in the way he approached and felt about others.

I then conducted a poll (to a readership which was much smaller at the time) that found:

POLL

If you are old enough to observe how men before and after the 1950s were emotionally, which of the following applies:



401 VOTES · · SHOW OPTIONS

•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 and schools having to accommodate it. This may also be intentional, as 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 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.
- All of the data here shows why ACIP has not only a moral obligation but also a societal obligation to consider if the vaccines they approve are beneficial and necessary enough to outweigh the real harm each one can cause, particularly as more and more of them are given in succession. Put differently, I have full confidence that if all vaccines were banned, while some vaccine preventable illnesses would increase, overall health and rate of illness in the country would dramatically decrease. For this reason, if mass vaccination continues it must be shifted only to the illnesses where the best argument exists for it (which I reviewed [here](#)) rather than ones where the harm

a (lucrative) vaccine greatly outweigh any possible benefits it can offer.

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.”

Subtle 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 their child after vaccination).

Note: once you start becoming able to see how vaccine injuries are and how shocked or traumatized many infants look, it gets really depressing (whereas in contrast people are often drawn to unvaccinated babies and comment on how vibrant they are).

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. Reactions to toxins tend to follow a bell curve, with the most severe reactions being 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 smoothly, or the facial muscles become asymmetrical).

Note: [here I explain](#) 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 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 change they are also discussed in Wilson and Coulter's book (included below).

In addition to these changes, there are some more subtle "spiritual" changes, which 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 to a limited audience.



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