

Why Does the Government Cover-Up Vaccine Injuries?

Reviewing a Century of Vaccine Disasters and the Early Trailblazers who Fought Against Them



A MIDWESTERN DOCTOR

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Story at a Glance:

- Something about vaccines (e.g., their promise of a simple injection being sufficient to safely and effectively end all diseases) has always deeply appealed to the minds of government officials.
- Unfortunately, that promise is often a lie, so over and over, unsafe and ineffective vaccines enter the market. When this happens, the officials who are invested in them do everything they can to protect the vaccines from scrutiny and cover up each red flag that emerges (e.g., by silencing their own scientists).
- In previous decades, the press was much less corrupt than it is now and occasionally would air real investigations into what happened. I collected many of them (which I hope you can watch) because of how closely they match what is happening now.
- Since those TV programs made many who were suffering from the vaccine injuries realize they were not alone, this created a massive PR problem for those officials—which was eventually solved by preventing any future segments from airing. This article was written in the hope that collective amnesia could be broken.

Prior to COVID-19, few people knew that VAERS (the Vaccine Adverse Event Reporting System) existed, and when it was nonetheless brought up, it was often dismissed as an unreliable resource only the CDC or FDA was qualified to evaluate. Since so many

people have been adversely affected by the COVID-19 vaccines, this in turn brought an unparalleled amount of attention to VAERS, and in turn brought every “expert” out of the woodwork to ridicule its validity and insist that VAERS overestimates vaccine harm (when in reality VAERS severely underestimates it).

Given that VAERS is the “[national early warning system to detect possible safety problems in U.S.-licensed vaccines](#),” it is quite strange that after more than 30 years, no one has fixed it and made it into a reliable resource. However, when you consider the historical context behind VAERS, the current situation makes a lot of sense.

In this series, I will review a few forgotten events which show just how far the government will go to cover up a deadly and ineffective vaccine and just how similar those coverups were to what we’ve seen throughout the COVID vaccine campaign.

Mass Censorship

The Vietnam War was considered by many to be the event that broke the public’s trust in the Federal Government.

Note: many believe the specific event which turned the American public against the Vietnam War was the [My Lai massacre](#)—an event where American soldiers decided to commit war crimes against Vietnamese civilians until a different group of American soldiers on their own volition decided to stop the massacre. I went back and forth on [explicitly detailing it](#) in this article, as I believe it’s critical to understand what war brings out in people, but I eventually decided it was too graphic for many of the readers.

This loss of trust in the government of course alarmed the government, and led to the Pentagon conducting a coordinated campaign to prevent this from happening again, which was accomplished by:

- Ending the draft and switching to an all volunteer army.
- Ensuring the public was only fed a sanitized picture of what happened in each future war (e.g., with embedded journalists providing government approved footage and the

mass media being strongly discouraged from providing any footage which exposed the horrors of each war).

Note: [Major Colin Powell](#) was one of the Pentagon officers who led the effort to cover up the Mai Lei Massacre. He then rose through the ranks, eventually becoming George Bush's Secretary of Defense and infamously lied to the UN about Iraq's weapons of mass destruction—a lie that killed hundreds of thousands of people and cost the US trillions of dollars. Powell's case is one of many which illustrates how much the government rewards those who cover up its atrocities.

It is hard to even begin to describe how much work was put into hiding the horrors of war from the public, and sadly it was remarkably effective, transforming war from something much of the American public vehemently opposed to an abstract idea they were largely apathetic towards.

Note: the best documentary I have seen explaining how military propaganda transformed as the decades went by is "[Why We Fight](#)."

In the medical field, a similar wave of mass censorship gradually was implemented, which likewise appeared to have come from the recognition that the pharmaceutical industry could not afford for mainstream coverage to ever be given the dangers of a pharmaceutical product, especially vaccines. In turn, many of the approaches which were pioneered to cover-up the horrific human costs of our foreign wars were adopted by medical-industrial-complex (e.g., the same PR firms that relentlessly sell wars to America sold the COVID vaccines to us).

Turning Points in Medical Censorship

Numerous medical catastrophes have happened which provoked widespread public outrage, and like the Vietnam War, those events brought the government to conclude it was imperative the public was prevented from becoming aware of future medical atrocities. Some of those events include:

The Polio Vaccine

In 1955, after an expedited approval, a much heralded vaccine was released by the government, and two weeks later, cases began emerging across America of children who

had become paralyzed in the limb that was injected with Salk's polio vaccine.

After some investigation, it was discovered that:

- Only two of the five vaccine manufacturers had produced the same “safe” vaccines used in the clinical trials—which meant many of the vaccines the public got (which at the time were a new experimental technology) had never been tested in humans.

- At the urging of Salk, when the vaccine was mass produced, a different and less safe production process was used for the vaccine.

Note: this also happened with the COVID-19 vaccines and many now believe this is a key reason why they were so dangerous.

- Bernice Eddy, an NIH employee had immediately discovered this mass produced vaccine caused paralysis in monkeys.

Note: Eddy had previously upset the NIH after she discovered that adenovirus vaccines caused cancers (which caused the NIH to put up innumerable obstacles to her work) but eventually Eddy won and adenovirus vaccines stopped being given to children—at least until COVID-19 (as the J&J vaccine is a modified adenovirus).

- All of the paralyzing vaccines came from the same manufacturer (Cutter Laboratories).

Note: later paralyzing lots were also identified from Wyeth (better known for making the highly dangerous DPT vaccine), but the general public was never made aware of it—which the head of the CDC's polio surveillance unit believed was done to prevent the public from realizing the Polio vaccine in general was unsafe and ineffective.

- The (early) FDA delegated testing of the vaccine for safety to the vaccine manufacturers rather than doing so itself.

- There were many safety concerns with the testing of the Salk vaccine, but the professional publications chose to censor them and instead continually repeated the message that the vaccine was completely safe and effective.

The public was understandably outraged about this, the government found itself in a

public relations crisis, and numerous lawsuits dragged out against Cutter in the courts. In response to this happening, the Federal government then decided to assume a direct involvement in each aspect of the vaccine program, thus switching from being a largely neutral external auditor to being a major stakeholder. As you might guess, this conflict of interest made the government be motivated to cover up any safety issues with its vaccines (e.g. to protect its investment or to not look bad to the public) and before long business as usual resumed with the Polio vaccine.

To quote [*Turtles All The Way Down*](#):

Perhaps the most disturbing element of the entire program, has been the disparity between the risks that were known to be involved and the repeated assurances of safety.—Paul Meier, professor of epidemiology at the Johns Hopkins University School of Public Health

The National Foundation, in a memo sent to doctors, also stated emphatically that the [polio] vaccine was completely safe and that the risk of ensuing paralysis was “zero”.

The best way to push forward a new program is to decide on what you think the best decision is and not question it thereafter, and further, not to raise questions before the public or expose the public to open discussion of the issue.—Paul Meier speaking at an expert panel on the vaccine.

In 1960, five years after the Cutter incident, Bernice Eddy, a NIH employee had determined that the polio vaccines were contaminated with a cancer causing virus (SV-40) and not fit to give to the public. When she alerted her superiors, she was ordered to not disclose it (so the public would not lose its trust in the vaccine program) but eventually decided to publish her findings at a cancer conference—after which she was immediately demoted and lost her lab.

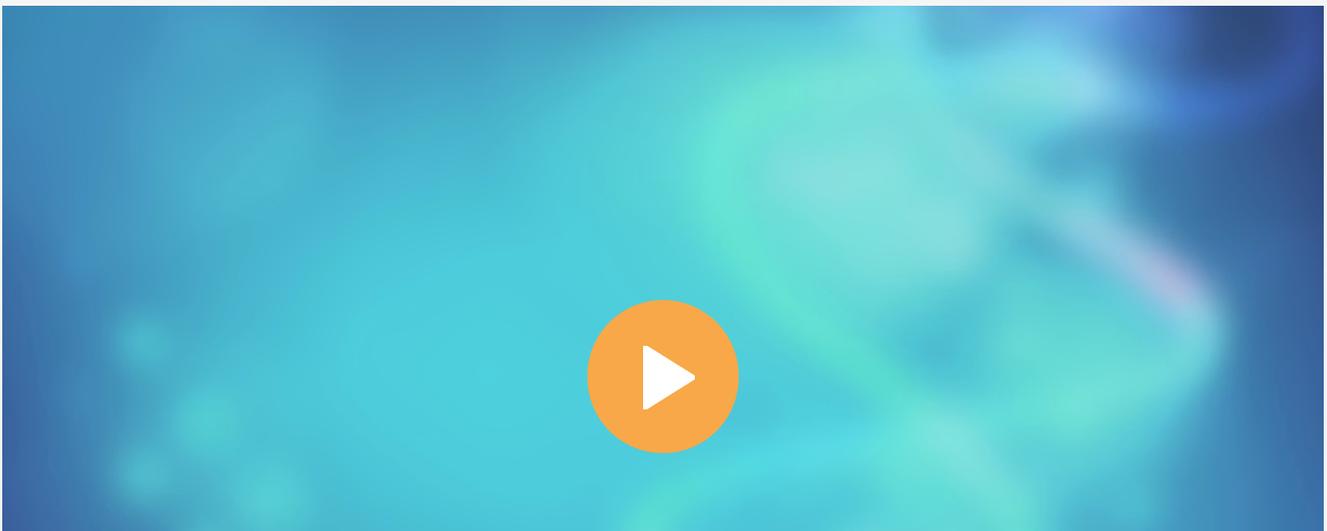
Note: in 1959, government officials had become aware their vaccine caused cancer and were frantically trying to find a way to address it (the problem was ultimately a product of cutting costs by producing the vaccines with imported monkey kidneys) while simultaneously doing all they could to promote them to the public.

As time move forwards, more evidence emerged showing there was widespread contamination in the polio vaccines with the SV-40 virus. Finally, in 1963, the federal government forced the vaccine manufacturers to stop growing the vaccine on contaminated SV-40 monkey kidneys—at which point between 40-98 million Americans (and many more globally) were infected—although a case can be made SV-40 was present until around the year 2000 in some of the vaccines.

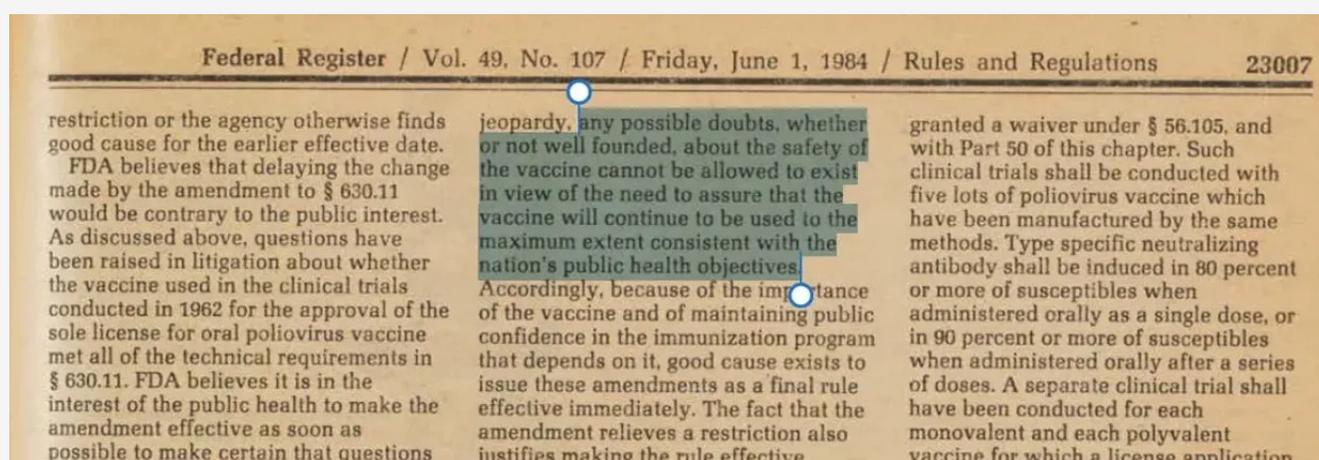
Note: while US health authorities declared SV-40 does not cause cancer in humans, many accounts exist of physicians who observed an explosion of cancer after the polio vaccines hit the market. I believe this theory is valid as one of the most common therapies we've found which consistently helps solid tumors (which are what SV-40 was suspected to cause) appears to function as an antidote to the SV-40 virus. More recently, it was discovered that the reckless method that was chosen to quickly mass-produce the COVID vaccines resulted in them being contaminated with the promoter region of the SV-40 virus (which many in turn suspect is carcinogenic).

Additionally, many horrible kidney diseases are strongly associated with SV-40 (and likewise have exploded in incidence since the Polio vaccines hit the market). Sadly, since SV-40 was introduced to the population through the vaccine program (and transmits between humans and fetuses) there has been a general reluctance to study its danger—or to acknowledge it was still present in the vaccine supply decades later.

For those interested, the this excellent 28 minutes video by Dr. Suzanne Humphries (someone I greatly admire) described what happens:



One of the most important takeaways from the polio fiasco was an admission [the FDA made into the federal registrar](#) that any doubts regarding the safety of a vaccine, regardless of their validity, could not be allowed to exist as that would make less people get the vaccine:



Note: This policy was likely made in response to concerns that the specific polio vaccines which later paralyzed were not the ones that had been tested in the clinical trials. Sadly, the FDA's "solution" was to simply stop testing all the vaccine lots.

The Swine Flu Fiasco

When the earliest influenza vaccines hit the market in 1945, they received minimal interest from the public. Joseph Anthony Morris PhD was recruited by the early FDA to conduct the research to prove those vaccines were safe and effective (eventually leading to him becoming the FDA's Chief Vaccine Control Officer). Yet, after he found they were ineffective (only working 0-40% of the time) and unsafe, his superiors ignored his data and released the vaccines while claiming they were safe and effective.

Like Bernice Eddy, he also faced significant retaliation, being harassed, demoted, losing access to his lab and blocked from publishing his results. Before being fired, Morris

decided to fight the FDA's gross misconduct by hiring a lawyer and going to the Senate. This prompted a 1972 senate hearing which concluded the issues Morris raised were only the tip of the iceberg, and as a result of the hearing, **thirty-two** unsafe and unproven vaccines were taken off the market. Most importantly, the FDA's progenitor (called the DBS) conduct was deemed so egregious that it was scrapped and replaced with the modern FDA (which unfortunately did not fix the rot within the agency).

Vaccine machine cans swine flu whistle-blower

From Gannett News Service



Morris

WASHINGTON — Federal employees who stand in the way of the government-industry vaccine machine can get squashed.

Such a whistle-blower was Dr. J. Anthony Morris, a respected research virologist who in 1976 worked in the

Food and Drug Administration's division of biologic standards.

Morris, now 66, was canned that year by the head of the agency after raising a lonely voice against the swine flu vaccine that President Gerald Ford wanted every man, woman and child in the country to receive.

Morris, an influenza vaccine specialist, was known to superiors as an troublemaker long before the swine flu fiasco.

Five years earlier, he had raised

dust before congressional committees by helping to show that the federal government was failing to protect the public — by knowingly releasing millions of doses of subpotent flu vaccine, by failing to require that vaccines be proved effective before their release and by failing to recall vaccines contaminated by a virus that caused cancer in test animals.

When he presented evidence that flu vaccine was largely ineffective, he was relieved of his vaccine control duties. When he suggested that slow viruses might be contaminating vaccines, his work on that project was stopped.

His contention that flu vaccines did not afford the protection Americans had been led to expect by the Public Health Service were not received with jubilation by the companies that make flu vaccine and by the doctors who were injecting them by the millions of doses a year.

Morris was reduced to a position of impotency. His research was stopped, and he was ordered to kill his 5,000 laboratory mice, animals that reflected years of important vaccine safety work.

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After being transferred to the new FDA (where he was protected from termination due to the recent Senate investigation), he continued to be responsible for influenza, and in February of 1976, a swine flu strain was found in a soldier who died in March. As the FDA tried to drum up fear about a new 1918 influenza, Morris was called into the investigation and concluded that swine flu strain was not something to be concerned about as it rarely travelled from person to person.

*Note: As far as I know, the two deadliest plagues in human history were the Black Death (of which much is still not known) and the 1918 Influenza. Because of the 1918 Influenza, the medical community became fixated on preventing anything like it from happening again, which amongst other things resulted in an enormous influenza vaccination apparatus flooding America, **which sadly has injured many but consistently failed to provide any benefit.***

Since that swine flu strain reproduced slowly, it was not feasible to produce enough of it to make a vaccine before the “pandemic” faded into memory, so someone had a truly astounding idea—why not hybridize it with the **fast-growing** 1918 influenza? As this provided a way to meet the vaccine production timeline, it was supported by the government.

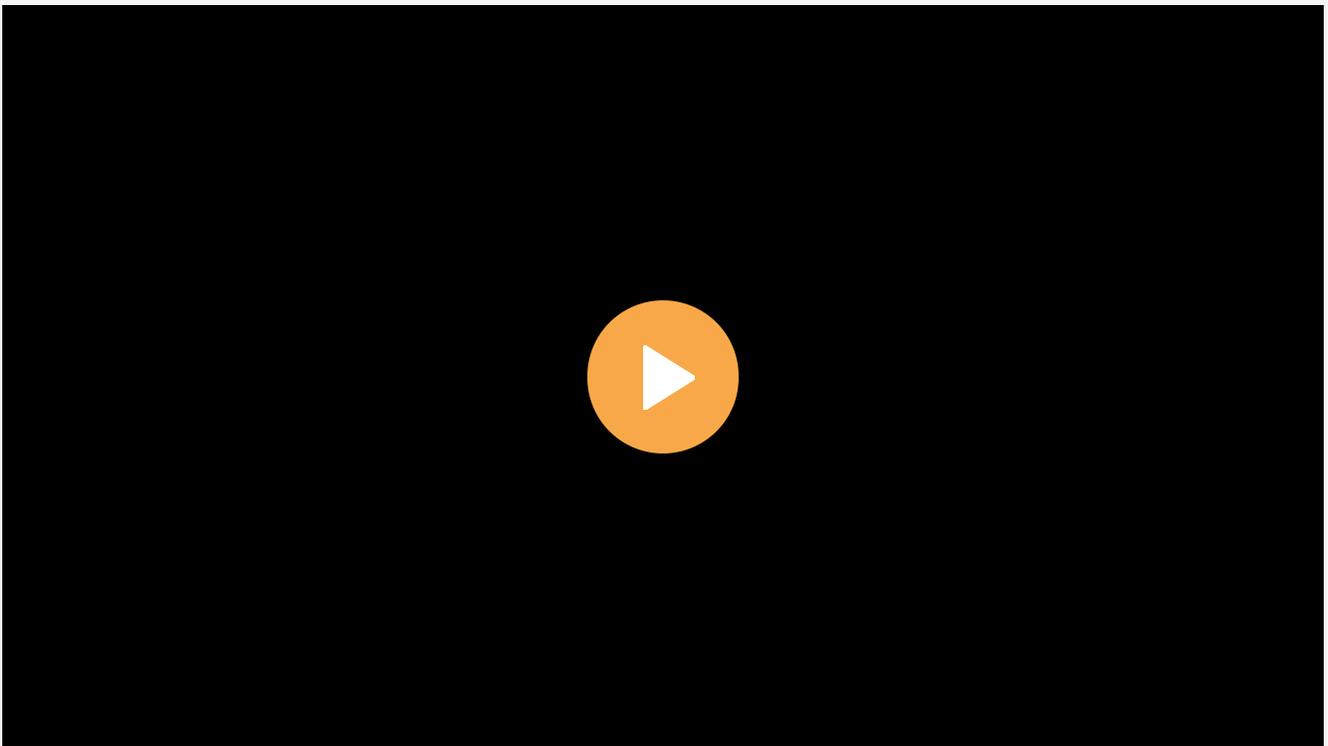
Dr. Morris did not support this idea, and before long discovered that the **emergency** vaccine was unsafe and ineffective, but when he reported this to his superiors at the FDA, he was told to keep his concerns to himself. Morris then decided to go on a speaking tour which include the Donahue show (one of the largest talk shows in America) and warned the public of the vaccine’s danger.

Note: I have been unable to find a transcript or copy of that 1976 show. However [according to one account of it](#), Morris “warned the experimental vaccine could cause serious allergic and neurological reactions, had a very low potency, and was completely unnecessary as the virus concerned was an ordinary pig virus, and not highly pathogenic, and had died out within two weeks of it’s being detected in February, and had not been seen anywhere else.”

However, his warning went unheeded, and the vaccine was distributed across America. Before long, the injuries piled up from this experimental vaccine, with hundreds becoming paralyzed from Guillain–Barré syndrome, dozens died, and thousands of lawsuits were filed.

Note: the official count likely underestimated the injury count. For example, colleagues who were in practice at the time shared that they had numerous patients who were injured from the vaccine or developed Guillain-Barré. Likewise, when the COVID-19 vaccines came out, a patient who refused to vaccinate shared with me she was still dealing with severe injuries from the 1976 vaccine and was not going to fall for the government's scam again.

In the same way it is remarkable that the Donahue show was willing to publicly give a platform to Dr. Morris's concerns, consider the segment Sixty Minutes aired across America and how eerily it parallels what happened decades later with the COVID-19 vaccines:



What I find most extraordinary about this clip is that while the 1976 vaccine was much less damaging than the COVID-19 vaccine, in this current era of mass censorship, airing a segment like this would be unthinkable.

One of the more remarkable things about these events is how they were seen in the eyes of government officials. The Public Health Crisis Survival Guide (quoted [via Oxford](#)) provides a remarkable illustration into the administrative mindset:

Early in 1976, the Centers for Disease Control and Prevention proposed and President Gerald Ford approved a plan to vaccinate the country against swine influenza, a new infection that had only recently appeared on a New Jersey army base. While agency leaders imagined themselves rising to the challenge of a crisis, mismanagement and poor communication led to a debacle for public health. Problems included logistical difficulties in manufacturing the vaccine, disputes with Congress, and the inability to revise the vaccination goal in light of the fact that the disease never returned. When people who were vaccinated fell ill with neurological complications, the vaccine effort ended, but not before causing grave damage to confidence in public health agencies.

Note: this effectively says the “mistake” in this debacle was poor control of the media that damaged public trust in the all-important vaccination program, rather than say...pushing an unsafe, ineffective and unneeded vaccine onto the market and ignoring every warning to the contrary.

Pertussis

Developed a century ago, the original pertussis vaccine was incredibly dangerous, and from the very start evidence emerged (which I compiled [here](#)) showed that it caused seizures, permanent brain damage, and infants to suddenly die. I’ve extensively studied this subject because multiple relatives developed permanent brain damage from it (one of whom we were eventually allowed to treat and in time successfully restored the lost neurological function of), and to this day I still periodically meet people (e.g., an epileptic) whose entire lives were upended by that vaccine.

The saddest thing about this is that:

- In each case, the child’s pediatrician failed to recognize the initial adverse reaction (which should have been recognized a contraindication to the subsequently permanently disabling reaction) and often denied the child’s injury, insisting the vaccine was 100% safe and effective.
- The benefit of the pertussis vaccine is marginal at best (e.g., outbreaks often happen in vaccinated communities).

- Pertussis can easily be treated with antibiotics and oral vitamin C.

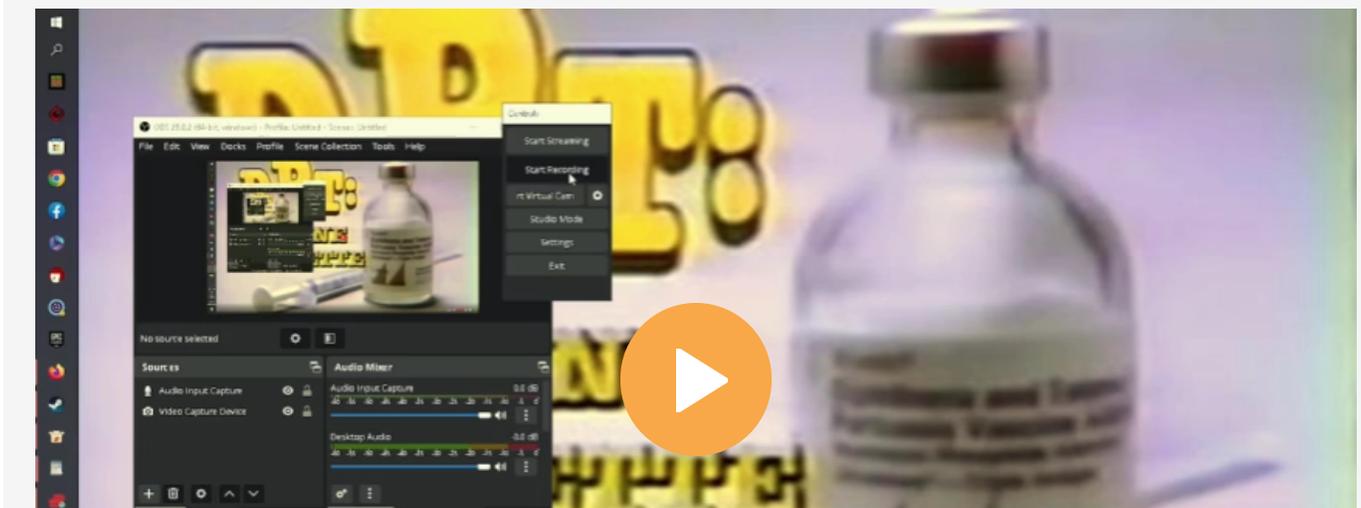
- It was possible to make a safer (but not completely safe) pertussis vaccine. However, since it cost more to make those, the industry never did so until lawsuits in the 1980s financially incentivized them to.

Note: this is very similar to the infamous [Ford Pinto memo](#), where Ford's management decided they would not fix the Pinto's tendency to explode after car accidents as the cost to settle lawsuits was significantly less than the cost to make the cars safe in crashes. Sadly, many similar examples of profits being put over people also exist.

However, rather than pull the pertussis vaccine from the market (or least ask for a safer one), government officials ignored the innumerable issues they came across and continued to push the vaccine upon the world (even as other developed nations gradually dropped it).

Note: one school of thought argues that the government's attachment to the pertussis vaccine comes from the fact that it is always packaged with the tetanus and diphtheria vaccine, and tetanus vaccine (when laced with HcG) is the most effective sterilizing vaccine that was ever developed ([the WHO spent decades developing it and there are many tragic cases of it being deployed in the third world](#)).

Eventually in 1982, an investigative journalist at NBC decided to publish an exposé on this vaccine, which again highlighted the degree to which the American government will lie to protect the vaccine program:



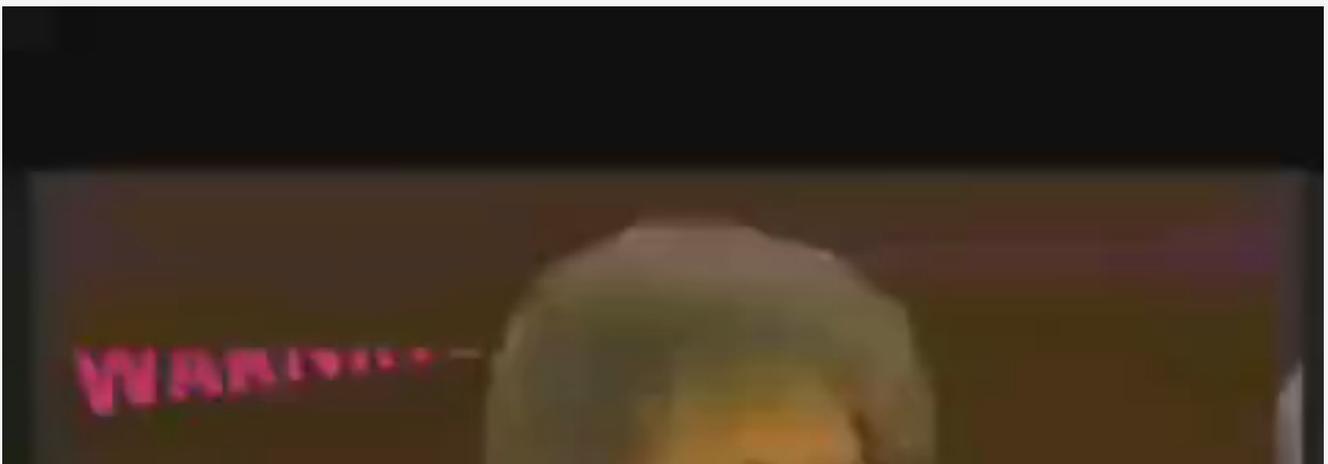


Once the video was aired, lawsuits began to be filed against the DPT manufacturers and parents from across the nation began to contact NBC to ask to be connected with other parents with similar injuries. Before long, these parents joined to form a group which successfully began the modern political movement against the vaccine manufacturers.

Gardasil

In the 1970s and 1980s, dissident physicians were allowed to publicly voice their objections to the medical industry on national television. For example, Robert Robert S. Mendelsohn, was a prestigious (and gifted) pediatrician who turned into a medical dissident after he learned that the Johnson administration was planning to weaponize public health against the poor (to keep them in poverty), which according to a colleague Mendelsohn mentored was “too much of an affront to his Jewish values to be complicit in.”

Mendelsohn’s work in turn created much of the modern vaccine safety movement and he was allowed to speak on the largest media platforms in America, something which would be unthinkable today. Consider this 1985 segment on the Donahue show for example:





Bill Clinton in turn (either deliberately or inadvertently), “solved” this problem. In 1997, [his FTC legalized direct pharmaceutical advertising to consumers](#). There are a lot of issues with this practice (the USA and New Zealand are essentially [the only countries that allow it](#)), and one effect it had was putting financial pressure on networks not to air stories critical of pharmaceuticals once they had become dependent on their advertising revenue.

Note: To illustrate how corrosive these dollars are—RFK Jr. was close friends with the chairman and CEO of Fox News. RFK has repeatedly shared that Ailes was very supportive of RFK producing a segment on the dangers of mercury in vaccines, but ultimately was forced to scrap the production because the majority of Fox’s advertisements came from the pharmaceutical industry (e.g., [17-18 of the 22 on a typical nightly news show](#)). It is thus remarkable Tucker Carlson was able to leverage his position as the most popular news anchor in America to criticize the COVID vaccines and simultaneously not surprising that Fox was willing to shoot themselves in the foot by firing him [after he aired a scathing critique of how the our media had sold out the American people for Pfizer and Moderna](#).

Likewise, Sharyl Attkinson, a popular national news anchor for CBS and an Emmy-Award winning journalist [shared that](#) in the early 2000s, the pharmaceutical industry, feeling the pressure negative coverage of disastrous vaccination programs was creating for them, lobbied to prevent future negative coverage, and after this happened, it became impossible for her to air well produced segments which were critical of any vaccine initiative.

In Europe, since that advertising is not legal, networks have had more ability to air content critical of the industry (although in Europe, [the Gates Foundation has to some degree silenced the press](#) there through large “grants” [to leading news organizations like the Guardian](#)).

Prior to COVID-19, I considered [the HPV vaccine](#) (Gardasil) to be one of the worst vaccines in history as:

- It was completely unnecessary and was produced purely for profit.
- [Its clinical trials](#) showed it was extremely dangerous. For example, between 2.5%-50% of those who got the vaccine (the range is wide because Merck was deliberately vague in reporting the injuries) developed autoimmune and neurological conditions.
- Many young girls I know suffered a severe and permanent injury from the vaccine.
- From the moment Gardasil hit the market, the FDA and CDC were deluged by reports of severe adverse reactions—which like the COVID-19 vaccines, they did everything in their power to cover up (often in a very similar manner).
- It [severely affected the physiologic zeta potential](#), a trait I have seen in many of the other most harmful vaccinations in history (e.g., [Anthrax](#) and [COVID-19](#)).

So, as you might imagine, there was almost no reporting of its dangers (or the fraud which occurred during its clinical trials) in the American Press. However, since the pharmaceutical industry did not own the European media, one Dutch station eventually produced a (very restrained) documentary on the injuries from the HPV vaccine and the governments unwillingness to do anything about it:



Like many of the previous news segments, this one (despite being extremely restrained in what it mentioned) was immensely controversial, caught on like wildfire, and made many HPV vaccine injured girls realize they were not alone.

Conclusion

When COVID-19 started, I told many people I knew what was going to happen, and as time progressed I gave stronger and stronger warnings against the vaccines. Now that the dust has settled, many of them have asked me how I knew it would happen and my answer is always the same—what we all just saw happen is exactly what they've been doing for decades.

In this series I tried to highlight some of the forgotten examples of how far the government will go to protect a bad vaccine, and sadly there are still many more I didn't discuss here (e.g., those forcefully given to the military such as [the disastrous anthrax vaccine](#) which was pushed by the same people who directed the COVID-19 rollout).

While tragic, I believe the most important aspect of each of those stories is simply the fact they've become forgotten and hence the same thing can be done to us again and

again and again. It is for this reason that I believe the news stories shared throughout this article are so important to take note of (as they all were produced prior to Clinton legalizing direct-to-consumer drug advertising and pharmaceutical dollars buying out the news media).

However, at the same time, I believe this censorship (which began when the disastrous **and experimental** smallpox vaccines were pushed upon the world) cannot be maintained forever, particularly due to the era we are in.

When the smallpox vaccine (discussed further [here](#)) was pushed upon the world in 1796, the rate at which communication traversed the world's consciousness was quite slow, and as a result governments and the medical profession could cover up the vaccine's body count and suppress the small protests against mandatory vaccination that still managed to pop-up. Nonetheless, because of how egregious the vaccine was, eighty-nine years later in 1885, a massive public protest broke out which ended the vaccine mandates (and smallpox—as the vaccine was a principle driver on outbreaks).

When I look at the struggles of our forefathers, I see it as a giant spring that became more and more compressed as the body count from the smallpox vaccine accumulated. Eventually, there was so much pressure in the spring, that even when the government mustered all the force available to it, the spring could no longer be held back from reverting to its original shape.

Note: another common metaphor used for what I am describing is a dam under pressure eventually bursting, but I feel that one is less accurate because what we are witnessing is more akin to an elastic wave rebounding through the society (which is one of many ways Karma is described).

Our modern era is characterized by time moving at a rapid and unprecedented pace—which to some extent is due to how rapidly ideas diffuse across the planet during the digital age. As a result, those elastic waves rapidly propagate through society and the dysfunctional paradigms which could previously be held in place for centuries instead often can disperse in the blink of an eye.

Note: one of the most well known historical examples of this was the sudden fall of the Berlin Wall which I discussed [in a recent article](#) about my favorite movie.

Because of this, those in charge are continually encountering events completely outside their predictions. For example, from the start, the COVID-19 vaccines were intended to be an annual product (most of the money in the vaccine business is for adult vaccines since they have higher profit margins and far more people they can be sold than the childhood ones which are restricted to each birth cohort).

Yet, despite the government doing everything it possibly could to cover-up the dangers of these vaccines and push them onto the population, the market for them has already died and almost no one wants the booster. In short, what previously took over a century happened in less than two years and now stress that built up in the societal spring from forcing that product is rebounding onto the people who did it.

After I started writing on Substack, my primary goal was to do everything I possibly could to speed up the rate at which the COVID-19 vaccine “spring” would decompress so the immense suffering it would cause could to some extent be reduced. However, now that I’m watching that spring rapidly decompress, I’m realizing that it’s created a momentum which is engaging the much larger spring created by the entire vaccination program.

Because of this, everyday people are becoming much more open to critically evaluating the vaccine program, something none of us have ever seen in our lifetimes. Keep in mind that many of the early vaccine safety activists (e.g., Barbara Lee Fisher, [Sherri Tenpenny](#), and Suzanne Humphries) worked largely alone for decades with almost no public support against the monolithic vaccine juggernaut the federal government had built. Yet now, the messages so many worked for so long to show the world are now catching on like wildfire and the current generation of vaccine safety activists appear at last to be able to finish the work so many before us paved the way for.

The ruling class is well aware that [the model they’ve used to control the society since World War 2 is no longer working](#) (e.g., there are countless independent journalists on the internet who in their free time can overturn the costly propaganda campaigns governments have relied upon to implement their policies). Because of this, they are doubling down on their censorship apparatus (which I believe began after the 2016 Trump election and Brexit shattered the ruling establishment’s expectations).

Nonetheless, while they will likely do much more, I believe, as the complete rejection of the COVID boosters shows, that the ruling class's efforts are ultimately an exercise in a futility as too much pressure has built up in the spring for anything to stop it from unwinding.

I thank each of you for reading this, your support of this publication, and the part each of you is playing in catalyzing this long overdue shift.

In second half of this series I will explore how the 1982 NBC production led to the creation of VAERS, how the government predictably did everything they could to fight it, and how that history has shaped the current state of the dysfunctional database many of us have come to rely upon throughout the pandemic.

Lastly, if any of you have compilations of vaccine media reports I forgot to include, please link me to them so they can be added.

This post is public so feel free to share it.

Finally, I wanted to thank each of you for your support of this Newsletter—we've now passed 62,000 subscribers and I'm starting to periodically meet people who share that they read it (so a few of my Midwestern readers have met me without realizing it).

I have been trying to get information like this out to patients for years but over and over doing so was like trying to climb an impossibly high mountain and I never imagined I would have the opportunity to do so. Much of that has been due to each of you sharing this publication with people who you believe could benefit from it, and to thank each of you who has, I've set it up so that Substack will automatically provide complimentary subscriptions to you for referring this newsletter to your friends.
