

# On Vaccinations – A Current Event

By Carl Nelson

I was awakened the other night by a phone call from my son. He was calling from an urgent care facility in LA. We had counseled him to go there after he had cut his finger opening a glass bottle of BBQ sauce and had decided 12 hours later that the gash was much more extensive than he had thought. It was true. They had needed to fish a piece of glass out of the wound and seal it with six stitches. Currently he had awakened me to get my advice on whether he should take the Tdap vaccine offered. The doctor was there with the needle poised.

\*\*\*



The controversy around the efficacy of vaccination is enormously complex, the data base vast, and the players ethically compromised (corrupted i.e. they've taken money). It takes a lot of research, and then the wisdom to compare

the possibilities of bad outcomes. There are vaccinations available for a plethora of diseases. Each type has a different success profile – and a different adverse effects profile. The mature response is to say to the doctor, “Let me postpone the vaccination. I want to look into this a bit further.” If this is not okay with the doctor – then you absolutely have the wrong doctor. (Even a fool can tell you that.)

The reason my son had called was because he knew I was very leery of current "vaccinations". Since the outbreak of Covid, I had done some fairly extensive reading on the issues involved, and gotten in a tangle with my relations over what I had discovered. I am not unfamiliar with the immunological landscape as I have acquired an MD (among other scars) on my path through life (though I have never practiced). At the time we were scheduled to have Thanksgiving at my sister's. But she wouldn't allow us to attend unless we were all vaccinated. My wife was, and I had been brow-beaten into it. But our son had already developed a natural immunity, and I was resolute on his part and strenuously cautioned him against a mRNA Covid-19 'vaccination'. "It isn't necessary," I said. My sister insisted it was and that I was putting them all at risk. She told me to pull my head out of that rabbit hole of internet disinformation I was being programmed by and watch some TV! for goodness sakes. She also told me what an awful person she thought I was because of this. It was for this reason my son contacted me so late at night. He knew I took vaccinations seriously.

\*\*\*

They had my son worried about contracting tetanus.

I sighed. "Can you take just the tetanus and not the diphtheria and pertussis vaccines?" I asked.

They didn't have (allow?) that option.

"Can you wait until the next day, so we can discuss this after I've had a chance to research my materials?"

This really didn't get answered.

After some hemming and hawing, my son said he would make a decision and call me back the next day.

\*\*\*

The decision was, that my son decided he “didn’t want to get tetanus” and so he opted to receive the Tdap vaccine.

Well, the good news is that I’ve little worry that he will suffer any grave problems due to his taking the Tdap. I’ve had it in the past, I’m sure, as has most everyone I know, without apparent ill effects. The odds are that he’ll likely be fine.

Nevertheless, I e mailed him the following:

“I have done some research and quite a bit of reading and found some authoritative sources, which needed pulling out and consulting before I can offer advice from my reading on this complex subject. I have done that, and can now give you my advice:

But first, you need to understand the playing field you are injured on. It may not be as you suppose it to be. First off, your doctors may not be as your imagine them to be. They do not know all about the body, how it works, how diseases work and how the medicines work. Doctors are technicians, basically, who have been trained to identify (name) the various conditions, symptoms and signs the patient brings. This is the diagnosis. For each diagnosis there are protocols; accepted treatments. If a doctor fails to offer these treatments, or go too far outside these treatments, they can lose their license i.e. livelihood. As far as vaccinations go, medical doctors all receive a smattering of current immunological theory. But the knowledge they are given is not enough to question the protocols, but rather to ensure that they will believe and adhere to the protocols. For most doctors their understanding of vaccination is adhering to the protocols handed down to them. That’s pretty much as far as their knowledge goes. They do as they are trained. They are told a very positive story about vaccinations. (I’ve been through medical school. I KNOW this.) Their patients have all heard it too. So that when they tell it to their patients, their patients figure they must have a good, knowledgeable

doctor.

Here's something they don't tell you in medical school about vaccinations: that they lose their immunological potency the more vaccinations given. They wear out the immune system. They also cause the immune system to be looking the other way in terms of all the other diseases out there.

Now, the doctors are busy doing their job and don't have time to review the basic research into the decisions handed down which form the diagnostic and treatment protocols. They must trust their fellow doctors, the hospital administrators, the drug manufacturers, the FDA and the CDC for designing proper protocols. As the situation now stands, this trust has been lost. But the system still functions as if it hasn't been. Doctors are now forced to prescribe what isn't good for their patient. They may not know. They may look the other way, because they have their families to support. Or, perhaps they are just making too much money to bother themselves.

The upshot is that if you want to avoid being injured by the medical-health complex nowadays – you have to do a bit of reading and research. You have to be smart.

So, about the Tdap trivalent shot.

First off, you did not report to the ER with either diphtheria or pertussis – or even with the fear of being exposed to it. They are giving you a treatment for something you don't have. Every treatment comes with risks (we'll go into this). So, your doctor has violated the prime directive of all medicine: "FIRST, DO NO HARM." They've done this because protocols have been established which employ vaccinating the population at opportune times in order to create "herd immunity" against infectious diseases such as diphtheria or whooping cough. The problem is, studies have shown that the vaccinations for diphtheria and pertussis don't accomplish this:

"Although the vaccine has been in use for the past seventy

years, the way in which it curbs the spread of the pertussis bacterium (*Bordetella pertussis*) has almost never been studied, and experiments testing its ability to prevent human infection and person-to-person transmission have never been performed” ( – Pg. 321 *Turtles All the Way Down*, you need to go online for the references.)”

Nevertheless, the protocol continues. This is how bureaucracies function – especially when they are monetarily rewarded for pushing Big Pharma products. But that’s not all you’ve gotten for your money at the ER. Along with the unneeded antigen, with each vaccination your body gets the following products (plus contaminants occurring during production):

...the antigen is the specific vaccine component, typically a weakened bacterium or virus, whose job is to trigger an immune response that will confer protection against the real disease. However, in addition to the antigen every vaccine contains many other potent substances whose effects on the body are not fully understood and are, thus, potentially harmful. Thus, for example, the DTaP-Ipv-Hiv vaccine includes the following list of ingredients (besides the antigens or the five diseases against which the vaccine protects):

*lactose, sodium chloride, aluminum adjuvant (as aluminum slats), Medium 199 (as stabilizer including amino acids mineral salts and vitamins) and water for injection, residual formaldehyde, polysorbate 80, potassium chloride, disodium phosphate, monopotassium phosphate, glycine, and trace amounts of neomycin sulphate and polymyxin B sulphate.*

It follows, then, that the terms vaccine and antigen are not interchangeable when discussing vaccine safety...” – from *Turtles All the Way Down*

So, as regards to the diphtheria and pertussis vaccinations – you have gotten all risks and no benefits for your money.

What about the Tetanus vaccination?

## **“Tetanus Vaccine**

Tetanus is caused by a toxin secreted by the bacterium *Clostridium tetani*. The bacterium lives in the digestive tract of various animals and is excreted in their feces. It can also survive in soil for many years in the form of a spore. If a dormant spore somehow makes it into the human body – typically through an open wound or incision – it can “wake up”, revert back into a bacterium, and begin to multiply rapidly. During its multiplication process in the body, the bacterium secretes the toxin that causes tetanus, which if not treated promptly and properly, can be fatal.

Unlike many other infectious diseases, tetanus is not transmitted directly from person to person. The bacterium, as mentioned above, penetrates the human body through a wound and is not excreted from the body in a way that might normally lead to infection of another person.

Tetanus was more common in the distant past, when most of the population lived in rural areas, and later on, when horses became the main means of transportation in large cities of the pre-modern era. In addition, tetanus was common among wounded soldiers on battlefields, which were often saturated with horse feces. Incidence of tetanus in industrialized countries began declining steadily in the early 20<sup>th</sup> century. Several factors contributed to this: mass migration to the cities, the departure of horses from city streets, the replacement of horses with machines in agriculture, better treatment of wounds, and the use of antibiotics. In the US in 1947, a year before the tetanus vaccine came into wide use, morbidity was already quite low at 0.39 cases per 100,000. This rate continued to decline rapidly gradually after the vaccine was introduced.

The tetanus vaccine protects against the toxin secreted by the

bacterium, not the bacterium itself. Thus, it does not prevent the bacterium or spores from entering and multiplying in the body. When the bacterium enters the body, the antibodies stimulated by the vaccine neutralize the toxin it releases into the blood stream. This, plus the fact that the tetanus bacterium normally lives in soil, means that the vaccine is not a barrier to infection with the bacterium and hence does not confer herd immunity.” – from *Turtles All the Way Down*

In other words, in 1947 you had a .00039% chance of getting tetanus, with much less chance nowadays – and virtually a nil chance as getting it from something as clean as glass from your kitchen cupboard. So for your money you saved yourself from a negligible risk of getting tetanus (it was probably much riskier just getting to and from the LA Emergent Care facility) but incurred the much greater risk that a simple vaccination comes with. As for the risk from taking the vaccine itself, the CDC isn't saying... Just that it's safe and for everyone. Take their word for it.

So. No. I can't see any justification of receiving a DTap vaccine for your cut finger. Wash it thoroughly, get it stitched up, and keep it clean while it heals. You're a healthy young man. You'll be fine.

Moral: Don't make yourself sicker with unnecessary medical treatments. Some of them you can't walk back.

– Dad”

Post script:

On a phone conversation yesterday, our son told his mom that they had been trying very hard to push the latest Covid vaccine on him. But he had refused. He told his mom that he was afraid if he had mentioned this at the time, I would “blow up”.

He knows me too well.

Our son is currently looking to leave LA. and is seeking work in Texas.