

# The Vaccination Indoctrination:

## A Few Personal Reflections from a Physician

### An essay by Alex Vasquez DO ND DC FACN

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**Immaculate Conception of Vaccine Psychology:** When we are children, our most recurrent initial exposures and initial impressions of “doctor” is a collage of waiting rooms, cold stethoscopes, crinkly paper atop the examination table, and vaccinations; probably the stress of being sick and scared and receiving the message that doctors will help us, save us, and protect us induces a sort of trauma bonding, a miniature version of Stockholm Syndrome wherein we learn to take pain and suppress our fears and judgments in exchange for the receipt and/or illusion of safety and protection; we are helplessly trapped by our ignorance and illness, and the doctor saves us, so we are told and so we think. We are eternally grateful and say, “Anything you want me to do, I will do it.” Mom holds us close and reassures us that this is for our own good, protection, and that everything will be ok; we learn that getting vaccines is part of growing up, becoming more responsible, and as such we are being taught that vaccines are symbolic of maturity and the power of adulthood. In childhood psychology, vaccination is symbolic, a rite of passage, something we have to endure if we want to grow up. As such, the preservation of our safety and actualization of our self and ego are dependent upon submission to these shots. Accept vaccination, and you are safe in the moment and more powerful in the future—at least that is what the illusion holds. Reject vaccination as a child, and you’ll get told how bad you are, you won’t get hugs, reassurance, and candy, you might get hit or spanked, and you’ll get forcibly held down and vaccinated anyway, so you might as well give in. Once the will is broken, the next round of vaccinations and submissions will be easier. Regardless of whether you or I as adults embrace or reject vaccinations, we must acknowledge that we are indoctrinated into the vaccine paradigm starting at a very early age.

**Rights and Symbols of Initiation, or in this case: Indoctrination:**

Vaccines are symbolic of medicine, science, and authority; they are part of the image of Western culture's incessant battle with and recurrent "triumphs" over nature and anything that is "not us" or "comes from outside." As such, most doctors never question vaccines and come to love them as a child loves a tattered blanket or favorite plaything. Because of the severe abusiveness of the medical training process, most physicians have Stockholm syndrome (emotional affection towards and psychological alignment with one's captors/abusers) and are overly and blindly devoted to the system that abused them, held them captive for 7 years, and then freed them with new powers and a new identity; I think you can only understand this if you've had the somewhat rare experience of brutal training, the constant intimidation and hazing, "abuse with a smile" under the name of professionalism, being stressed to the limits of your tolerance physically and mentally for months and years on end, and then kept awake for periods of 30 hours or more, working hard in situations of complete chaos and hierarchy (within which you are at the very bottom), with complete sleep deprivation, almost no contact with the outside world and sometimes not even seeing sunlight for days on end except as you run past a window in a corridor; when your supervising/attending physician commands you to give vaccines, at that point you'll find yourself too exhausted to put up a fight and resist. When the hospital demands that you get vaccinated or face threat to your work toward

**Guilty of being naturally healthy implies that the medical machine has assumed power over life itself**

When the natural state of existence becomes the enemy, the people are automatically condemned and require some type of external salvation – in this case from drug companies. When I was in my first week of medical school I was told by the vice President that I was "a threat to the public health" because I wasn't vaccinated against Hepatitis B. His erroneous and illogical assumption and the only way I could be perceived as a threat—in addition to being stronger, smarter, and less neurologically impaired—is if I already had hepatitis B and was thereafter sharing intravenous needles with my patients and classmates. A little thinking goes a long way in demolishing the vaccine paradigm. See also <http://www.ichnfm.org/antiviral8>

getting your medical license after you've already worked brutally hard for 8-10 years of undergraduate, medical school, and residency... You're basically forced with the decision to jeopardize your entire past and future work (your income, your social status, that new house and car, cultural authority, high-income job security) or simply submit to "the shot."

**Stockholm Perpetuated:** Stockholm syndrome is characterized by emotional affection towards and psychological alignment with one's captors/abusers, and it is generally situational: the captives later regain their correct psychosocial orientation and autonomy when they regain their freedom and "de-roll" from having had to contort their psyches for the sake of survival. The obvious difference between "captive Stockholm syndrome" which is intense and temporary and "medical Stockholm syndrome" which is intense and long-term is that medical training segues into the medical identity. Complete in every respect with financial and ego trappings, elite social status combining wisdom with almost-magical powers, occupational freedom, enhanced romantic appeal, and a few but largely malleable responsibilities, the medical identity with its inherent loyalty to the group is the final result and ultimate product of medical training. Medical school followed by in-hospital residency isn't simply the induction process and system which provides underpaid overworked slave-labor to government-subsidized hospital systems wherein medical graduates learn skills by practicing on the lower/poorer strata of society; medical training ultimately gives these nameless undergraduates their lifetime personal, social, financial, occupational and sometimes political identities. If at the start of training they were pushed into the medical thrasher and well-macerated by sleep-deprivation and constant hazing, then they leave the medical mold well-formed and indeed amorous toward that system that shaped them, indeed made them who and what they are. Having been extra-studious in their science studies, many of them since the start of their last four years of senior/high-school starting at age 14 years, then cramming throughout undergraduate school to achieve top marks (now age ~22-24 years), then studying for medical college entry exam, then working 80-100 hours per week for the four years of medical school (26-28 years of age), then another (typically) three years of another ~100 hours per week of in-hospital residency training (>32yo), medical graduates are quite likely to be socially underdeveloped for the obvious reason that they have not had time to live and breathe much outside of biomedicine. Socially and psychologically, they have been "on ice" and "in the deep freeze" while yet paradoxically gaining more social authority and having to manage the biomedical details and often the psychology of persons older, wiser, more life-experienced, and quite possibly more broadly educated. To maintain the facade, many doctors commonly employ the technique of bullshitting (per Prof Emeritus Frankfurt), whether that technique is employed intellectually, clinically, or emotionally and socially; as I said before, "being a medical doctor" is an all-encompassing state. One is not simply a medical doctor at the office; one is a medical doctor among one's friends, family, and romantic interests. "She is a doctor" or "He is a doctor" is how people are introduced and described. Allegiance to the herd mentality of medical group-think does not end on the day of graduation from medical school nor at the end of living in a hospital for 3 years (which is why it is called "residency", because one lives inside the hospital, commonly in windowless basements); after eight intense years of brain-inflaming stress and sleep deprivation, that brain mush is now cemented into the medical mold, and now reinforced by new stressors combined with egoistic, egotistic, emotional, financial, romantic, occupational and social-political buttressing on all sides. Following release from residency: no time for reflection, now is the time to open that private office one has been dreaming of for decades and start making a real living. And nothing says "I'm a physician" more than wearing a stethoscope, writing prescriptions and delivering the Holy Grail of medical mythology: vaccines. Let's open that office and sell some vaccines (that one has never studied) to make some money, comply with medical licensing, and get some cash bonuses from insurance companies! I've got money to make, bills to pay including a typical \$200,000 in student debt and the new house and the new car, and thus--by logical extension of my personal needs--I'm convinced that vaccines are safe and effective because I need to sell them to make more money and get more insurance bonuses. Ain't no stopping me now when I've got vaccines to sell! Get out of my way, you vaccine-questioners and informed-consent advocates!

"My small practice spent more than \$130,000 last year on vaccines. My card has a 2 percent rebate for all purchases, generating a \$2,600 return to the practice. ... The rotavirus vaccine, because it is oral, is coded separately with 90474. The total reimbursement is \$125 [per vaccine visit]. ... well-child exam, ... Note that there are five total components to the DTaP/IPV/Hep B vaccine: three in DTaP (diphtheria, tetanus, pertussis) plus one for IPV and one for Hep B. Because the counseling codes pay per component, the total reimbursement is \$300 [per vaccine visit] – an extra \$175 [per vaccine visit] for providing brief counseling.

... However, with a bit of additional work on my part, an extra \$175 [per vaccine visit] is available to us. ... Knowing this, I now schedule a short vaccine-counseling visit with the parents instead of the nurse visit. I review the risks and benefits of the vaccines as I did at the two- and four-month visits and then...receive the higher reimbursement." *Fam Pract Manag.* 2015 Mar-Apr;22(2):24-29

**I'm hurting you for your own good:** Vaccines, in a manner similar to radiation and chemotherapy, are highly aligned with the religious/German/Victorian/etc idea of "tough love" which justifies harsh treatment and abuse "for your own good. I know this is going to hurt you, but I'm doing this for your own good because I love you. (Yes, that's the famous statement of many child and spouse [etc] abusers.) For extended discussion of this important point, see "For Your Own Good: Hidden Cruelty in Child-Rearing and the Roots of Violence" by Alice Miller.

We are both helpless victims in this process. You have to blindly submit to me, just as I have to blindly submit to what I've been told." As a doctor, I get to feign humility as I use this power; psychologically, this is very high payoff for us because we get to feel good about ourselves ("I am humble and submissive to a power greater than myself") while we get paid for using our power. It is the stretching of our emotional rubber band between to opposites of humility and power, and the experience is very stimulating and all-satisfying.

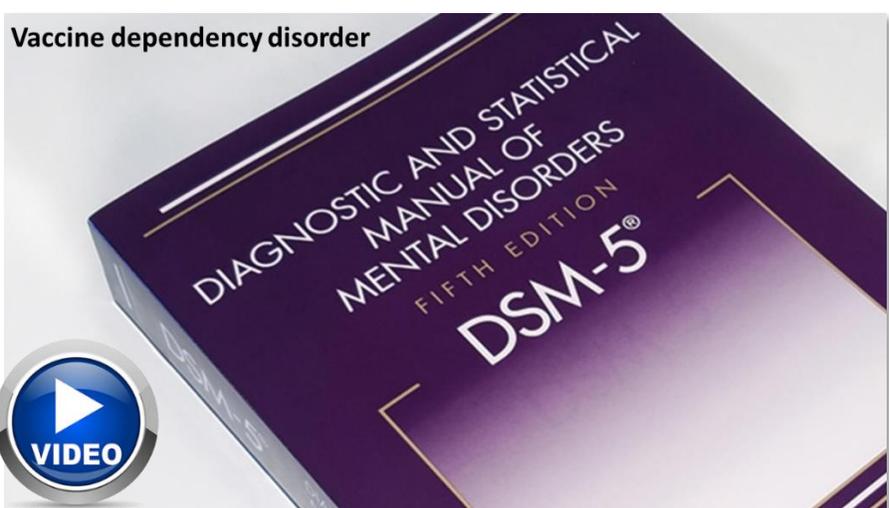
That is also along the lines of what snipers and mercenaries say when they "service the target." It is a mix of robotic obedience, submission to authority, cold indifference, and self-victimization -- all masked as humility and fidelity to duty -- all of which provides us with power, authority, and license to be cruel. We have to do this, we have to play our role, and we are not responsible for the outcome.

Cruelty mixed with love and cruelty mistaken for love both permeate Judeo-Christian culture, which tells us from a young age about "a loving God who allows his son to be crucified and killed" and instructs us to "turn the other cheek" which is to ignore betrayal and harm directed toward us, our friends, and community: to be intellectually blind and stupidly accepting of whatever others want to do to us. Obedience to authority, acceptance of abuse, and ignoring your own accurate perceptions of objective reality, reason, and/or your personal preferences are "Holy", saintly, and the way to be rewarded—after you die—and go to "heaven" where you will be whole, loved, and richly rewarded.

**We don't have any options: we are only taught to use the hammers of drugs and vaccines:** Physicians get zero training in therapeutic nutrition and are taught to disdain herbal/botanical treatments, such as licorice, which for example inhibits a wide range of viruses. Medical doctors generally have no idea about various nutritional strategies for blocking viral replication or supporting immune function, and this is why in 2014 I published a book titled "Antiviral Strategies and Immune Nutrition." Most healthcare providers have no organized intellectual structure via which to address viral infections, and this is why the treatment and prevention of viral infections continues to be generally clinically inadequate, physiologically incomplete, and drug-dependent; I have discussed this in several articles, book chapters, videos, and conference presentations.

**Harmful drug-dependency is a disorder, whether demonstrated by patients or physicians**

When patients overuse tobacco/alcohol/drugs to the extent that this overuse causes harm, we say they have a drug dependency disorder. Shouldn't we use the same terminology of "drug dependency disorder" when doctors (and patients) overuse antiviral drugs/injections that have little or no proven effectiveness, especially when that overuse creates dependency and harm?



**Vaccination as Intellectual Filter—Resistance is Futile:** I will always remember my first week of medical school, when I was called into the office of the Vice President, who told me that because I was slow in getting my hepatitis B vaccine that I was "a threat to the public health and non-compliant with school policy" which was obviously his way of saying they were about to kick me out of medical school. That is really a remarkable situation to find oneself in, being told that one's natural existence is somehow evil and threatening to other people, and that humanity itself is defective without medical intervention, apparently designed to self-destruct without pharmaceutical salvation. Absurdity such as this was noted in Henry Reed's famous poem "Naming of Parts" published in *New Statesman and Nation* (8 August 1942).

**Clear thinking is the enemy of and the solution to the vaccine paradigm**

The most important "immunization" that people need is a strong baseline education in science, biology, literature and logic, so that—armed with and defended by these internal abilities to read critically and understand deeply—they will be forever "immunized" against political stupidity (eg, climate change denial, incessant fear-mongering, bogus pro-pharma hype) and will be able to make rational decisions for themselves throughout their lives.

Upon hearing that I am a threat to public health without the salvation of vaccination, my identity as "medical student" and "future doctor" is captive and will die unless I get vaccinated. The captivation (state of being captive) of childhood psychology returns: if we want to survive and if we want to advance, we have to submit to vaccinations.

More to the immediate point was the fact that I had just relocated and signed a year's lease and quit my previous work to attend medical school – what was I supposed to do in this situation: stand up for my rights and lose everything or submit to vaccine dogma and the medical domination of society. What about the patients I might help in the future – should I forgo that opportunity for the sake of protecting my own health and personal integrity? In short summary: in medical school we are forced to get personally vaccinated, and medical training we are forced to deploy vaccines and also receive additional vaccines as they become commercially available, such that the only way to graduate from medical school and residency program is to fully submit to the vaccine paradigm. This has nothing to do with science, and very little to do with legitimate health care; most vaccines have little or no evidence supporting their routine use, and some vaccines actually show "negative efficacy" which means that they actually cause more harm than good, even for the exact infections they are supposedly preventing. So basically anytime you see a doctor who is "board certified" you're looking at someone who either had to crush their own soul and submit to vaccination or who sold their soul to the vaccine paradigm without thinking – usually the latter.

**We are trained to use the hammers of vaccines and antiviral drugs, so that all viral illness look like drug deficiencies**

The solution to "drug dependency" is knowledge about a wider range of options. Of course we as doctors will naturally turn to vaccines and anti-viral drugs if that is all we know; we have to "do something". Unfortunately but very strategically, doctors receive no training in nutrition that they would use every day with virtually all patients despite intense study that includes diseases that occur only in 1-per-100,000 persons.  
<https://vimeo.com/293225645>

**Zero training about vaccines, their adverse effects:** I have had two different/distinct professional licenses that allow me to give vaccines, and I have three doctorate degrees in healthcare, but I never had a single class on anything related to vaccines. Even

more telling is the fact that information about vaccines is likewise missing from medical board exams. If the subject of vaccines were taken seriously, then surely it would be included in national medical licensing exams; the fact that it is not on the exams correlates with the observation that the subject is not addressed in medical school education, nor in review books for licensing exams.

The power and depth of the vaccination indoctrination becomes most plainly obvious when medical graduates endorse vaccines that are well-known to have zero supporting clinical evidence. Even when faced with zero data supporting safety and efficacy, the indoctrinated will repeatedly parrot "vaccines are safe and effective" – such is the power of years of sleep deprivation, hazing and intimidation, and enforced group-think. Relatedly, the idea that "vaccination = immunization via protective antibodies" is quite naïve, considering that many infectious diseases such as HIV/AIDS, herpes simplex infections, and Chlamydia infections are all known to have high circulating levels of antibodies which quite obviously do not provide protection—in fact, higher antibody titers associate with worse prognosis. Unproven vaccines may not provide efficacy, but they clearly carry grave risks and tremendous multimillion \$€€ costs.

**Vaccines are about power and control, not about health:** When I was in family medicine residency, in exactly the same time-frame when we were being forced to receive the most recent flu vaccination, I actually became ill with

what might've been H1N1 influenza; regardless of the exact virus, I was acutely ill with a systemic flu-like viral infection. Prior to having to work overnight in the hospital in the emergency department in internal medicine, I woke from a short nap with projectile vomiting and all the signs of an acute viral illness. I called to reasonably inform the so-called "team" that I was sick and would not or should not come to the hospital to work with acutely ill patients when I myself with was acutely ill; by contract, I had a modest cache out of sick days that I could use. Contract and medical ethics be damned: they said I had to come to the hospital and work in the emergency department, regardless of the fact that I was sick and vomiting. Note the paradox of being forced to get vaccinated, supposedly to prevent the spread of contagious disease, and then simultaneously being forced to work with patients who are life-and-death ill while one has the contagious stage of a severe viral illness. The hospital and residency program were violating the employment contract and were putting frail patients mostly elderly and poor with cardiac and pulmonary disease at risk by forcing me to work when I was acutely ill. That experience opened my eyes even wider to the hypocrisy and ultimate goals of medicine. ☒

**“The most important “immunization” that people need is a strong baseline education in science, biology, literature and logic, so that—armed with and defended by these internal abilities to read critically and understand deeply—they will be forever “immunized” against political stupidity (eg, climate change denial, incessant fear-mongering, bogus pro-pharma hype) and will be able to make rational decisions for themselves throughout their lives.”** Dr Alex Vasquez

The antiviral strategy is outlined and detailed in the following formats/contexts:

1. *Inflammation Mastery 4<sup>th</sup> Edition* available from [ichnmf.org/im4](http://ichnmf.org/im4)
2. *Antiviral Nutrition* for phones, iPad, computer [amazon.com/dp/B00OPDQG4W](https://amazon.com/dp/B00OPDQG4W)
3. Full-color paper book *Antiviral Strategies and Immune Nutrition* [amazon.com/dp/B00OPDQG4W](https://amazon.com/dp/B00OPDQG4W)

All available from <https://amazon.com/author/alexvasquez>  
 See videos at <https://vimeo.com/109318556>  
 and [ichnmf.org/antiviral](http://ichnmf.org/antiviral)

**ANTIVIRAL STRATEGIES AND IMMUNE NUTRITION**  
 Against Colds, Flu, Herpes, AIDS, Hepatitis, Ebola, Dengue, and Autoimmunity: A Concept-Based and Evidence-Based Handbook and Research Review for Practical Use  
 Inflammation Mastery series Chapter 6 • Volume 2 of Dysbiosis in Human Disease  
 2-Part Learning System of Text and Video  
 DR. ALEX VASQUEZ  
 INFLAMMATIONMASTERY.COM

**ANTIVIRAL NUTRITION**  
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 Inflammation Mastery series Chapter 6 • Volume 2 of Dysbiosis in Human Disease  
 2-Part Learning System of Text and Video  
 DR. ALEX VASQUEZ  
 INFLAMMATIONMASTERY.COM

**The Importance of Having and Using a Structured Approach to the Management of Viral Infections: Introduction**  
 Dr Alex Vasquez  
<http://www.ichnmf.org/antiviral>

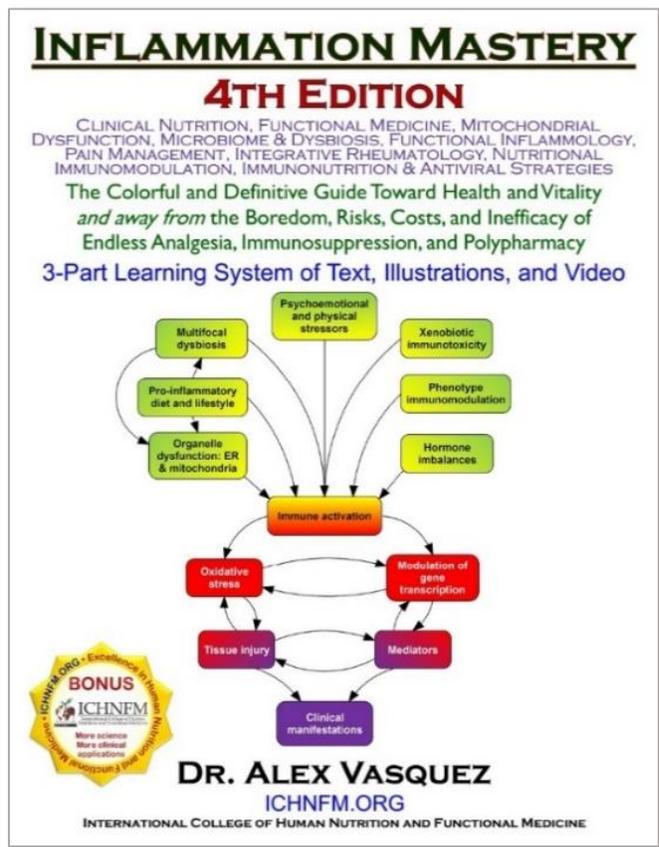
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**About the author:** Dr Vasquez holds three doctoral degrees and has completed hundreds of hours of post-graduate and continuing education in subjects including Obstetrics, Pediatrics, Basic and Advanced Disaster Life Support, Nutrition and Functional Medicine; while in the final year of medical school, Dr Vasquez completed a Pre-Doctoral Research Fellowship in Complementary and Alternative Medicine Research hosted by the US National Institutes of Health (NIH). Dr Vasquez is the author of many textbooks, including the 1200-page *Inflammation Mastery, 4<sup>th</sup> Edition*. (2016) also published (by popular student request) as a two-volume set titled *Textbook of Clinical Nutrition and Functional Medicine*. "DrV" has also written approximately 100 letters and articles for professional magazines and medical journals such as *TheLancet.com*, *British Medical Journal (BMJ)*, *Annals of Pharmacotherapy*, *Nutritional Perspectives*, *Journal of Manipulative and Physiological Therapeutics (JMPT)*, *Journal of the American Medical Association (JAMA)*, *Original Internist*, *Integrative Medicine*, *Holistic Primary Care*, *Alternative Therapies in Health and Medicine*, *Journal of the American Osteopathic Association (JAOA)*, *Dynamic Chiropractic*, *Journal of Clinical Endocrinology and Metabolism*, *Current Asthma and Allergy Reports*, *Complementary Therapies in Clinical Practice*, *Nature Reviews*

*Rheumatology*, *Annals of the New York Academy of Sciences*, and *Arthritis & Rheumatism*, the Official Journal of the American College of Rheumatology. Dr Vasquez lectures internationally to healthcare professionals and has a consulting practice and service for doctors and patients. Having served on the Review Boards for *Journal of Pain Research*, *Autoimmune Diseases*, *PLOS One*, *Alternative Therapies in Health and Medicine*, *Neuropeptides*, *International Journal of Clinical Medicine*, *Journal of Inflammation Research* (all PubMed/Medline indexed), *Integrated Blood Pressure Control*, *Journal of Biological Physics and Chemistry*, and *Journal of Naturopathic Medicine* and as the founding Editor of *Naturopathy Digest*, Dr Vasquez is currently the Editor of *International Journal of Human Nutrition and Functional Medicine* and the Director for International Conference on Human Nutrition and Functional Medicine. Dr Vasquez has also served as a consultant researcher and lecturer for Biotics Research Corporation.

**Contextualizing resource**—same information in different formats and contexts:

- *Inflammation Mastery, 4th Edition* <https://www.amazon.com/dp/B01KMZZLAO/> and
- *Textbook of Clinical Nutrition and Functional Medicine, vol. 1: Essential Knowledge for Safe Action and Effective Treatment* <https://www.amazon.com/dp/B01JDIOHR6/>



**Introductory videos:**

- Video introduction to books: <http://www.ichnfm.org/im4> and other videos: <http://www.ichnfm.org/18>
- Conference presentation—introducing the clinical protocol: <http://www.ichnfm.org/video-funct-inflam-1>



See video at <http://www.ichnfm.org/18>

### Persistent inadequacies in nutrition education/training among physicians

**Introduction:** Despite the acknowledged importance of diet in the prevention of obesity, diabetes, hypertension and other components of cardiometabolic syndrome/disease, physicians are consistently and systematically untrained in nutrition. A few exemplary citations are summarized per the following:

- What do resident physicians know about nutrition? (*J Am Coll Nutr* 2008 Apr<sup>29</sup>): "OBJECTIVE: Despite the increased emphasis on obesity and diet-related diseases, nutrition education remains lacking in many internal medicine training programs. We evaluated the attitudes, self-perceived proficiency, and knowledge related to clinical nutrition among a cohort of internal medicine interns. METHODS: Nutrition attitudes and self-perceived proficiency were measured using previously validated questionnaires. Knowledge was assessed with a multiple-choice quiz. ... RESULTS: Of the 114 participants, 61 (54%) completed the survey. Although 77% agreed that nutrition assessment should be included in routine primary care visits, and 94% agreed that it was their obligation to discuss nutrition with patients, only 14% felt physicians were adequately trained to provide nutrition counseling. ... CONCLUSIONS: Internal medicine interns' perceive nutrition counseling as a priority, but lack the confidence and knowledge to effectively provide adequate nutrition education." These are impressive results showing that internal medicine doctors—specialists who commonly deal with diabetes, hypertension, obesity, and metabolic syndrome—do not have competence in nutrition, even by weak and basic standards.
- Relevance of clinical nutrition education and role models to the practice of medicine (*Eur J Clin Nutr.* 1999 May<sup>30</sup>): "Yet, despite the prevalence of nutritional disorders in clinical medicine and increasing scientific evidence on the significance of dietary modification to disease prevention, present day practitioners of medicine are typically untrained in the relationship of diet to health and disease."
- How much do gastroenterology fellows know about nutrition? (*J Clin Gastroenterol.* 2009 Jul<sup>31</sup>): "The mean total test score was 50.04%. ...CONCLUSIONS: Gastroenterology fellows think their knowledge of nutrition is suboptimal; objective evaluation of nutrition knowledge in this cohort confirmed this belief. A formal component of nutrition education could be developed in the context of GI fellowship education and continuing medical education as necessary."

**In sum:** The data consistently demonstrate that healthcare providers at the doctorate level are untrained in nutrition when assessed by rather simple standards; their knowledge of functional nutrition at the level of clinical intervention in the treatment of serious disease would reasonably be expected to be approximately zero. Thus, given that doctors are trained neither in musculoskeletal management (despite the fact that all patients have musculoskeletal systems and that related disorders represent no less than 20% of general practice) nor nutrition (despite the fact that all patients eat food and that such dietary habits (and/or the use of nutritional interventions) impact nearly all known diseases in the known universe), one might wonder as to the cause and perpetuation of this *systematically imposed ignorance* on such topics of major importance. Consistent faults in medical education are not accidental.

#### Dumbing Us Down: The Hidden Curriculum of Educational Systems

"Look again at the seven lessons of school teaching: confusion, class position, indifference, emotional and intellectual dependency, conditional self-esteem, and surveillance. All of these lessons are prime training for permanent underclasses, people deprived forever of finding the center of their own special genius."

Such a curriculum produces physical, moral, and intellectual paralysis, and no curriculum of content will be sufficient to reverse its hideous effects. ... Schools teach exactly what they are intended to teach and they do it well."

Gatto JT. *Dumbing Us Down: The Hidden Curriculum of Compulsory Schooling*, p. 16

### Adverse effects of nonsteroidal anti-inflammatory drugs (NSAIDs), COX-2 inhibitors (coxibs)

**Introduction:** Nonsteroidal anti-inflammatory drugs (NSAIDs) have many common and serious adverse effects, including the promotion of joint destruction. Paradoxically, these drugs *cause* or *exacerbate* the very symptoms and disease they are supposed to treat: joint pain and destruction. In a tragic exemplification of Orwellian newspeak<sup>32</sup>,

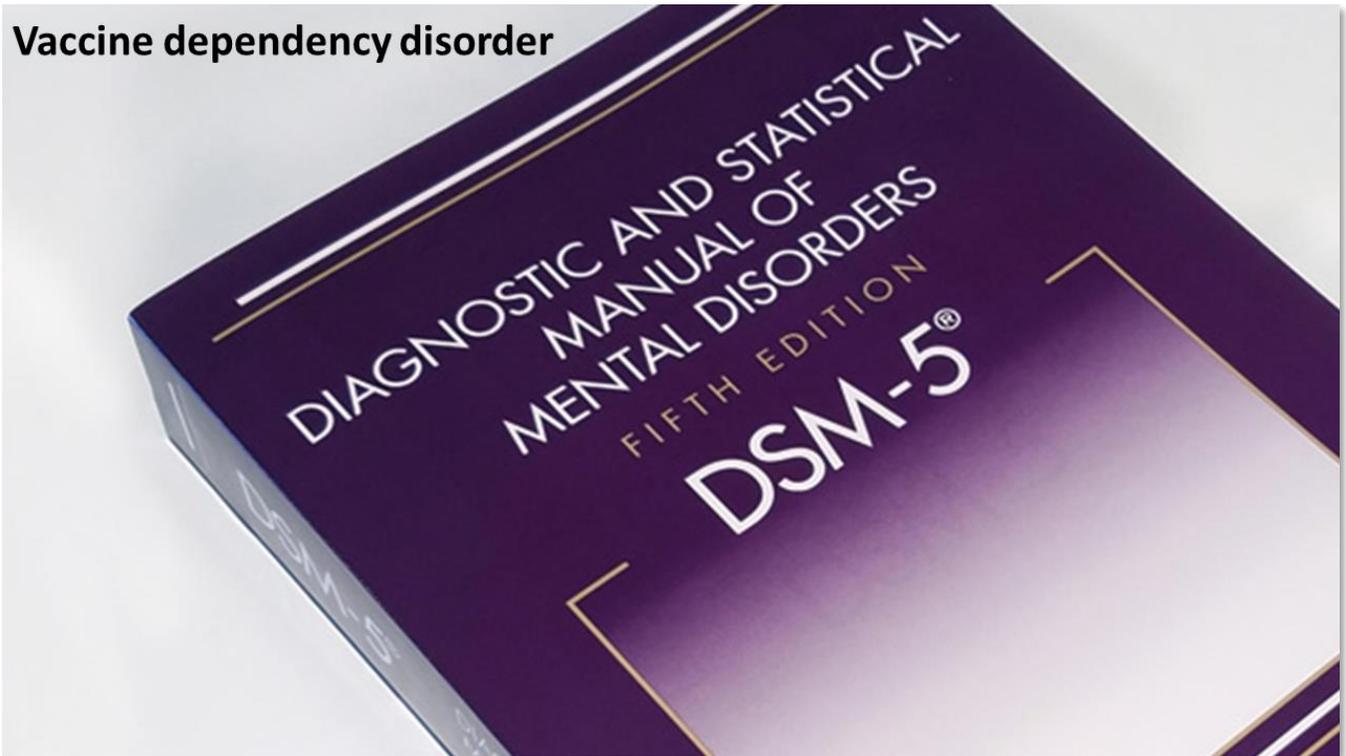
<sup>29</sup> Vetter et al. What do resident physicians know about nutrition? An evaluation of attitudes, self-perceived proficiency and knowledge. *J Am Coll Nutr.* 2008 Apr;27(2):287-98

<sup>30</sup> Halsted CH. The relevance of clinical nutrition education and role models to the practice of medicine. *Eur J Clin Nutr.* 1999 May;53 Suppl 2:S29-34

<sup>31</sup> Raman M, Violato C, Coderre S. How much do gastroenterology fellows know about nutrition? *J Clin Gastroenterol.* 2009 Jul;43(6):559-64

<sup>32</sup> Orwell G. *1984*. Harcourt Brace Jovanovich: 1949. "Newspeak" is defined by the Merriam-Webster Dictionary (m-w.com) as "propagandistic language marked by euphemism, circumlocution, and the inversion of customary meanings" and as "a language designed to diminish the range of thought," in the novel *1984* (1949) by George Orwell.

## Vaccine dependency disorder



<https://vimeo.com/293225645>

### **Vaccine dependency disorder** is

- a common affliction among
1. people who watch too much television and drug company advertisements,
  2. those who have little education, and
  - 3.

### **American Medical Association rejects proposal to ban consumer adverts for prescription medicines**

Jeanne Lenzer *New York*

The American Medical Association (AMA) has turned down a proposal to support a ban on advertisements for prescription drugs aimed at consumers. Instead, the organisation voted at a meeting of its House of Delegates for more research.

Advertisements for prescription medicines have provided a constant revenue stream for print and broadcast media since 1997, when the Food and Drug Admin-

istration lifted restrictions on promotions of prescription drugs to the public. In 2004, drug companies invested \$4bn (£2.2bn; €3.3bn) in direct to consumer advertisements, according to IMS Health, a market research company. A 2003 Harvard Public Health study, commissioned by the Kaiser Family Foundation, showed that the investment paid off handsomely: for every \$1 spent on direct advertising, drug companies reaped an additional \$4.20 in sales.

BMJ VOLUME 331 2 JULY 2005 bmj.com

<https://vimeo.com/293225645>

Vaccine dependency disorder is a common affliction among

1. people who watch too much television and drug company advertisements,
2. those who have little education, and
3. those who went to medical school and who were indoctrinated at a young age through years of sleep deprivation, hazing, and intimidation into the vaccine paradigm.

# THE LANCET

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## Drug-company influence on medical education in USA

It begins on the first day of medical school and lasts through to retirement, and it is the only reliable "cradle to grave" benefit that doctors can truly count on any more. Even in this era of medical-ledger watching world wide, there is little evidence to expect it will ever end. In fact, it may even be growing. It starts slowly and insidiously, like an addiction, and can end up influencing the very nature of medical decision-making and practice. It first appears harmless enough: a textbook here, a penlight there, and progresses to stethoscopes and black bags, until eventually come nights "on the town" at academic conventions and all-expenses paid "educational symposia" in lovely locales.

Attempts to influence the judgment of doctors by commercial interests serving the medical-industrial complex are nothing if not thorough. Unfortunately, they seem to work. Studies have shown that prescribing patterns are influenced by advertising and other marketing activities. If this were not the case, why would industry spend hundreds of millions of dollars on promotion? Advertising sustains industry, and no industry, not even the medical one, can avoid its reach. So it is not the fact of marketing that is in question here. It is the form in which it comes. Surely, no one would mistake a pen with a corporate logo as anything but promotion. Nor would anyone suggest that a stuffed animal with a brand-named drug stitched to its fur is of great medical value. But when the line between medical education and advertising or marketing is blurred, there is a problem.

A recent study completed by the US watchdog Public Citizen documents the relation between medical education activities, the pharmaceutical industry, and medical education services suppliers

questionnaires. In summary, the data suggest that supplying medical education can, in this form, be a very lucrative exercise, whose most consistent client is the pharmaceutical industry.

Of the 43 companies that answered questions on finances, total revenue amounted to \$643 million in 1999 alone, a 19% increase from 1998. Extrapolating this to the entire industry, Public Citizen predicts that the MESS industry is worth at least \$1 billion annually. An astounding \$115 million was billed by MESS to their clients on grand rounds alone; \$114 million on symposia, \$64 million on advisory boards, and another \$60 million on publications. 68 (85%) of MESSs provided data on their client mix. On average 76% of respondents' clients were drug manufacturers. 26% of the MESS reported that at least 90% of their clients were pharmaceutical companies.

It cannot be said that the quality of any of these educational activities was compromised by the ultimate patronage of the pharmaceutical industry. Indeed, 43% of the 80 MESS respondents reported being accredited by the Accreditation Council of Continuing Medical Education (ACCME) and an additional 5% said their accreditation was pending. Of course, that also means that over half of the MESS surveyed do not have ACCME accreditation. While one cannot be certain that lack of accreditation necessarily connotes poor educational quality, it does at least suggest the possibility that industry may be able in these situations to exert even greater influence over what material is presented and what is left out.

What is of most concern here is the fact that so much continuing medical education comes through the filter of industry. To ensure the

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Did you know that many vaccines have never been proven to have clinical effectiveness?

The only "proof" associated with many vaccines is that their overuse clearly proves that people will submit to authority like a bunch of sheep at a time when they might otherwise think independently and use some small modicum of their own intelligence.

Even as recently as 2018, the CDC states that the tetanus vaccine has never been proven to work

cdc.gov

### Tetanus, Diphtheria and Pertussis Booster Doses

- 4 through 6 years of age, before entering school (DTaP)
- 11 or 12 years of age (Tdap)
- Every 10 years thereafter (Td)

### Immunogenicity and Vaccine Efficacy

After a primary series (three properly spaced doses of tetanus toxoid in persons 7 years of age and older, or four doses in children younger than 7 years of age) essentially all recipients achieve antitoxin levels considerably greater than the protective level of 0.1 IU/mL.

Efficacy of the toxoid has never been studied in a vaccine trial. It can be inferred from protective antitoxin levels that a complete tetanus toxoid series has a clinical efficacy of virtually 100%; cases of tetanus occurring in fully immunized persons whose last dose was within the last 10 years are extremely rare.

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Why would you submit to giving or receiving a vaccine that has no proof of effectiveness but is certainly loaded with **toxic chemicals and metals** that can damage the brain and the immune system?

## Acute disseminated encephalomyelitis with severe neurological outcomes following virosomal seasonal influenza vaccine

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**Keywords:** acute disseminated encephalomyelitis, ADEM, influenza vaccination, adverse event, virosomal vaccine

**Abbreviations:** ADEM, acute disseminated encephalomyelitis; CT, computed tomography; CSF, cerebrospinal fluid; MRI, magnetic resonance imaging; ICU, intensive care unit; WHO, World Health Organization; VAERS.

DTaP-HepB-IPV (Pediarix)	Fenton medium containing a <b>bovine extract</b> , modified Latham medium derived from <b>bovine casein</b> , formaldehyde, modified Stainer-Scholte liquid medium, <b>VERO cells</b> , a continuous line of <b>monkey kidney cells</b> , calf serum and lactalbumin hydrolysate, <b>aluminum hydroxide</b> , <b>aluminum phosphate</b> , <b>aluminum salts</b> , sodium chloride, <b>polysorbate 80 (Tween 80)</b> , <b>neomycin sulfate</b> , <b>polymyxin B</b> , <b>yeast protein</b> .
<small>Overall prognosis of ADEM patients is often favorable, with full recovery reported in 23% to 100% of patients from</small>	
<b>Influenza</b> (Flucelvax) Trivalent & Quadrivalent	Madin Darby <b>Canine Kidney (MDCK) cell protein</b> , <b>protein other than HA</b> , <b>MDCK cell DNA</b> , <b>polysorbate 80</b> , cetyltrimethylammonium bromide, and $\beta$ -propiolactone
<b>Influenza</b> (Flulaval) Trivalent & Quadrivalent	<b>ovalbumin</b> , formaldehyde, sodium deoxycholate, $\alpha$ -tocopheryl hydrogen succinate, polysorbate 80, <b>thimerosal</b> (multi-dose vials)
<b>Influenza</b> (Fluvirin)	<b>ovalbumin</b> , <b>polymyxin</b> , <b>neomycin</b> , betapropiolactone, nonylphenol ethoxylate, <b>thimerosal</b>
<b>Influenza</b> (Fluzone) Quadrivalent	<b>egg protein</b> , octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, <b>thimerosal</b> (multi-dose vials), sucrose

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The human immune system is remarkably capable of mounting an effective defense against a wide range of microbes, including viruses, bacteria, and fungi. However, **the human immune system has requirements in order to function effectively and efficiently**, and its two main needs are as follows:



<https://vimeo.com/293225645>

First, the immune system fails to work efficiently in people who are severely psychosocially stressed and/or sleep deprived. So try to get your rest, and when people stress you out, try to either 1) improve the situation or 2) move on—in order to protect your health and peace of mind—you have no obligation to submit to abusive people or power structures.

## Psychological Stress and Disease

Sheldon Cohen, PhD  
Denise Janicki-Deverts, PhD  
Gregory E. Miller, PhD

**D**ESPITE WIDESPREAD PUBLIC BELIEF THAT PSYCHOLOGICAL stress leads to disease, the biomedical community remains skeptical of this conclusion. In this Commentary, we discuss the plausibility of the belief that stress contributes to a variety of disease processes and summarize the role of stress in 4 major diseases: clinical depression, cardiovascular disease (CVD), human immunodeficiency virus (HIV)/AIDS, and cancer.

### What Is Psychological Stress?

Psychological stress occurs when an individual perceives that environmental demands tax or exceed his or her adaptive capacity.<sup>1</sup> Operationally, studies of psychological stress focus either on the occurrence of environmental events that are consensually judged as taxing one's ability to cope or on individual responses to events that are indicative of this overload, such as **perceived stress and event-elicited negative affect**. In this article, the definition of stress excludes psychiatric disorders that may arise as downstream consequences of stressful exposures and also excludes dispositions often linked to stress, such as hostility and type A behavior.

### Pathways Linking Psychological Stress to Disease

Generally, stressful events are thought to influence the pathogenesis of physical disease by causing negative affective states (eg, feelings of anxiety and depression), which in turn exert direct effects on biological processes or behavioral patterns that influence disease risk.<sup>1</sup> **Exposures to chronic stress are considered the most toxic because they are most likely to result in long-term or permanent changes in the emotional, physiological, and behavioral responses that influence susceptibility to and course of disease.**<sup>1,2</sup> This includes stressful events that persist over an extended duration (eg, caring for a spouse with dementia) or brief focal events that continue to be experienced as overwhelming long after they have ended (eg, experiencing a sexual assault).<sup>3</sup>

**Behavioral changes occurring as adaptations or coping responses to stressors such as increased smoking, decreased exercise and sleep, and poorer adherence to medical regimens**

provide an important pathway through which stressors influence disease risk. **Stressor-elicited endocrine response** provides another key pathway. Two endocrine response systems are particularly reactive to psychological stress: the hypothalamic-pituitary-adrenocortical axis (HPA) and the sympathetic-adrenal-medullary (SAM) system. Cortisol, the primary effector of HPA activation in humans, regulates a broad range of physiological processes, including anti-inflammatory responses; metabolism of carbohydrates, fats, and proteins; and gluconeogenesis. Similarly, catecholamines, which are released in response to SAM activation, work in concert with the autonomic nervous system to exert regulatory effects on the cardiovascular, pulmonary, hepatic, skeletal muscle, and immune systems. Prolonged or repeated activation of the HPA and SAM systems can interfere with their control of other physiological systems, resulting in increased risk for physical and psychiatric disorders.<sup>1,2</sup>

That HPA and SAM systems mediate the effects of stress on disease is supported by experimental evidence from animal as well as human studies that show a wide variety of stressful stimuli provoke activation of these systems. However, stress also may influence disease risk through its effects on other systems. For example, psychological stress has been found to impair vagal tone,<sup>4</sup> which also can increase disease risk, particularly for CVD.

**Effects of stress on the regulation of immune and inflammatory processes have the potential to influence depression, infectious, autoimmune, and coronary artery disease; and at least some (eg, virally mediated) cancers.**<sup>2</sup> Psychological stress might alter immune function through direct innervation of lymphatic tissue, through release of HPA and SAM hormones that bind to and alter the functions of immunologically active cells, or through stress-induced behavioral changes such as increased smoking.

Healthy human individuals exposed to acute laboratory stressors show an adaptive enhancement of some markers of natural immunity but a **general suppression of functions of specific immunity.**<sup>5</sup> By comparison, exposure to real-life

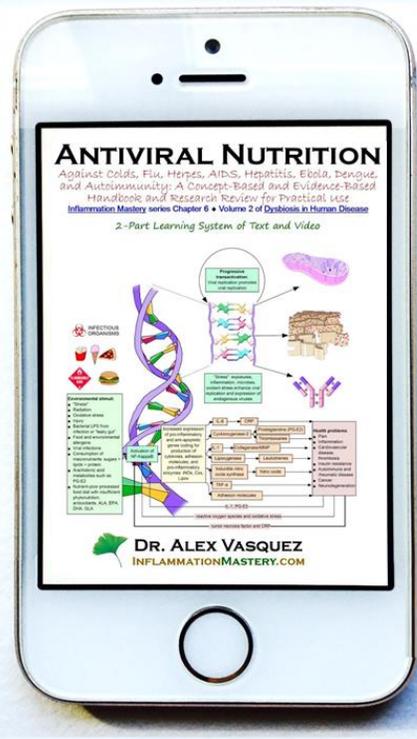
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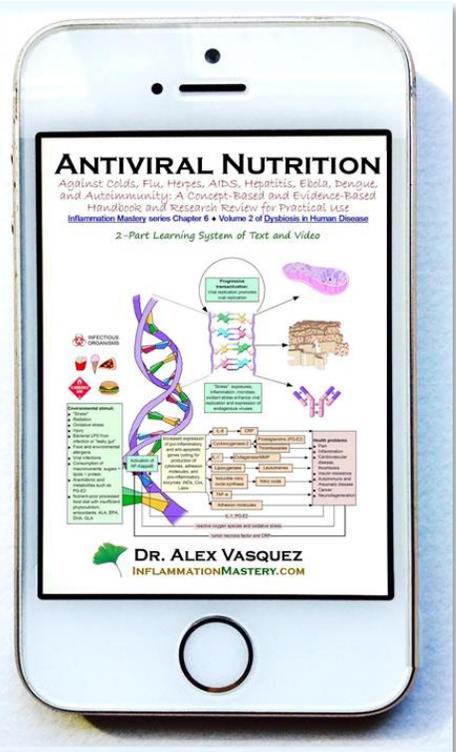
Second, the immune system requires proper nutrition. This is part of why doctors receive no training in nutrition, despite its obvious importance, during 4-7 years of intense training when they have to memorize mountains of worthless trivia about diseases that they will probably never encounter. Obviously, if **doctors understood something about antiviral and immune nutrition**, then they wouldn't over-rely on vaccines and worthless antiviral drugs such as, for example, Oseltamivir, a drug that is famous not for antiviral effectiveness, but for making people feel insane, depressed, and suicidal.



Nutrients such as protein, zinc, vitamins A and D are essential for effective immune function, while other accessory nutrients such as NAC can both block viral replication and also improve antioxidant defenses.

In fact, if more doctors actually read the research, then they would know that **many so-called "vaccine programs" actually include basic medical care, improved nutrition and sanitation, and the administration of vitamin A and zinc at the time of vaccination.**

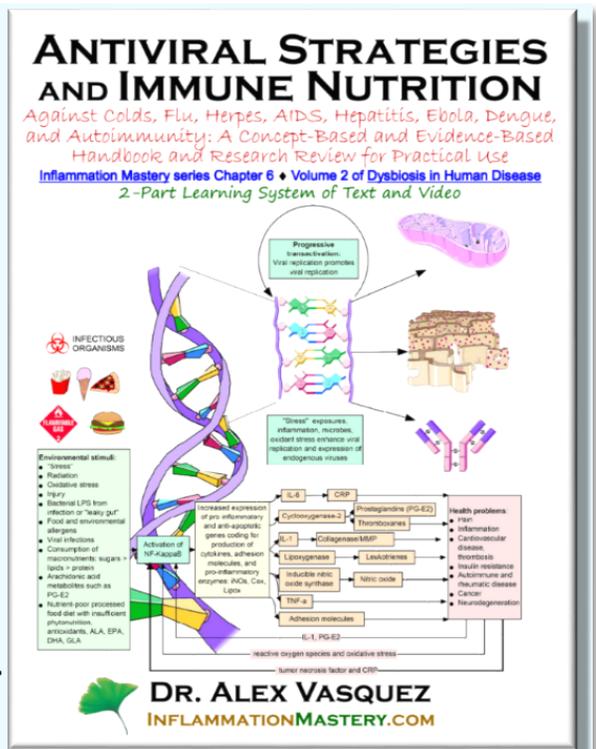
So now everyone can learn about Antiviral Nutrition by downloading an ebook to read on phone, iPad or computer.

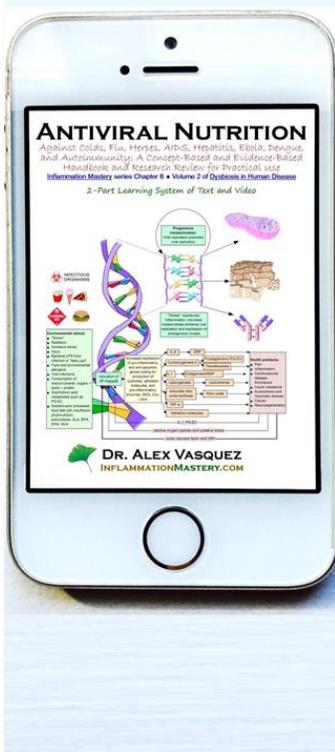


The same information is printed in a full-color paper book titled Antiviral Strategies and Immune Nutrition. Loaded with peer-reviewed research, this book organizes the overall strategy into 4 main components for easy understanding and therapeutic use.

We escape our vaccination indoctrination and drug-vaccine dependency by learning accurate information.

Order your copy today of the ebook Antiviral Nutrition or the paper book Antiviral Strategies and Immune Nutrition. Both are available from Amazon.com.



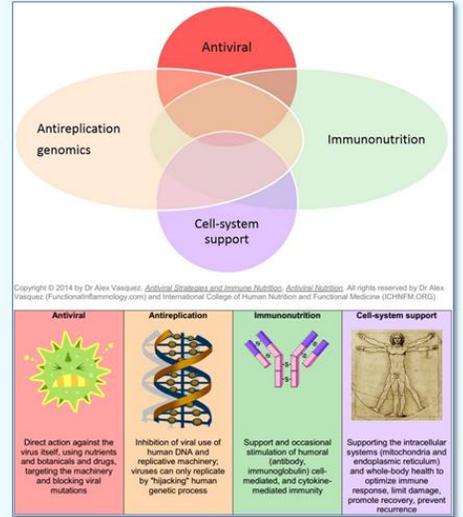
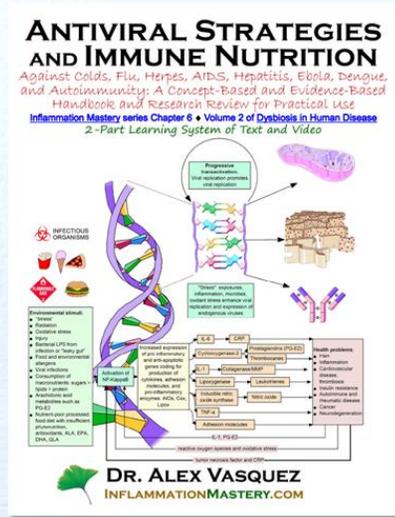


“The best way to manage acute and chronic viral infections is with a multifaceted antiviral strategy that emphasizes antiviral nutrition and immune-supporting nutrition.” Dr Alex Vasquez

The antiviral strategy is outlined and detailed in the following formats/contexts:

1. *Inflammation Mastery 4th Edition* available from [ichnfm.org/im4](http://ichnfm.org/im4)
2. *Antiviral Nutrition* for phones, iPad, computer <https://www.amazon.com/dp/B00OPDQG4W>
3. Full-color paper book *Antiviral Strategies and Immune Nutrition* <https://www.amazon.com/dp/1502894890>

All available from [amazon.com/author/alexvasquez](http://amazon.com/author/alexvasquez); see videos at <https://vimeo.com/109318556> and <http://www.ichnfm.org/antiviral>



### Introductory videos:

- Video introduction to books: <http://www.ichnfm.org/im4> and other videos: <http://www.ichnfm.org/18>
- Conference presentation—introducing the clinical protocol: <http://www.ichnfm.org/video-funct-inflam-1>



See video at <http://www.ichnfm.org/18>