

Opinion Article

Vaccines and the Public Interest: Are Childhood and Adult Vaccinations Safe?

Arthur E Brawer^{1,2*}

¹Associate Clinical Professor of Medicine, Drexel University School of Medicine, Philadelphia, USA

²Assistant Clinical Professor of Medicine, Robert Wood Johnson School of Medicine, New Brunswick, New Jersey, USA

Keywords: Covid-19 pandemic; FDA drug approval; Immunizations; mRNA vaccines; Pediatric; Public health; SARS-CoV-2; Vaccine safety; Vaccine toxicity

During the latter half of 2024 only, eighteen percent of adults in the USA have agreed to receive RSV, influenza, and booster mRNA Covid-19 immunizations. During this same interval only, five percent of parents have allowed their children to receive an additional mRNA Covid-19 vaccine booster. This self-restructuring is a direct result of two events: (1) ill-advised federal recommendations during the first two years of the Covid-19 pandemic; and (2) reassessment of Covid-19 public health guidelines following numerous publications of excessive SARS-CoV-2 vaccine-induced disorders appearing in multiple scientific medical journals over the past three years. In particular, the realities of severe mRNA Covid-19 vaccine-induced illnesses are summarized in an Amazon book publication in June of 2024, which exposes the nature of these vaccine toxicities and simultaneously lists 43 relevant peer reviewed medical references. The book is entitled "Covid-19: How Fauci and Cancel Culture Sickened an Untold Number of mRNA Vaccine Recipients." Several of these 43 references contain additional factual information published in the preceding two years: (1) evidence linking early childhood vaccines (especially hepatitis B) to sudden infant death syndrome; and (2) evidence linking Gardasil vaccination of teens and pre-teens to chronic debilitating multisystem ailments. These realities are now fostering families to reevaluate ALL of their children's vaccination schedules.

***Corresponding author:** Arthur E Brawer, Associate Clinical Professor of Medicine, Drexel University School of Medicine, Philadelphia and Robert Wood Johnson School of Medicine, New Brunswick, New Jersey, USA, Tel: (732) 870-3133; Fax: (732) 870-0784; email: arthurbrawer@optimum.net

Citation: Brawer AE (2024) Vaccines and the Public Interest: Are Childhood and Adult Vaccinations Safe. J Community Med Public Health Care 11: 157.

Received: December 09, 2024; **Accepted:** December 17, 2024; **Published:** December 24, 2024

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Current pediatric immunization schedules recommend twenty-one vaccinations by the age of fifteen months, thirty-two vaccine doses by the age of two years, and seventy vaccine doses by the age of eighteen years. Another four vaccine doses are recommended to pregnant mothers while their children are in utero. Despite a complete lack of long-term placebo-controlled vaccine trials, the CDC has adopted the above regimens. Vaccine manufacturers have full liability protection for any vaccine-induced side effects following passage of the 1986 National Vaccine Injury Compensation Program. These side effects include (but are not limited to) neurologic complications, autoimmune disorders, other chronic ailments, and/or death.

mRNA technology is now being extended to multiple other infectious diseases, cancer therapy, and numerous genetically acquired medical conditions. Simultaneously, an increasing number of physicians, elected officials and organizations are calling for an immediate suspension of any and all mRNA products and their eventual permanent removal from the marketplace. This public discourse is no longer a fringe element, and the distrust of official vaccine narratives promoted during the Covid-19 pandemic has, in turn, raised numerous questions about the relevance, safety and effectiveness of all childhood immunization recommendations endorsed by public health agencies and pediatricians. This latter skepticism has now become an awakening. Large segments of the USA population are rejecting official interpretations of vaccine medical data that, prior to the year 2020, had forced individuals and families to accept multiple immunizations with neither choice nor informed consent. During the Covid-19 pandemic this coercion reached new heights, and it has now become clear that the sacrifice of patient advocacy was illegitimate. Parents are becoming increasingly aware that vaccines may actually bear some responsibility for the expanding epidemics of autoimmune diseases, cancer, allergies, asthma, metabolic derangements, eczema, and a myriad of neurological disorders. As an example, fifty years ago the prevalence of a positive ANA (antinuclear antibody) lupus erythematosus test in normal individuals was three percent. Today that figure in teenagers between the ages of thirteen and nineteen is twenty percent.

None of the currently available vaccines, new or old, have been subjected to long term placebo controlled trials during pre-licensing. Their widespread usage has been based on obedience, not intelligence. Reliable information is essential for an open dialogue, especially since mRNA technology is rapidly expanding into numerous other infectious and non-infectious related arenas. Clinical assessments and regulatory guideline requirements utilized in the pre-mRNA era are woefully outdated and inapplicable to this newer gene therapy technology. This is true for all the mRNA Covid-19 immunization products, especially with regard to pharmacokinetics, biodistribution, systemic toxicity, and potential carcinogenesis. It is now evident that the in vivo process of spike protein synthesis orchestrated by these vaccines is not necessarily self-limited and can result in the protein's persistent widespread dissemination (especially the central nervous system, where ongoing neuroinflammation has been pathologically demonstrated). In addition, the innumerable hidden

chemicals that comprise the nanoparticle delivery systems themselves are capable of orchestrating physiologic havoc (e.g., neurotransmitter and mitochondrial dysfunction). Tens of thousands of chronically ailing and/or deceased Covid-19 mRNA vaccine recipients are awaiting Congressional action on legislation sponsored one year ago by Representative Lloyd Doggett of Austin, Texas. If passed, this bill would amend the 1986 Federal Vaccine Injury Compensation Program and provide monetary awards to the massive numbers of individuals (and/or their families) who died or became incapacitated by these immunizations.

It is therefore no surprise that parents are now questioning the integrity, efficacy, and long-term safety of all the multiple childhood vaccines available prior to, and subsequent to, the Covid-19 pandemic. The liability protection of vaccine manufacturers is compounded by the FDA and other regulatory agencies overlooking and/or dismissing vaccine concerns, relying instead on insufficient data and flawed assumptions rather than rigorous scientific evidence. This faulty process is now being extended to other potential worrisome infectious diseases such as avian influenza (bird flu, or H5N1 virus). Millions of chickens and dairy cows in at least fifteen states in the USA are now infected with this virus, and dozens of workers in these industries have become ill after H5N1 jumped from animals to humans within the past one year. Some evidence of human to human transmission has arisen in the past two months, but even several months before that our government had secretly begun stockpiling tens of millions of doses of bird flu vaccines. On December 4, 2024 a vaccine advocate and public policy expert at Baylor Medical Center stated “we have some big picture coming down the pike starting on January 21, 2025.” Does this imply that some microbiology researchers, some immunization experts, some pediatricians are on a political timetable? Have some vaccine advocates become so unhinged that they would deliberately try to derail educational, commercial, and military activities by throwing a monkey wrench into an upcoming presidential inauguration? Such a process may have previously been initiated by Dr. Anthony Fauci in January, 2017, some nine days before President Donald Trump was first inaugurated, when Dr. Fauci remarked at his Georgetown University lecture on pandemic preparedness: “No doubt Trump will face a surprise infectious disease outbreak.” At that time Dr. Fauci was already secretly immersed in the SARS-CoV-2 gain of function genetic modification research at the Wuhan Institute of Virology in China, a location where SARS-CoV-2 is now known to have originated.

During the Covid-19 pandemic many prominent dissenting physicians become pariahs in the medical and scientific establishments when they voiced vaccination and lockdown views contrary to Dr. Fauci, the NIH and the CDC. A relatively small group of scientist’s adherents to Dr. Fauci’s directives decided that any dissent against their ideas was so dangerous that they could not permit it. If you contradicted Dr. Fauci, you were contradicting science itself, because (in his own words) “I represent science.” Even the news media and social media outlets thought it was virtuous to brainwash the population by upholding rejections of those who questioned vaccination dogma and government directions. In reality, scientific fraud during the Covid-19 pandemic was actually perpetrated by our own public health agencies. These agencies embraced ideas that (a) failed to actually protect Americans (especially children), and (b) denied the rights of free speech, informed consent, and bodily autonomy. Authoritarian power was no longer a force for good, especially with regard to vaccines. Is history going to repeat itself via scare tactics related to the H5N1 virus or any other emerging infectious diseases?

Perhaps there is a mechanism to partially defuse the escalating controversy between pro-vaxxers and anti-vaxxers. In the past four years this author has devised a new theory regarding mechanisms of vaccine-induced toxicity. It is called “the Perfect Storm,” which incidentally may also have relevance for the 3,000 cases of sudden infant death syndrome recorded in 2022 despite three decades of preventive pediatric advice. Contributing elements to this theory include: (a) the presence of multiple hidden chemicals in almost all vaccines; (b) genetic cytochrome P450 enzyme deficiencies that allow xenobiotics to hang around longer; (c) reductions in cytochrome P450 functions due to the presence of ethylene’s in vaccines; (d) variations in the levels of butyrylcholinesterase, an enzyme regulating the interactions between acetylcholine, serotonin, dopamine, and GABA (four neurotransmitters that are crucial to the sleep-wake cycle, respiration, muscle tone, and nerve transmission in the brain); (e) the presence of one or more innate channelopathies that, in the absence of adverse chemical exposures, are typically innocuous (i.e., without impedance of ion fluxes in and out of neuronal cell membranes); and (f) the known existence of ion channels in mitochondria, mast cells, regulatory T cells, and other immunocompetent cells. Susceptibility occurs when all of the above components are cojoined together, creating circuitous amplification loops of biochemical and autoantibody induced disturbances that chronically disrupt routine physiologic functions. If verified, the “Perfect Storm” theory has the potential to detect vaccine-induced toxicity prior to immunization, and could reverse some of the distrust now directed towards all vaccines.



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