

The Great Vaccine Question 2020

By Gabriel Cousens, MD

There are many strong opinions on the vaccine question. The general “consensus” statement of the pro-vaccine doctors is: “Vaccines are safe and effective, have ended the epidemics of infectious disease, and are needed to promote herd immunity.”

“Live virus vaccines against influenza or poliomyelitis may in each instance produce the disease that it is intended to prevent.”

(Jonas and Gerald Salk in the March 4th, 1977 edition of Science)

“There is a great deal of evidence to prove that immunization of children does more harm than good.”

(Dr. J. Anthony Morris, former Chief Vaccine Control Officer and Research Virologist, US FDA)

“The greatest threat of childhood disease lies in the dangerous and ineffective efforts made to prevent them through mass immunization... There is no convincing scientific evidence that mass inoculations can be credited with eliminating any childhood disease.”

(Robert Mendelsohn, M.D., author of How to Raise a Healthy Child in Spite of Your Doctor, pediatrician, and student of Dr. Benjamin Spock)

“The vaccines are not working, and they are dangerous... We should be working with nature.”

(Lendon Smith, M.D., "The Children's Doctor"; American OB/GYN, pediatrician, author, and television personality)

“From my perspective, the idea of compulsory involvement in vaccine trials ‘for the greater good of society’ is not only outlandish, it’s a complete abomination. It’s tyranny of the worst kind, and the epitome of a heartless system based on broken ethics.”

(Dr. Joseph Mercola, M.D.)

In summary the anti-vaccine position is:

- 1) Vaccines are neither safe nor effective.
- 2) There is a significant amount of deaths and severe chronic debilitating effects from vaccines as well as acute adverse reactions.
- 3) The political, ethical, moral, and spiritual importance of maintaining the right of informed consent in a free country.
- 4) “Herd Immunity” is proven to be a myth.
- 5) The vaccinated may become carriers as already proven by research.
- 6) There was a 98-99% drop in those acute infectious diseases before vaccines were introduced.

After more than 200 years, why is this question still a debate? This is the question that needs to be answered if we as parents are able to make an informed decision on this question, which has such potentially powerful consequences in both our children’s and our own lives as

parents and grandparents.

No one has died from the wild measles virus since 2005, while at least 108 have died from the actual MMR vaccination. The death rate for measles is 0.2%, which is approximately one's chance of dying in a car accident. What is the overall perspective? Who chooses not to drive in a car because of the 0.2% risk. It is easy to get caught up in the fear that is highly promoted about how dangerous these diseases are and lose perspective.

Virtually 100% of homeopaths and a very high percentage of holistic physicians and an increasing amount of younger allopathic physicians are either more against vaccinations or no longer virulently criticizing parents for asking the question or for choosing not to vaccinate, or at least giving parents reasonable options as trustworthy data emerges on this question. Survey research shows that the percentage of nurses and a percentage of doctors who do not vaccinate their own children or themselves is close to 70%.¹ That is a major, not very publicized, piece of information.

The organizations [Physicians for Informed Consent](#) and the [National Vaccine Information Center](#) have worked tirelessly over the years to advocate for vaccine choice for all.

The Great Barrington Declaration - A Call for a Return to Normal

On Oct. 6, 2020, an international coalition of scientists, doctors and medical professionals created and signed a document they titled [The Great Barrington Declaration](#) (GBD), which was named for the Massachusetts town where organizers gathered and in which the petition was signed. By the end of October, the Declaration had already secured signatures from 10,233 scientists, 27,860 medical professionals and 504,875 concerned citizens.

The creators of the GBD maintain that “current lockdown policies are producing devastating effects on short and long-term public health,” including fewer healthcare screening visits, worse outcomes for cardiovascular disease and other pre-existing conditions, and serious effects on mental health. Stating that “vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young” and further, that “for children, COVID-19 is less dangerous than many other harms, including influenza,” the authors recommend measures be put in place to protect vulnerable segments of society, while allowing all others to immediately return to normal life.

Measle Statistics Do Not Support the Theory of Herd Immunity

The following data raises questions of why the theory of herd immunity will most likely not apply with Covid-19.

As we are bombarded with “salvation” hopes that we will be saved by a Covid-19 vaccine, it is useful to consider the recent historical and epidemiological reality that raises serious questions about the effectiveness of the measles vaccine; the theoretical belief in the effectiveness of herd immunity; and the fantasy of 100% protection from measles.

In the United States, we are now seeing measles outbreaks occurring in schools

¹ King, WD, et al. BRIEF REPORT: Influenza Vaccination and Health Care Workers in the United States. *Journal of General Internal Medicine*, Volume 21, Issue 2, pages 181–184, February 2006. doi: 10.1111/j.1525-1497.2006.00325.x

where the vaccination rate is over 98%, which significantly exceeds the 90-94% theoretical projection needed for “herd immunity.” One measles outbreak occurred in an American school where 100% of the children had been vaccinated.² At vaccination rates of 98-100% we can’t really seriously blame the unvaccinated or use lack of “herd immunity” theory to explain this outbreak of measles among the completely vaccinated populations.

These “unexpected”, contrary to “herd protection” theory increases in measles are also happening in China, which is one of the most vaccination compliant populations in the world, as well as in other countries. The rates of measles, mumps, and rubella vaccinations are reported to be greater than 99% in the Zhejiang province, but the incidence of measles, mumps, and rubella not only remains high but is actually increasing.³ Even with 99% compliance and not a big influx of foreigners, there has been a significant increase in the rate of measles cases since 2009 in the Zhejiang Province. It is shocking to find that the rate of measles in the vaccinated Chinese children in 2013 was approximately 3 times greater than the number of measles cases in this same vaccinated population in 2012.⁴ These Chinese findings raise two challenges: 1) the serious challenge to the epidemiological disproved theoretical speculation of “herd immunity” which has been used as a “fear factoid” in a socially vicious way against parents who have chosen not to vaccinate; and 2) that being seropositive means one is protected or immunized versus “vaccinated”. In other words, vaccinated does not mean immunized. Immunization comes from being exposed to these diseases naturally in a way that creates a natural immunity, which actually protects one from getting the particular disease. Please note that, contrary to getting the measles, which gives almost lifelong immunity, even those who actually contract Covid-19 can lose their immunity in one to two months.

One key consideration in considering the value of vaccination is the scientific evidence that vaccinated people with live viruses are proven carriers for measles for at least 2 weeks as validated by Dr. Atkinson of the CDC. This is a phenomenon that may explain how the spread of the measles infection by the MMR vaccination actually happens. Although it may not be the only explanation it amazes me that so-called medical leaders in the world of pediatrics are still promoting the scientifically disproven theory of “herd immunity” by trying to shame, blame, and castigate parents who choose not to vaccinate their children in the face of the actual data that suggests in highly vaccinated populations, it is the vaccinated who may be the disease carriers for at least 2 weeks after being vaccinated with the live measles virus. Vaccinations may also weaken their immune system, as they do with the flu vaccine, which makes people more susceptible to the

² CDC – MMRW. June 22, 1984 / 33(24);349-51.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000359.htm>

³ Wang Z, Yan R, He H, et al. Difficulties in Eliminating Measles and Controlling Rubella and Mumps: A Cross-Sectional Study of a First Measles and Rubella Vaccination and a Second Measles, Mumps, and Rubella Vaccination. Kirk M, ed. *PLoS ONE* 2014;9(2):e89361. doi:10.1371/journal.pone.0089361.

⁴ Ma C, Hao L, Zhang Y, et al. Monitoring progress towards the elimination of measles in China: an analysis of measles surveillance data. *Bulletin of the World Health Organization* 2014;92(5):340-347. doi:10.2471/BLT.13.130195.

measles. The phenomenon of immune suppression by the vaccine⁵ was documented as early as 1981 and was reconfirmed in 1992.

Practically speaking, building the immune system is safer than risking serious adverse effects. Since 2005 there have been no deaths in the US from measles of the wild variety type, yet there have been at least 108 deaths in a 10-year span according to VAERS from the MMR vaccine with 68 of them in children under three years of age.⁶ Some data suggests as high as 120 deaths from the MMR vaccine since 2005.

A survey of 635 children in the Netherlands in 2004⁷ found that German measles and whooping cough was twice as common in unvaccinated children as compared to those vaccinated. However, throat inflammation, ear infections, rheumatologic problems, seizures, and febrile convulsions happened in the vaccinated at a much higher rate. There was also evidence of an increase of overall depleted immune system and disordered neurological system in vaccinated children. There were 8 times more aggressive behavior episodes in the vaccinated children as well as more sleep disorders. Thirty-three percent of vaccinated children required tonsillectomies versus 7.3% in the unvaccinated.

The measles vaccine has a long list of serious adverse reactions, which affect nearly every body system including blood, lymph, cardiovascular, immune, nervous, respiration, and sensory. Severe adverse reactions include: encephalitis, the 100% lethal subacute sclerosing panencephalitis, Guillain-Barré syndrome, convulsions, ataxia, multiform arrhythmia, deafness, and more.⁸ Do we think a hastily and relatively untested Covid-19 vaccine, from which there has already been deaths, and, in some research, vaccine development companies, having side-effects up to 100% after receiving the second vaccination will be any different?

Medical ethics dictate that no one should be forced to undergo a medical treatment without informed consent and without their agreement to the treatment. It is important that we protect against this sort of potential abuse of power by at least sticking to the post-World War II Nuremberg Protocols. It is unethical, immoral, and contrary to the Nuremberg Protocols to force vaccination without consent? Vaccination is a medical treatment with risks including death. It is totally antithetical to all ethics in medicine to mandate that risk to others.

There is so much disinformation about “safe, effective, and the importance of (disproven) herd immunity” effects of the measles vaccination, that fully informed consent is not easily possible.

In perspective, vaccination is a medical treatment, which falls under the protection of informed consent. Informed consent is a basic human right to have the freedom of self-decision and basic policy in both ethics and law. Vaccinations are not harmless. About 2,000 severe reactions are reported each year (estimated to be 1-10% of actual total by

⁵ Auwaerter PG, et al. Changes within T Cell Receptor V β Subsets in Infants Following Measles Vaccination. *Clinical Immunology and Immunopathology*, May 1996; 79(2): 163-170.

⁶ National Vaccine Information Center website:
<http://www.medalerts.org/vaersdb/index.php>

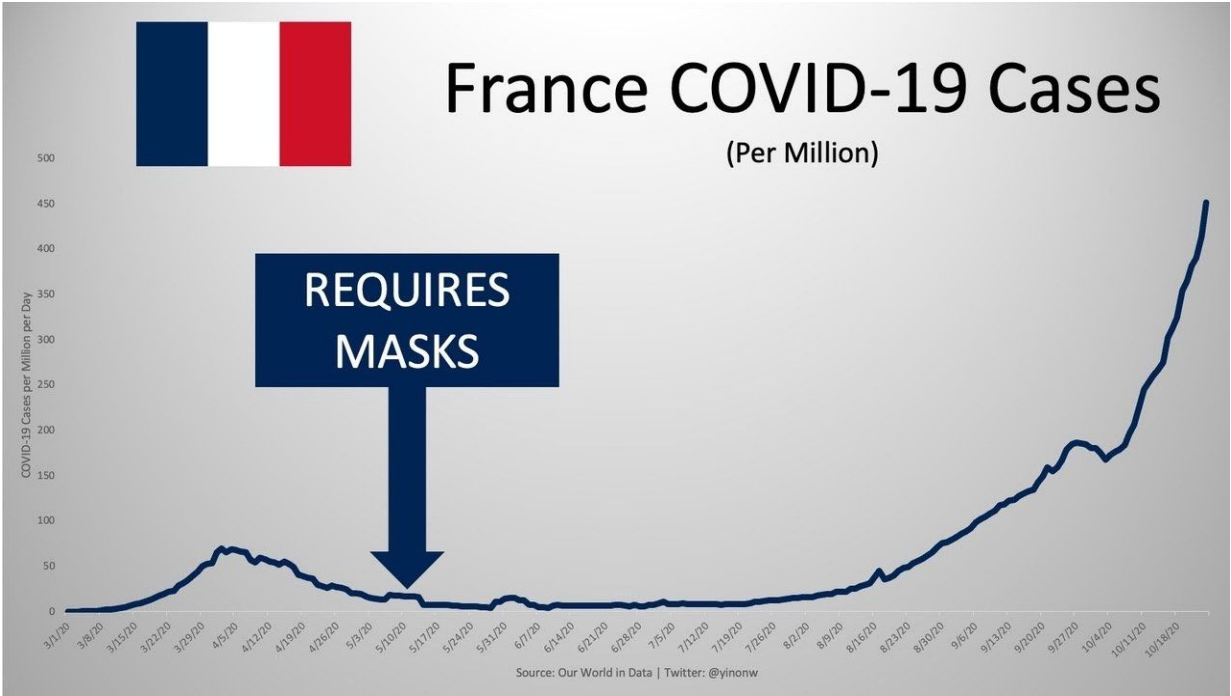
⁷ <http://www.thinktwice.com/Dutch.pdf>

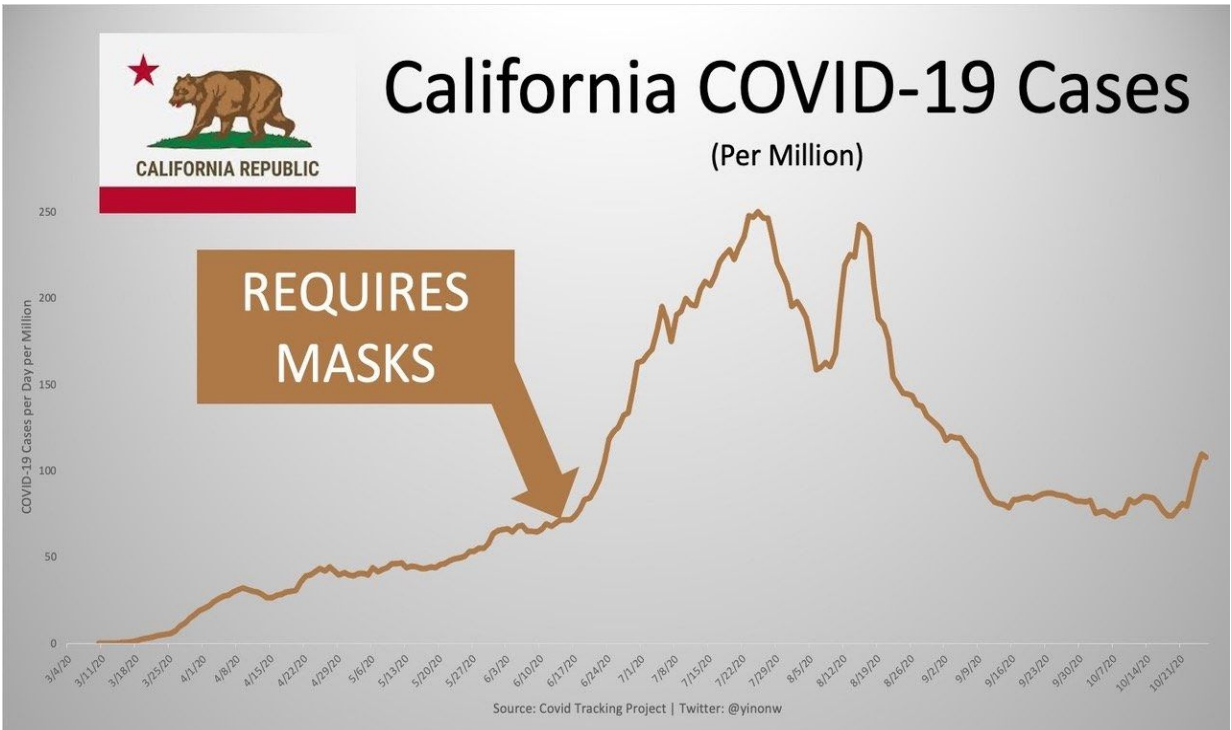
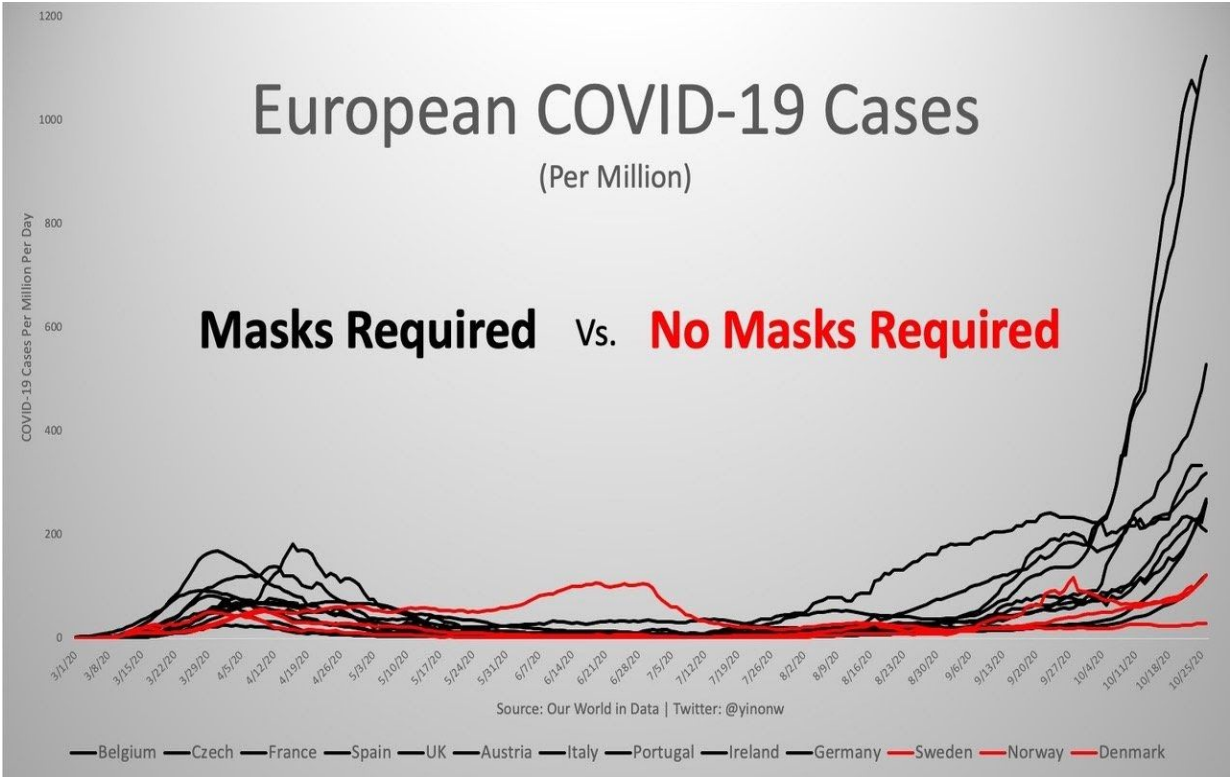
⁸ Institute of Medicine (US) Vaccine Safety Committee; Stratton KR, Howe CJ, Johnston RB Jr., editors. *Adverse Events Associated with Childhood Vaccines: Evidence Bearing on Causality*. Washington (DC): National Academies Press (US); 1994. 6, Measles and Mumps Vaccines. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK236288/>

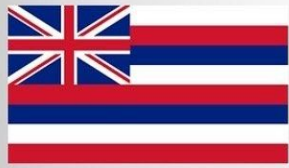
former FDA director Dr. Kessler), which have resulted in prolonged hospitalization, permanent disability and/or death. Over 3 billion dollars have been paid to victims of vaccine reactions.

These clinical examples also create a serious challenge to one of the biggest detrimentally bogus myths in the vaccine discussion - the theory of “herd immunity”. The “theory” of herd immunity maintains that if a certain percentage of the population is immunized against a particular disease, epidemics can be prevented. No one is able to specify the exact percentages in this theory. Initially it was thought 68% would create the mass immunity. Now they are saying 92-94%, and some suggest 95-100% is necessary. In reality, as pointed out before, the facts are revealing that herd immunity is an unsubstantiated myth that has been unethically used to socially stigmatize parents who have refused to vaccinate their children, and will be used to shame people who choose to avoid the Covid-19 vaccination just as they are currently trying to shame people who choose to not wear masks, as the vast majority of all research shows masks do not protect against Covid-19, including 10 peer-reviewed papers published on the CDC website that show masks do not protect from getting Covid-19, as well as a government and Big Pharma rational to vigorously promote vaccinations. Additionally, all of the top medical journals in the world are refusing to publish a landmark [Danish study on face masks](#). It appears their reasons for refusing to publish this [landmark study](#) is to [keep hidden from people all of the charts proving that masks don't work to stop the coronavirus](#). The following graphs make a graphic demonstration of this point in a way that it can no longer be disputed that masks do not make any difference.









Hawaii COVID-19 Cases

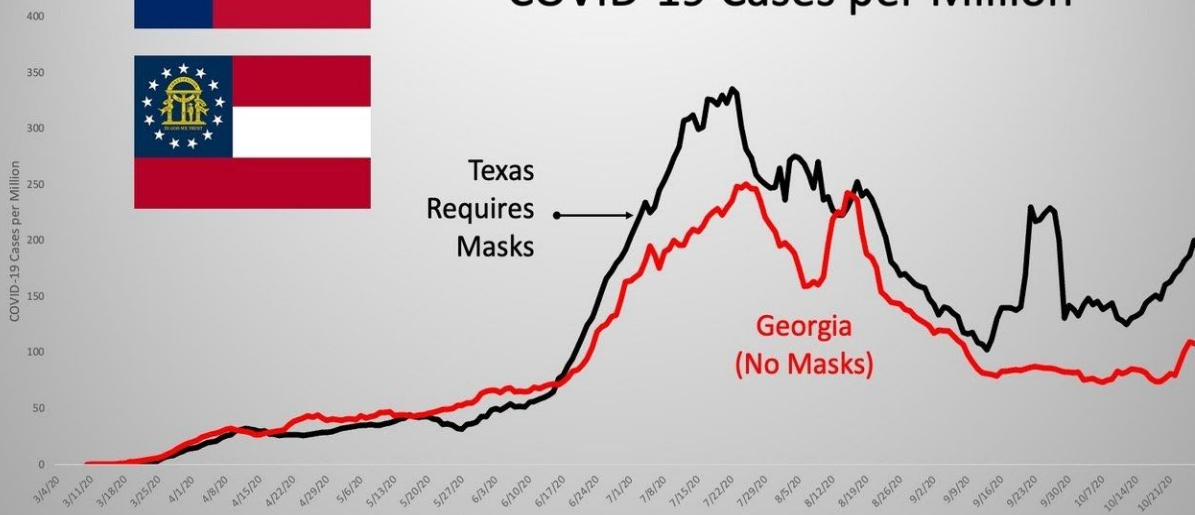
(Per Million)



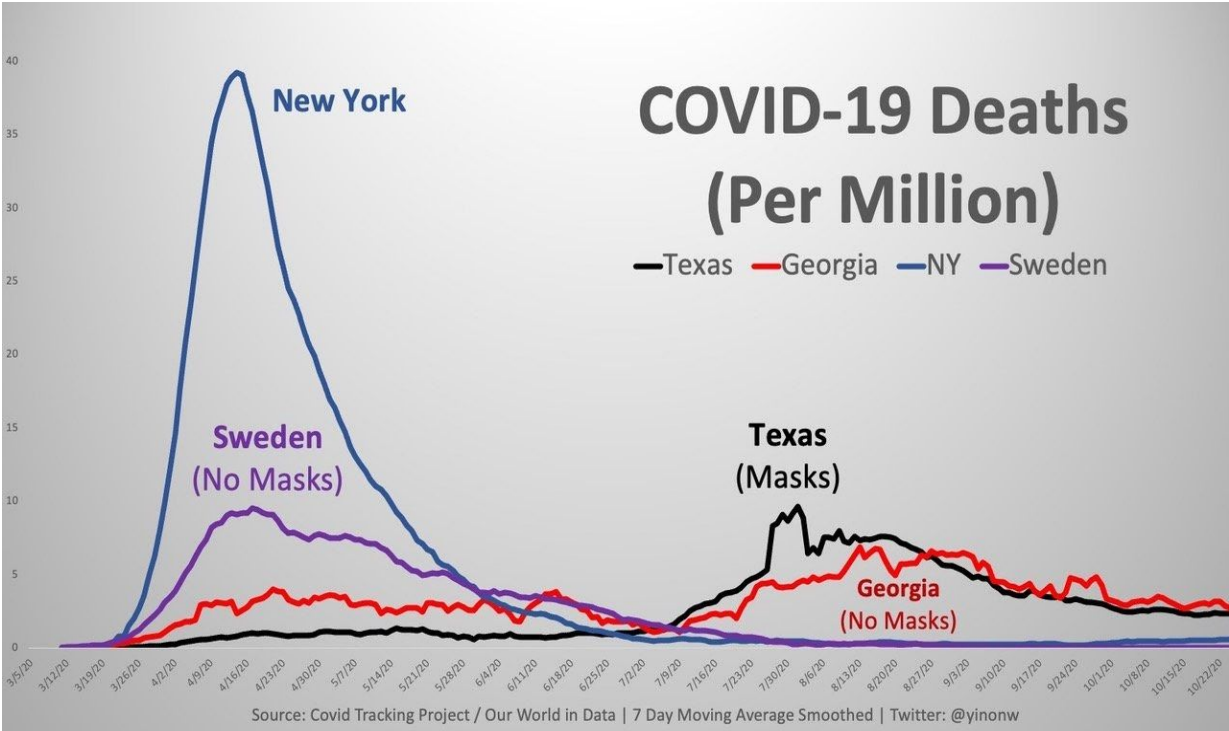
Source: Covid Tracking Project | Twitter: @ylnonw



Texas vs. Georgia COVID-19 Cases per Million



Source: Covid Tracking Project | 7 Day Moving Average | Twitter: @ylnonw



It is significant in the “herd immunity” theoretical discussion that pro-vaccine doctors talk about it as if it is fact; however, as of 2014 there is no clinical or epidemiological evidence to support the “theory” of herd immunity; and as already demonstrated, there is a lot of epidemiological evidence to debunk it. As we look at immune diseases that are happening including recurrent pertussis, a high percentage of people who have been immunized are getting pertussis – up to 90% in some cases, as also with the polio vaccine which will be discussed shortly.⁹

These “unexpected”, contrary to “herd protection” theory observations are also happening in China, which is one of the most vaccination compliant populations in the world. The rates of measles, mumps, and rubella vaccinations are reported to be greater than 99% in the Zhejiang province, but the incidence of measles, mumps, and rubella not only remains high, but are actually increasing.¹⁰

The theory of “herd immunity” is also crumbling in the face of serious outbreaks of pertussis that are occurring in populations of heavily vaccinated individuals who are developing pertussis at high rates according to a study published by Oxford University. Another study in Clinical and Infectious Diseases reviewed data on every patient that was tested positive for

⁹ Stein, A. Vaccinated Kids Account for 90 Percent of Child Whooping Cough Cases in Vermont. VTDigger.org, October 8, 2012. <http://vtdigger.org/2012/10/08/90-percent-of-whooping-cough-cases-in-vermont-among-vaccinated-children/>

¹⁰ Wang Z, Yan R, He H, et al. Difficulties in Eliminating Measles and Controlling Rubella and Mumps: A Cross-Sectional Study of a First Measles and Rubella Vaccination and a Second Measles, Mumps, and Rubella Vaccination. Kirk M, ed. *PLoS ONE* 2014;9(2):e89361. doi:10.1371/journal.pone.0089361.

pertussis between March and October of 2010 in California. Out of 132 people who had the disease, 81% were fully up to date on their shots.¹¹ We cannot blame unvaccinated kids for this just as they cannot do in China. If the vaccine actually worked at a high percentage one would not see 81% of the fully “pertussis vaccinated” getting pertussis. According to Dr. James Howenstine, measles outbreaks have occurred in schools with vaccination rates over 98% in all parts of the US, as well as China, including areas that had no cases of measles for years.¹² He points out that as measles immunization rates rise to high levels, measles is becoming a disease seen only in vaccinated people. This dangerous situation could also occur with the Covid-19 vaccination.

Another downside to vaccines, in general, includes a host of acute side effects. According to the CDC, the side effects of routine childhood vaccinations include: soreness, redness, swelling (where injected), fever (sometimes over 102), nausea, vomiting, tiredness, poor appetite, diarrhea, abdominal pain, muscular and joint pain, swelling of glands, fainting, non-stop crying, temporary low platelet count, rash, hives, seizures, long-term seizures, lowered consciousness, permanent brain damage, coma, deafness, and illness resembling Guillain-Barre Syndrome (GBS).¹³ When we look at the well documented adverse acute reactions and also chronic diseases that may result from vaccinations, we see that there are real life-crippling or life-ending dangers, including the Guillain-Barre syndrome, paralysis, seizures, unconsciousness, convulsions, swollen body parts, chest pains, heart irregularity, kidney failure, vision problems, difficulty breathing, rashes, persistent vomiting, miscarriages, menstrual irregularities, reproductive system complications, genital warts, vaginal lesions, and many levels of chronic disease, including asthma, atopic dermatitis, allergies, and ADHD, as well as death. While the CDC assures us that serious side effects are rare, the fact remains that the US government has paid out nearly \$3 billion to compensate families whose children have been seriously injured or have died, as a result of vaccination.¹⁴ To win such cases, the evidence must leave no shadow of a doubt. The estimate by the former Commissioner of the FDA David Kessler, as reported in the 1993 Journal of American Medical Association, is that the amount of actual reported side-effects is less than 1% of those with serious adverse reactions; others say as high as 10%. In other words what is reported to the CDC may be close to only one hundredth of what is actually happening.

An additional concerned voice responding to this question of vaccination came in the year 2000, after reviewing the polio vaccine data, the famous Dr. Jonas Salk said that the vaccine he created actually was the greatest cause for the spread of polio.

Thousands of children died after the polio vaccine was introduced in Uganda. In

¹¹ Witt, MA; Katz, PH; and Witt, DJ. Unexpectedly Limited Durability of Immunity Following Acellular Pertussis Vaccination in Pre-Adolescents in a North American Outbreak. *Clin Infect Dis.* (2012) doi: 10.1093/cid/cis287 First published online: March 15, 2012

¹² Howenstine, J. Why You Should Avoid Taking Vaccines. NewsWithViews.com, Dec 7, 2003.

¹³ Friedrich, F, et al. Temporal association between the isolation of Sabin-related poliovirus vaccine strains and the Guillain-Barre syndrome. *Rev Inst Med Trop Sao Paulo*, 1996, Jan-Feb; 38(1):55-8.

¹⁴ Suprynowicz, V. \$2 billion paid out for vaccine injuries to kids. *Las Vegas Review-Journal*, August 26, 2012.

<http://www.reviewjournal.com/vin-suprynowicz/2-billion-paid-out-vaccine-injuries-kids>

Zimbabwe, infant mortality tripled between 1990 and 2010 when most vaccines were added to the national vaccine schedule. In Australia, Roy B. Kalokerinos, MD has pointed out in his book *Every Second Child*¹⁵ that half of all Aboriginal children vaccinated died within days of being vaccinated. Many of these children in underdeveloped populations have extremely weak immune systems, and are simply unable to tolerate the immune stress from the vaccination.

It is no accident that in 1992 the CDC published an admission that the live virus vaccine had become the dominant cause of polio in the US.¹⁶ It is important to understand that the mRNA “vaccine” is a variation of the live virus as they are using RNA sequences of the virus. The CDC figures showed that every case of polio in the US since 1979 was caused by the oral polio vaccine.¹⁷ This could be seen as evidence that vaccinated children do indeed act as live carriers of the virus they have been vaccinated with.

The polio vaccine has also been associated with a variety of cancers, including brain tumors and leukemia, which are serious long-term chronic adverse effects and generational. There is a study of 59,000 women, birthed from mothers who received the Salk vaccine. These children and their mothers who received the Salk vaccine between 1959 and 1965 had brain tumors at a rate of 13 times greater than mothers who did not receive the polio shot.^{18 19}

Perhaps more important in the adult decision-making process is the newer information that vaccinations are also being linked to modern-day chronic illnesses such as type-1 and type-2 diabetes, developmental disorders, Asperger's Syndrome and spectrum autism, brain tumors, leukemia, asthma, Crohn's Disease, intestinal disorders, impulsive violence, and allergies. All of these were rare in children before the introduction of vaccinations.²⁰ Vaccinations have also been associated with increased incidence of ADD and ADHD.²¹ Will this turn out to be the case with a Covid-19 vaccine?

There are a number of acute reactions that may arise compared between unvaccinated and vaccinated children, but perhaps more significant and serious, are the chronic long-term effects of vaccinations. A German study released in September of 2011 compared approximately 8,000 unvaccinated and vaccinated children from 0-19 years in age. They found that the vaccinated children had approximately 2-5 times more chronic diseases and disorders than the unvaccinated children.²² This is highly significant information for a parent who wants

¹⁵ Kalokerinos, A. *Every Second Child*. Keats Pub: New Canaan, CT, September, 1981.

¹⁶ Strebel PM., et al. Epidemiology of poliomyelitis in U.S. one decade after the last reported case of indigenous wild virus associated disease, *Clinical Infectious Diseases CDC*, February 1992:568 79.

¹⁷ Ibid.

¹⁸ Rosa FW, et al. Absence of antibody response to simian virus 40 after inoculation with killed-poliovirus vaccine of mother's offspring with neurological tumors. *New England Journal of Medicine* 1988; 2138: 1469.

¹⁹ Rosa FW, et al. Response to: Neurological tumors in offspring after inoculation of mothers with killed poliovirus vaccine. *New England Journal of Medicine* 1988; 319: 1226.

²⁰ Moskowitz, R. *HIDDEN IN PLAIN SIGHT: The Role of Vaccines in Chronic Disease*. <http://www.whale.to/vaccine/moskowitz.html>

²¹ Verstraeten, T; Davis, R; and DeStefano, F. Thimerosal VSD study, Phase I, Update 2/29/00. *Confidential Report, CDC*, Feb. 29, 2000.

²² Schmitz, R, et al. Vaccination Status and Health in Children and Adolescents: Findings of the

to develop a truly informed consent.

Presently half the children in the US suffer from some chronic disease and 21% are developmentally disabled.²³ One in 6 children is currently seriously developmentally disabled. Of course, this cannot all be blamed on vaccinations, but the evidence suggests they play a significant synergistic role in the degeneration of health. The Salzburger Study, which is an ongoing survey on 1,004 unvaccinated versus vaccinated children at the time of this publication, found that 0% of the unvaccinated had asthma as compared to 8-12% of the vaccinated child population. They found that atopic dermatitis was 1.2% amongst unvaccinated children as compared to 10-20% in the vaccinated population. Allergies were 3% amongst unvaccinated children versus 25% amongst the vaccinated population. ADHD was 0.79% amongst the unvaccinated children versus 5-10% amongst the vaccinated population.²⁴ These chronic disease sequelae suggest another level of vaccine disabilities particularly associated with immune, autoimmune, and neurological chronic debilitation.

A 1992 New Zealand survey involved 254 children in which 133 were vaccinated and 121 were unvaccinated. Fifteen percent of the vaccinated children developed asthma, while only 3% of unvaccinated children developed asthma. Thirty-two percent of vaccinated children developed eczema and allergic reactions, while only 13% of unvaccinated children developed eczema and allergic reactions. Twenty percent of vaccinated children had chronic otitis, while only 7% of unvaccinated children had chronic otitis. Eight percent of vaccinated children had recurrent tonsillitis, while only 2% of unvaccinated children had recurrent tonsillitis. Seven percent of vaccinated children had shortness of breath or sudden infant death syndrome (SIDS), while 2% of unvaccinated children were affected. There was an eightfold difference in hyperactivity between vaccinated (8%) and unvaccinated children (1%). The results from these international studies speak clearly for themselves.²⁵ Vaccinations are distinctly, at least, associated with an increase in chronic disease and particularly the immune, neurological, and brain central nervous system-based dysfunction and disease. There is no reason to believe this sort of scenario wouldn't also happen with Covid-19 vaccinations.

Newer research shows vaccines appear to weaken the immune system, and, paradoxically, those who become vaccinated become active carriers of the disease for up to 14-21 days depending on the vaccine. As previously pointed out, contrary to the political paranoia created by the myth of "herd protection", children who are vaccinated are the ones who are a potential disease threat to the other vaccinated children and to the unvaccinated children.

There are additional serious complications with vaccines, including death and Guillain-Barre, an autoimmune demyelinating syndrome, both in children and adults. John

German Health Interview and Examination Survey for Children and Adolescents (KiGGS). *Dtsch Arztebl Int*, 2011; 108(7): 99–104.

<http://www.vaxchoicevt.com/wp-content/uploads/2013/01/schmitz-KIGGS.pdf>

²³ Bethell, CD, et al. A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations. *Academic Pediatrics*, Volume 11, Issue 3, S22 - S33.

²⁴ Bachmair, A. *Vaccine Free: 111 Stories of Unvaccinated Children*. CreateSpace Independent Publishing Platform, November 22, 2012. <http://www.vaccineinjury.info>

²⁵ Claridge, S. Investigate Before You Vaccinate: Making an informed decision about vaccinating your children. The Immunisation Awareness Society. <http://www.ias.org.nz>

Hopkins School of Medicine scientist Dr. Peter Doshi in the British Medical Journal has strongly warned people against the flu vaccine saying that the only randomized trial of influenza vaccine in older people found no decrease in deaths with those vaccinated. Doshi states, “Influenza: marketing vaccines by marketing disease... Coronaviruses are often the vehicle for flu infection, so this information on flu vaccines has much relevance.

Another study found that the H1N1 vaccine was associated with increasing cases of narcolepsy among adolescents.²⁶ A 2014 study published in Eurosurveillance linked a 14-fold increase in narcolepsy with the H1N1 flu vaccine.²⁷ Narcolepsy is an incurable brain disorder theorized to be caused by an autoimmune destruction of the specific brain cells responsible for maintaining wakefulness. A high percentage (90%) of these narcolepsy cases were flu vaccinated children and adolescents.

Dr. Russell Blaylock, a well-known and retired neurosurgeon, states regarding this that the H1N1 flu vaccine is completely worthless and that the government knows it. Blaylock points out that the government recommends flu shots for the elderly to avoid secondary pneumonia, hospitalizations, and death. However, a study by the Cochrane Group, which studied hundreds of thousands of people, found that it offered zero protection for specifically those things for which it is prescribed in the general community.²⁸ Another study found the flu shot to be maybe 9% effective.²⁹

Of particular concern, however, is the downside of the flu vaccine, because many flus are caused by coronaviruses, and these are related to a discussion of a Covid-19 vaccination. As Dr. Russell Blaylock points out, not only do children under 5 years of age, given the flu vaccine, receive no protection from the disease, they are still subject to the potential serious adverse effects. Blaylock writes, “The government says that every baby over the age of 6 months should have the [flu] vaccine, and they know that each injection contains a dose of mercury that is toxic for the brain... Studies show that the flu vaccine has zero effectiveness in children under 5.” Dr. Blaylock further enunciates that while flu vaccines don't prevent the flu, they actually increase the odds of getting it because the mercury contained in the vaccines acts as an immunosuppressant. This immune system suppression lasts for several weeks after the shot is administered. This makes people more susceptible to catching the flu. While the vaccine itself doesn't necessarily give them the flu, the temporarily suppressed immune system makes them vulnerable. Blaylock states, “The vast number of people who get the flu vaccine aren't going to get any benefit, but they get all the risks and complications.” The same high risk/low

²⁶ “Glaxo's Swine Flu Shot Linked to Narcolepsy in UK Kids.” Bloomberg, February 26, 2013.

²⁷ O'Flanagan D, Barret AS, Foley M, Cotter S, Bonner C, Crowe C, Lynch B, Sweeney B, Johnson H, McCoy B, Purcell E. Investigation of an association between onset of narcolepsy and vaccination with pandemic influenza vaccine, Ireland April 2009-December 2010. Euro Surveill. 2014;19(17):pii=20789. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20789>

²⁸ Thomas RE, Jefferson T, Lasserson TJ. Influenza vaccination for healthcare workers who work with the elderly. Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD005187. DOI: 10.1002/14651858.CD005187.pub3.

²⁹ CDC. Fluvview. 2012–2013 influenza season week 3 ending January 19, 2013. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at <http://www.cdc.gov/flu/weekly/weeklyarchives2012-2013/weekly03.htm>.

benefit mechanisms are at play as with the elderly.

An additional concern that arose in [October 2020 in South Korea was a flu vaccination program that killed 48 people, mostly in their 70s and 80s](#). This lethal response to the flu vaccination was not actually a complete surprise as 1,500 elderly died the year prior within 7 days after receiving the flu vaccination.

Fortunately, research has proven real and effective support against viral diseases are available as well as for Covid-19. Included in this are homeopathic “immunizations”, which are both safe and effective for raising one's immunities to various childhood diseases. There was an epidemic of diphtheria in Buenos Aires, Argentina, for example, in which half of the city got homeopathic immunizations and the other half of the city got conventional vaccines. The results were that those who received the homeopathic immunization had a substantially higher rate of protection against the disease than did those who received the allopathic vaccinations.

In specific, as it pertains to protection from the flu, The [Journal of the American Institute for Homeopathy, May 1921](#), had a long article about the use of homeopathy in the flu epidemic of 1917. Dr. T A McCann, from Dayton, Ohio reported that 24,000 cases of flu treated allopathically had a mortality rate of 28.2% while 26,000 cases of flu treated homeopathically had a mortality rate of 1.05%.

When we summarize and compare vaccinated to unvaccinated children, we get a clear picture. In the US there's never been a study comparing vaccinated to unvaccinated children; however, in Germany, in 2011, there was a study on this comparison. As previously mentioned, [the study compared 8,000 unvaccinated children between newborn and 19-years with vaccinated children](#). The study found that vaccinated children had 2-5 times the diseases and disorders compared with unvaccinated children. In terms of asthma, hay fever, and neurodermatitis, 4.7% of vaccinated children suffered from asthma; 10.7% of vaccinated children suffered from hay fever; and 13.2% of vaccinated children suffered from neurodermatitis.

Another study called [the KiGGS study](#) showed that more than 40% of children between the ages of 3-17 years were sensitized against foreign allergens. The KiGGS study showed that 12.8% of vaccinated children suffered from herpes, and 11% suffered from otitis media. When compared with unvaccinated children, herpes in the unvaccinated group was less than 1.5%. Generally, they observed that unvaccinated children are healthier, happier, and more robust than their peers.

[The KiGGS study](#) found that in terms of asthma, hay fever, and neurodermatitis, that 4.7% of the children suffered from asthma; 10.7% of children suffered from hay fever, and 13.2% of the vaccinated children suffered from neurodermatitis. The study showed that more than 40% of vaccinated children between the ages of 3 and 17 years were sensitized to at least one allergen. [The KiGGS study](#) showed that 12.8% of vaccinated children had herpes and 11% suffered from otitis media. In unvaccinated children, herpes was less than 2.5%. They observed that unvaccinated children were healthier, hardier, and more robust than their peers and that allergies, asthma, and behavioral difficulties (i.e. attention disorders) were far higher amongst children who were vaccinated.

The unvaccinated kids were 5 times less likely to have asthma than those who were vaccinated, 2.5 times less likely to have skin problems, and 8 times less likely to be hyperactive. The vaccinated children were also 14 times more likely to have asthma than the unvaccinated and up to 9 times more likely to have skin problems, than the unvaccinated children.

Another study that came out in the [Journal of Translational Science](#), showed that 10.4% of vaccinated children had allergic rhinitis versus .4% in unvaccinated children. Twenty-two percent of vaccinated children had allergies versus 6% of unvaccinated children. Nine-point-five percent of the vaccinated had eczema (atopic dermatitis) versus 3.6% of the vaccinated. Five-point-seven percent of the vaccinated versus 1% of the unvaccinated had learning disabilities. ADHD showed up in 4.7% of the vaccinated children as opposed to 1% in the unvaccinated children. NDD (neurodegenerative disorders) amongst vaccinated children were 10.5% versus 3.1% in the unvaccinated.

Chronic illnesses were found in 44% of the vaccinated children versus 25% of the unvaccinated children. Six-point-four percent of the vaccinated versus 1.2% of the unvaccinated had pneumonia. Vaccinated children, however, were less likely to have chickenpox and pertussis. Vaccinated children have far more immune difficulties.

When we go to the flu vaccine, which is closest to a possible Covid-19 vaccine, we see even more difficulties and questions raised, relevant to the Covid-19 question. [One study posted by the Pentagon showed that the flu shot increased the risk of Wuhan Covid-19 infection by 36%](#). A CDC study found that flu shots greatly increased children's risk of developing non-flu acute respiratory illnesses as well. When they looked at a study of the H1N1 bird flu vaccine there was a 14-fold increased risk for incurable brain conditions. This was cited on September 3rd, 2014 by Surjeet Vaccines and was published in the Journal Euro Surveillance. [The 14-fold increase, more specifically, has to do with developing narcolepsy](#). These vaccines are shown to be affecting people's brains.

Another study (the very first peer-reviewed study on vaccinated versus unvaccinated children), was initially censored by the International Scientific Journal but [now published in a different journal on February 22, 2017](#), showed that vaccinated children were significantly less likely than unvaccinated children to be diagnosed with chickenpox and pertussis, but were more likely to be diagnosed with other infections, allergies, NDDS (an autism spectrum disorder), ADHD, and learning disabilities.

They found that vaccinated children were more likely than unvaccinated children to be diagnosed with chronic illness; 7 times higher odds of neurodevelopmental disorders, including learning disabilities and ADHD or ASD; a 2-fold increase in the autism spectrum disorder; 2-fold increase in learning disabilities, a 1-fold increase in allergic rhinitis; 9 times more increase in allergies; 9 times higher increase atopic dermatitis; and a 4-fold increase in chronic illness.

Could the Flu Vaccine failure and immune suppression in protecting against respiratory infection be a warning about the possible dangers of a Covid-19 vaccine?

A study published in the [Journal Clinical Infectious Diseases](#) showed that children who received an inactive flu vaccine were 440% more likely to acquire infections of respiratory virus, viral pathogens, and influenza. It could be setting up children and adults to be more vulnerable to coronavirus infections.

In September 2009 a researcher in Canada found an [increased risk of pandemic H1N1 influenza](#) in people who had previously been vaccinated against the flu.

It appears that the [vaccinations for flu make people more susceptible](#). Although they can temporarily boost immunity in somewhere between 10% and 30% of people, [the protection is short-lived](#). Research shows that immunization increases the levels of antibodies against

seasonal flu for just a few months, which is what is now suggested will be the case with a Covid-19 vaccination. [Bill Gates is even suggesting that because of this, they may need to do Covid-19 vaccinations multiple times yearly.](#)

What is the mechanism for suppressing the immune system? [The 2018/2019 flu vaccine was about 25% effective across different age groups.](#) Although the [CDC's research](#) shows up to 60% effectiveness at least once in the last 15 years, other studies by the CDC showed as high as 90% ineffectiveness, such as in [2004/2005](#). Other studies have shown vaccinated people, 35 to 54 years old, had a 4 times greater risk of getting sick from flu viruses than unvaccinated people. This is all-important when we begin to consider the mechanism of infection for the coronavirus may be similar to that of the flu, especially coronavirus cause flus.

Another study showed that the flu vaccine effectiveness on seniors went down depending on the number of previous shots they received. People who received between one and three previous flu vaccines had an efficacy rate of 26%. For those who had 9-10 previous flu vaccines, there was an efficacy rate of 7% protection. For those without previous vaccines, the efficacy rate of 34%. A study carried out by Spanish researchers showed a similar trend.

A comment in The Blaylock Wellness Report states, "A growing body of scientific evidence suggests that having been vaccinated can increase a person's risk of a harmful reaction if they're exposed to viruses circulating in the environment. The vaccination also raises your risk of dying in being exposed to these viruses." We'll be exploring this more in just a moment.

Supporting Dr. Blaylock's concern is data showing that people vaccinated against the SARS virus, when they were subsequently exposed to the SARS virus, developed severe damage as if there were some sort of hyper-reaction in those previously vaccinated. This reaction occurs far more often in vaccinated than in unvaccinated people. A previously mentioned a study funded by the Pentagon found that people vaccinated with the flu shot were 36% more likely to contract the coronavirus. This is not necessarily Covid-19, as there are at least 4 major coronaviruses out there in the general population. An Australian study that found children who received the flu vaccination had a 55% greater risk of developing lung function soon after. And another study found that vaccinated children had a 4.4 times greater risk of developing serious viral infections by non-influenza viruses. These results raise the question, in general, about flu vaccines being a safe and effective approach. This has potential health compromising implications for a Covid-19 vaccine.

In considering the previous information, does trying to create a Covid-19 vaccine make any sense?

It makes no scientific or legal sense to create a vaccine against Covid-19 for the above and following reasons. Even the World Health officials are beginning to admit that.

One of the problems that has not been solved is the duration of the antibody responses. It appears, according to researchers, that the antibody response to the experimental vaccine lasts two to three months, which appears to be about the same as people who were infected by the Covid-19 virus as well. As previously mentioned, this has also been noted with some flu vaccines as well. In other words, natural immunity lasts two to three months at best. The vaccine will not necessarily offer T-cell protection or guarantee cell-mediated immunity for an extended period of time. This is why some of the officials are questioning it.

Anthony Fauci, himself, has speculated that a potential coronavirus vaccine would not be effective enough to wipe out the public health threat. [As reported by CNBC](#), Fauci stated,

"The chances of scientists creating a highly effective vaccine, one that would provide 90% or better protection to the virus are slim."

The director-general of the World Health Organization (WHO), [Dr. Tedros Adhanom](#), [has admitted publicly that the Covid-19 vaccine will not work](#) and that a cure will never be found because there's no silver bullet for the pandemic. Tedros says that even with 100 potential vaccine candidates, none are likely to work and that the virus will be an ongoing problem. Why may this be the case?

A [study conducted by Chinese and American researchers](#) revealed that some people who got the Covid-19 infection may not develop antibodies that could offer them immunity in the future. This was reported on June 18th, 2020. According to the South China Morning Post, the scientists said that at least 25% of the workers could have been infected at some point, but only 4% developed antibodies. Contrary to a measles or mumps infection, after which one has lifelong immunity, people recovering from Covid-19 aren't protected. A study done jointly by Wuhan University and the University of Texas, Galveston showed that more than 10 percent of the people in the study lost anybody protection within a month.

The direct implication of this is the idea of an immune certificate for recovered Covid patients is invalid, bogus, and unconstitutional. The [WHO announced in an April scientific briefing](#), "There's currently no evidence that people have recovered from Covid-19 and have antibodies are protected from a second infection."

In another study, scientists warned that the [antibodies your body makes to fight Covid-19 don't last long](#). This is published in the journal [Nature Medicine](#). The study suggests the antibodies that the immune system produces against the coronavirus may only last two to three months. That's why there's a problem with a vaccine, because the vaccine's activated antibodies will not last long.

As previously mentioned, [Bill Gates even acknowledged this](#) and said you may have to have repeated vaccinations each year. The gigantic concern with this approach is that studies have shown that the Covid-19 infection can trigger a strong cellular response when exposed again such as with repeat infections. The potential lethal problem is that a repeat vaccination can have an overresponse, similar to a potentially lethal cytokine storm response of the 1917 flu pandemic from a T-cell over-response. The Columbia University virologist [Angela Rasmussen](#) said most people are generally not aware of sort of T-cell immunity because most of the conversation is focused on antibody levels.

Although I have seriously debunked the mythical theory of herd immunity, their studies also show people don't retain their antibody immunity for more than one to two months. Because scientists have been working on these vaccines since 2003, there is a feeling that there may not be a vaccine created that will be effective.

As reported by [MIT Technology Review](#), between 2016 and 2018, scientists at Columbia University did research on 191 teachers, in an effort to see how long people stayed immune to the different kinds of respiratory viruses, including the 4 coronaviruses, HKU1, NL63, C2290, and OC42. They found that people were frequently infected with the same coronavirus more than once within a year. Over a year and a half, a dozen volunteers tested positive 2 to 3 times for the same virus, in 1 case, just 4 weeks between the positive results.

As co-author, Jeffrey Shaman warns, the coronavirus is unlike other viruses. This idea of a lifelong immunity for Covid-19 is not what the research shows has been demonstrated. For this reason, as stated before, immunity passports are meaningless from a health protection point of view.

Another [study at Yale pointed to a study from China](#) that shows that approximately 175 people who recovered from Covid-19 had no detectable neutralizing antibodies. Which again makes this research point. One report shared that a 49-year-old Canadian nurse tested positive for Covid-19 [8 times in 50 days](#). In [South Korea, 141 patients](#) recovered from Covid-19 and then tested positive again. Are they being reinfected or relapsing?

So, the question comes up here is what is happening here? Immunity appears to be extremely time limited.

One is considered recovered from Covid-19 if one tests negative twice in 48 hours, however, one Korean virologist looking at the issue of reinfection stated that relapse after treatment is like a spring bouncing back exactly after it's been compressed. Viruses are reactivating or reinfected. And that's a big concern. Another concern is that a coronavirus infection appears to activate immune cells to create a cytokine storm on the second exposure. This is a very significant consideration.

[An interesting and significant study from the Icahn School of Medicine at Mount Sinai suggested that the SARS-COVID-2 can inhibit a virus spreading set of genes but allow another set to launch.](#) This is not something that you see with other viruses and may be part of the explanation. These SARS viruses and flu viruses interfere with two sets of genes: one that prevents the viruses from replicating and the other that recruits immune cells to the infection site to kill the viruses. Researchers call the first set of genes ARM-genes. They produce interferons, which are proteins that interfere with the virus's ability to replicate. These proteins are important modulators of response. Once interferons release, they serve as signals to nearby cells to activate another set of genes which helps slow the virus's ability to replicate itself? The second group of genes are called chemokines. These make proteins which create a biochemical alarm call for the reinforcement genes in activating immune cells, such as antibody B-cells and virus-killing T-cells as they rush to the chemokine alarm. Most viruses interfere with some level of both sets of viral responses, but the SARS-COVID-2 is different as it prevents the first group of genes from producing interferons but allows the second group of genes to secrete high amounts of chemokines. This not only allows the virus to multiply since there is no interferon, but it causes immune cells to flood the lungs. The result is a storm of inflammatory molecules in the lungs and other affected target organs such as the heart and brain. This is unique to Covid-19. Now the problem gets worse. The research team examined healthy cells growing in lab dishes and lung cells from Covid-19 patients. Within a few days, there was a mild response from the first set of genes that inhibit replication, but the second part of the response was a large call for the reinforcement genes, which created an inflammatory lung response. With the coronavirus, these binding antibodies, rather than fight infection, trigger a paradoxical immune enhancement. This problem is unique with the coronavirus class of viruses.

In other words, there's a large number of immune cells that can trigger uncontrolled levels of inflammation, which does nothing but produce more inflammation, which is part of the cytokine storm. And this is a possible explanation of why people covid-19 experience cytokine storms, in which the body attacks its own cells and tissues. This is potentially amplified with a second infection. Given this unique mechanism, the vaccine may make things worse, as it reenacts an infection.

The new approach using mRNA vaccines could also not be effective because the Covid-19 virus has been shown to mutate more rapidly than viruses such as with herpes, HPV, and smallpox. [Some researchers claim there have been at least 35 mutations already!](#) Researchers from the National Changhua University in Taiwan, G. H, Ewha University in

Taiwan warned that the vaccine development against SARS-COV-2 is futile because of the mutations. Some reports indicate that Covid-19 immunity wanes so quickly that it doesn't matter much anyway.

Columbia University researchers identified people who were infected with the virus strain, and they found that one could test positive 2 or 3 times within 18 months. They've been working on a coronavirus vaccine since 2003 since the first SARS outbreak in China and all these efforts have failed because of these difficulties.

A company called [Global Analytics from Clarivate estimated](#) that, at best, if they can develop an effective vaccine, it will require at least 5 years to complete development. The firm predicts that the Moderna vaccine against the virus has a 5% probability of success. But it's not like they don't know that that's a problem since 2003 there has been no effective vaccine developed that has been safe or effective.

According to researchers from Columbia University in New York City, immunity is temporary at best. This coronavirus has been shown to reinfect the same person multiple times in the same year, sometimes more than once. The big concern is that the second or third infection, or if one has a vaccination, one may be more susceptible to severe respiratory compromise because the body can overreact and create a cytokine storm. In this context, Moderna's Covid-19 vaccine and the other 100 or so vaccines if given repeatedly or if exposed to the Covid-19 virus more likely to make people sick than the Covid-19 coronavirus itself.

[On July 14, 2020, the New England Journal of Medicine](#) published a preliminary report based on phase one CV-19 trials testing healthy young people average age 33. Eighty percent had moderate to severe adverse reactions. The side effects ranged from 80% with fatigue, 80% with chills, 60% with headache, and 53% with muscle aches and pains. However, by the second dose, 100% in the midrange group experienced side effects. They had different groups of 250 micrograms (the level required to get the desired antibody response), and, at that dose, 100 percent of the participants in that dose group suffered side effects after both the first and second doses. One healthy participant in one of the studies has already died. Twenty-one percent had severe reactions.

One of the important considerations, which I alluded to before, is that these studies suggest that the Covid-19 vaccines carry the risk of what is known as “vaccine enhancement”. This means that the vaccine instead of protecting against infection, the vaccine according to the mechanism I just described can make the disease worse. When a vaccinated person which represents the first exposure is infected with the virus which would be the second exposure. It is with the second exposure that there is a risk of the cytokine storm. This potential danger was pointed out by Robert F. Kennedy Jr., who chairs the board of directors at Children's Health Defense. [He cites a study done on ferrets.](#) They found that with the CV vaccine the ferrets had a great antibody response, and everybody was very excited. But once the vaccinated ferrets were exposed to the wild virus, they all died. They developed what may be diagnosed as a cytokine storm inflammation in their organs and their lungs and they died.

These mRNA vaccines have other potential safety issues, including local and systemic inflammation and the stimulation of autoreactive antibodies, autoimmunity, and also blood clotting, there's a tendency for systemic inflammation and blood clots, resembling severe symptoms of covid-19. Could that mean that the mRNA vaccine could worsen the infection?

Perhaps the biggest concern is a spiritual concern, besides not being effective and having many side effects, is that these new mRNA vaccines could permanently alter our human DNA? Aside from becoming GMO people with the mRNA vaccines these mRNA vaccines

would be directly disrupting God's plan of us being made in the image of God. That's an important thing to understand in considering the mRNA vaccine.

In summary, the studies on the Covid-19 show great variation in immunity between people and there's also a variation in the transmission dynamics. There hasn't been much public discussion of cell-mediated immunity, which is what we're talking about with the "enhancement effect", versus the antibody part of the immunity. For this reason, there is great concern about the hyperimmune response cytokine storm. They're also finding that the Covid-19 vaccine affects gene #8, responsible for fertility which would make people infertile. Affecting gene #8 could also activate the mechanism of the cell that results in making people live shorter lives.

These mRNA vaccines are an alien nanotech viral takeover. The mRNA technology can reprogram the body's system, including the brain. They will change our genome, and, by overriding the DNA, it overrides God's plan, bringing us to a serious spiritual crisis. By substituting the synthetic RNA, it can take over and reprogram our own DNA created in God's image and likeness.

What can we do? Well, the first message is to build your immunity by being healthy. When people have adequate vitamin D, zinc, and the whole list of things included in my virus protection protocol, people are significantly more protected. [Vitamin D deficiency has been shown to increase the risk of fatal CV infections and cytokine storm.](#) Good news! Sufficient vitamin D is a protector against the cytokine storm. I like to see vitamin D blood levels around 70-100.

I want to emphasize another level of protection which is the use of non-invasive homeopathy. There was a [major study done in Brazil from 1996 to 2003](#), and they studied different remedies with 156,000 asymptomatic people and 129 Dengue fever, mumps, measles, tetanus, Diptheria, influenza, polio, and pertussis symptomatic patients. When they compared allopathic vaccination protection versus homeopathic in a 5-year study, those using homeopathy were 93% protected from acute infectious diseases, as compared to an increase of 128% getting diseases in people who were not vaccinated or did received the homeopathy. The homeoprophylaxis was given to about 20,000 people. [It had an effectiveness rate of 74% to 100% in two different studies.](#)

In this period of study, between 1996 to 2003, the protection of all these diseases was approximately 90% to 93% using homeopathy versus 10% to 30% using allopathic vaccination. That's a pretty important statement, and, of course, there were no side effects from the homeopathic prophylaxis in addition. So that being said, we may want to consider besides better nutrition and better health habits, homeopathy prophylaxis, which is available in the US today.

We are far from hopeless. By being healthy physically, emotionally, and mentally, and also by using homeopathy we can significantly protect ourselves from Covid-19 at any age. These are time tested basic approaches.

[Evidence for the success of this approach came from the 1917 flu pandemic.](#) During the 1917 influenza pandemic a report delivered at the seventy-seventh annual convention of the American Institute of Homeopathy, showed 24000 cases of flu treated allopathically resulted in a mortality rate of 28.2%, while 26,000 cases of the flu treated homeopathically had a mortality rate of 1.05%. That's a pretty big difference. So, we do have some results in terms of protection using homeopathy with pandemics.

Homeopathy is not exactly in favor within the allopathic pharmaceutical world because

it doesn't cost much and it's really easy, but for our newsletter group, it is something to consider. We don't need the vaccination. It's unlikely that it will work and highly likely to create many side effects and deaths. Even Bill Gates is suggesting that there could be up to 700,000 people with side effects or death and also that because of the rapid waning of immunity in one to three months, people will have to have repeated vaccinations. And of course, as I have pointed out, the repeated vaccinations makes you more susceptible to a cytokine storm. Vaccinations, which are risky, are not necessary from a through risk/benefit analysis. We have simple ways to protect ourselves without putting our lives at risk.

This newsletter has highlighted the acute and chronic risks of traditional vaccinations over the last 70 years and that the potential acute and chronic risks of a Covid-19 vaccination far outweigh the theoretical benefits. The mRNA vaccinations will also alter our actual DNA and literally affect our sanctity as authentic God-designed human beings.

None of these risks justify damaging ourselves and all of humanity physically, emotionally, mentally, and spiritually. God has given us the power of healthy living, use of supplements, homeopathy and leading a meaningful, love-filled, and God-centered life that naturally improves our immunity and joy of life.

May everybody, be blessed with this information and understanding for your physical, emotional, mental, and spiritual health.

Rabbi Gabriel Cousens, M.D