THE MODEL HEALTH SHOW

EPISODE 918

The Critical Truth About Vaccine Safety (Everyone Needs to Know!)

With Guest Dr. Joel Warsh

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SHAWN STEVENSON: Welcome to the Model Health Show.Thank you so much for joining me today. On this episode, we're gonna be having one of the most important conversations that we've ever had. This topic is something that is incredibly inflammatory. It's something that is incredibly impactful, and it's also something that is incredibly important. Today we're gonna be talking about vaccines. Now, it's very difficult to have a conversation like this in our modern society because. Conversations surrounding vaccines tend to get flagged or censored. There's a lot of red tape around this subject matter, which in and of itself is a concern. But what tends to happen is that it's so polarizing that folks tend to swing to one end of the conversation.

And we're gonna be looking at both sides of the conversation. And we're also going to be looking at the most important stuff in the middle. Sometimes the messy middle, looking at the things that we know and the things that we truly do not know when it comes to vaccine safety. This is a conversation and really a masterclass on a subject that I've wanted to do for a long time. And I really pushed the boundaries around vaccines and the vaccine conversation in particular during the COVID-19 vaccine rollout. And one of the first things that I did was reach out to some epidemiologists and people who are tracking the data. And I had on the author of the first peer reviewed study on the vaccine trial data to really help us to make sense of it all.

And this was because this was gonna be so impactful for our society. I wanted to make sure that we had accurate answers. And unfortunately, unbeknownst to me, a lot of that work, a lot of the information, a lot of the highly credible individuals who were reaching out to me and who were sharing this data were being censored and videos taken down, platforms being removed, and it was such a very difficult terrain to navigate in the first place.

And it shouldn't be like that. We just want to have healthy, logical conversations, not to negate the potential benefits. But also to be honest about the potential risks and so that we all have a well-rounded perspective about it. And we can make intelligent decisions for ourselves and our families. Not to be pro or anti anything, but just to be truly pro human, to be pro communication, to be pro asking questions.

And that's why I'm so grateful for this episode today and this interview, because I have the perfect person to have this conversation with. He is a traditionally trained pediatric physician, and also he has a master's degree in epidemiology. And he's not looking to take sides. He's looking to take the side of humanity and our kids and to have a well-rounded conversation about this subject. And so with that said, let's dive into this conversation with the incredible Dr. Joel Warsh.

Joel Warsh MD is a board certified pediatrician and author of multiple books, including his latest bestselling book, Between a Shot and a Hard Place, tackling Difficult Vaccine Questions with Balance, data and Clarity. Dr. Warsh grew up in Toronto, Canada and completed his master's degree in epidemiology and earned his medical degree from Thomas Jefferson Medical College. Additionally, he completed his pediatric medicine training at Children's Hospital of Los Angeles and then worked in private practice in Beverly Hills before founding his current practice, integrative Pediatrics. Dr. Warsh has published research in several peer reviewed journals on topics including childhood injuries, obesity and physical activity, and he's here today to share his insights and data on one of the most important and controversial topics in healthcare today. Let's dive into this conversation with the one and only. Dr. Joel Gator Warsh. My guy, Dr. Joel Warsh. Good to see you, man.

DR. JOEL WARSH: Thank you for having me back on.

SHAWN STEVENSON: Of course. It's my honor, what prompted you to write this amazing book that I have the pleasure of being able to read? It's such a polarizing topic and it's one of the most important topics of our lifetime, and yet a lot of people are scared to talk about it. What inspired you to write this book?

DR. JOEL WARSH: For me, as a pediatrician who went into integrative medicine about a decade ago, I noticed that I was getting more and more questions about vaccines and people started coming to my office to discuss vaccines. Were getting more frustrated around that topic, and I really noticed how censored it was, even to the point where I didn't really talk about it online. Obviously I talked about it in the office, but it wasn't something I talked about on shows or really anywhere else because you just couldn't unfortunately. Or you could, but I

guess, you know, people would just get their platform shut down. And especially over the last few years I've noticed more and more questions and I really wanted to dive into the topic as much as I could to be able to provide the best answers possible 'cause there were still a lot of questions that I didn't even know.

And I realized in, in thinking back, I didn't really get taught that much about vaccines yet. I'm getting questioned about every day on my social media in the office, and I really feel like I want to be knowledgeable and I also want to provide people information that I've learned to help people make decisions. And it shouldn't just be something for my office. And especially with COVID, people were so frustrated around vaccines, couldn't talk about it at all. And I was like, that's it. I'm gonna write it. I don't care what happens. I want something that's balanced and I want something that we can have discussions.

And so that's why I did it. And I did not write the book to be air quotes like provax or anti-vax. I wanted something that's balanced. I wanted something that we can have discussions. I just want debate. I wanna have conversations like this that are nuanced and talk about what we know and what we don't know based on what I learned. It's been really exciting to see that people are so open to it now and the times have changed a little bit and it's not really getting censored anymore, which is great.

SHAWN STEVENSON: Yeah. And a part of it as far as your communication and just being able to talk about this stuff also is, you did such a good job.

DR. JOEL WARSH: Thank you.

SHAWN STEVENSON: And the research and the articulation of it, it's, it was really a joy to be able to read and to look at " both sides" and to see this messy middle as well. And this conversation is so important 'cause it impacts the lives of all of us, in particular, our children. And you know, right now, unfortunately, like you said in our recent times, there's been a lot of censorship around this topic, which that should put up a huge red flag for us in the first place. Just like, why can't we have discussions about this? Why can't we talk about this? Why can't

somebody who has a master's degree in epidemiology and who's a physician, a pediatrician, explicitly talk about this publicly without having it censored.

DR. JOEL WARSH: Right? You know, I always hope that was so crazy. It's why? Why can't you ask a question? It doesn't matter if you totally disagree with what I'm saying. Why can't we talk about it? If I think something, then prove me wrong. Show me what I'm saying incorrectly. Like that's what I want to be able to do. If you're giving kids more and more vaccines and we're seeing more and more hesitancy amongst parents, we should be able to talk about why people are concerned and discuss those things. Censorship is not the answer. The answer is figure out why people are concerned. Look at the research and the data. Get the research and the data that people are interested in getting if they have concerns. And let's get better science, more research, more data to have a more robust understanding of the topic. And instead, what we're getting is don't talk about it. Vaccines are safe and effective, and that really only shows one side of the story. There is a lot more to it than just safe and effective. That's just propaganda. It doesn't even make sense.

SHAWN STEVENSON: Yeah. Yeah. And so of course we're gonna talk about some of the perspective benefits, some of the perspective red flags. And I'd love to start with one of the most not so fun facts about vaccines in our, in our modern world, and the immunity of, not for us, but for vaccine manufacturers. Where did that come about? Can you talk about the current state of affairs as far as you know? Again, even if a vaccine is promoted to be safe and effective, if somebody is injured by a vaccine, it is very difficult. For a vaccine manufacturer to have any liability.

DR. JOEL WARSH: Yeah, it's a really important, I think, really time changing point for vaccines. And even before I answer, I just, I feel like I wanna say, you know, for me, I'm not against vaccines in my office, we, we give vaccines. We have patients that do the regular schedule, some that do a slow schedule, some that don't do it. I personally believe people shouldn't be forced to do anything. I believe that we should be giving people information and they should make the best decisions that's right for them. Again, I didn't write the book to tell people to do them or not do them. I just wanted to have discussions. I think that's important 'cause sometimes people are like, oh, it's so anti-vax or whatever, which is totally not true.

I mean, I've gotten vaccines in my life. We give vaccines in the office. I think we should be able to have discussions. So for your question, in 1986, well, a little before in 1986 with the, especially with the DTP vaccine, the diphtheria, TEUs pertussis, there were growing concerns around some of the reactions with that vaccine and others. In terms of potential side effects like encephalitis and seizures, there were increasing amounts of lawsuits that were happening at that time. And if you are vaccinating a healthy child and they have a bad reaction, it's a big lawsuit. And so companies were potentially liable for a lot of money, more money than maybe they were even making.

And some companies left the market stopped making vaccines. A lot of companies were very concerned that they were gonna get sued so much that they wouldn't be able to continue making them. And so it was decided that. They would give these companies essential immunity from liability. They would take the liability away from the companies. And if you were injured, then you'd sue the government under a special program instead of the actual company. So now you don't really sue companies anymore. It's technically possible to sue them, but basically you can't. Uh, and, and really you would start by suing the government for your injury if it's, if you feel like you were injured from a vaccine.

So now the companies have no liability for these things that are on, on the schedule, basically, and you're not suing them. So that, that, that normal way that we kind of keep the checks and balances doesn't really happen with vaccines. There's nothing that really stops them from trying to, or nothing that makes them make their products safer. Right. So they don't have to make them safer if they don't want to because you're not suing them if there's a problem.

SHAWN STEVENSON: Yeah, and this is really important because it's unlike other forms of medication, right?

DR. JOEL WARSH: Anything else you, you know, you have a problem with it, you sue them. And either they make the product better or they stop making it because it's causing too many problems. But with vaccines, that option isn't available to you, so you cannot really sue them, which then it puts the look, we have to be the ones to kind of police them. We need the

CDC or the NIH or the FDA to monitor things and, and now with so many people going back and forth between these organizations, all the money that's flowing back and forth between the organizations, there's nobody really policing these products. Nobody forcing them to be safer. And, and why would a company say, Hey, you know what? Let me spend a billion dollars, do a new study on a product that we already have on the market that's already pretty much mandated for people to get. And let's see if we find a problem.

So that way if we do find a problem, we can pull our product off the market. Like they're obviously not gonna do that, right? Somebody else has to do that research to say, Hey, we're finding these problems. This is what we're concerned about. We need to see some changes. And of course, we want better, safer products. We don't want kids to have reactions to vaccines and we, there's no reason for us to believe that we have the best possible vaccines that we're ever gonna have in humanity, or we have the best schedule, we're doing everything perfectly. We need to always be trying to make things better. And, and that is what I think the angle we should be going at in the future, is trying to make things better. Trying to decrease disease, trying to decrease infections, but also minimize risk.

SHAWN STEVENSON: Yeah. Yeah. Thank you for sharing that. And also just going back in history, like where did all this start? Because, you know, since then and it being able to have that immunity, of course, the number of vaccines and the doses have gone up precipitously. And right now we're in a completely different state than when you and I were kids and getting vaccines.

DR. JOEL WARSH: Correct.

SHAWN STEVENSON: And so what I wanna do before we get into like, okay, so they're, they're getting shielded. There were some effects and, but we still wanna push this technology forward and we're gonna talk about some of the trial data and all that kind of stuff, which is very important part of this conversation. But I wanna go back even further. We're gonna jump in the DeLorean again, go back even further to where this paradigm of a vaccine even came from.

And you talk about that. This is one of the things that I love about your book is because this is, I'm a very big systems thinker. And also, I have this tendency to ask like, where did this come from? How did this start? And so even a lot of episodes over the years of the Model Health Show have been going back in history and starting, where did the calorie come from? Like where did you know, this whole paradigm of something that we have in popular culture, it started somewhere. And so where did this paradigm of vaccination began?

DR. JOEL WARSH: Well, I really, well, I mean, if you go way, way back, I mean, you can think about like some, some research shows that maybe in, in Asia. So back in Asia there were some information about how they were snorting pustules from smallpox to help, um, minimize your risk. 'Cause the theory again, is if you expose yourself to something on a more minimal basis before the actual disease, then your body has a chance to mount an immune response. Then in the future, you can mount that immune response a little bit better. So that's what they we're doing there. Then there's some information where maybe Lady Montague here learned this from slaves and started doing it in Boston on the east coast. And then after that there were other individuals who were looking into smallpox injected, you know, cowpox into themselves. And, and that's where I think the smallpox vaccine really comes from.

I mean, there's different versions of how things started, but basically that's what it is. At the end of the day, it was trying to give yourself a small dose so that way your body gets used to it or gets aware of it, or has an immune response. That way in the future, if you see that smallpox, you're have a lower likelihood of disease. Originally, even when you did inject the cowpox or you did inject the smox, you still had a risk of dying. It was still one or 2%. So then that's where the more modern vaccines started to be formulated over time. And then you moved into things like diphtheria, tetanus, and pertussis, which were in the forties, fifties, sixties.

SHAWN STEVENSON: And you know, this paradigm again, it, it seems very logical to have an exposure, a smaller exposure. Can you talk about the types of therapeutic implements when it comes to vaccines? Like, are they using a live version of a virus, a small amount? Are they using something that's dead? What are they using?

DR. JOEL WARSH: So they're. A few different kinds of vaccines. There's the live vaccines which are killed and attenuated. So you're basically taking the disease and killing it or changing it in some way so it doesn't cause any sort of pathology in you, but your body can have an immune response. Then there are a bunch of vaccines where it's just a part of the disease, so maybe it's like a protein, so that way your body can amount an response to that protein. So that way if you see the whole disease at some point in the future, again, you have a mounted response to that protein. You can mount a faster response. And then there's the newer ones, which are the mRNA. So that's basically putting in this genetic sequence that way your body creates the proteins, and then therefore you have a memory about those proteins.

So that way, again, in the future, you can mount to response. So the concept of vaccination is a great one in general, like I don't think anybody is against, if you were to give someone a magical pill and say, Hey, I'll give you this pill, and your kids are never gonna get sick and they're never gonna have a side effect that can protect you against all diseases, and that would be great, but that's not the reality of the world. The reality is risk versus benefits. And if you're doing something that's gonna prevent a disease, okay, at what cost? And that is the conversation that I don't think we have often enough, is, okay, yes, you protect yourself against a certain disease, but then what are the risks from that? What are the long-term implications?

How is that affecting your body? And oftentimes in modern medicine, you just hear, oh, it's, it's safe and effective. It's perfect. It never causes a problem. And when you read the mainstream books, that's what you read. But then if you start to look outside of that at other research, other data, then you see that there is actually some other really good studies out there that might show that there are some concerns. And there's a lot of areas which we've never really studied or very minimally studied, that are really important, especially today where the issues have changed. Like we're not seeing the infectious disease like we used to see 200 years ago. Now we see chronic disease. And so it's a reasonable question to ask how are vaccines related, if at all, to this chronic disease epidemic that we're seeing?

SHAWN STEVENSON: Yeah. Thank you for sharing that as well because this brings us back up to current times and vaccine manufacturers, again, under a seemingly ethical righteous

approach to create vaccines to again, save lives, saw some alarming things happening, and being forced to kind of pay out money and maybe not seeing a sustainable business model and creating vaccines that can save lives to shifting to a program where they have. Essentially, and there are some, a couple of spots where they are liable, but it's, it's very difficult. But essentially the government taking over our tax dollars, taking over to pay out if somebody is injured from a vaccine injury. And this brings us to, if they're safe and effective, we're not paying out a lot of vaccine injury money, are we?

Well, actually, you share this, it's billions and billions and billions of dollars have been paid out to people who've been injured by vaccines. And we're talking about, and in many instances, going through courts of law here in the United States to prove that they were injured. And this also speaks to the power of pharmaceutical companies and this entire system who have arguably the most remarkable and powerful forces of, as far as lawyers. And they're working their ass off to prove that you weren't injured by a vaccine. And so how many more billions would be paid out if they weren't so good at proving, which is, here's the thing this, I'm gonna say this. The burden of proof is on the individual.

DR. JOEL WARSH: Correct.

SHAWN STEVENSON: And that is the system that we're currently in. And that's one of the things that it shouldn't be like that. You shouldn't be the one trying to convince somebody that your child was injured from a vaccine just because again, your physician unintentionally because of their education and their, and their intention, it's safe and effective. And so oftentimes these things aren't even related.

DR. JOEL WARSH: Yeah. I think that the injury compensation is a very difficult topic 'cause it is so nuanced because you just don't want every single person who maybe has some sort of reaction a day after getting a vaccine to be able to sue them for millions of dollars. And it's also really important from like an epidemiologic, but also just a general concept of the fact that. Just because you get a vaccine this morning and have a heart attack this afternoon doesn't mean the vaccine caused it. It might just be that you had a vaccine this morning and you were gonna have a heart attack this afternoon. It has nothing to do with it. But if a whole

bunch of people have heart attacks the same day they get a vaccine, you sure as heck should look into it.

Right? But you have to be careful with where people can sue. But I think there's some sort of middle ground there where you can bring back some liability. But maybe with limitations, I don't know. But like you said, it's very difficult to sue. The amount of people that were injured by vaccines is probably much higher than what you have seen. The lawsuits that win, because the winning lawsuits are very specific. Like there are things on the table. If you get this vaccine, you get this injury, we're gonna pay you. That's what we've proven. Nothing else is proven. Therefore you have to prove that, that it's causing that issue. And we saw that with autism.

We've seen it with many other things where you. It is possible that maybe the vaccine did cause that thing, but you can't prove it. And it's really hard to prove in a court of law yourself that you are gonna, that your vaccine caused your injury. Unless it's very, very specific and obvious, which are not that many things. And, and think about like allergies or asthma or autoimmune conditions, it's really hard to prove that this thing you got two years later was from something you got two years ago. So that, that's a tough thing to prove for an individual who's fighting against a company with unlimited dollars. So it, it's just a very complicated field and we really haven't studied that long term risk from vaccines.

And I think that's one of the big blind spots in the vaccine research 'cause like you said, we know about the diseases, we know about generally how well the vaccines work. We know a lot about short-term problems from a vaccine, but we really don't know a lot about long-term risk because who's studying that? When you study a vaccine, mostly it's studied before it comes out. It's really short. They maybe study it for a couple of days, maybe a few weeks, a few months maybe, if you're lucky, a year or two. But nobody's studying for 2, 3, 5 years. And so how do you know if your vaccine causes cancer five years from now? Like it says literally on, it doesn't, they don't study for cancer or fertility. So who's studying that?

SHAWN STEVENSON: Yeah, the only way that we would know that is if we have true gold standard randomized, double-blind placebo controlled trials on these vaccines.

DR. JOEL WARSH: But that would, that would be the best way. I mean, you could still, and this is what I argue, you could still do prospective trials. So right now we have a very difficult thing, and I guess this is a good time to talk about kind of going back with the research because the best way to do research is a double-blind trial with an inert placebo. Right. And what most people don't realize, what I didn't realize is that very, very few of the vaccines, almost none of the vaccines on the regular schedule were ever studied that way. Certainly not originally. So there's a lot of debate about the word placebo, and when it comes to vaccines, it's a little bit of trickery with that word, because the way that I was taught a placebo, it's an inert substance. It means salt water or saline. You want something that doesn't do anything in the body, so that way you can tell and you have a good baseline for safety with vaccines, that isn't the way that it was done with most of them.

Most of the original trials were done against another vaccine, or they were done against a vaccine with the antigen taken out. So like Hepatitis B, not in there with everything else in there. So they call it a placebo. So when somebody says, oh, every, every vaccine has been placebo trial tested. It's true. They've all been placebo control tested, but the placebo isn't actually in a another placebo in many of these trials. And so you get a relative safety, not an absolute safety. As an example, you study vaccine A versus vaccine B. Let's say vaccine A, you get 10 seizures, vaccine B, you get 10 seizures. You can say with that study, oh, it's safe because both have 10 seizures.

But if you did A versus B versus saltwater and you had 10 seizures, 10 seizures, one seizure, you can see how that's a very different study and that's a possible outcome, and maybe both vaccines are not that safe when it comes to seizures. Maybe there maybe 10 is the number that it should be, and that's fine, but that's why. You do the best kind of trials, which were never done originally for most of the vaccines. There were some vaccines that did inert placebo controlled trials, but they weren't really the ones that were here. So the ones that we use for kids for the most part, don't use an inert placebo. There are ones that we use other parts of the world.

Some efficacy trials have used inert placebos. The COVID vaccine actually did, the original polio actually did not. The polio we use now, but the original did. So there were a few that

used it, but mostly not. Mostly they studied against other vaccines. And so you don't have a perfect absolute safety and that's what people are, are arguing for. And we talked about whooping cough. So the DTAP vaccine DTP was taken off the market for safety concerns, but it was the new DTAP was studied against the old one. So is it safe or is it safe relative to the old one, which had problems? So that, that's just a, an open question doesn't mean it's unsafe, it just means that's a reasonable question to ask if you don't study absolute safety.

SHAWN STEVENSON: Yeah. And if you look at the old one that wasn't tested against a, an inert vaccine as well, or inert substance as well. Right.

DR. JOEL WARSH: Especially if you go way back where if you're talking thirties, forties, fifties, maybe you had 20 people you were studying against, maybe somebody. Brother or cousin, you know, the, the old studies were not done the way that we did things. Now they were just pretty much looking at efficacy in general. So a lot of those studies were not, would not be what you would consider a gold standard trial. And, and now we have this difficulty because you say, well, vaccines are so good and they protect you, so we can't not give people vaccines. So now we can't do a double blind study anymore on these vaccines because that would be unethical.

So we never did it in the first place. And now you're saying you can't do it. So you run into this difficulty with that, and there's been a lot of discussion about placebos recently. But at least I still think that if we are going to bring a new vaccine on the market, there's never been a vaccine like this before. There is no reason why we shouldn't require a pharmaceutical company to do an inert placebo trial for those new vaccines. We should never.

SHAWN STEVENSON: Exactly.

DR. JOEL WARSH: We should, the FDA, the CDC should never accept something new onto the schedule until they could show us that trial. That's not the same thing as the ones that are already on there. That's more difficult. But for something new, we could at least set that standard. Let's make sure we have the most safety, most robust safety data possible for a

new vaccine that we're gonna inject into our kids. How is that anti-VAX at all? Like you? If I'm gonna inject some of my kids, I wanna know it's the safe as possible.

Right? And we can do trials like that. Just no one ever forced them to do it. So we should, we should make them do that. Now for the old ones, that's where it's, it's more difficult. But like you said, we could do trials. We're probably not gonna get a randomized, double blind trial, but you could still do a prospective trial, open label. You can choose which groups you're in. You can follow people forward. We should do that. That research, we need it.

SHAWN STEVENSON: Yeah, absolutely. And there's. Zero reason that we can't do it. Like we have all of this incredible innovation. We know how to do this stuff. It's just this particular category of medications. Again, it's not saying that the data isn't accurate, but it's misleading because they are doing randomized, double blind, placebo controlled studies, but the placebo isn't something that's inert. And like you said, if you keep going back, and this is what I found in my research as well, looking at the potential benefits, looking at the potential kind of black holes, really just like going back.

And I just kept looking like, well, did this trial for the early version have a placebo, a troop placebo? What about the one before? And it just kept. It'll get to a point where it's not disclosed, right? And so some of the vaccines that we can assume, maybe they use an inert, it's not disclosed. And that shouldn't even be a thing either at this point. And so we're at a place where we have a lot of, a lot of power to affect change. Like things are changing. A lot of what's going on in this conversation happened as a result of the vaccine rollout with COVID, you know. And I'm, it was very messy, but I'm grateful for that in a, in a way because it opened up the conversation on this category of medications overall.

And especially looking at the safety profile, because we're gonna get in a little bit more into this. But one of those things, as you mentioned earlier, we don't have any, we don't have any long-term safety data. We don't have any, we don't know. And so, for example, the manifestation of another disease, so we might. Utilize a particular vaccine and eliminate your risk dramatically. Reduce your risk of measles, for example. And it might do that job, but what if it causes another disease? Right? Something that manifests. Down the road or maybe even,

you know, not even that long after. And we don't have these questions answered because we don't have true placebo groups with an inert.

DR. JOEL WARSH: Well, and you're not following them for long enough. So nobody's doing trials for five or 10 or 15 years and, and they're not randomized or blinded. You're not following people forward. So it's really difficult to know you, like you have to ask that question. You have to ask it specifically. And it's even more complicated 'cause we keep adding more vaccines. So it's not just one vaccine, it's not just MMR. Does MMR have something to do with asthma? That is a true question. But then what about all the vaccines? What about if you, if MMR plus dt, e plus chickenpox plus like all together increases your risk over time like that, that is also something that needs to be discussed because just because you say it's a one in a million risk of having a severe reaction, which I don't think is true, I think it's more, but let's say it's one in a million.

When you're doing 50 shots, one in a million times, one in a million times, one in a million, it starts to add up and then it becomes one in a hundred thousand or one in 10,000. And the numbers start to become real. And when a lot of these diseases are extremely rare, then it starts to become a reasonable question for a parent to say, Hey, there hasn't been polio in America in 40 years. Do I have to give my kid three vaccines when they're two months, four months, and six months? Or is that something I can wait and do later? Like these start to become reasonable questions because it's risk versus benefits. And we don't just give everybody a smallpox vaccine just 'cause a smallpox vaccine exists.

We haven't had it in 50 years. So we don't do it. We don't just give everyone a yellow fever vaccine unless you're going to somewhere with yellow fever. Right. So we, we, we haven't had these discussions around risk versus benefits. And I'm not saying you wanna get polio or we want polio to come back. Obviously if it started to come back, that would change the equation. But you have things like diptheria that you don't really see in polio that we haven't seen in a long time, that maybe these are things that we could decrease. The amount of vaccines we give, maybe we can give them later in life. I don't know what the answers are, but, but these are not unreasonable questions as you're doing more and more vaccines to say, well, what should we prioritize?

Do we prioritize measles? Do we prioritize whooping cough? Like what are the most serious risks to our kids? And do we wanna just keep doing more? Is there ever a too many, like you look at something like. Mainstream books are like, no, you can have as many vaccines as you want. You can have a thousand vaccines, 10,000 vaccines. It's totally fine. And you know, maybe that's true. I don't know. But I would think that that's not true. I would think that there's gotta be some upper limit of the chemicals that are in vaccines that you can't just keep injecting yourself all day and and just be totally fine forever. Like there has to be some upper limit.

And when we just say safe and effective, that doesn't get into the nuances. It's just a catchphrase. And medicines shouldn't be buzzwords, it should be science. And I believe that medicine lost its trust during the pandemic because of things like using these catchphrases like safe and effective. When what you should be saying is based on the research and the data that we have so far, here are the benefits, here are the known risks. We don't know anything about long-term risks. We obviously can't. You could grow a third arm in 10 years. We don't know that. Probably not, but you could. So here's what we know. Here's why we recommend it. Here's your decreased risk. Here are the risks that we know. We recommend it based on. The risk versus benefit profile that we see that's honest, safe, and effective is not honest.

That's just a catchphrase. It doesn't make any sense. And people were just like that. Like why are you saying this? How do you know it's safe? You can't possibly know. And then safety things started happening like we saw about myocarditis that wasn't unexpected. Like things come up when you start vaccinating hundreds of millions of people. But if you tell people it's safe, if you tell people it's gonna work, for sure. If you tell people that it's, you're never gonna get COVID. If you get this vaccine, you're not honest, then people start saying, well, if you're not being on sell this, what else are you not being honest about?

SHAWN STEVENSON: Right. Exactly. That it opens the door. And again, one of the things I love about you and your work is that you're, you're also intentionally shouting out. Most, the vast majority of practitioners are really, really good people who want to help and they're doing the very best that they possibly can to be of service. And unfortunately, the way that

our current system of education is constructed and also standard of care, it's complex to be able to do that and to make judgements on end of one.

Right? We were talking about this before the show a little bit because part of this risk benefit analysis is gonna be based on the individual, the individual child in front of you. And it's exceedingly difficult for a physician to do that when it comes to vaccines. It's really a one size fits all protocol, or you can't go to school or you're gonna suffer potential ramifications, very, it's not even potential. It's like it's changed a lot where they're coming after physicians if they're writing too many exemptions.

DR. JOEL WARSH: Oh yeah. It's really tough to do it.

SHAWN STEVENSON: Especially in the state of California in particular. And so this isn't an end of one where you as a physician are right there paying attention to all these biomarkers for this child and making the decision based on them that risk benefit is taken out of your hands, even from that perspective.

DR. JOEL WARSH: Yeah. Yeah. I mean that's absolutely correct. So if you go back to med school, go back to my training, we don't get training in vaccine safety, right? You don't, and you don't think about it. You just get taught, alright, here are the horrible diseases. Here's how, what they were like a hundred years ago. Now we don't have them anymore. That's thanks to vaccines. Vaccines are the best thing ever. Here's your schedule. Go do it. And all you ever hear is vaccines are amazing and great and the best thing ever, and you'd have no reason to question that, so you do it. Doctors champion vaccines. It's almost a religion at this point. Doctors are not bad people.

Pediatricians are not bad people, right? Of course they're not. They're going in to help kids and they believe in vaccines. They believe vaccines are the best thing that you can do for your kid, and that's why that they recommend 'em. It's not because of money. It's not because of anything else. It's because they believe that those will protect your children. And most doctors have never looked at the research themselves. They don't actually know what the research shows, and I know that because I didn't. And I am an integrative doctor who gets all

these questions, and I didn't know most of what I learned until I went to go research it myself with the book. There are many things that I was even shocked with when I did the research, even after knowing a lot of what I know, which is still pretty outside of what mainstream medicine is.

So I just don't think that a lot of doctors know the other side and if they saw the other side, they still might not change their mind, but I think they would be a little bit more open or understanding to some of the concerns and the complaints. Right now, I think they're just, these two very different, they never communicate and there's no bridges between them and everybody thinks the other side is just evil. And it's not really that way that I just don't think people understand the other side's perspective very well and why they think that there is a concern or why they think that the vaccines are the best thing ever. And I think it's just a different perspective.

SHAWN STEVENSON: Absolutely. And this is what you let off with is having these conversations and how important it is and the fact that they've been flagged is like, you can't talk about this is, again, it pisses me off, you know? It is just silly. We're not being rational adults. And so part of this conversation for all of the amazing physicians and practitioners listening for the families listening. You mentioned this a little bit earlier. Another thing that we have to talk about, and we should have some change regarding this, is that this polypharmacy phenomenon where we don't have any studies conducted at all on when you're taking these multiple vaccines at one time, or your children is getting these in clo close proximity and this kind of entourage effect or polypharmacy.

We don't know what happens. We don't know if there's an increase in whatever. Like they're just not studied together. And even the data that we do have when a vaccine is studied, is studied in isolation or there's these combinations in certain shots now, which is, you know, another in innovation and. One of the great things you mentioned in the book is that, you know, with these combination shots, you were able to use less adjuvants or like preservatives and things like that. And that's another concern too. We're gonna talk about that shortly.

DR. JOEL WARSH: I think before we should talk about that a little bit because I hear people saying in the background like, oh, but there is studies. There are research, but the thing to understand is mostly what we have is epidemiologic data, which is good, it's useful, but it's only as good as the research and the equations that you use. And as someone who's done this in the past, it's really very easy to change the study, to mold it to your beliefs. And what's really very clear in the vaccine research world is people that are very pro-vaccine, they find very pro-vaccine findings, right? People that are anti-vaccine air codes find things that are, these are the worst vaccines ever.

And it depends how you model things. And the way that it works is you're putting in, so you're looking at the data retrospectively, and then you're saying, okay, well how many people have autism when they get these vaccines? And if you were to find a thousand percent increase, like this was on the news recent, like Kennedy was talking about those old studies or the old research on hepatitis B and autism. And he was saying, oh, there was a thousand percent increase. And then the CDC hit it and the original data showed there was an increase of autism with hepatitis B based on a thimerosal dose. And after they took that research, then they adjusted it for confounding factors and then it went basically to zero.

No, no risk. So the question then becomes did they adjust it appropriately or did they adjust it inappropriately? And there's no way to know that, right? There's no way, unless you know someone's motivations. The only way to really know it is if you actually do prospective studies to see whether it's there. Maybe they did the right thing and maybe there shouldn't be any, any findings, but, but you can see how different a result you can get just by changing a couple of things that you're adjusting for. You can have a thousand percent or 0%. And so if you're doing a study, let's say I'm the head of, I don't know, Denmark and, and they're public health and I'm the vaccine safety czar, you're probably not gonna come out with a bunch of studies that show vaccines cause autism, right?

You're not gonna keep your job very long. So if you were to do that research and you look at it and you're like, my study showing that the more vaccines you get, you get five times the amount of autism. You're gonna be like, wait a minute, what did I do wrong? Alright, what do I adjust for? I forgot to adjust for this. You go talk to your friend. Oh, you should adjust for

that. Okay, I adjust for this. Okay, now it's zero. Alright, that's good. Right? And so maybe you were supposed to adjust for, or maybe you weren't, but you can change it to find what you wanna find. And that's why epidemiologic studies are only as good as you can, is only as good as the person that's doing it and not as good as prospective randomized trials because you can't fudge the data in a randomized trial, whereas you can adjust things appropriately or inappropriately. And that at why I think we get these very different results with vaccine trials because people are looking for something and they can adjust it in a way to find what they wanna find.

SHAWN STEVENSON: Exactly. Exactly. Wow. You know, and thank you for that because explicitly what I meant was no again, gold standard, randomized controlled trials on this polypharmacy or entourage effect with different vaccines. There is observational data. And that's the thing, observational data there, it's impossible to see causality. Impossible. Right? We've got all these confounding factors. We've got all these biases that are inherent. We can gather observational data should really, its intent is to warrant a randomized controlled trial to be done on something like something you could see a trend or to affirm something we know from a randomized controlled trial. It's not really valuable data and we know this, it can be, it has its place. But the thing is, even with COVID.

DR. JOEL WARSH: No, no, I, I'm agreeing with you. I, I think that it's just so important to note that epidemiologic research is very valuable. It's just, it's only valuable to a point. And when you start seeing many studies done by CDC or Danish Health or wherever it is, where they're very pro-vaccine and they find one thing and then other people find other things, that gets you to a point where you could say, okay, the majority of the research now shows this. It shows whatever the CDC or the pro-vaccine people want it to be. And maybe that's correct. Maybe they don't cause issues. But there are so many people that have concerns and so many stories that are happening over and over again from parents moms who take their kids in to get a vaccine and they say, my kid was normal today, the next day they weren't.

This is not an anti-vax person. This is a mom who took their kid to get a vaccine. I've heard that stories said thousands, maybe hundreds of thousands of times. We need to get the best kind of research possible to know what's true or what's not true. I think we're just at that

point where we need that, and I don't think that we should put all of our faith in epidemiologic studies or the research done by the pharmaceutical companies that benefit from those products. Like that's what the research we have for vaccines. And I just think we're now at the point where it's like, okay, let's get the right research that we actually need the best kind of research and yeah. We're gonna find either they cause issues and then we're gonna say, Hey, why are these vaccines? Why is MR causing asthma?

Let's figure that out. What ingredient can we change that ingredient? Can we remove it? Can we move things around the schedule? Maybe we can make it better. Or it's gonna say, look, we did 10 trials. They were all prospective, they were all blinded, they were fantastic studies. There is no increased risk in any of these studies across the world on asthma, autism, allergies. Look, here's the research. Then parents would say, okay, that's the research that I wanted. Now I feel more comfortable that this is not gonna cause a problem for my kid. You wanna get people to do something. You don't have to force them. You get to give them the data that's gonna make them comfortable to do it. That's what I wanna see, and there is no reason why we couldn't do 10 prospective trials and in 10 years have really good research and data to go in a direction and use that. It's not to stop vaccinating, so do it as safe as possible.

SHAWN STEVENSON: Yeah. Yeah. And also we have the capacity to do this now with independent studies. Another thing that you shared was that interestingly, the trials are usually funded and conducted by the VA vaccine manufacturer. And open up this conversation about observational versus what we know to be a much higher quality type of study. Randomized controlled trial, double-blinded, placebo controlled, inert as well. This happened during COVID, you know, a big change and the public awareness of this, and I'm grateful again, but you know, when the vaccine rollout happened, we all saw the numbers. 95% risk reduction, 94% risk reduction. Of course, my initial was like, that's amazing. And also. I need to see the study and what I did was the very first thing that I did, people, you could check my track record, the first thing that I did, I reached out to a couple of epidemiologists and one of them actually had the first peer reviewed study analyzing the vaccine.

Trial data is epidemiologist Dr. Ron Brown, and again, peer reviewed study, published in a journal and I was shocked. He was shocked and what he found and what he was expressing to everybody and the message that really got out in a big way. It's something that you even talked about a little bit earlier, was the difference between the relative risk reduction and the absolute risk reduction, and touting this number, 95% risk reduction for the Pfizer vaccine, 94 for Moderna. That was the relative risk reduction found in the trials. And what a relative risk reduction is comparing one trial to another one, data set to another. It's relative to each other. It's not the absolute risk reduction, which is the most valuable point if we're talking about risk reduction in a vaccine trial or any trial for that matter.

Absolute risk reduction is your risk reduction as an individual in the real world. What is your risk reduction? And so him analyzing all of this data, which this, it's deep, it's like it's a lot. It's a lot to go through. What he revealed, and again, what was published in a major peer review journal was that for the Pfizer vaccine, the absolute risk reduction, your risk reduction as an individual in the real world was a actually. 0.7%, 0.7%, absolute risk reduction. For Moderna, it was 1.1% absolute risk reduction. And so now here's the thing. The relative res risk reduction wasn't a lie. The 94%, 95%, it's not lying, it's just withholding. It's misleading because you're not telling people once you get this shot, you probably have about a 1% chance of. Now here's the other part. What did the vaccine trial, what was it conducted to find? Was it hospitalizations?

DR. JOEL WARSH: Right.

SHAWN STEVENSON: Death, none of that stuff. It was, it was to affirm, and what they found in the vaccine trial was that it was a 1% risk reduction for mild to moderate symptoms. They didn't see any difference in hospitalizations and death in the trials themselves. Right, right. But that's what was promoted to all of us. You know, our leaders got on television head of the CDC. It stops transmission. No, that wasn't true. That wasn't seen in the vaccine trial. I already knew it wasn't true. And I, we shared that before any of that stuff even came out. It didn't reduce your viral load. But the other things was reducing hospitalizations and death in which, again, we want this.

DR. JOEL WARSH: Right.

SHAWN STEVENSON: I want to.

DR. JOEL WARSH: That's what you want a vaccine for.

SHAWN STEVENSON: But where that data came from, because there was data affirming that was after the fact. That was observational data based on associations with various hospitals and health institutes and things like that. And I have right here several of these observational studies that found things that were contrary. It just depends on the data set that you look at and. We didn't find this in the actual trial itself, so it just led to all these hairy things coming up.

DR. JOEL WARSH: And, and that's why it's so important that we do get more transparency with these things. Especially for something like an emergency use. There should have been way more transparency because it's really hard to know that what a company is telling you is true. Obviously, if you are a big company and you wanna get a product and you wanna make billions of dollars, what are you gonna do? You're gonna show the best possible information and you're gonna minimize showing the harms as much as you possibly can.

They have access to the data, nobody else does. They don't have to publicize their data, so you're getting to see what they show you, right? And that doesn't mean what they're showing you is a lie. It could be a lie. They could be fudging data, but let's assume that they're not, then they're still gonna cherry pick the information that's best. Maybe they don't show you some part of the research. Maybe they show you the relative risk versus the absolute reduction. They show you whatever parts are gonna make their product look the best and. Yeah, when things are moving that fast or when there's a push to do something, then especially with the media and the way things have gone, it's like, oh, this vaccine's great.

It protects you to, it's like that's not actually true. And if we're not actually getting the real information, we can't have informed consent. 'cause nothing says that after you read all this information, you actually have it. You won't do it like some people would for many vaccines. There certainly is potential benefit for you. Even for the COVID vaccine. There's still a lot of

research even today that shows that it could increase your risk of death or decrease your risk of severe disease on some studies. And so that might be a choice that you make and that's fine. That's what informed consent is like. You're supposed to give information in, some people are gonna choose to do it and some people aren't.

But when you're talking about COVID especially, it's like you have this world of people. It's like the COVID vaccine's the best thing ever, and. Save trillions of dollars and millions of lives and then the other world says it's the worst thing ever, and it's killing everybody, and you should pull it off the market. And do you ever see like a debate? Do you ever see people talk? Do you ever see them get in a room and be like, well, here's what I think, here's what you think. Where should we come in the middle? I mean, even see the American Academy pediatrics suing Kennedy because they were like, oh, you're, you want to take the COVID vaccine off, off for kids and for, for pregnancy, we don't agree with that.

And I don't obviously don't know the back, the back end of things, but like, did they get in a room and talk about it before they started suing? Like that's, that's not what we need right now. We need conversation. We need nuance, we need to have discussion about it. People get in a room. We need smart people to sit down and say, here's what I think, here's what the data shows. And maybe there is some middle ground. They're like, oh, I didn't actually know that, or I didn't consider that other research. But it seems like there, especially with the social media, it's, there's two different worlds that just don't talk to each other. And then what's a parent to do? What's a person to do? When you hear two really intelligent people giving you very different information. With really good research and studies. And that's because studies can show different things.

SHAWN STEVENSON: Absolutely. Absolutely. Got a quick break coming up. We'll be right back.

How can we get our kids off of all this crazy ultra processed food consumption? Well, the great step in doing this is changing up what our kids are drinking. Our kids' drinks are a fast delivery system for the good stuff or the not so good stuff. And I grew up, if you grew up much like me drinking Capri Suns fruit punch, all manner of soda, the off-brand stuff and the expensive stuff, Dr. Pepper is not a doctor. All right. Grew up drinking all of that stuff. And of

course, just flooding my body with high levels of blood, glucose and insulin in all manner of ultra processed, newly invented chemicals. And so being able to switch up what our kids are drinking, provide our kids, some healthy beverages, can be a game changer.

And my friends that identify our dedicated to this mission too, they've got a new special superfood blend just for kids. It's called Organifi Kids Easy Greens. And it's providing our kids with some of the most micronutrient, dense superfoods ever discovered, including Maringa, spinach, carrot, coconut water and more. And it's in a tasty flavor just for kids. The reviews for Organifi Kids Easy Greens are off the charts, so kids are loving it and parents are loving it as well. You're getting a micronutrient blend with a sweet apple taste that kids enjoy probiotics and enzymes for optimal absorption. And of course, it's organic and free from fillers and additives. Head over to organifi.com/model and you're gonna get 20% off their Organifi Kids Easy Greens, and also the Organifi red Juice blend, and just storewide any of their incredible organic blends. Again, go to organifi.com/model for 20% off and now back to the show.

SHAWN STEVENSON: You know, and just even leaning into that 1% risk reduction, that's not sexy. You know, for the news anchor to get on, you've got a 1% reduction in you getting mildly sick from this condition. And unfortunately, and again, this is just what the trial data said, oh, by the way, let me actually share this, because that was based on the randomized controlled trial, placebo controlled, all that good stuff. There was, funny enough, in one of our most prestigious journals, the Lancet, a study that was published months later looking at observational data, alright? And this was crazy. And what was really great about this study is that there wasn't a lot of intermingling of vaccines. It was from a country that just used Pfizer.

And so Oxford researchers, and again, this was published in the Peer Review Journal of the Lancet. Oxford researchers shared the results of this analysis of the Israeli mass vaccination campaign utilizing Pfizer, and although the study design and methodology were different from the randomized trial design, the researchers reported a relative risk reduction of 94%, right? Which was same as the clinical trial, but with an absolute risk reduction of 0.46%, 0.4%, 0.46%, which was comparable to less than 1% risk reduction, not in the vaccine trial. But here's the thing, this wasn't even half a percent protection in the real world.

DR. JOEL WARSH: And that what you're bringing up is so key because it's just honesty, right? It's honesty as opposed to pushing people to try to do something. If you were to tell people, look for your kids, you have, if you get this vaccine, it's gonna decrease your risk of hospitalization. You know, one out of a thousand times. You're gonna be like, yeah, I don't need to do that. If you're like, oh, it decreases your risk by 60%, that sounds better. And it's true. But both things are accurate and I think the job of medicine should be to teach, it should be to inform. It shouldn't be to push or persuade or try to get people to do anything. And we have seen that problem where it was like, let's do everything we possibly can to get people to get this vaccine.

Let's get everybody possible to get as many vaccines as possible. Instead of the goal of let's teach people as much as possible why we believe that you should get this vaccine. It's totally fine for a doctor to believe you should go get the MMR vaccine. It's gonna protect you. It's very different to, than to say, I need to do everything possible to make you get that vaccine. That's not your job. Your job is to inform people so that way they make that decision if they feel like it's right for them. And if you're providing people all that information, if that's available, as opposed to propaganda or pushing people to do something, you would have trust. We've lost trust because people saw that and now even before the pandemic, it was like 70 plus percent of people work.

Trusting of doctors in healthcare, and now it's under 40%. In big studies, we're talking hundreds of thousands of people. People don't trust medicine anymore. More people are not getting vaccinated. More people are hesitant. More exemption requests. That's because medicine is not listening and not providing information. Honestly, I think it's really more of a push to do something. It's almost like a force to do it. It's like, you don't do this. You can't go to school. You don't do this. We're not gonna see you anymore. You're kicked outta my practice. Like that's the movement that medicine has taken is digging its feet in the sand and pushing back against vaccine misinformation or whatever you wanna talk about it, but whatever the words you want to use.

But the way to win people back in my mind is to be honest and to partner and to provide information and get the information data that people want not to. Just say, oh, I'm not gonna

see you anymore. You're a crazy cuckoo anti-vaxxer because you have a question. But that seems to be the direction that we're going. And that is not how science is supposed to be done or medicine was ever meant to be. And doctors are making themselves obsolete because people don't listen to doctors anymore. They listen to health influencers and TikTok and whatever. And like there's a lot of really smart doctors that know a lot that people should listen to.

SHAWN STEVENSON: Yeah, true, true. And also, again, amazing books like yours that have so much incredible data. And one of the other things you talk about, which I think we get a pieces, bits and pieces of understanding about the, it's not just the therapeutic thing that's in the, in the vaccine, it's the adjuvants as well that are of particular concerns. So can you talk a little bit about what is, what else is in a vaccine besides something to provide that therapeutic benefit?

DR. JOEL WARSH: Yeah, there, so there are many things in a vaccine. I mean, the main component would be the actual part of the vaccine. So like hepatitis B or measles, like those kind of things are in there. But then you also have adjuvant, so that's meant to stimulate the body. So the main one would be aluminum, is I would say the biggest concern at the moment. So you have that in there and we can come back that in a second. You have preservatives in there, you have a stabilizer. So there are a bunch of other things that you're gonna have. I mean, there's a long list of chemicals if you wanna read 'em. But ultimately the biggest concern right now would be around aluminum. And that's because we have a lot of concerns around metals. We have been told for many years that metals are safe and then we learn later that it's not so safe like lead, right?

There wasn't ever lead in vaccines, hopefully, but you know, we had lead in pipes and paint and then all of a sudden, no, actually it's not so safe. Oh, we should get out of these things. No lead is safe. Okay, that happened. Then Mercury was in vaccines and somebody in the late nineties was like, Hey, wait a minute, there is more mercury in vaccines than we're allowing in food. Is that okay? Like, nobody thought of this, right? Nobody thought, Hey, we have Mercury thiol in vaccines. Is that safe? Should we test it? Should we see if that's safe? No.

They realize, oh wait a minute. We're allowing more mercury than we allow in fish to be ingested, to be injected into our kids. Is that okay?

And so they did study it a little bit. They never really found a true problem with it, but they did decide to take it out of the vaccines anyways proactively. And that has come up in the news again recently because it was still in the multi-dose flu vaccines and now it's being taken out of that as well. But now the concerns around aluminum, and again, it we're told. You know, it's safe. It's a very small amount. We eat a lot more of it in food, which is true. We do, we eat a lot more per day than we get injected. But that's still not the same thing as injecting something. And it's still not unreasonable to have a concern as you're doing more vaccines with more aluminum, maybe for certain kids, certain genetics, certain, you know, premature kids, whatever it might be.

Maybe they're more susceptible to aluminum or any other ingredient in there. And so I just don't think it's unreasonable for parents to ask, to have concerns and for us to. Instead of saying, oh, these things are safe, it's just a small amount to say maybe they could cause problems. Let's continue to study it. Let's be open to the reality. There could be issues and let's continue to get that research and study it prospectively, not just retrospectively, like the recent studies that we've had, which again, didn't show anything that the big study that we just, that just came out. But I don't know. It's still by someone that's pretty pro vaccine again, and that the study has a lot of holes in it. The new recent one.

SHAWN STEVENSON: Yeah, to say the least. Yeah. But again, it's great that we are able to talk about this stuff and now it can get to more people, just to be aware. And also in particular, I'm grateful for this book because it's a great resource for practitioners as well. This is, it's a very complicated terrain, but we have so much power to change this, and all we're asking for is true safety testing. Making sure the premise behind a vaccine is a phenomenal innovation in and of itself, just to think about. It's just very logical. It's very logical. And many of these exposures, even with COVID-19, you know, like getting an exposure for most people, they're gonna be okay, but your immune system develops a capacity to defend itself against it.

And what we're doing is intentionally, you know, proactively creating this exposure for things that you use this term, decimated populations. Historically, and what we saw over time, of course, like humans are very resilient, like things start to trend downward as far as their prevalence. In some cases though, the prevalence didn't go down much When a vaccine came along. What went down was the severity of a disease, for example, like with other innovations, and I'd love for you to talk about that a little bit because it wasn't just a vaccine. We can't put all of the cards in on vaccines, did all of this stuff, and save lives and transform humanity. Not to take away from the value, but it's not the only thing.

DR. JOEL WARSH: Yeah. That it's just a great. A historical perspective on vaccines, because as a doctor, as you know, most people we're like, oh, vaccines did everything. They're the best thing ever. That's why we don't have these diseases anymore. That's why people are not dying from these things and that's not the whole picture. It's not totally true. And then you have the other side of the people that say, oh, vaccines didn't do anything, and it was just the rest of the world. And, and neither is true. It is many things. I mean, if you go back, you know, for example of measles, before the measles vaccine came out, there were a few hundred deaths per year.

There were millions of cases, but maybe four or 500 deaths a year. So it had already trended way down to the point where there weren't that many deaths anymore because we were much healthier at that point. We ate better. We had enough calories to go through the day we understood what diseases were right. But the 200 years ago, we didn't necessarily know that there was bacteria or viruses or what was going on. People didn't wash their hands. We didn't have antibiotics, we didn't have good healthcare. We had horses roaming the streets and pooping everywhere. We had water sanitation, like all of these things that improved health a lot and had nothing to do with vaccines.

And you can look at tuberculosis or cholera or scarlet fever things that were very common hundreds of years ago, and that killed a lot of people. And we don't have a vaccine that we give to people every single day now for some of these things. And yet they're pretty much gone. If we had have given a vaccine for tuberculosis. 50 years ago, would we say, well, tuberculosis is gone because of a vaccine even though we don't really see it anymore? No, it's

because we're just generally healthier. So we don't see these things as often. But it's also true that for a lot of these diseases, they were still around a lot and people still got sick and some people died.

So the vaccine also played a role in bringing it down to almost zero. And the most, I think obvious example for people of, of our generation is to think about chickenpox. Right? When we were growing up, everybody had chickenpox. It was around you had chickenpox parties. It wasn't a big deal, but everybody got it. And now you don't see it anymore in kids. So it's not like we magically the world got so much healthier in the last 20 years. No, we have vaccines and it got rid of the disease for the most part. I mean, it's still around, but very few people have it. So do you need a vaccine for chicken pox? That's something we can discuss, but. Some people, if millions of people get chicken pox, get really sick, some get a bad skin infection, some go to the hospital, some get meningitis. So as a public health measure, it still does decrease those severe cases, but most cases are not very severe. Most people just get a rash and they're fine. So that is where again, you have to understand that debate because yes, the vaccines definitely did decrease these diseases, but they weren't that deadly even before they came out, for the most part.

So that's something that we have to weigh 'cause just because if you were to say, get rid of all vaccines today, it's not like everyone would just start dying of measles. Like people were not dying of measles even 75 years ago. But a few people would, and more people would get it and more people would get really sick and more people would get pneumonia. And that's not good either. So you have to weigh those two things. But I think we need to understand the perspective of where we are today so that way we can have a nuanced conversations about the, again, the risks versus benefits. Because it's not, it's not so simple as well, if we just get rid of the measles vaccine, everyone's gonna get measles and die. That's not true, or if you get rid of the polio vaccine, everyone's gonna get polio and die. Like most people don't get severe disease from polio, like 99.9%. You just get a nothing or a stomach ache if you get polio for most people. So you know, you don't wanna have paralysis, right. But most people don't get that.

SHAWN STEVENSON: Yeah. Yeah. Thank you. It just popped up in my mind right now that when vaccines were invented and really became something that's a big part of medicine, there were papers written about we're gonna eradicate disease. No more infectious diseases. And here we are. We just had a whole pandemic, all right. We just had this huge breakout. Right? And for whatever the reason, whatever you believe about it, something happened. And that's not the only thing like countless people were dying from flu every year like this has been, we were not, we didn't accomplish what was the initial thrust or intent behind vaccines. We are still sick and we might not be sick from that stuff, but we're sick from different stuff.

And matter of fact, in many ways we're sicker than we've ever been. But it's just different diseases, more of the slow burning kind. And so with that being said, if there is anything related to a vaccine potentially causing some kind of dysfunction or damage or injury or even death, where would that be shared? Where would people be able to share that information? Where would physicians be able to share outcomes about their patients? Can you talk about the VAs system?

DR. JOEL WARSH: Well, yeah, I mean that's hard 'cause there isn't really a place, right? That that's the problem. So VAs, the vaccine Adverse reporting is the main system that we have right now for reporting events. But it's self-report. So somebody has to go, whether it's the patient, the doctor, whoever, and say, okay, I believe this was a vaccine event and so I'm gonna put it in the system. And that's really how it's done and that's it. So there is no good way right now to even know, because if you, let's say you get asthma, if your kid gets asthma, one, they're seven.

You're not thinking, oh, that could be related to my kid's vaccine. I'm gonna go to Vaers and put it in. So we don't know. You have no idea. The only way to know about these chronic conditions is to follow kids forward and then you say, Hey, wait a minute, how come all the vaccinated kids are getting more asthma? Or you're saying, and that might be seven years later or how come. Kids that get hepatitis B vaccine earlier have a higher risk of thyroid cancer like whatever. You're not even gonna know what to think because you don't know until you, you follow kids forward and you're like, why is this data so different between these two groups?

And you just have to figure out what, why that is. But that's what those studies are for. And we've done it before. We did it with heart health, right? We have the framing, hand studies and other studies where we followed people forward for decades and generations. That way we can get this information that we never even. Thought we needed because you're following people, you're following 'em through generations. 30, 40, 50 years. That's the best kind of data that you can get realistically. And we, I think with something as important as vaccines, as important as the discussion is, it deserves that kind of research. And I just think that we're there.

And that's what's gonna really help move the discussion forward and actually bring people together 'cause doctors and patients are supposed to be on the same team, right? Everybody wants healthy kids. Not everyone agrees on how to get there, but we all want healthy kids. And the answer isn't to say, oh, Dr. Joel some crazy anti-vaxxer because he is talking about vaccines. The answer is, okay, you don't agree with something said, prove me wrong. I don't care. Like, I'm not here to tell you to not get a vaccine or to get a vaccine. I'm just here to discuss it. And if there's some information that I don't know, great, tell me.

I'll change my opinion. I don't care. Like I, I don't care if kids get 10,000 vaccines or zero, as long as they're the healthiest possible. And I don't think we're gonna get there if we can't even have discussions about vaccines and have a nuanced discussion about what works or doesn't. Otherwise, we're just gonna have. Another a hundred vaccines that are gonna come out in the next couple of years and we're just gonna keep doing a vaccine. And just 'cause you can, doesn't mean you should. There is, there is a, you know, plus and a minus with everything and a thousand vaccines might sound good, but it might be really bad.

SHAWN STEVENSON: Right. Go figure. So I want to ask you about, there's a little bit more, because as mentioned like this is a voluntary reporting site and it's supposed to be something that can help to sound an alarm if there are trends. And because it's voluntary, this is part of the issue with this, it's commonly said, and there's a couple of studies that affirm this or note this, that somewhere around 1%, only 1% of vaccine related, possibly related injuries are reported to VAs. And actually, you know, I'll put the study up for everybody to see, there was an analysis done actually serving physicians to see how often they report if there's

something related to a vaccine to vaccine concern. And the vast majority of the time physicians admitted that admittedly, they don't report this stuff themselves because again, it's not intentional, it's just that the programming, the vaccine is safe and effective, it's unlikely. And also just they're not required to do it amidst the all the other things that you're supposed to do and take care of as a physician. And so what is your experience or what does the data show for you as far as like people actually reporting?

DR. JOEL WARSH: The only data I know is what you already mentioned, which were the couple of studies that show that it's really under reported and that makes logical sense to me. I obviously don't know on another people's offices, so I have no idea what they're doing and what they're reporting, but doctors are really busy. It's a lot of paperwork, so I assume that generally it's not reported unless it's something that's very, very severe. But it goes back to what we've been discussing. It depends what a vaccine reaction is. Right. It depends what it is because you don't know how much is being reported because we don't know what a vaccine reaction is.

If it turns out in 10 years that asthma allergies, autoimmune conditions, autism have something to do with vaccines, then nobody's reporting anything. Because why would, if your patient gets asthma, you say, oh, I'm gonna go to VAs and report a vaccine injury. Right? You're not doing that. Right. So it's not assumed to be a vaccine injury, so therefore you're not reporting it. So there is no way to figure out what a vaccine injury actually is if you're not reporting it outside of what's already known to potentially be an injury. Like obviously, if you get a vaccine and somebody has an anaphylactic reaction and goes to the hospital, you're gonna probably report that. If they have a seizure five minutes later you're gonna report that.

But if they have a seizure two weeks later, is that a vaccine reaction or is that just they were gonna have a seizure, right? Even if it was a week later, did were they just sick and it was a virus and so they had a seizure? Or was it because of the vaccine? Like all of that is very debatable and most people wouldn't write that. They would say, ah, this probably just happened, right. So you don't really know whether it's a vaccine reaction 'cause how do you prove that something's a vaccine reaction? Right? It's almost nearly impossible unless it just

happened right after you did it. But what does, and even if it did happen right after, it doesn't mean it's from the vaccine, right?

But let's just say something happens a week later. Is that from the vaccine? Is it not? There's not like a test you can do to be like, oh, I see these antibodies. That's what caused your seizure, right? You don't know. And with a vaccine, it's very weird. It's such a double standard. It's so odd compared to everything else in medicine because you give a patient amoxicillin for their cough or cold or whatever. Six days later they have a rash and you're like, oh, must be from the amoxicillin. Let's stop amoxicillin. They have an allergy, never give it to them again. A kid who gets a vaccine and has a seizure five days later, like, yeah, it's probably not from the vaccine. Do your vaccine in another month and it's like, it's such a weird double standard that as soon as something might be related to a vaccine, you're like, no, no, it's not related to the vaccine.

And it, it might not be, but it also might be. And, and it's, it's a medical product. You're ejecting a thing into kids. Every kid is different. They have different genetics. Maybe it went into a weird place, maybe it just didn't sit well for them. I don't know. There are many reasons, but we know vaccines can cause seizures, so why can't it cause other sorts of issues? We know it can cause illa, bere syndrome and muscle weakness, so why can't it cause other things? If it can do those things, it probably could do other things too. Maybe not most of the time, but maybe some of the time. And we shouldn't be sitting here saying it could never happen or it could never be related for every other medication.

We're don't take that ever again. That's really dangerous. We don't want you to have it. Even though they didn't even have a major reaction, but with a vaccine, it's a very different, oh, it couldn't be the vaccine. I think that's a weird double standard that we have to discuss in medicine because I think there's this just overarching thought that vaccines are just the best thing ever. We put 'em on a pedestal and they can never cause problems, and if you do say that it cause a problem, well then maybe everyone's gonna just stop vaccinating because now we see that there could be a problem. That's not true. It's just, it's a product. There are risks and we wanna understand what those risks are, and I don't think we do that when we say that they never cause a problem.

SHAWN STEVENSON: Yeah. Two things can be true at the same time. A vaccine can help to reduce the risk and incidence of a disease and it can also potentially cause harm. Two things can be true at the same time, but the harm part is the very difficult thing to even talk about. And I'm so grateful that you're having this conversation. You're talking about it as a physician, as somebody who's versed in epidemiology. And just having a logical conversation. Because like you said, I mean even if you get the shot, you get a shot and then you immediately have a reaction. You can also say, well, they're gonna have that anyways. Very famously, a couple of instances of people getting the COVID vaccine and then fainting, like passing out, oh, it wasn't vaccine related. They just have this low blood sugar condition. That's why they fainted. Whatever the case might be. But you can just inquire and being a scientist and a physician, it's really, I think it's the most important thing to do is to inquire, is to ask questions and no question is off limits. And also encouraging that in your patients as well.

DR. JOEL WARSH: Especially when you hear the same thing over and over and over again. Especially when it comes to vaccines and autism and you can't talk about it. And it's like if hundreds of thousands of parents are saying the same thing, we have to be able to talk about it. They could all be wrong. Yeah, that's possible. But also maybe some of them are right and maybe we need to think about why these things happen or what, what reaction might occur, what the genetics are or what the susceptibility is or what I don't know. This is information. It's data and just to throw everything out and call people, anti-vaxxers really diminishes good parents who care, who, maybe they've totally vaccinated their first kid and their second kid had a really serious reaction. Now they don't wanna do it anymore. And you're like, I'm gonna kick you out unless you get all the vaccines.

Even though this kid had a serious reaction that they think was because of a vaccine, maybe it was, maybe it wasn't. That's not an anti-vaccine person. That's just somebody who cares about their kids and they saw something and they believe it and I just don't think that hundreds of thousands of stories are all bs. I think there's something there, and especially with that research where you're told, oh, the science is settled. Oh, it's been debunked. And then you go look at the research and you're like, it's absolutely not settled, and it's absolutely not debunked. That makes no sense. Anyone that looks at the research very easily would say that it's not settled Then like, why are we not able to have those conversations? Why can't we

just get better research and data? Why can't we listen to parents? We don't want to cause problems. We wanna protect kids. That's what we want. Everybody wants that.

SHAWN STEVENSON: Absolutely. And you mentioned a couple of times some common things that are tied to vaccinations, development of allergies, asthma, neurodevelopment issues. And the question is, again, even outside of n of one parent experience, do we have any stronger associations? It's very difficult to get that data because of not having access to unvaccinated populations or those receiving a placebo and inert placebo.

DR. JOEL WARSH: But we do have access. We do.

SHAWN STEVENSON: And this is, this is the thing I was gonna share this. Specific thing because this is important for people to understand. So this was just published in 2020, right before all the ish hit the fan. Alright? And this was an extremely rare peer reviewed study comparing health outcomes of vaccinated versus unvaccinated children. It was published in Sage Open Medicine, and again, this was published in 2020. It included the data of a few thousand children, which was remarkable in and of itself. And researchers found that vaccination before one year of age was associated with significantly increased rates of developmental delays, increased rates of asthma, and increased rates of ear infections. And some of these rates were shockingly higher.

Like the risk of developing asthma is nearly five times higher in vaccinated children in this particular study and developmental delays were nearly three times higher in little girls who are vaccinated versus unvaccinated girls. And this is what I love about this study, was that they were looking at gender specific. They were looking at all the kids together. They were looking at age brackets. They were looking at the number of vaccines received. They're looking at a lot of data points and other notable issues that they saw as well were higher rates of gastrointestinal disorders and vaccinated children versus those who were not vaccinated, and higher rates of head injuries, which could point to developmental problems with motor skills.

Rates of some of these conditions were notably increased as the number of vaccines the child received increased. Now, this is not to say that the vaccine, again, doesn't have benefit and protection for the child, but these are things that should be like, this is a red flag. We're seeing other issues manifest in our children as a result potentially of this thing. We need to study it.

DR. JOEL WARSH: Right? And that's where it's key to say that there are studies that show some of these things. The majority of research thus far, the better studies in general don't show these relationships, but there actually are a lot of good studies out there in good peer reviewed journals that do show, some of these things do show some concerns. And so it's not just as simple as saying, oh, there's no research that shows that there might be a problem. No, there are studies on both sides. Still the majority says no, that it doesn't. But you know who's been doing the research, right? So that's what you have to look at. But. There are whole books on concerns around vaccines.

There are whole books on studies that show potential concerns. A lot of the studies are not that good. That is true, but it's really hard to do a study on your own when you don't have the big funding of the CDC or whatever it is to do the proper research. So it's a little bit unfair of an advantage, I guess, for studies to be able to do bigger ones. But either way, there are both. There is some information on both sides and that's key. And when people used to ask me like, Hey, what do I read about vaccines? It's like you have to read multiple sources because you read any book, it's so bias and it's like, oh, you read a CDC book and you're like, oh, vaccines are the best thing ever.

They ever cause a problem. All the research shows everything's great. And then you read a an anti-vaccine book and it's like vaccines is the worst thing ever. You should never do it. Here are all the studies that show that they're horrible. Very little shows. Both and has discussions like this we're like, well, okay, but like here's a good study that shows something else. You need that. You need to hear that. You need to hear it with allergies and asthma and autism and all of these things. Yeah, that there are other perspectives out there. It's not just one, and you can't just definitively say that one thing is right versus the other because when you look at it very closely, you see that the research hasn't actually been done the best way on most of

these things to really be able to say so definitively one way or another, especially with autism, I mean.

There's nothing in my whole life that's more shocking than the research on autism for sure. I thought for sure there was this great data out there, like it really did. And, and you know, we're always taught, like it's been debunked. It's been settled. And when I was going in to write the book, I thought what I was going to write was, alright, here are all the amazing studies that showed that vaccines do not cause autism. And well, you know, I'm an integrative doctor. I've heard some of the other stuff, I know some other things. So here's the, you know, not as good studies that show that maybe there's some risk, and we have to also continue to say this, but when you actually go look at the studies, it's really just about MMR and it's really just about thimerosal, there's almost nothing, really nothing on all the vaccines.

There's nothing unvaccinated versus unvaccinated kids. It's never been done. So how can you say so definitively that vaccines don't have something to do with autism when you haven't even studied it? Right. You, you can't say that. They don't, when you're like, okay, because MMR doesn't cause autism. In those studies that are observational. That all vaccines have nothing to do with it. There are all sorts of other vaccines you get in the first year, but the vast majority of the researchers on MMR and thimerosal. Thimerosal is not even in the vaccines anymore. So it's, it's just absurd when you look at it to say that, and, and I would've thought for sure, like there are all sorts of big databases out there.

Anyone that's done research knows, okay. You could look at Kaiser, you could look at the vaccine safety data link. You could look at, some countries have really good data, and you can say, all right, let's look at all the kids that have zero vaccines. Let's look at all the kids that have vaccines. Which one has a higher rate of autism that's never been done ever in the world. You could do it in one hour. You could say, oh, let's look at, I don't know, some small Switzerland, some country that's smaller ish. Okay, let's look at all the kids that are unvaccinated. How much autism do they have? Where is that? How has that never been done? That's, that's like basic science. Let's just see what the numbers are.

So it's not like you couldn't do it really quickly. So either people have done it and they don't like what they found, so they didn't report it or they just didn't do it. But it's never been done. I couldn't find it anywhere and I could not believe it. And I read very, very pro-vaccine books to be like, all right, I've looked at this, I'm not finding it. What am I missing? And they report the same exact studies and theory is, well, these things haven't shown to cause autism, therefore it doesn't cause autism. But they haven't actually looked at everything to be able to say it doesn't, right, which is really important. You can't say Hepatitis B doesn't cause autism unless you study Hepatitis B.

But the theory is, and there are core cases, and they talk to really smart doctors and say, okay, do you think that vaccines cause autism? No. Does hepatitis B cause it? No. What study do you have to prove? I don't have a study. That's not an answer. That's not, that's not an, you're just saying I don't have the research to say that it does. Therefore it doesn't. It is. It's, that is a very circular, weird way to think and I don't think most doctors know that 'cause I did not know that. And I think everybody needs to know that because then we would say, oh, well let's get some better research then

SHAWN STEVENSON: Captain Obvious should be obvious, you know? And just to be, again, able to have the conversation, the big thing. And even relating autism, if you even say autism and vaccine in the same video. And this happened to me sitting here with you today. I shared this with you prior to this that you know, I did a really amazing episode, an interview with an expert in the field of autism. And she didn't make any claims about vaccines causing autism, right. She said explicitly one of those things, like we don't know for sure if there's a relationship there, but we do know that there are all these other factors that have these warning signs. Not just vaccines, but all these other things. So she wasn't blaming vaccines for the increase in autism, and yet that video was taken down.

DR. JOEL WARSH: Yeah, I'm not either. You have to have the research to blame, right? You can't say something does or does. All you can say is we don't know. That's it. There are many things that we do know. There are many things that are correlated to increased autism rates. It's not just vaccines. I've taken care of kids that never had a vaccine that have autism, so

there are many things, but the way that we're talking about things is so easily disprovable, and we're never gonna get somewhere unless we're honest about these things.

And if you wanna go look at it and you think I'm wrong, fine. Go look. Find me a study that's not about MMR or thimerosal. Find a study that's vaccinated versus unvaccinated. Find any study that's prospective that looks at vaccinated kids versus unvaccinated or retrospective. Send it to me. I'm happy to look at it. I've looked everywhere. It doesn't exist. It should exist. We should do it. That's it. It's not, it's not saying that vaccines cause autism. I'm just saying we need to do that research and not say that it's been debunked. It has not.

SHAWN STEVENSON: Right, right. We've gotta be able to talk about it. And this is a huge step. I think that. Your book is priceless. It's priceless for families. It's priceless for physicians between a shot and a hard place. Appropriately named, is the new book. Can you tell people where they can pick up a copy?

DR. JOEL WARSH: Yeah, you can find me. The best places are at Dr. Joel Gator on Instagram or X and the book between a Shot and a Hard Place, you can get it anywhere where books are sold on Amazon or you can go to theshotbook.com.

SHAWN STEVENSON: Awesome. And you've got a phenomenal social media presence as well. What is your Instagram?

DR. JOEL WARSH: At Dr. Joel Gator. Yeah, it's been, it's been fun to see 'cause people are super interested and it's also fun 'cause I can actually talk about vaccines now, which has been great, which is very new. That's the last couple months only, but nothing's been censored in a while and I don't think what I'm posting is very controversial. I usually just ask questions and let people have discussions and they love to fight in the comments, which is fine, but it's more just talking about it like we just need to talk about it. Like this conversation should not be controversial. You should be able to talk about it. People out there listening, they can totally disagree with me. That's fine. I don't care. But we should be able to talk about it and then you should be able to say, okay, why? What is Dr. Jules saying? That's all wrong. Go for it. Say it. I don't care. I'll be wrong. I'm happy to be wrong.

SHAWN STEVENSON: Yeah. Well, I'm grateful for everybody being able to listen to this, to be able to learn from you and to be a part of this conversation, and this conversation does not stop here. So of course you could share your voice. Follow Dr. Joel over on Instagram. Check out the new book, keep this conversation going. It's one of the most important conversations of our lifetime, to say the least. And the fact again, that it is so volatile and so censored is a part of the problem, and for me, again, just puts up a big, big red flag. We work very, very hard to do this work and to lift up. Voices of some of the best people in their respective fields. And to have that video taken down a strike against me. And during the pandemic, I was one of those voices. I just was talking with Gabby Reese yesterday and she was sharing with me that that's what she found out about me.

And she was just thanking me like years later. She was like, you were so courageous. Like, how were you able to do this? And she was like, I know what it was. You weren't taking sides. You were just taking the sides of humanity and trying to bring everybody together to be logical. And we need more of that today, more than ever. And so I really leaned into that. Lots of stuff was getting taken down of mine, but I also, a lot of stuff broke through and, you know, it found the, the hands and eyes of many politicians and some of my work showed up in, you know, in Congress and you know, I've been invited to the White House several times, all those things as well, which is really awesome.

All that stuff is really cool. But it was at a great risk and. What I wanted to say more than anything else is, man, I am so, I said this to you earlier. I'm so proud of you. I'm so grateful because this was a very risky thing for you to step into. And nothing short of a calling, nothing short of like, I have to be courageous and do this for families and do this for kids, and you are the person to do it. One of the other popular books around like Vaccine Risk, they ain't put their name on, right. And it's done by, there's a bunch of lawyers involved, all this stuff who have to put the book, book together, but like, your name is on this, your reputation is on this, your practice is on this, and you did such a great job.

And really checking yourself, I know through the process of your biases and just making sure that you're delivering a holistic and well thought out dissertation for everybody. I know it

took a lot of work. This, this is gonna impact how things are done. I know it. You're gonna change things. You're changing things, and so.

DR. JOEL WARSH: I hope so.

SHAWN STEVENSON: Appreciate you for that, man.

DR. JOEL WARSH: Thank you. Thank you so much.

SHAWN STEVENSON: Yeah. Again, between a shot and a hard place. Pick up right now. Everywhere books are sold, get a copy for Friends and Family. Follow Dr. Joel Warsh on Instagram for more. Share Your voice. I appreciate you so much.

DR. JOEL WARSH: Thank you.

SHAWN STEVENSON: The one and only, Dr. Joel Gator warsh. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. Again, this is one of the most important conversations of our lifetime, and this is a conversation that needs to continue. We've got to open up the doors and eliminate the red tape and be able to ask questions. It's one of the most important aspects of this whole thing. It should be incredibly concerning when people's voices are getting censored in this free country about being able to ask questions and to speak about your experience with certain medical treatments. And in addition, any medical treatment that has concerns or uncertainties about the safety data in and of itself should warrant conversation around mandates and being forced to take a certain medication without truly knowing the potential risk.

And so this is really about, again, Dr. Warsh mentioned this a couple of times, which is the risk benefit analysis. And if you don't truly know the risk and all you're getting pushed in your face are the benefits and then zip it or I'm gonna make you zip it, that is so far beyond where we need to be today as a society is just we've gotta make a change. And so I hope that this sparked some conversations. I hope that this sparked some insights, some questions, some concerns, and also maybe gave you a little peace of mind. And again, we gotta keep this

conversation going. It would mean so much if you would pop over to Instagram and make sure to follow Dr. Warsh and also follow me.

I'm @ShawnModel. Share the episode there. You can take a screenshot and share the episode there. You could send this directly through the podcast app that you're listening on to somebody that you care about and you wanna extend this conversation. And also, if you want to see the video of this episode, because I know a lot of people listen to the audio and they watch the video as well. You're going to notice because of the volatility of this being on YouTube, we unfortunately cannot post this video on YouTube, which is crazy to be able to say that because just mentioning vaccines related to any of these injuries previously, and I shared this during the episode, but the video was taken down, it was censored.

I got a strike against me. And you know, I've been in touch even with people at YouTube, and they're just like, our hands are tied. You know, this is like policy beyond us and it's just like, this was a conversation not making any claims of vaccine related injuries. And, you know, autism was the particular conversation. And so we've gotta be careful about that. Unfortunately, right now things are changing, but right now this video is going to be available for you if you go to themodelhealthshow.com/vaccinedata. All one word, right? Themodelhealthshow.com/vaccinedata together as one word. All right, so I've got your back.

If you wanna see the video, you're gonna see the studies that we talked about also popping up during the video. And like I said. Just keep this conversation going. It's important. I appreciate you so much for tuning in with me today. We've got some epic masterclasses and world class guests coming your way very, very soon. So make sure to stay tuned. Take care, have an amazing day, and I'll talk with you soon. And for more after the show, make sure to head over to the model health show.com. That's where you can find all of the show notes. You can find transcriptions videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome and I appreciate that so much and take care, I promise, to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.