Opening on vaccine debate and censorship

I mean, it's really ridiculous that you would post something about vaccines and you couldn't even just mention, like, let's have a discussion about it.

But even still, you should be able to take a stance, even if you're wrong, even if you're a chiropractor or you are just a parent. It doesn't matter. It doesn't make any difference.

It's a medical product that you are potentially giving to your kids or taking for yourself. And we should be able to discuss that. argue about it, debate it.

You can have the stupidest opinion that there is on the planet, and that should be okay. You can post it and other people can tell you why you're wrong.

That's what debate and discussion is. But for whatever reason with the word vaccine, you can't talk about it, you can't say it, you can't mention it, or you certainly couldn't before without it getting attacked.

And that's insane. We're never going to get anywhere. We're never going to get better vaccines if we can't talk about the concerns. around them. If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone.

I'm Dr. Jaben and on redefining wellness with Dr. Jaben, we'll be exploring root causes like Lyme disease, mold and parasites, and I'll guide you with simple and practical steps towards real healing.

Welcome back to another Episode here with me, Dr. Jaben Moore. Today I am with a pediatrician, a medical doctor, a writer, a speaker, an author, Dr. Joel, and I like to use first names.

So I'm going to call him Dr. Joel on here. You'll know him as Dr. Gator on social media. He's become pretty famous and it's because He has a different stand.

He is simply looking at the data and then talking to people at a level that they can understand and bring you the information so you can make a choice about how you want to raise your family, your children.

And I'm really, really freaking excited to talk to you today, man. So thanks for jumping on with me today. Thank you for having me on. I'm excited to chat.

You know, your book came out between a shot and a hard place. And as a new father for me, like this this book is is really, really. And even the title alone, it just hits me because I've had the same standpoint in practice where I've worked with vaccine injured kids and autistic kids and chronic illness kids.

And I've had my own opinion when I had my own two year old, I was just like, That's another test, right? Like what are you going to do? Are you going to go with the mainstream concepts?

Are you going to do what you know in your heart is how you feel? Where are you going to fall on it? So first of all, what prompted you to write this book?

I think for, well, I guess to start, you know, I never thought I'd write a book about vaccines. I never thought I'd be talking about vaccines, but here we are.

I guess it would have to go back to my training and I went to a very Western. Real good program, Children's Hospital Los Angeles. It's about as Western as you can be.

But at that time, I met my now wife. She's holistic minded. So that opened up my eyes a little bit to a different world and eating a little bit differently and feeling a little better.

I wasn't particularly naturally minded when I was younger. But that did open up my eyes to that, started doing some functional medicine courses. And of course, in medicine, anything outside of medicine is kind of thought as a woo-woo.

And then you go do some of that yourself and you're like, wait, what? This is so useful. Why do we not learn this? There's nothing woo-woo about thinking about your diet or the root cause or anything like that.

So anyways, I did some of that training. I started practicing with that mindset. I'm not against Western medicine, but I just feel like there are other things that we should be talking about and incorporating.

And as soon as you start to practice that way, you realize really quick that people in the holistic world have more questions about vaccines. And so over, I'd say the last decade, I got more and more questions about vaccines and a lot of the time I didn't know the answer.

And I realized that really what we were taught about vaccines was actually very little. And, you know, we certainly get some information about what the vaccines are, what the schedule is, the horrible diseases, what they used to be like and what they're like now, and here are your great vaccines, go do them, here's your schedule.

And you don't think much more of it until you start getting questions. And the more questions I got, the more that I had to look into it, but I also realized I just didn't know a lot.

didn't have good answers for some of the questions that parents had. And then the pandemic hit. And well, I guess before the pandemic, there was a lot of censorship around vaccines, but it got much worse during the pandemic.

And I got really frustrated with everything. I think most people did. And it just got me to the point that I decided that I wanted to start talking about it.

And I didn't think that censorship was right. And I didn't feel like I could really start talking about it appropriately until I understood myself what the research was and really did a deep dive into it.

So I did. That's what I did. I did a deep dive into it. I decided that, you know, whatever happens, happens with the book. And I'm going to do it and I'm going to write it and I'm going to try to be balanced and try to be in the middle, which is the way that I talk about things in general in the office.

Why Dr. Joel wrote the book

And we'll just see what happens after the book comes out if I'm still a doctor or what. Because at that point, especially, it was like, you know, there was so much censorship, but it's so much better now, which is great.

And, you know, there's still censorship, but people are at least open to talking about it. And so it's been really surprising to see how positive The book has been taken and how much I've been able to do in the last few months and how many shows and podcast mail to beyond actually.

Discuss this topic and so that's that's what led me here was just really that the stories from parents the questions that parents had and the frustration around the information that was provided, which is extremely one sided and you know, you really.

You either have something that's super pro vaccines, like they're the best thing ever and they're safe and effective and do everything. Or then you have some other book that's like vaccines are the worst thing ever and you should never do it.

And there really wasn't much in the middle. And that I didn't feel like was the best way forward, given I think that

most parents have questions. They're not necessarily totally against vaccines, but they have concerns.

And I think we needed to be able to talk about that. I love it. So first of all, I want to just say for me, like the conceptual idea of vaccines, like the concept of helping somebody to avoid getting a disease is awesome.

So I don't think anybody argues that it's the problem is. Is there side effects? Is there damage? Is there a negative impact? I was literally scrolling through social media, which there's some definite negative impact to that.

And I saw a guy that did a post and he was just like, hey, you know what? I'm not going to be anti-vax. Here's what I'm going to say is, let's just see what we've learned about vaccines.

And it was really interesting as he went back, he's like, well, this is where they started and we did it like this. And the first iteration caused some damage to people.

We learned some lessons. They got better. And then we got better at it. And then we moved forward. And then Louis Pasteur wanted to take another step further.

And we tried it out. It hurt some people. We learned some lessons and we got better. Does anybody think that we're all the way through that? We're not going to learn any lessons or hurt any people right now.

Can we please just have a conversation? So one of the most exciting things for me talking to you is also social media related. I once did a post on my social media and I didn't even attack vaccines.

I simply just said, here's a study that came out. Here's the data that was in the study. what do you think? I didn't say anything one-sided or the other because I was just trying to be in the middle of the road because I just want people to have informed consent.

Just be able to understand the data and then they can make their own choices and some person came on there she's just like You're a chiropractor. You shouldn't be talking about this.

You don't have enough knowledge. You're not smart enough to talk about this. I'm a PhD in epidemiology. Only I can talk about this. And I'm just like, interesting.

So everyone else must just be stupid and no one else can do their own research and no one else should be able to read data besides an epidemiologist. So just to clarify for her today, if she's listening, you're an MD with a master's in epidemiology, right?

I am, but that wouldn't matter either, I don't think, I don't know. I think they would just then call me an anti-vax doctor, so I don't think it would matter.

I think it's important to say, I mean, I think we share that viewpoint. Personally, my personal belief has always been that we should not be telling you what to do.

That's the same thing with everything in medicine. It's not our job to say what you must do. It's about education. Our job is to provide informed consent.

It's to help people make decisions that are best for them. We give our opinion on things. We talk about things, but ultimately with vaccines, it should be like everything else.

We're supposed to have a discussion and you do what you think is best for your family, even if I disagree with that. And that should be fine. That's usually how it is.

And with vaccines, it's not that way. And that's just the way that I do things in the office. I mean, I don't force anybody to do anything. We have kids that do the regular schedule.

Some do a slow schedule. Some don't do any vaccines. And we talk about the pros and the cons of those decisions. And ultimately, parents have to make those decisions.

And that's the way that I do things in the book too. I don't tell people what to do. And I don't think we should. I think we need to discuss the risks versus the benefits to help people to make a decision and I ultimately wrote the book not to tell you what to do, but to have a discussion.

Like this is what I wanted to do with the book. It's to be able to talk about it because it is ridiculous that, I mean, it's really ridiculous that you would post something about vaccines and you couldn't even just like mention like, let's have a discussion about it.

But even still, you should be able to take a stance, even if you're wrong. even if you're a chiropractor or you are just a parent, doesn't matter, right?

It doesn't make any difference. It's a medical product that you are potentially giving to your kids or taking for yourself. And we should be able to discuss that, argue about it, debate it.

You can have the stupidest opinion that there is on the planet, and that should be okay. You can post it and other people can tell you why you're wrong.

That's what debate and discussion is. But for whatever reason, with the word vaccine, you can't talk about it, you can't say it, you can't mention it, or you certainly couldn't before without it getting attacked.

And that's insane. We're never going to get anywhere. We're never going to get better vaccines if we can't talk about the concerns around them. And that is where we are right now.

I mean, we literally are in a point where there's nobody making vaccines better because they don't have to. Yeah. Well, let's get into it because I'm really curious about just some of the data points that you probably put in your book.

There's the things that I've researched and I've learned. I want your opinion on it. Has there ever been studies that compare vaccinated people tracked for 18 years from birth to adulthood versus unvaccinated people tracked from when they got their vaccines to adulthood to see what potential side effects are there.

No, there's never been that study. I mean, prospectively, vaccinated versus unvaccinated studies have never, never been done. There are some, you know, mediocre studies, retrospective studies that, you know, most of them have been debunked or, you know, whatever it is, but I mean, there's a couple of them that have kind of floating out there, but nothing that's a really good study that's followed kids forward, that's followed, you know, for many years till, you know, 15, 20, even 10, really.

I mean, there's all the new Henry Ford study stuff that's kind of being discussed, but even that's still not perspective. So the answer to your question in short is no.

So we don't have any data on the lifetime outcome of vaccines. Yeah, we keep doing more and more and more. So like that's always just boggled my mind.

So within studies, What are they doing? Because, I mean, what I've heard is we do a three-day study of did you die after you got the vaccine or not, basically, and then that's about it as far as the majority of vaccines.

I mean, they definitely do more than that, but not the best kind of research. So you have to keep in mind for vaccines as a medical product. So they're doing a bunch of research before the product hits the market, but the companies are the ones doing it.

So obviously they have incentive to kind of shape things in the best possible light. They'll do multiple trials before a vaccine hits the market, but it's not in the way that most people would think, certainly.

Certainly the way that I would think the research would have been done. We definitely, in general, don't have the best kind of research. We're not getting placebo-controlled inert trials for falling kids for a long time.

So some of the studies are shorter, some are a little bit longer, but certainly you're not getting like 10-year studies. You're getting, you know, if you're lucky, a few months, maybe a year or two.

Generally, with the vaccines on the schedule that we have today, they were all compared when they were looking at safety to non-inert placebo. So inert placebo meaning saltwater saline has no effect in the body.

That's what you would expect the safety trials to include, especially for a completely new vaccine, but that's not actually true.

Informed consent and discussing vaccine concerns

They really weren't studied that way. They were studied against an active placebo. So like one vaccine versus another vaccine. And so we don't have really for any of the vaccines on the regular childhood schedule, the best kind of safety research you could possibly have, certainly not before it hit the market.

And that's insane to me. I mean, I didn't know that. You hear, oh yeah, they've all been studied. They've been studied so much. They've been placebo studied.

Pharma puts another vaccine, calls it a placebo, so they can say they did a placebo testing, but they never actually studied it against something inert.

And that's really important to do. It's not anti-science to want that. You want the best safety research. And the reason why is if you're studying vaccine A versus vaccine B, and they both have 10 seizures, then you can say, well, it's safe because both groups have 10 seizures, that's normal.

But if you did the best kind of study, vaccine A versus vaccine B versus saline, you could have 10 seizures, 10 seizures, one seizure. And you can obviously see how that's different.

And we don't require that of vaccines. And so it makes it really, really, really difficult. Ethically, once a vaccine hits the market and is theoretically protecting kids, then you have this notion that you can't do any more placebo controlled trials at that point because then the vaccine's working.

So it's unethical not to give kids a vaccine. But the problem is you never did the placebo trials in the first place. So they know that game and they've been doing that now for a while where no one's forcing them to do the best study first.

And then they get something on the market and then they just study the new thing versus the old thing. And that's where we're sitting now where anything on the schedule, you can't do a an inert placebo control trial because it's unethical to do it.

It never was done in the first place and nobody's forcing them to do it if they put a new vaccine on the market. So, I mean, at least at a minimum, we should say, look, if you're going to put something else on the market that's completely new with no vaccines, you cannot do that until you show us inert placebo control trials.

That's the baseline. We need that. We're not letting anything on the market until you do that. There should be nothing unethical about that. That is the best kind of safety studies.

Why would we not want that? Agreed. So I'm just going to make sure everybody heard us. There has never been an unvaxxed versus faxed long-term study. There is zero vaccines on the market that have ever had an inert, meaning saline or water or something that's not going to create a reaction in the body versus a vaccine study, short-term or long-term for that matter.

that we are really aware of. One thing, it's not true to say that we've never done a placebo controlled trial in NERD. The accurate statement more so is the vaccines on the childhood schedule have not in general been safety tested against a NERD placebo.

There are some other vaccines that have. There are a few vaccines they've done it after the market, but most of the ones that have even done a placebo, it's like things from other countries, things we don't use.

The ones that we use for our kids on a regular schedule, those have not. Okay, so the things on the schedule that they're telling me to put in my kit on a day-to-day basis and some schools require or try to require haven't had the testing.

Correct. Okay, well, that for some people might boggle their minds. I mean, I know when I've talked to friends and family and I just say some of these facts out loud, they're like, well, that doesn't seem right.

It's not logical to… My construction worker concrete pouring dad, much less a doctor that is a pediatrician that's doing it. It shouldn't make any sense because you're taught just in your chemistry classes and undergrad that you're supposed to do science with the fewest possible variables.

Correct. I mean, that's what I'm saying. That's where when you get into it, it's pretty shocking. Um, and you know, I don't, I'm not like against vaccines or anything.

Like this is just what I found. You know, it's anyone wants to prove me wrong. That's fine. But I mean, I've seen enough of it now to know that that's correct.

And, and if you don't know this, you don't know it. And, and the reality is doctors don't know it. I went to a great program. I didn't, I never heard it.

I mean, I was in the integrative space for a long time. Uh, and so I would be someone that would know these things and I didn't know it unless I did my own research, go back, read the books.

I mean, you have to read a lot to kind of. feel confident enough to be able to sit and say, like, this has not been done. And it's not been done because the other individuals that are kind of fighting in the vaccine space, someone like Aaron Seary, who's a lawyer, you know, I've listened to him speak a lot and many of these things, he didn't, he wouldn't believe it either.

You know, he didn't believe it. So he requested You put in FOIA, Request Freedom of Information Act, for a lot of these things to kind of look and say like, that can't be true, you know, there can't be nothing.

And then they get it back and it's nothing like hepatitis B, for example, the vaccine we give to newborn babies, the insert that you get with the vaccine for you're giving to your baby, it says the safety testing was done for four days or five days.

And it's like, you look at that and you're like, that cannot be true. That cannot be what it's based upon, what they license it, what they're starting to give to kids for.

And they, Freedom of Information Act, and there's nothing else. And you're like, what? Like, again, how is it anti-vaccinate or anti-science would be like, well, you know, four or five days of safety testing without necessarily a control group is not enough to make me feel comfortable that that is safe.

It doesn't mean it's unsafe. It may very well be safe if you studied it. for five years and did the placebo testing. But like you, how can we give these things to our kids without doing that?

Absolutely. You know, one, the next thing that comes to my mind is this, it's the stacking. It's the stacking, right? Like when we stack medications, we know that there is contraindications that you have to watch out for.

You can't give, let's call St. John's wort, which is an herb with a SSRI drug. Why? Because there's a contraindication to it. It causes damage to the body.

which in medication land, we, I don't think we do a good job, but we're at least aware of it. We admit to it. And that realm of medications can be stacked and cause problems.

And I know that there are plenty of studies out there that have come out at this point that talk about the polypharma for, especially like our senior citizens, like how sometimes the actual right treatment course is to pull someone off medication and figure out what their actual symptoms are going to be.

And then And then start treating again because it could be that this med plus this med plus that med equals your skin rash yet with. Vaccines you're telling me.

the first one they give you at the hospital at birth, which is a whole different topic whether or not that's necessary. But that one has never been studied past like five days, give or take, it sounds like, or maybe never is not right, but sounds like it.

And then for sure, we haven't done that one plus all the rest of them on a long term study to figure out, well, if the kid that just got the full vaccine schedule till two versus the kid that didn't get any at all, which I know one of the things is it's not ethical to not vaccinate, but I know there's a bunch of parents out there that are not vaccinating that would be probably happy to be tracked in comparison to the others that are vaccinated and also happy to be tracked.

I don't think this would be a problematic study to get people to volunteer some information for. Yeah, I agree. So I would say just one thing before, there's a lot of stuff there that you went through, which is great.

So there are other HEPB studies, there certainly are, they've studied it more after the fact, but the pre-licensure, so what's on the inserts, that's what's for five days, and that's what it was licensed based upon.

Yes, they've done other studies, but no, they haven't done prospective studies, right? They haven't done the best kind of studies because you can't anymore.

You can't randomize kids after it's on the market because of ethical reasons. So, you know, you're stuck. And we need that research. It should have been done first, but it never was.

So now we're in this position where we have this. And then, like you said, we're stacking medications on each other. So we're combining vaccines. We're doing more and more vaccines.

We're adding in new vaccines. Now you have an RSV vaccine and a COVID vaccine. more flu vaccines, and there are a lot more that's hit the market in the last 20 years and even more, a bunch in the last couple of years.

So we don't know at all what the cumulative effects are, how these things interact, whether there's an issue or not. And again, it's not that we're saying that there is, but we're not studying it in that way.

And when you're talking about taking a healthy baby, who just was born and you're like, okay, well, let's give a hep B vaccine and a vitamin K and an RSV.

The question has to be not does this benefit the baby in some way? Can we lower the risk of hep B? The question has to be at what cost? Because of course, we don't want anybody to die of bleeding.

We don't want anyone to get hepatitis B and get cancer. Nobody wants that, but that's not the question. The question is at what cost? You can't just always give more of something vaccines or any medication aren't just all positive.

Lack of long-term vaccine safety studies

There's a question about negative. And as we add more and more of these, we have to be asking what is that doing to us? Is it doing anything negative?

Modern medicine says no, it doesn't cause any problems. It doesn't have any long term effects, but they're basing that on nothing. They're not basing that on data because we've never.

studied it so we don't actually know what it's doing to us five or ten years from now because there's no way to know unless you actually research it and and we haven't done those studies and then they say it's unethical but it's not unethical you could absolutely do a study that's open that people choose which group they're in nobody gets forced to do a vaccine or not do a vaccine and you follow people forward and you you see what what differences there are and like you said there are a ton of people You'd have no problem getting people to volunteer for a study like that.

It'd be very simple and lots of people would because they would be very keen to do so. So it's not the perfect study. It's not the best kind of study.

We're not able to do that really at this point, but it's still very good and it would be really helpful and it should be done, but it's never been done.

All right, so we've talked about the backup, the data, the what has been researched and not researched and some of the categories around this. So with the very limited studies that are out there, because I think there was a study that came out here In January, that was all over social media.

And it said something to the effect of there was a 200%, 212% increase in the autism rates in kids that were at nine years old that were studied in a Medicaid study of those who are fully vaccinated versus those who are not fully vaccinated.

So both groups were vaccinated. Are you finding any studies out there that just throw up the red flag for you with SIDS and autism, for that matter, eczema and asthma?

Yeah, I mean, it's hard because the problem with the vaccine literature is it's pretty much all retrospective and epidemiologic in nature. And anyone that has done research or kind of been in that world, you know that that kind of data is very easily manipulated to get to find what you want to find.

And that doesn't mean that people are always manipulating it, but you can and it's pretty easy depending on if you just change what the factors that you're looking at in the equations you can adjust it to find whatever you want to find and so what you see in that literature is people that are super pro vaccine do a vaccine study funded by you know CDC or some company and then they find that it doesn't cause any issues and then you find someone who's pretty anti-vaccine who does find something but oftentimes they don't do the best study and then you kind of have those conclusions and so you're left with Either you can just kind of go with the mainstream narrative or you can say what should be said, which is there's a lot of conflicting information.

We have not done the good studies. We actually need to do it. So we have an idea of what's going on. It is very difficult because a lot of the things that have a conclusion that show some problems are not always done super well.

And there are some that are okay. But I mean, the big one is the new one, the Henry Ford study. That is a very well done study from what I can see. and showed some big concerns and never got published.

So, you know, it's hard to know without actually having to go through a full peer review and let people look at it. But at least from the best I can tell, it was done real well and does show some very big concerns.

And that was the best retrospective study that I've seen that shows concerns around vaccines. Um, and, and so, yeah, we're, we're kind of, we're kind of here now.

I think we're at a different point where you, again, you can talk about it. Like you couldn't talk about this before. It

was just, there was a mainstream narrative, vaccines don't cause any problems.

Uh, and anybody that tried to put out a study that did show a problem, you know, lost their job, uh, study got debunked. And, and so you, you just, you just have this issue.

And what I mean by the issue, if you don't realize is, for example, Kennedy was talking about. a study that he was saying on the CDC. Back in the day, they showed these high rates of autism in comparison to how much thimerosal we were getting and they hid the data and they changed the data and they showed that there was no risk of autism.

The original data showed over 1,000 or around 1,000% increase risk of autism with the kids that were vaccinated, but then they adjusted the model for the amount of visits they had, and then it showed no risk.

Ultimately, adjustments are appropriate if it's appropriate. You are supposed to adjust for confounders and for things that can affect the data. if you're supposed to do it.

But if you find something and you're very pro-vaccine, you're like, well, it shows a thousand percent increase. You can be like, what did I screw up? What did I do wrong?

You go talk to someone, oh, you need to adjust for these things. Then you adjust for it and then you get no results and you're like, okay, now it must be right.

So I think we have a lot of that when it comes to the vaccine. literature where people who find something either don't publish it or adjust it until it's not there.

And the question is, is it not there or are we adjusting things inappropriately? And I think we don't have one side of the information that we actually need.

So let's talk about the Henry Ford study, because that's everywhere now. That is the study that I lost about 3,000 followers for just asking the question of, what do you think?

How does this make you feel? Is this something that makes you consider just asking questions? It was amazing to me that I lost so many followers, which You know, for me, as someone that has a social media that doesn't necessarily always even love social media, I love being able to educate and give information out, but I also know the damage that social media can do, so it's conflicting for me.

But with the Henry Ford study, you said it was a fairly well-done study. I've definitely seen the detractors, the naysayers. What was in there? What do you like about it?

Yeah. Have you seen the film yet? I haven't. Yeah. So I would say, you know, watch the film because that adds a lot of interest in this story. I would say just given that they have the, you know, hidden footage, hidden camera footage.

So the film's an inconvenient study. It's called, I watched it a couple of days ago. It's really good. But the interesting thing about that study is you have Well, people don't know about it.

So it's a study run out of Henry Ford. They looked at about 18,000 kids. They had about 2,000 unvaccinated kids. And then the rest were vaccinated in that sample.

They followed them forward for many years. I forget how many, like maybe 10 years. And they were looking at all sorts of outcomes over that time. So chronic disease being the main one.

They found the kids that were unvaccinated were overall much healthier, lower rates of chronic disease than the vaccinated. kids, you know, they're looking at asthma and allergies and autoimmune conditions and neurologic complications.

And a lot of them, I don't remember the exact numbers, it was like four times, you know, three times, two times in that range of more chronic illness in the vaccinated kids.

So that was done by a very prominent pro-vaccine individual. It was done by the head of infectious disease at Henry Ford. This is someone who went into doing the research thinking that, you know, vaccinated kids are much healthier.

And that's what I'm going to find. There's not going to be an issue. And basically what they found is something completely opposite. And he decided not to publish the study.

And when you see in the hidden camera that they actually have on him, in the film, he basically is saying like, well, you know, I think I did the study really well.

It's really excellently done. It's been, you know, double checked. We have top people doing it, but I just don't want to publish it. Like I just, I just don't want to do it.

I know it's going to ruin my career and I just don't, I just want to finish out my career. And I know it makes me a bad person, but I'm just not going to do it.

Like I know this should be out there, but basically like, I'm not going to do it. And I know, and, and you know, there was, so I had not seen the study until recently, but originally when I, you know, when I had seed, the basics on this study, it was like, well, you know, Henry Ford buried it.

And the detractor, you know, people were saying, no, no, no, no, no, no. Like it was just a really bad study. It was poorly done. They didn't pass the peer review.

That's why it didn't get published. And I was like, okay, that could be true. Like I didn't see the study really. So maybe like it just wasn't done well.

I don't know. And maybe that's really why it didn't get out there. And it was just, you know, conspiracy theory. But when you hear from the actual author, It has nothing to do with Henry Ford, at least from what I can tell and what he was saying.

It's just like, he didn't want to publish it. So he didn't submit it and he didn't want it published. And he just was worried that if that got out there, then it would be the end of his career.

And, you know, we've seen that many times in the vaccine world. So he just didn't. They did more control than I've seen on any study thus far. It's really in the vaccine world.

So to say that it's a bad study or shouldn't be out there just doesn't make a lot of sense to me. I mean, they talked about the amount of visits that people have.

Study design, placebo controls, and stacking vaccines

And so they controlled for that the best they could. They did sensitive analysis. They discuss how some people might be in the research longer. So they control for that.

Looked at one year and three years and five years and controlled out the people that weren't there as long. The criticisms of that study are the same criticisms you're going to have of any retrospective study.

They controlled for as much as they possibly could. When you're doing epidemiologic research in retrospective, there's always going to be these limitations.

That's why you have to do prospective studies to actually know exactly what it is. But this is how all the other research is. So this is something that absolutely should have been published, I think.

And you can mention your limitations. You can discuss the problems with it. That's fine. And then you say, well, here are the problems we had. Let's do a study that's better in the future to see if this is true.

That's the conclusions that should be drawn from the study. Not, well, we know for sure that vaccines cause problems. this is a signal in a big database that's really good, done by someone who's super pro-vaccine, who found something he didn't think he was going to find.

That means we should replicate it in Kaiser and at Harvard and, you know, in other countries and see if we can get similar results. And then if we start getting some results, well, then we really should do prospective studies to make sure that we're, you know, catching this and accurately portraying it, because there could be other factors that we're just not accounting for.

But ultimately, The research is what it is. And the fact that it just wasn't published is really, I mean, not surprising to me at this point, but it's pretty terrifying and speaks to science and the fear that comes along with this word vaccine and anybody who finds anything which potentially could trigger a discussion about problems, just doesn't want to do it.

And I get it. I mean, he's right. He would probably have a lot of problems. He's going to have a lot of problems now. I don't think he's probably working at Henry Ford much longer, probably retire, but ultimately he had the chance to do something good.

And that was right. And he did not choose to do it. And I don't know how to live with that. I feel bad for the guy, honestly. Like, yeah, you definitely should have published that, but I can understand the fear.

I mean, shoot, I made a question Instagram post and had thousands of people mad at me, much less doing a really well-done study as an MD working in a hospital.

I mean, Korea, French. That's what I'm saying. I feel so bad for this guy because I totally get it. And also you have to keep in mind that this was going on a few years ago.

So it's not like it's now, like this is a little different climate right now. It's still obviously not, it wouldn't be easy for him to do it. But like, you know, we're talking, I think in 2022 at the height of censorship, if this was to come out, like, He's right like it would have been real tough.

I mean, we've all had that we all been censored if you talked about vaccines at all. And this is not a guy who is, you know, has this is like very easily shaken like this is a guy who was a major.

person involved in the Flint water Michigan issues and kind of was the main figure that kind of spoke out against that. He was one of the ones who published a hydroxychloroquine study showing it being beneficial during COVID and got a lot of flack for that.

So this is not someone who's like, You know scared of controversy and this guy is like I did this study and not only did he do it But they finished it looked at the data and then wrote up the whole paper So like it's not like he looked at the data and was just like yeah, you know I'm not like he was thinking about publishing it obviously because he they wrote the whole thing up.

It's done so You know, I guess he just, you know, got cold feet at the end. I don't know what it was, but ultimately, like, you have to sit here as anyone of us who is involved in this stuff and be like, I totally get it.

I totally get it. I feel bad for the guy. It's a really tough position. I think if it was now, you know, maybe it'd be different because there's a lot more outlets to kind of get information out there.

And, you know, even if you are. more bad mouth now, there's a lot more people protecting you, I think. Um, but, uh, yeah, I mean, the guy is, you know, older and, uh, he's finishing his career and he has a great career.

And, you know, do you really want to be a pariah for the rest of your life? I get it. I don't know. I mean, I know why he chose that. I wish he published it, but I know I get it.

Well, I love the, uh, Honestly, just to update on that, I do need to go watch the documentary. It's all my list of things to do. Maybe I'll watch it on the plane.

I'm going to do some speaking events here coming up and I need some good content to listen to. So maybe I'll get that downloaded. I want to kind of switch, switch topics.

Well, just take it to a different part of this topic. The, the vaccine schedule, you know, we've talked about in your practice, you allow people to become educated because you, you walk them through risk benefit of what the vaccine schedule is, what the vaccines are.

What do you think about this schedule? I mean, I remember a post that just came out. It might've been one from you that said, if you were born something like in the mid eighties, a two year old has more vaccines than you have.

And that kind of just blew my mind because I was born in 86 and I'm just going, I still remember getting vaccinated in middle school. And I think that might've been the last one I got in my life.

And, and then now it's like, it's just crazy by two years old, you're getting that many vaccines, that many injections of. whatever is in there because I mean when you go look at it it's it's preservatives and metals and attenuated viruses and and it's the cocktail of stuff that's there.

I'm just thinking about my little dude like that's that's where my brain always goes back to is My little guy is just like this little dude and he's so precious.

And of course to me, dad, it's like, he's so perfect to me, even with all of the little things that we'd go through. And I'm just like, what is going on?

Why are we trying to, what are we doing to these kids when we're injecting them with so much stuff? Yeah, I mean, I think it once again comes back to the fact that nobody's willing to think about risks versus benefits.

They're not really willing to think about the risks because ultimately, protecting against more things is good, right? I mean, if you had a magic pill that could protect against all sorts of diseases with no risk, I guess that's good.

Like most people would take that, no problem. And so, yeah, there are some good parts to it. I mean, we protect against diseases which caused illness before and we can protect against that now.

So I think that part is good. And that's really the only part that medicine focuses on and not really considering the potential downsides of X seeds. And that's where we sit.

It's just more is better at this point and your body can handle as many as you want. And nobody really thinks about the ingredients and, oh, aluminum in there.

It's just a very small amount. You eat more aluminum, it's totally fine. And that's the general mentality of medicine is this. This kind of brushing off of any side effects and I wanted a million, you know, risk of severe illness would protect against so many things.

Vaccines are the best things ever. It's basically a religion at this point. And that is why we are here. We just have more and more. And I don't know.

I don't know the answer. I mean, I don't know. Whether it's good or bad that we have more vaccines, because the question is, at what cost? You can't answer that question until you know how vaccines are affecting you long-term.

That matters, because here's what we do know. This is how I try to walk people through it in the office or in the

book. You got to go through what we know.

What do we know? We know about the diseases. We know. what they can do, we know how severe they are, how many people die from them every year in different areas or in general, we know how many people get really sick, we've followed that for a long time.

So we have a pretty good idea of that. We know the vaccines, we know kind of what's in them, we know how effective they are, what your decreased risk is if you have them based on the research that we at least have.

We know the short-term risks for the most part, like we know if you get a bad fever, you get really sick or those kinds of things, like that's tracked decently, but we don't know about the long-term risks.

It's the difference. We have to know that to understand and weigh the risks versus the benefits because if one person gets a severe complication out of a million, but we protect 10,000, then that's a net positive.

And you can still decide if you want to do that or not, but that's good. But if you're protecting a disease which almost nobody gets and you create a bunch of problems, then that's not a good thing.

And when you're talking about, let's say, something like polio, right? I mean, nobody wants polio. Nobody wants to have anybody that's paralyzed. But the reality of polio is very, very few people have severe disease, even if they do get it.

And nobody's had polio in America in a very long time, other than potentially the vaccine strain. So nobody's getting wild polio. We haven't had it in 40 years.

So then the question is, okay, what costs? giving other people polio. Like that's why we stopped taking the oral polio vaccine because more people were getting polio from the vaccine than from life in general.

Henry Ford study and hidden concerns

So these are the kind of questions you have to be asking. So it's not something we shouldn't be saying. Like how many kids get autism? How many kids get autoimmune conditions?

How many kids get cancer? We're not studying that. So we don't know. And that ultimately matters because if you're going to tell me, well, 10% of autoimmune conditions are because of the vaccines.

Well, that's a lot of kids getting autoimmune conditions to protect against something that you aren't probably going to see. So that matters. And then it's a nuanced conversation because then you say, okay, well, let's take measles.

Let's say that those equations are true. Well, then if everyone stops taking the vaccine, measles increases, right? So then you have to weigh that as well.

It's not simple, but you do have to think about it in that way because ultimately, my you know kind of general feeling is we have we're not weighing these things and we have to prioritize and I think the best way forward is really to kind of have a real discussion about risk versus benefits and prioritize which ones we think are more important and maybe the other ones are available but not necessarily required for a lot of people and then you can kind of you know, pick the most important three or four, like these are the ones we're really promoting.

And then the other ones, like we think you should get it. People that want to get it, go for it. If you're not having trouble with vaccines, go for them all.

If these things start to come back, we maybe, you know, we promote them again. But maybe not every kid needs three polio vaccines by the time they're six months.

Like, you know, we just haven't seen polio in a long time. You can just do that when you're 10. I don't know. I don't

know the answer to all these things.

But I just think that we don't have to just give a vaccine to everyone just because, or maybe, you know, five open cough vaccines is not needed. Uh, in the first two to four years, like maybe that's just not what we need to do.

Maybe we, we need to have another vaccine and we can just give one. Uh, I don't know. Um, but more is not necessarily better, especially in the setting of a chronic disease epidemic.

We have to be able to say, look, we have 50% of kids with a chronic disease. Are vaccines contributing to that? Like that is not a crazy question. Definitely not.

You know, there's a lot of different things that are weighing on people's bodies. I mean, my job all day every day is working with complex chronic illness.

It's trying to figure out what is leading to this epidemic of illness. And it's definitely not just vaccines because I'm working with people that are 70, 80 years old that really didn't have nearly as many as the kids we have now today.

Problem is, When you look at kids, it's one in five have some sort of diagnosis these days and like one in six are on medication these days. And, and you're starting to go like, wait a minute, like the kids are as sick or sicker than some of the.

maybe not quite senior citizens, but the 50 year olds in the country and 75% of adults in the United States over the age of 40 are sick with something.

They have some sort of diagnosis these days and no, it's definitely not all vaccine and I know that for sure because you have mold toxicity and parasites and simply people are just overworked, overstressed and not dealing with it well.

You know, I think it was Jack Wolfson that said it one time when he was asked about vaccines and he's like, look, before you come to me about vaccines, what are you eating, drinking?

How much exercise do you get? How much time do you spend in front of the TV? Like consider these things too. It's not just one factor, which is the hardest part about health that most people just don't get is the fact that It's not black and white.

It's not one size fits all. One problem equals one outcome that you can just say, that's it. Got it. Get rid of that. It's done. But it's a burden of accumulation.

And I saw a study one time that Brian Walsh, a naturopathic doctor, presented at a conference and he's like, did you know that The EPA level that is allowed for let's say arsenic in your water.

stacked on top of the EPA level of uranium in your water, stacked on top of the EPA level of glyphosate, stacked on top of the level of PUFAs in your water.

Each one of these, that's the level you're okay with that no matter what else you have. That's the level your body can tolerate before it breaks down of that thing.

But then when you add this thing, it stacks on top of it and stacks on top of it and stacks on top of it. And it actually starts supercharging because each one of these does something different to your body that can stress it individually and differently.

And he goes, when it was studied, there was like 10 different things they put together. And he's like, it actually was significantly worse than if you just had too much arsenic.

So when it comes to vaccines, it's like, OK, well, we're sticking you with all that stuff. OK, great. But you're also

drinking toxic water, breathing in toxic mold in your house, maybe.

while eating food that is nutrient depleted, full of chemicals, like it's, it's the complex soup of the life that we live. And you know, one thing I throw out there is this, if you do a study of non-vaxxers and this goes against potentially finding out if vaccines are safe or not, is a lot of the people that are strong enough in their beliefs that they don't want to vaccinate, also try to avoid toxins in life, just in general, right?

So they're eating organic food, drinking distilled water or reverse osmosis water, you know, whatever their belief is on the best, cleanest water, they, they might choose to put in their homes, non-VOC paints.

Well, now you have a group of people that In a lot of cases, the ones that I run into value healthy, today's healthy trends at a higher level. So are their children going to be healthier?

Either way would be a question that you could ask in a study, which makes it even more complicated. So I just love the openness that you have to say, Hey, here's some hard questions.

I don't have all the answers. I'm going to educate my patients and I'm going to let them make a choice because it's their children, it's their family.

They should have the right. Yeah, I mean, you should have the right because ultimately everything has a risk. And if you choose not to get a vaccine, you might get the disease and die.

Like that's potential for everything. You can die from the flu. You can die from measles. You could die from whooping cough. I mean, most people don't.

Most people do just fine even if they get these diseases. Most times it's very mild. But everything has a risk and the vaccine has a risk and life has a risk and you have to choose.

But science's job should be to try to figure out and help guide you. to making choices. And I feel like with vaccines, the research is very biased in one direction.

It's not helping us like it should to be able to make an educated decision on some of these decisions to kind of understand what our risk is from the vaccine.

It's just more of a push to do it. And that's not right, especially in the long term, because ultimately, are we going to have 40 vaccines, 50 vaccines, 100 vaccines, 300 vaccines?

Vaccine schedule, risk-benefit, and chronic illness

At some point, you have to be like, well, there's aluminum vaccines right and we can argue you can argue certainly reasonably that there's a very small amount of aluminum and therefore that doesn't cause an issue but it's certainly at some point an amount of aluminum you're going to inject into a child is going to cause a problem right and and so i that's not controversial that's obvious right you can't just inject a bar of aluminum or whatever into a kid so at some point it's going to be a problem so the question is okay at what point like how many vaccines we're doing more vaccines there's more aluminum There's more other ingredients.

Like, have we hit that point? Did we maybe hit that point for certain kids that have a genetics or a toxic susceptibility or a burden that's already too high?

Like, who are the kids that are having problems with vaccines? If you could ask those questions, you can have solutions, right? And we can start to say, OK, we're not saying that vaccines couldn't have a benefit.

They certainly can. But who are the kids that are susceptible? What are the genetics? What is the situation? Who should not be getting them? Who should be getting tested?

Who should be going slow? Who should be getting a different kind of vaccine? Those are the right questions. Can we do it safer? Can we do it better? Can we improve the vaccines?

It doesn't mean you don't do it, but if you don't even talk about safety, and we haven't even talked about this, but if you can't sue the companies, then who is making them make it better?

They have no reason to do that. They're just going to keep giving them to you and making more vaccines, and that's where we are right now. And it's not about vaccines.

Like, this is not the full story. This is not why we're unhealthy just because of vaccines. Like, obviously, I've seen kids with all sorts of conditions and never had a vaccine.

So, I mean, there are many other factors, but my at least gut feeling is vaccines are one thing amongst many that we give to kids and we're injecting them and they affect your immune system.

That's what they're supposed to do. And for certain kids with certain genetics with certain toxic load, it throws them over the edge. And, you know, I think most kids do okay with them and protect you, but some kids it doesn't, like anything else.

We know you can get seizures and Guillain-Barre syndrome and… Encephalitis, these are things that are absolutely causally proven. So all the other things, I don't see why it could never contribute to some of those things too.

And I think that's where we are. I think you just, you have a situation where we're giving a lot of vaccines and when, even though I don't think it's true, but let's just say it's one in a million, a severe reaction.

Well, one in a million times one in a million times one in a million times one in a million, we're giving lots of vaccines. The number adds up real quick to being one in 100,000 or one in 10,000 or one in 1,000 of a severe reaction.

And when a lot of these diseases, you don't have a one in a thousand risk of dying from, this becomes a real question about benefits versus risk. So ultimately, that is the way we should be studying it and thinking about it.

And it's not black or white. It's what's the best way forward? How do we make kids the healthiest? And my thinking has always been and continues to be, I don't care if we're going to give kids a thousand vaccines in the future or zero, I want the healthiest kids.

And I want to know how to get there. And if more vaccines is better, ultimately, great. I don't care. Make a magic pill and give that to kids if they never caused them a problem.

But that is not how the world works. There's a plus and a minus, and we're not able to discuss or weren't able to discuss the concerns. And finally, we are.

And I hope that we do start to get some of this research and start to understand it. No, for sure. Doctors are not bad people. Pediatricians are not bad people.

These are individuals that go into a life of service to help kids be healthier. And so nobody wants to cause asthma or cause an autoimmune condition. And I think if you had the research and the data to show that a vaccine or anything else did, then people would change their practice.

And I think we have to get that data. Love it. You know, something you said, more is not always better. I was a college shot putter and I went to a track and field camp and I ran into a Russian and a U S former Olympian from like the seventies and eighties.

The U S shot putter was on a cane, barely could walk. It looked like he was just, I mean, ancient. It looked like he was a hundred years old. The Russian guy, same age, was smoking a cigarette, standing by in the ring.

By no means am I saying smoking a cigarette is a good thing. looked fine, looked healthy. And he's like, ah, stupid Americans. They always say more is better.

They take more and more and more and more steroids. And it was just so funny that he just was saying, he's just like, yeah, in the 80s, everyone was taking steroids.

Just don't take too much. Like, it's the same thing today. Don't take too much of anything. Don't take too many supplements. Don't take too many medications.

Don't take too many vaccines. Like what is the limit? I love that coming from you, man. So just for one more shout out, where can people get your book?

What's the name of it? So it's called Between a Shot and a Hard Place, and you can get it anywhere books are sold, Amazon or theshotbook.com, or you can find me at Dr.

Joel Gator on Instagram or X or on Substack, Between a Shot and a Hard Place is the Substack as well. We talk all about vaccines and kids' health as well, and that's been pretty popular lately, which has been cool to see that people are more and more interested in learning about this stuff.

I love it, man. Go get his book, look him up. And I can't wait to see you guys back on our next episode here. Come back and join us until next time. Thanks Joel.

Thank you. Thank you for tuning in to redefining wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

Also, please consider leaving a review. It helps more people find the show. See you here again.