



Written by [Heather Ray and Brian Hooker, Ph.D.](#) on June 4, 2024

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Devastating Impacts of Childhood Vaccines

The U.S. childhood vaccination schedule now includes up to 78 vaccines given over the first 18 years of life. Vaccines have proven to be a boon for pharmaceutical manufacturers, as individual vaccine sales can be as high as \$7 billion per year. Also, due to the passage of the National Childhood Vaccine Injury Act of 1986, vaccine manufacturers enjoy a liability shield against damages associated with vaccine injury. Because of this, the number of vaccines in the childhood schedule has increased dramatically, up from just 25 vaccines given in the first 18 years of life back in 1982.



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Effects of the Childhood Vaccination Schedule

Most students learn how to conduct a scientific experiment properly in the fifth grade. During those elementary-school science classes, a child learns the essential steps of the scientific method: observation, developing a question, researching the subject matter, forming a hypothesis, testing the hypothesis with a proper control and variable, analyzing the data, drawing a conclusion, and sharing the results. It might come as a great surprise to many people that the foundations of scientific experimentation are ignored during vaccine clinical trials. Contrary to common belief, vaccine manufacturers do not use true saline placebos in their clinical trials. Similarly, the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) have refused to compare the health outcomes of unvaccinated children to those inoculated with one or more vaccines, and have never made a comparison of health outcomes of children receiving the entire CDC-recommended childhood vaccine schedule versus those who have not.

Understanding the scientific and moral necessity for such integral, uncensored analyses, independent researchers, scientists, medical practitioners, and analysts put their reputations and careers on the line in search of the truth as they compared the health outcomes of vaccinated versus unvaccinated children. Their findings were chilling.

In 2017, Dr. Anthony Mawson found that partially and fully vaccinated children between the ages of six and 12 years old were much more likely to receive a chronic disease diagnosis — such as allergies, allergic rhinitis, ADHD, autism, eczema, learning disabilities, and neurodevelopmental disorders — than unvaccinated children. Vaccinated children also suffered from 6.4 percent more pneumonia infections and 19.8 percent more ear infections than unvaccinated children. Correspondingly, vaccinated preterm infants had 14.5 times greater odds of being diagnosed with a neurodevelopmental disability than infants who were unvaccinated and born at full term.

Just three years later, Drs. Brian Hooker and Neil Z. Miller affirmed these findings through peer-reviewed research, ascertaining that fully and partially vaccinated children had a significantly higher



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risk of receiving a diagnosis for developmental delay, ear infections, gastrointestinal disorders, and asthma than unvaccinated children. In a separate 2021 study, they also found that vaccinated children who were not breastfed for at least six months during infancy were over 23 times more likely to receive an asthma diagnosis compared to unvaccinated, breastfed children.

Similarly, a 2022 paper in the International Journal of Vaccine Theory, Practice, and Research by Joy Garner investigated health outcomes of vaccinated and unvaccinated children in 48 U.S. states and found similar results for asthma, ear infections, and allergies. Moreover, Garner's study team found that "27% of vaccinated children have at least one chronic condition," whereas less than six percent of unvaccinated children are diagnosed with chronic illness, and, during the first five years of life, vaccinated children had far more episodes of various illnesses than unvaccinated children, including aggressive behavior events, ear infections, convulsions, hospital admissions, and fever. Vaccinated children were also administered antibiotics more frequently than their unvaccinated peers.

Vaccines During Pregnancy

Pregnancy is one of the most sacred and vulnerable stages of life for both an unborn child and an expecting mother. Physicians routinely guide mothers-to-be through a series of prenatal appointments, examinations, nutritional counseling, and birthing classes to give them the best opportunity for a successful pregnancy and thriving baby. Out of an abundance of caution for the unborn child and its mother, numerous medications and even some foods are off-limits during pregnancy to minimize the risk of miscarriage, birth defects, and complications. Despite the dangers and serious adverse effects that have been documented, these same physicians routinely and injudiciously pressure their pregnant patients to receive the flu, Tdap, and Covid-19 vaccines in any trimester of pregnancy. However, the FDA has never intentionally tested the safety of these vaccines on a single pregnant woman as part of their approval process.

The respiratory syncytial virus (RSV) vaccine manufactured by GlaxoSmithKline is the only vaccine deliberately tested on pregnant women. However, in 2024, the vaccine clinical trials were terminated due to the significant risk of preterm birth.

Other studies show severe adverse events associated with prenatal vaccination. Women who received the flu vaccine before conception were subject to significantly higher odds of spontaneous abortion. Some formulations of the influenza vaccine contain thimerosal, a mercury-based preservative. Associations between prenatal thimerosal exposure and children diagnosed with regressive autism have been detected by the CDC. There is also an association between mothers who received the influenza vaccine during their first trimester of pregnancy and offspring receiving an autism spectrum diagnosis.

Postpartum hemorrhage is a severe and potentially life-threatening condition in which a woman experiences excessive bleeding after giving birth. This condition can occur between 24 hours and 12 weeks after childbirth. Studies show that women who receive the Tdap vaccine during pregnancy are at an increased risk of postpartum hemorrhage, stillbirth, and serious adverse reactions. Furthermore, studies show women who receive the Tdap vaccine during pregnancy are also at an increased risk of chorioamnionitis, a bacterial infection within the amniotic cavity that can severely affect the unborn baby and cause preterm birth. Unfortunately, the CDC disregarded these findings and simply recommended giving the vaccine in the third trimester instead of the first or second trimesters.



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In December 2020, the CDC recklessly recommended the Covid-19 vaccine for pregnant women, once again without regard to the sanctity and vulnerability of the mother and her unborn child. Tragically, pregnant women quickly began suffering the consequences of the irrational recommendations of the CDC and their healthcare providers. Of course, during the clinical trials, researchers did not test the Covid-19 vaccine on pregnant women.

Fever, fatigue, lymphadenopathy, and local reactions plagued pregnant women who received the Covid-19 vaccine at a much higher rate than those who did not receive the vaccine. Although the CDC supported the research showing these negative results, they continued to recommend Covid-19 vaccines for women who were pregnant, breastfeeding, or trying to get pregnant without pausing to complete the critical and appropriate safety studies. Pregnant women who received three Covid-19 vaccines were also at a much higher risk of postpartum hemorrhage and gestational diabetes than pregnant women who received no Covid-19 vaccines.

By 2022, VAERS reports for spontaneous abortion and fertility problems had risen exponentially, and the Covid-19 vaccine was responsible for 3.28 times more spontaneous abortions and 13.4 times more fertility problems than all other vaccines combined over the 32-year history of VAERS.

Mercury and Aluminum in Vaccines

Because the CDC and FDA have failed to look at the health outcomes of vaccinated children compared to unvaccinated children, and vaccine manufacturers refuse to use true saline placebo controls in vaccine clinical trials, many vaccines have proven to be extremely dangerous and toxic to our children.

Thimerosal is a preservative found in many vaccines, primarily in multi-dose vials, to prevent bacterial contamination. This compound is almost 50 percent mercury by mass and is one of the most toxic substances found on the Earth; many other countries have banned its use.

The CDC was informed by its own scientists that thimerosal can cause autism, sleep disorders, speech disorders, and neurodevelopmental disorders (NDD) in children. Instead of doing right by children and removing thimerosal from vaccines, they found a way to cover up the truth. After manipulating and reworking the data, the CDC released flawed studies declaring that no relationship between thimerosal and NDDs exists.

Worth the risk? While many childhood vaccines in the United States no longer contain the mercury-based preservative thimerosal, the seasonal flu vaccines typically do. Thimerosal has been shown to cause many neurological disorders. (AP Images)



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Once again, brave medical practitioners and scientists independently researched thimerosal-containing vaccines. Their results were consistent with Dr. Thomas Verstraeten's initial findings. In 2008, Dr. Heather Young, along with Dr. Mark Geier and David Geier, used the same data from the CDC's Vaccine Safety Datalink as Dr. Verstraeten and found that a difference of 100 mcgs of thimerosal given in infant vaccines between birth and seven months of age increased a child's risk of being diagnosed with autism, ASD, ADD/ADHD, and tics. Similarly, a CDC study team discovered that boys who received higher levels of thimerosal in their infant vaccines by seven months old had higher risk of being diagnosed with phonic and motor tics. Researchers in the U.K. also found a consistent relationship between children who received three and four doses of the thimerosal-containing DPT/DT vaccine at three and four months of age and tics. In complementary studies, newborn boys in the United States vaccinated with thimerosal-containing hepatitis B vaccines within the first month of life had a three times higher risk of receiving an autism diagnosis, and boys who received the triple-dose hepatitis vaccine were almost nine times more likely to require special-education services than those who were unvaccinated.

Aluminum-containing compounds are used as adjuvants in many vaccines to create a stronger immune response in the vaccine recipient. Aluminum is an established neurotoxin that can penetrate the blood-brain barrier and has been linked to autism, Alzheimer's disease, and epilepsy. CDC scientists have also shown that aluminum exposure through the infant/child vaccination schedule is associated with increased risk of persistent asthma.

Adolescent girls and boys are exposed to high levels of aluminum through the human papillomavirus (HPV) vaccine on the U.S. vaccination schedule. In 2011, five years after the introduction of Merck's Gardasil HPV vaccine in the United States, scientists described a new syndrome called ASIA (autoimmune inflammatory syndrome induced by adjuvants). ASIA is marked by small-fiber neuropathy and dysautonomia leading to chronic fatigue syndrome, fibromyalgia, and postural orthostatic tachycardia syndrome (POTS). Agencies such as the European Medicines Agency have acted to cover up the relationship between aluminum adjuvants and POTS despite the fact that their own research showed a strong association. In the case *Robi v. Merck*, the plaintiff suffered a heart condition and nerve pain after receipt of the Gardasil vaccine. Many similar cases have been filed in the National Vaccine Injury Compensation Program.

This article gives just an overview of some of the many issues with vaccination and the current U.S.



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childhood vaccination schedule. It is extremely unfortunate that the U.S. Department of Health and Human Services will not acknowledge the harm done by the vaccination schedule or the individual vaccines comprising the schedule. We are grateful for independent researchers who continue to investigate these issues despite lack of funding, marginalization, and outright persecution.



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