

Childhood Vaccine Schedule Led to ‘Greatest Decline in Public Health in Human History’

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Global Research, May 22, 2024

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Region: [USA](#)

Theme: [Science and Medicine](#)

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A U.S. Senate roundtable discussion, hosted by Sen. Ron Johnson, tackled a taboo topic — why public health agencies have not studied the health outcomes of vaccinated versus unvaccinated children

In 1962, children received just five vaccine doses. As of 2023, children up to age 18 receive 73 doses of 16 different vaccines; the cumulative effects of this childhood vaccine schedule have never been tested

Research shows vaccinated children experienced significantly higher instances of various health issues, including allergies, asthma, behavioral issues and gastroenteritis

The 1986 National Childhood Vaccine Injury Act requires the U.S. Department of Health and Human Services (HHS) to report on vaccine safety every two years, but the agency has “never submitted a vaccine safety report to Congress”

Health agencies have data on health outcomes for vaccinated and unvaccinated children, but they refuse to make it public, likely due to financial conflicts of interest

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A U.S. Senate roundtable discussion, hosted by Sen. Ron Johnson, tackled a taboo topic — why public health agencies have not studied the health outcomes of vaccinated versus unvaccinated children — and have refused to make data on the topic available to the public.¹

“They do not publish the results [or] let any independent scientist in to look at that

information,” Brian Hooker, chief scientific officer for Children’s Health Defense, said. “They refuse to publish the results and they really know why. It’s because the bloated vaccination schedule is responsible and is, I would say, in part responsible for the epidemic of chronic disorders that we see in children in the U.S.”²

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Explosion of Childhood Vaccines Led to ‘Greatest Decline in Public Health in Human History’

Del Bigtree, CEO of the Informed Consent Action Network (ICAN), referenced the significant increase in chronic illnesses that’s risen along with the number of childhood vaccines.

“In the 1980s, when we were giving 11 doses of about three vaccines, the chronic illness rate, which includes neurological and autoimmune disease, was 12.8%. Once we passed the 1986 [National Childhood Vaccine Injury] Act and we had the gold rush of vaccines explode ... the chronic illness rate, neurological and autoimmune disease, skyrocket[ed] to 54%,” he said.³

However, that was in 2011 to 2012 — and might be even worse today. “We have no idea since then how bad this has gotten. But what you were looking at right there is the greatest decline in public health in human history,” Bigtree noted.⁴ He added:⁵

“None of the 14 routine vaccines on the CDC’s recommended schedule ... was ever put through long-term double-blind placebo-based safety trials prior to licensure. Since this type of trial is really the only way to establish that a pharmaceutical product is safe, it is misinformation to state that the vaccines are safe.”

On the contrary, a number of studies suggest that unvaccinated children may be healthier than those who are vaxxed.

Vaccinated Children Have Higher Rates of Asthma, Neurodevelopmental Disorders and More

Dr. Paul Thomas, whose medical license was suspended due to his advocacy for informed consent regarding vaccinations, along with James Lyons-Weiler from the Institute for Pure and Applied Knowledge (IPAK), conducted a study comparing the health of vaccinated and unvaccinated children.⁶

Their findings revealed that vaccinated children experienced significantly higher instances of various health issues, including:⁷

Asthma	Allergies
Eczema	Sinusitis
Gastroenteritis	Respiratory infections
Middle ear infection	Conjunctivitis
Breathing issues	Behavioral issues

Notably, among the 561 unvaccinated children, none were diagnosed with attention deficit hyperactivity disorder (ADHD), whereas 0.063% of children who had received some or all recommended vaccinations were diagnosed with ADHD.

“The implications of these results for the net public health effects of whole-population vaccination and with respect for informed consent on human health are compelling,” they wrote.⁸ The study also points out that the rate of autism spectrum disorder in their practice was half that of the U.S. national average (0.84% versus 1.69%). The rate of ADHD in the practice was also about half the national rate.

According to the authors, “The data indicate that unvaccinated children in the practice are not unhealthier than the vaccinated and indeed the overall results may indicate that the unvaccinated pediatric patients in this practice are healthier overall than the vaccinated.”⁹

At the roundtable, Hooker added, “‘When you look at developmental delays, when you look at asthma, when you look at ear infections, when you look at allergies, when you look at ADD [attention deficit disorder], ADHD, autism,’ unvaccinated children fare ‘way better.’”¹⁰

Aluminum Toxicity Alone Is a Problem

There are multiple mechanisms of potential harm when it comes to vaccination. One of them involves aluminum, the most commonly used vaccine adjuvant.¹¹ A demonstrated neurotoxin, aluminum is added to certain vaccines to increase the immune response and, with that, theoretically generate a higher response of protective antibodies.

However, repeated exposure to vaccine components such as aluminum could be harming children. As Hooker shared, “28 vaccines are given in the first year of life, one vaccine on the first day of life and upwards to eight vaccines when an infant is just 2 months old. If you look at the aluminum toxicity alone, it far surpasses the single-day toxicity limit for aluminum exposure in newborns.”¹²

A study funded by the U.S. Centers for Disease Control and Prevention (CDC) found that, among children with and without eczema, exposure to vaccine-associated aluminum was positively associated with persistent asthma. There was a 1.26- and 1.19-times higher risk of persistent asthma for each additional milligram of vaccine-related aluminum exposure, respectively, for children with and without eczema.¹³

Children who received all or most of the recommended childhood vaccines that contain aluminum received a cumulative aluminum exposure dose of more than 3 milligrams (mg). This group had, at least, a 36% higher risk of developing persistent asthma than children who received fewer vaccines, and therefore had a less than 3-mg exposure to aluminum.¹⁴

The study was observational in nature and stopped short of saying that it proves a link between aluminum-containing vaccines and asthma. The CDC also stated that it has no intention of altering its vaccine recommendations based on this study alone.¹⁵ However, the researchers pointed out that rates of asthma in U.S. children steadily increased in the 1980s and 1990s, then remained steady since 2001.

The 2001 date is significant, as most aluminum-containing vaccines were added to the childhood vaccine schedule before 2001. This includes, for example, diphtheria, tetanus, and acellular pertussis (DTaP), hepatitis B, some formulations of Haemophilus influenzae type b (Hib) and pneumococcal conjugate vaccines. According to the study:¹⁶

“There are many environmental and genetic risk factors for asthma, and any contribution from vaccine-associated aluminum has not been proven or supported through replication. However, because most aluminum-containing vaccines were added to the routine schedule prior to 2001 ... observed national trends in asthma prevalence during childhood are not incongruous with the effect estimates observed here.”

COVID Shots Caused 30 Child Deaths for Every One Saved

COVID-19 shots were added to the U.S. childhood, adolescent and adult vaccine schedules after a unanimous (15-0) vote by the U.S. CDC’s Advisory Committee on Immunization Practices (ACIP). By adding the shots to the vaccine schedule, it paves the way for U.S. schools to require them for attendance.

Pfizer and Moderna, the shots’ makers, were also granted permanent legal indemnity, which otherwise would have disappeared once COVID-19 shots were no longer protected under emergency use authorization (EUA).¹⁷ Yet the shots have proven disastrous for children.

Hooker told the roundtable research shows “that for every one child that is saved from death from COVID-19, there are 30 child deaths associated with the COVID-19 vaccine. So, the risk-to-benefit ratio in terms of mortality is 30 to 1.”¹⁸

A now-retracted narrative review published in the journal *Cureus* called for a global moratorium on mRNA COVID-19 shots,¹⁹ citing significant increases in serious adverse events among those who received the injections, along with an “unacceptably high harm-to-reward ratio.”²⁰

When factoring in absolute risk and the “number needed to vaccinate” (NNV), a metric used to quantify how many people need to be vaccinated to prevent one additional case of a specific disease, the review found “for every life saved, there were nearly 14 times more deaths caused by the modified mRNA injections.”²¹

The authors of the paper also said the shots should be immediately removed from the childhood vaccine schedule, while boosters should also be suspended. “It is unethical and

unconscionable to administer an experimental vaccine to a child who has a near-zero risk of dying from COVID-19 but a well-established 2.2 percent risk of permanent heart damage based on the best prospective data available,” the paper notes.²²

Heart damage from the shots includes myocarditis, which is inflammation of the heart muscle that can cause heart failure, abnormal heartbeat and sudden death. “Myocarditis is a serious disorder and 76% of all cases following COVID-19 vaccination, as reported to the Vaccine Adverse Event Reporting System [VAERS], required emergency care and/or hospitalization,” Hooker said. However, the “CDC significantly downplays myocarditis as a side effect of the vaccine.”²³

Health Agency ‘Never Submitted’ Required Vaccine Safety Reports to Congress

The roundtable discussion occurred as part of a larger discussion on “Federal Health Agencies and the COVID Cartel.” The group included medical experts, political figures, journalists and whistleblowers who accused government, media and Big Pharma of censorship and coverups related to COVID-19 jab injuries.²⁴

Hooker testified that the 1986 National Childhood Vaccine Injury Act requires the U.S. Department of Health and Human Services (HHS) to “report to Congress on the state of vaccine safety in the U.S. every two years.” However, he said HHS has “never submitted a vaccine safety report to Congress.”²⁵

Hooker also reported that health agencies have data on health outcomes for vaccinated and unvaccinated children, but they refuse to make it public. The data, which includes close to 30 years’ worth of information on more than 10 million people, is housed in a database called Vaccine Safety Datalink.

Despite Hooker making more than 120 Freedom of Information Act (FOIA) requests, and going through “congressional representatives to get the Vaccine Safety Datalink itself,” he says, “It is simply something that they will not do.”²⁶ He believes financial conflicts of interest are the reason why:²⁷

“CDC buys and sells \$5 billion worth of vaccines a year through the Vaccines for Children program. They also spend half a billion dollars a year ... advertising and through public relationship campaigns for vaccinations in general, as compared to a woeful budget of \$50 million that is being used for vaccine safety every year.”

In a discussion on Steve Bannon’s “War Room,” Hooker added that, as it stands, public health agencies are not protecting the public from vaccine injuries — something to carefully consider in your own medical decisions regarding vaccinations:²⁸

“The CDC, FDA and NIH (National Institutes of Health) are derelict in their duty ... to protect children and adults against vaccine injury in order to report to Congress the state of vaccine safety science, and their responsibility to the American public and to public health in order to protect the American public.”

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Notes

^{1, 2, 3, 4, 5, 10, 12, 18} [Children's Health Defense February 29, 2024](#)

^{6, 8, 9} [Int J Environ Res Public Health. 2020 Nov; 17\(22\): 8674](#)

⁷ [Substack, COVID Intel, Dr. William Makis April 2, 2024](#)

¹¹ [Curr Med Chem. 2011;18\(17\):2630-7](#)

^{13, 14} [The Epoch Times October 5, 2022](#)

¹⁵ [The Vaccine Reaction October 3, 2022](#)

¹⁶ [Academic Pediatrics September 28, 2022, Discussion](#)

¹⁷ [Substack, The Dossier October 18, 2022](#)

¹⁹ [Cureus January 24, 2024](#)

²⁰ [Cureus January 24, 2024, Abstract](#)

²¹ [Cureus January 24, 2024, Review](#)

²² [World Tribune February 5, 2024](#)

^{23, 24, 25, 26, 27, 28} [Children's Health Defense February 26, 2024](#)

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