CUSTOMERS FOR LIFE

One of the most indefensible sets of medical overreach is the hepatitis B vaccine, administered to newborns within hours of birth. Hepatitis B is said to spread through intravenous drug use, promiscuous sexual contact or contaminated blood from sharing needles—realities as foreign to an infant as the risk itself. These tiny, vulnerable lives face no plausible threat of infection outside of extreme scenarios, yet the CDC insists on universal vaccination, bypassing logic entirely.

By anchoring this vaccine to birth, Big Pharma secures a lifelong revenue stream—every infant may become a profit statistic. But the agenda runs deeper. The hepatitis shot, loaded with 250 mcg of aluminum—a neurotoxin with no safe threshold for infants—serves as a Trojan horse. It destabilizes developing immune and neurological systems, priming children for a cascade of chronic conditions, including autoimmune dysfunction, speech delays and sensory disorders.

This is not protection; it is population-wide sabotage. Injure children early, and you create perpetual customers who become reliant on medications, therapies and interventions sold by the same industry that poisoned them.

The timing is deliberate. By injecting newborns before they leave the hospital, subsequent adverse reactions—colic, seizures, failure to thrive—can be conveniently dismissed as "genetic" or "idiopathic." Meanwhile, no one discusses aluminum's impact on the young brain. Grieving parents, gaslit by a system complicit in this betrayal, are left to ponder the unanswerable question, "What happened to my child?"

The deeper implications of the "early-and-often" childhood vaccine schedule remain largely unexplored. Researchers who attempt to examine these questions typically find themselves ostracized, their findings dismissed or retracted. If the goal of vaccination were truly public health, the resistance to scrutiny would be illogical, and policymakers would demand rigorous, long-0term studies on the unintended consequences of mass vaccination. Instead, we see authorities systematically downplay or ignore vaccination's far-from-negligible risks.

Where the childhood vaccine schedule is concerned, not one of the eighteen "routine" vaccines on the CDC schedule has undergone rigorous, independent oversight. The lack of long-term pre-licensure, double-blind, placebo-controlled studies using inert placebos leaves critical safety questions unanswered, yet the public is expected to trust the system without question.

Seldom do parents receive information about the potential dangers of co-administering multiple vaccines, the long-term effects of specific vaccine ingredients or even whether these interventions are needed at all. The *Engerix-B* (hepatitis B) **information sheet alone lists fifty potential adverse events, including encephalopathy, multiple sclerosis, seizures, and paralysis. The warnings are not arbitrary—the FDA requires manufacturers to disclose risks "reasonably" linked to vaccines—yet no crucial safety studies needed to confirm or deny these risks scientifically have been done. Most parents remain in the dark about these glaring research gaps.**