

Caspar ([00:00:00](#)):

Caspar ([00:00:23](#)):

I think there isn't a more polarizing subject in medicine over the past decade than vaccines. It doesn't seem like there's a lot of gray area when it comes to this topic. And many doctors and experts simply stay away from it altogether. It used to be, we don't talk about religion, politics or finances at the dinner table, but now it's, don't talk about vaccines unless you want to get in some real heated arguments. And as a disclaimer, this is not an anti-vax podcast. Counter to what many assume I support the idea of providing the human body with information that can strengthen it and allow it to function better, which is the basic premises of not just vaccines, but homeopathy in a whole number of ancient healing modalities. But when you have a medical treatment that is completely immune from any legal actions related to injuries and a compensation act that has paid over 2 billion in damages, to families since 1988, with that money coming from our taxpayer dollars, you have to start to be inquisitive.

Caspar ([00:01:26](#)):

And asking question is what today's podcast is all about to help answer these questions. We're turning to a medical doctor who has been studying vaccines for over 30 years and speaking on them at events worldwide, this is the story behind vaccines with Dr. Lawrence Palevsky.

Caspar ([00:01:45](#)):

Everyone seems a little bit threatened by the truth, but again, the truth is very objective these days. And that's something I want to sort of get into as you're trying to get to a truthful analysis and not being unbiased with this, which I feel you've done. And that's, that's what I want to present because I don't feel there's enough out there right now that is giving people informed consent. And I think it's disinformed consent right now. I think it's disingenuous consent almost right now with everything. And I do want to start there in a sense to, to bring up this idea of this, this podcast, being about empowering people to make decisions, not trying to sway them, not trying to be a biased opinion. You're an expert in the field. I mean, would you though consider yourself that quote on quote anti-vaxer?

Dr. Palevsky ([00:02:31](#)):

It's a very interesting term. Anti-vaxer. I'm pro information I'm in favor of looking at the information and evaluating it, assessing it, making sure that there's two sides or even three sides to look at and, you know, just delving into it and seeing what really might be going on. And that's the scientific method. And when I went to medical school, what I was told was vaccines are safe. Vaccines are effective, and this is the deal here. Here's your dish, here's your dinner. And we ate it then along the way, life experience challenged what I had for dinner. And so do I keep putting in my mouth the same food, or do I question whether the food that I'm putting in my mouth is not as good for me or not as resonant with what my body needs, because I'm seeing all this stuff and I'm experiencing all this stuff that says, you know, this might not be all good for me.

Dr. Palevsky ([00:03:43](#)):

And the thing is when I went to medical school in 1983, we were really taught to think, I mean really taught to think and critically analyze. And when the information first started coming in front of me, that there was reason to question vaccines as being safe and effective. There was no longer thinking. Like all of a sudden you were anti-vax if you started to actually think, and I know, and you know, that that

becomes dogma and no longer a thought process or the possibility of entertaining noncongruent ideas from what you were trained. And so once I got into medicine in the field, in the office, in the ER, in the intensive care unit, in the neonatal intensive care unit, in the clinic on the inpatient pediatric ward, what I was served for dinner didn't taste the same anymore. Right. I actually developed new taste buds and I wasn't supposed to develop new taste buds. I was supposed to eat the same mush that was served to me for dinner. And I couldn't because I'm

Caspar ([00:05:06](#)):

Do you think that was the, why was because I'm hearing what you're saying makes total sense to me, right? It's just, you experienced something, you look into it, you changed your objective. You're thinking about something, but it seems that most doctors today that went through conventional training are saying, vaccines are safe. They're on board with that. Is that a myth that most doctors are? Or what is it there?

Dr. Palevsky ([00:05:29](#)):

Well, I, I can't speak for most doctors. I can just speak to the process of knowing something. And from my perspective, there are three ways of knowing. Now, I don't know if I'm right there may be more, but I know that there are at least three ways of knowing something one, you know, it intuitively it's just something that rises through you and women understand that concept much better than men, but more and more men are being able to tap into their intuitive sides. So that's one, one way of knowing is intuition. Another way of knowing is through experience, through trial and error, through research, through reading, through doing things, yourself, going through things left and right up and down then after your own experiments and your own observations and your own discovery and your own weighing and evaluating and examining you come up with knowledge because you went through it.

Dr. Palevsky ([00:06:34](#)):

And then the third thing that allows us to know things is what is served to your brain. Now in medical school, intuition was not very much addressed, right?

Caspar ([00:06:47](#)):

I could imagine.

Dr. Palevsky ([00:06:48](#)):

And in training not much addressed. And you had to become a doctor because you went through the experience through the trial and error through the doing through the evaluation, the experimentation. And then of course you are served with information. What I have seen happen over the years is that numbers one and two are no longer relevant in how you know things. And so what I have seen from both the medical field from the media, from government, from scientists, from medicine and from tech and from Hollywood, is that the only way to know something is what we tell you. Number three. And so what happens when the majority of your information is not yours, but you've absorbed it and you've taken it on as yours and you'll fight to the death because it was told to you by an authority whom you trusted so much, that you were willing to disempower yourself to make that information now yours, because you devoted yourself, you worshiped you idolized.

Dr. Palevsky ([00:08:03](#)):

You saw these experts as prophets and false gods, and you decided you didn't have to go through any research, experimentation, evaluation, and determination yourself, or you didn't have to go and really look at your intuitive states. You could just sit back and say, number one, number two, gone. I trust big pharma, big medicine, government science, media, Hollywood, tech, you guys got it. I can just sit back and rely on your messaging. And so when you try to challenge someone whose basic information and knowledge is based on what he or she has received from others, you are really dealing with a house of cards because there's nothing behind it, of substance, because the intuitive self and the life experiential self has been either eliminated or destroyed. And what you're left with is people who are just repeating, who are dogmatic and, um, who are devoted to the party line.

Dr. Palevsky ([00:09:21](#)):

And so I just decided that my knowledge was not simply based on what somebody told me, but it was based on what I was going to do to figure out what was really true. And I went from being educated to, um, I'm sorry. I went from training to education and education is, you know, you got to do some, you know, getting dirty on your, on your own. You can't just allow somebody to tell you something and you just nod your head and say, okay, that's it. I know now my knowledge is complete. And so what happens to that knowledge base? When you try to introduce something new to it, it's completely resistant because there's nothing behind it. It's like a Hollywood set where all the buildings are just facades, but there's just nothing behind it. There's no building behind it. And so that's where I think we are.

Dr. Palevsky ([00:10:23](#)):

And that's why someone would automatically call me an anti-vaxxer rather than say, I'm really curious. What made you go from medical school training, which told you vaccines are safe and effective to making the kinds of statements and questions that you now put out in public. And what's interesting Caspar is that I don't give an opinion about vaccines when I'm in public. I just recite the scientific literature. So it's not my opinion. It's just, here's the literature. And here are questions based on that side and that side. How do you make sense of that side? And that side, if this information is there and being ignored and eliminated and censored. And so when you start to get to a place where scientific information is ignored and eliminated and censored, well, if you're not suspicious on top of that, then, you know, okay, you're going to get blown over by that house of cards because you ain't got nothing.

Dr. Palevsky ([00:11:36](#)):

If that's all you get your information from. And most of the parents who have children who are vaccine injured, they only went by number three, they trusted, they allowed, they devoted they worshipped, and then they had a life experience. And then the persons who they devoted their trust to told them, no, you didn't have that experience. What happened to your child is a coincidence. It's nothing to do with it. And that's true if you happen to see it a couple of times, but when you start hearing it, hundreds of thousands, if not millions of times, and many of those stories are individual stories where parents haven't spoken to other parents and they tell the same story over and over again. What's it going to take for you to wake up?

Caspar ([00:12:36](#)):

Yeah. I think a lot of people won't and many people are indoctrinated and ingrained to those belief systems. And they're very challenged by additional information or something outside of that. And even Paul Chek, when I spoke with him, he said, one of the biggest problems we're facing today is we're not taught how to think anymore. No, we're taught what to think, that's it. And once we lose that ability to

think for ourselves, that's the end of it. You could be told anything over and over, and that will become your truth. Even if it's completely against what you're seeing with your own eyes.

Dr. Palevsky ([00:13:08](#)):

I'm going to play with something you just said. Yeah. We're not taught what to think. We're taught what to say, because it's not even thinking, it's not thinking it's just repetitive regurgitation. Yeah. And the funniest thing that I see happen is that if you bring up a subject that contradicts what they were told, Oh, you're a conspiracy theorist, right? Or, Oh, you're one of those. Yep. Or an, I, I should look at them, which I don't do, but I should look at them and say, Oh, you're one of those devotays, Oh, you're a follower of Jim Jones, aren't you. Right. I get it because that's really what it is. And the thing is that almost every parent who is labeled as anti-vax is really an ex vaxer because they learned the hard way. And more and more people who are anti-vax, who are not ex-vaxers are more or less anti-vax because they know people who are ex vaxers.

Dr. Palevsky ([00:14:19](#)):

And they said, wait a second, I'm going to do my research on this. And once they did their research on it, they saw that there was some validity to it, but it's a cognitive dissonance. I mean, what happens when you try to put a wooden nickel in a slot machine and introducing the idea that the information that they repeat may not be true, requires some very interesting psychological steps. One, you have to get to the place where you're open to the possibility that what you were told isn't true. Two. You have to recognize that you weren't personally responsible or accountable for the information that you were believing. Three. You actually have to realize that you trusted an authority who may have lied to you. Four. You now have to deal with the fact that you may have hurt yourself by absorbing that information. And you might've hurt others by absorbing that information. Five. You then have to muster up the level of anger and betrayal that comes with realizing one through four.

Dr. Palevsky ([00:15:35](#)):

And then six is now what, what do you do? And because you then have to realize that you have become complicit in an arrangement that could possibly destroy your very existence. And that's pretty deep and it's brilliant propaganda, you know, because if we've been watching over the last 40 years that I can really pay attention, you know, like I recall we've had amazing tricks in the series of steps that I just talked about that have created the kinds of robots that we're seeing in our culture today and in our world, because for you to really think on your own, you got to go through some major steps to realize what the truth might really be. And that's earth shattering. It's not easy, no it's earth shattering. I'll never forget. When I first started to become aware that there was more information around vaccines than I was trained to know about.

Dr. Palevsky ([00:16:50](#)):

And when I started getting into more holistic health and understanding that there were other ways that I could help my patients, I literally felt the ground cracking and one foot going this way and one foot going that way. And at some point I had to decide, do I stay here where I feel like my information is incomplete and no one is interested in hearing my curiosity and my, my literature that I was finding, or do I go here where things are potential, but nothing has yet been created. And there are no foundations yet. And I leaped and I never looked back. And the thing is, is that I always practice Western medicine. I'm always using my clinical skills to diagnose, to understand, to try to best figure out what's going on with the kid, but the tools that I use are very different. They're very different.

Caspar ([00:17:52](#)):

Yeah. And I, I mean, I want to help people take that leap of faith you took and it's, it's difficult. It is. But I'm hoping through answering some of the questions in this podcast, people would do that because even looking back, you say you started about 40 years ago when you were in medical school. I believe back then there were seven or so vaccines that were given to children.

Dr. Palevsky ([00:18:12](#)):

When I entered medical school in 1983, we had the DPT. So diphtheria, pertussis, and tetanus. We had the oral polio vaccine, which contained the three of the polio viruses. And we had the measles vaccine. So the measles vaccine was started in 1963. And it wasn't until 1985 that we had the Haemophilus influenza B vaccine. But that wasn't given to all children, that vaccine was then changed because it was found to be ineffective. And we had a new vaccine in 1987 for Haemophilus influenza B. And then that vaccine wasn't widely used in all children until 1989. So by 1989, we had the DPT, the oral polio and the Haemophilus influenza B and around the same time is when we started to use the measles mumps, rubella together. MMR. So in the mid to late eighties. And so that was what we had then in 1991 came the hepatitis B vaccine, which was mandated for every newborn, born in this country.

Caspar ([00:19:32](#)):

Immediately, right?

Dr. Palevsky ([00:19:34](#)):

Immediately within the first 24 to 48 hours. And I had no reason at that time to question vaccines, but what occurred to me in 1991 was wait a second. Diphtheria, pertussis, tetanus vaccine was developed because there were diphtheria pertussis, tetanus illnesses, polio vaccine was developed because there were polio illnesses. The Haemophilus influenza B vaccine was developed because Haemophilus influenza B bacterial meningitis and epiglottitis were seriously killing kids. And then the measles mumps rubella vaccine was developed because it was seriously affecting children. But hepatitis B infection was never a problem in the pediatric population. And that's when I raised my eyebrow and said, this doesn't make any sense. Why would we be giving a vaccine to newborns who are not at risk for hepatitis B infection? Because they're not having sex. They're not using needles. They're not exchanging blood products with others. And if a baby were born to a mother who has hepatitis B surface, antigen positive, then I could see a clinical indication for it.

Dr. Palevsky ([00:20:59](#)):

But this raised my, my eyebrow and said, this doesn't make any sense, clinically. Why would we be giving a vaccine to kids? When the concern was for hepatitis B infections in high risk populations that were developing chronic hepatitis B infections, leading to liver cancer, leading to a 3,500 deaths per year in the adults, like where was it shown that this vaccine was going to stop the adult who was using needles from developing a chronic hepatitis B infection that led to liver cancer that led to their death. There was no evidence of that. But somehow everyone just did. And I didn't think anything further. And I just kept going. I worked in the ER, I covered a private practice. I ran a pediatric intensive care unit, worked in a neonatal ICU. And then about 1995, we got the chickenpox vaccine. And I scratched my head again.

Dr. Palevsky ([00:22:04](#)):

I said, this doesn't make sense. Chicken pox is a benign illness. All the kids have it and get it. And they're pretty okay with it. And at the same time, I asked a colleague of mine who was in private practice in New York city. Now this is 10 years after he trained me in medical school in 1985. And I said to him, Mike, are you giving hepatitis B vaccine to your babies in your office? He said, yeah, why? I said, Mike, it makes no sense. He said, yeah. Okay. I said, there's no reason to give it to them. They're not at risk. You know, this is for the 3,500 people who died per year from chronic hepatitis B infection that leads to liver cancer and death. He said, yeah, Larry, but I have to. And so there's where the thinking stop. And then by 1998, you know, we had the flu shots. We had the DPT that was being changed over the D A P T the a cellular pertussis. And then the rotavirus in the two thousands, the HPV vaccine in the two thousands, the meningococcal vaccine in the two thousands. And it just escalated from there. The smallpox vaccine was stopped in 1972 and it just keeps going.

Caspar ([00:23:29](#)):

How many injections. Cause it's not just vaccines some take multiple injections. And how many injections are we talking about for a child these days growing up in the 2000 tens twenties now, right before the age of let's say 10, because I mean, I felt I could count growing. I was born in 1981. I can count how many times I had vaccines. I still have a card with a few stamps on that was it.

Dr. Palevsky ([00:23:51](#)):

Well, and I forgot the pneumococcal one PCV seven, which then became PCV 13, the one day old, supposed to get the hepatitis B vaccine and the vitamin K. And then the two month old is supposed to get the DPT, the polio, the Haemophilus influenza B, the pneumococcal PCV 13, and is usually given the rotavirus vaccine. Then the same at four months, although a hepatitis B will probably be given somewhere in there as the second dose. And then the six month old, all of those minus the polio, but now added the flu shot. And then somewhere in the first year, the third hepatitis B vaccine, and then by 12 months, the MMR and the chicken pox, 12 to 15 months. And then by 18 to 21 months, the, the next DPT. And then I skipped one at 15 months, the Haemophilus influenza B and the Prevnar, the PCV 13. So it's two, four, six, 12, 15, 18 to 21 months. And there may be a couple of others mixed in if people are spreading them out. So it's constant injection pretty much.

Caspar ([00:25:17](#)):

And it's usually at the same time, correct? Cause I remember speaking with a doctor and when he went through school recently, he had someone that was on board of making the strategy for vaccines and basically said that it's not so much that you have to take them together. It's about convenience and having people do it. So they do it at the same time, but you could potentially spread it out as well. Something I'll get into a little later, but they are done multiple at one time and they try and do that for basically not making you go back to the doctor's office over and over and spreading those out. Is that correct?

Dr. Palevsky ([00:25:52](#)):

Correct. But I mean, some of them are already combined. Okay. So it's not individual shots. Like, I mean, there are different combinations of, of some of the vaccines, but you know, it's somehow against the law to do an alternative schedule. And in fact, a colleague of mine in Oregon had his license suspended from practicing medicine because he wasn't following the CDC recommended schedule and he was following an alternative schedule. And the fact of the matter is that there is no law, it's a CDC recommended schedule put out by the advisory committee, not the Gestapo, but the advisory

committee. And the thing is that in his state there's choice, right, there are exemptions. So if he gives it in an alternative schedule, he's simply following the law, right? He's giving the vaccine and he's following the law. One of the criticisms of him is that there were children in his practice who got the disease anyway, because he didn't vaccinate them on time.

Dr. Palevsky ([00:27:10](#)):

Now there's much more to that subject than meets the eye because it comes from this place of no child who's fully vaccinated would get the disease because they were fully vaccinated. And that's not true either because there are tons of kids that get the disease, even though they're vaccinated. And of course the unvaccinated would be blamed for that. Which medically makes no sense because if you're vaccinated, you should be protected. Why are you worried? But the idea is that the unvaccinated would be carrying the germ to give it to you because the vaccine is supposed to make the germ disappear. And so an unvaccinated child still carries the germ to pass to you, which again makes no scientific sense, but it's number three of the, how do you know things it's just parroted. But if you really think about it, how does a vaccine stop you from carrying the germ? It doesn't. And where are the studies to actually show that it does stop you from transmitting the germ to others? There are none, but yet it's completely parroted as true.

Caspar ([00:28:28](#)):

Is that the paradox right now of what is going on that you're seeing that everyone needs to be vaccinated, meaning that if your child is vaccinated, if I have a house with the alarm and the alarms on I'm safe in my house, if your house doesn't have an alarm, okay, you're unsafe, I'm still safe. Correct. And I believe in my alarm system, so either I don't believe in my alarm system and saying, well, if they break in next door, maybe nine's not working and they'll come over here and break in because it doesn't work very well. Or I'm simply not believing that, you know, the next door would also work and go there. And it's, you know, so I don't quite understand it's either you believe that vaccines don't work very well, or there's just a denial of something towards someone who wouldn't have a vaccine.

Dr. Palevsky ([00:29:14](#)):

Correct. So this is the devotion. This is the, the devotion to the false gods and the false prophets and the false worshiper, because it is handed down that vaccines will stop the transmission of the germ and nobody thinks about it. But how does a vaccine stop you from carrying the germ? Crickets? Because there is no plausible and realistic scientific evaluation. So in other words, you get the MMR and if enough children get the MMR, then there won't be as much of the germ to be carried around in society. So fewer people would be likely to get sick.

Caspar ([00:30:00](#)):

Is that herd immunity basically, we're talking about.

Dr. Palevsky ([00:30:03](#)):

That's what's taught. All right. So here's the question. When you vaccinate children against the MMR, has anyone ever evaluated what happens to the measles virus or the mumps virus or the rubella virus after children are vaccinated against those viruses? Like what happens to it?

Caspar ([00:30:23](#)):



They don't just disappear, right? They don't just go, Oh, the vaccines out there. We're going, we're going to pack it up and say goodbye.

Dr. Palevsky ([00:30:28](#)):

Right. But what happens to it? Where's the evaluation as to whether or not the germ is still there. Zero Caspar, zero evaluation. Now take it one step further. You're using a live virus vaccine. So you're essentially putting the live virus into children's bodies. And now you're telling me that there will be fewer viruses to go around in society. Now, if that isn't a lie, I don't know what is because you're actually putting the live virus into children. And then you're telling us that because enough children were vaccinated, there's less of the virus to go around. Now show me that. And so someone might say, well, we don't see as much measles anymore. And I'll say, well, that's really interesting. We don't see as much acute measles infections anymore. But if we're injecting the live measles virus into the body, is it possible that we might be creating a chronic measles infection?

Dr. Palevsky ([00:31:42](#)):

And that's where we get the blank stare because you still haven't shown me what's happened to the virus. And if you're going to say, well, it's no longer around because we don't see the acute disease anymore. I'm going to say that doesn't mean the virus is no longer around just because you don't see the disease acutely doesn't mean that the virus isn't around. What if it's mutated, right? Have you evaluated that? And what if it's actually creating a chronic infection once you inject it into the body and I'll tell you, that's where the crickets, that's where the blank stare goes, because you're not supposed to think that far, because what would happen if you realized that we are creating chronic measles, mumps and rubella infections. Well, why would they do that? And why wouldn't they know that ahead of time? And wait a second. Are you telling me that all these parents who say their children deteriorated after the MMR might have kids who are suffering from chronic measles or mumps or rubella infections, I'll say, well, what do you think? Have we evaluated it? No. We haven't. Oh, but why would they do that to us? I don't know. Why would they? Right. Cause when I open up the package insert for the MMR vaccine, I see chemicals in there that are used to enhance the delivery of drugs into the brain.

Caspar ([00:33:12](#)):

Talk about that because I want to go into what's in, I, I, I don't hear enough people asking that question. They have no problem injecting themselves with, they have no clue what it is really all they know, Oh, it's an inert form of the virus that makes me healthy first off. It, it never does that. It's your immune system that keeps healthy, you know, but if you were to look at a vaccine today, what would you find in that? That you'd say, wait a second. This may be, shouldn't be in here. Cause there's a lot of things. And then there is the debate over what's in it. Are there aborted fetal cells in there? Is there really mercury? You know, that even today, somehow is very hotly debated, but it should be a very transparent issue.

Dr. Palevsky ([00:33:55](#)):

Okay. You just said a lot. So let me, let me try and break it down. When bacterial or viral antigens are injected into the body, there's very little antibody response by the immune system. So what's needed is an adjuvant. It's otherwise known as a catalyst. Alright. So it triggers the immune system to see the bacterial particles and the viral particles so that the immune system does mount an immune response against it. So you get your antibodies and that catalyst is bound really tightly to the bacterial and the viral antigens. And that adjuvant is called aluminum. The problem is that that aluminum is a nanoparticle and pharmaceutical companies have utilized the technology of nanoparticles to enhance the delivery of



drugs into the brain because the blood-brain barrier is a barrier and doesn't allow for easy passage of materials from the bloodstream to get into the brain. And so in order to circumvent the strength of the blood-brain barrier, the pharmaceutical industry has come up with nanoparticle technology to bind to the bacterial, to bind to drugs, to get them into the, into the brain. But strikingly similar is the fact that the vaccines have nanoparticles in the form of aluminum, tightly bound to the viral and bacterial antigens. And so one has to ask the question, do you bacterial and viral particles bound to the aluminum make their way into the brain?

Dr. Palevsky ([00:35:50](#)):

Because you see one in five children in this country with neurodevelopmental disabilities, and you see one in 10 with ADD, ADHD, you see wanting 20 under the age of five with seizure disorders and you see one in 35 children with autism and you say to yourself, well, what is happening to the brains of our children? But then you'd have to actually consider the possibility that they know that this is the same technology that pharmaceutical companies use to enhance the delivery of drugs to the brain. So why would they put it in vaccines? So again, you you'd have to be able to go there and not people can't because they don't want to break their devotion to their worshipped gods and false prophets because they would never do anything to harm us. But what's most interesting is that the majority of vaccines also contain polysorbate 80 and polysorbate 80 is an emulsifier.

Dr. Palevsky ([00:36:53](#)):

And the drug companies trying to enhance the delivery of drugs into the brain, also use polysorbate 80 or other emulsifiers to enhance the delivery of drugs into the brain. Even more than if it's just with a nano-particle bound to a drug. And so the pharmaceutical industry has done the experiment. I have the studies where they show that if they take an emulsifier like polysorbate 80 and bind it to a nanoparticle, which is bound to a drug, it enhances the delivery of the drug. Even more than if it was just the nanoparticle bound to the drug. So a logical question would be well, if polysorbate 80, does that bound to a nanoparticle and drug? And polysorbate 80 is in the vaccine and it binds to the nanoparticle really tightly then wouldn't it therefore enhance vaccine materials into the brain even greater. And have we ever tested for it? No. So when I have asked pediatricians and scientists point blank, right to their face, do vaccine ingredients, enter the brains of our children. I never get an answer Caspar, I get a diverted comment, but I never get an answer. And the parents of children who are in those categories that I just described, they now know that vaccine ingredients get into the brain because they watched their children deteriorate. And then strangely enough, they had more kids and didn't vaccinate. And they noticed that those children didn't develop those brain problems.

Caspar ([00:38:42](#)):

So you can't just point at genetics, which most people do I say, right? They really want to just point, Hey, we don't know, it must be genetic,

Dr. Palevsky ([00:38:50](#)):

Right? But you have millions of families. Who've done their own experiment. And they've controlled for genetics. They've controlled for socioeconomics. They've controlled for diets. They've controlled for home environments. And they have shown that they're non-vaccinated children don't have the one in five with neurodevelopmental disabilities, one in 35 with autism, one in 20, under the age of five with seizures, one in 10 with ADD and ADHD. They don't have that. And my colleague whose license was suspended, miraculously had his license suspended just after he published a study, showing that the

health outcome of children unvaccinated was much, much better than the health outcomes of children who were partially or fully vaccinated. And so he did what we were taught to do in medical school, which was let's prove whether the intervention we're using is creating different kinds of outcomes. And he just did the scientific methods and they didn't like it.

Dr. Palevsky ([00:39:54](#)):

And so they took away his license temporarily, but the MMR is even more curious because the MMR contains sorbitol, which is a sister chemical of polysorbate 80. So it is an emulsifier. And when I first started reading about the MMR and the ingredients I typed in sorbitol, and I read its properties, and then I asked the question is sorbitol use to enhance the delivery of drugs into the brain. And I found literature that shows that hematologists and oncologists who are treating brain cancer, use sorbitol as a binding agent, uh, drugs to enhance the delivery of chemotherapeutic agents into the brain to treat brain cancer. And so it's just a logical step to go next, to ask the question. Well, is that happening with the MMR? Is it binding to the live viruses that then may enhance its delivery into the brain? Because what you hear when you listen to these parents over and over and over

Dr. Palevsky ([00:41:07](#)):

Millions of times, my child got the MMR and then regressed, my child got the MMR and then had a seizure. My child got the MMR and within two months stopped talking, my child was banging his or her head against the wall. My child was taking his feces and smearing it all over the walls. My child lost language. My child stopped looking at me. My child started hitting himself in the head, my child stopped sleeping. And the stories just keep going. And yet, no, no, no MMR doesn't cause autism. Well, that's not what the biochemistry of the MMR says. The chemistry of the MMR says, yeah, those ingredients can enter the brain and you haven't done your due diligence to actually track whether those ingredients would go into the brain. And that's because the general public couldn't fathom that that's what the product does and that they know about it.

Dr. Palevsky ([00:42:06](#)):

Right? And this is why I went through the steps of what the public would need to do in order to recognize that they were duped. There's a lot of really deep soul searching and the level of anger and the level of pain that you'd have to go through to realize that is phenomenal. Look at all the parents who have gone through it because they trusted. No, don't worry. Your kid will be fine. Boom. And then they go back to the doctor and the doctor says, no, the kid must have caught a virus. It's not from the vaccine. And the parent is left with no support because the manufacturers of the product are indemnified from any liability. And so there's no one to take responsibility for your child who's now lost in some kind of fog. And who knows if, and when that child will come back and we just say, Nope, Nope.

Dr. Palevsky ([00:43:11](#)):

We got to get the MMR. We got to protect society will show me how that's true. And then we go back to the, well, we don't see measles infections anymore. So hold on a second. What happens to the measles virus? Do we get chronic measles infections? What does a chronic measles infection look like? Well, probably neurodevelopmental disability, right? Are we doing spinal taps and all these kids to see if the measles virus is in their spinal fluid? No, but even though on kids who died for various reasons who had neurodevelopmental disabilities, some of their brains were evaluated and they found the measles virus from the vaccines in their brains. But you don't hear about that. Caspar. You don't hear about it.

Caspar ([00:43:56](#)):

You never hear about those things, Dr. Palevsky it's, it's really unfortunate. But as someone in the profession, you're hearing about it all the time, which is again, just one of these things that you're hearing it, you're seeing you're experiencing it. These parents are experiencing it, and yet it's not going out there. That's, that's a problem. Now on the other end of it, we went over some of these ingredients that are bad, but I always hear people say, well, why hasn't anyone come up with a green vaccine? Why hasn't anyone taken out these toxic ingredients that you say are so detrimental and created it, then isn't there a space for people who would pay for something that has less preservatives, the catalyst, all these things. What are your thoughts on that?

Dr. Palevsky ([00:44:36](#)):

Well, it's a good question, but there's no impetus to do it because there's no oversight of the companies doing it because they're indemnified, there's no liability. They don't have to make a safer product. Nobody's forcing them to, right? Because you're buying their product. It's a market economy, right?

Caspar ([00:44:59](#)):

That's a total monopoly with no liability. I mean, that's, that's, that's the crazy setup. Why not roll with it?

Dr. Palevsky ([00:45:05](#)):

Right. Can you imagine, can you imagine if I were the only surgeon in town and I had no malpractice insurance and I had a very poor record of surgical outcomes in the, OR. People die, people suffered, people were maimed, you know, not everybody was, was successful in their surgery and you couldn't sue me and you had to come to me for surgery. Can you imagine what that would be like.

Speaker 4 ([00:45:39](#)):

Asking that question is, is something right there that, that people should say, Hmm, wait a second. I don't think people realize that they're indemnified from any lawsuits whatsoever, or there's actually a committee, a council that takes taxpayer money and gives it to those that are injured spending what, 2 billion in the last 20, 30 years or.

Dr. Palevsky ([00:45:58](#)):

Four billion in the last 34 years, right?

Caspar ([00:46:04](#)):

It's actual taxpayer bites. The people that were injured, giving their taxes, getting some of that back for the child that was injured.

Dr. Palevsky ([00:46:11](#)):

And what's interesting is that, you know, cause I think you're referring to the 1986 Act, the national vaccine injury compensation act. And as part of that act, besides removing most liability from the manufacturers, because full liability was not removed from the manufacturers until 2011, when there was no ability to sue them for anything. But in 1986, as part of the act HHS health and human services was tasked with the obligation to write a report every two years, updating the people on their re-evaluation of safety and efficacy. And you know how many times since 1986, HHS has written that

update report zero. They've never done their job as part of that act. And again, it's not a matter of, is this true? All of what I just said, it's not a matter of, is this true? It's a matter of, can you believe it's true because you would have to get to the place of why would they do that? Well, how did they get away with that? Why isn't anybody standing up to them?

Caspar ([00:47:33](#)):

A tough question to answer to. I mean, right now you're seeing a lot of the censorship happen. You're seeing all these questions being pushed under the rug, not swept and you know, physically pushed under the rug. I want to get into a little bit of what we actually can do and what you're telling parents. Because if you're listening to this, you know, and you start to do the research, let's say and you start to understand you are believing and you're seeing these things, then you say, okay, well what can we do? Right? And for a new parent or expecting parent, that's curious about vaccinating, what do you recommend?

Dr. Palevsky ([00:48:06](#)):

Okay. So I'm going to come at it from another angle and you redirect me. If you want any more information. The current paradigm of medicine, government media culture is that germs are bad. Disease comes from germs and we're not exposed to germs unless someone sick gives them to us.

Caspar ([00:48:31](#)):

The germ theory basically.

Dr. Palevsky ([00:48:33](#)):

Correct. And basically we are told that we're going to give you a vaccine, which is going to contain either a particle of the virus or bacteria or a diminished live vaccine, virus vaccine. And we're going to do it because we're going to prime your immune system with this material in the event that someday you do get exposed to it because exposure only happens if you are with someone who's sick and gives it to you. So that's the current paradigm. Now, most people are not aware that as adults, we have hundreds of trillions of microorganisms lining our body and inside our body.

Dr. Palevsky ([00:49:32](#)):

And for some people that kind of freaks them out. Because we don't think that there are germs here, right? We just think that there are germs only if someone is sick and gives it to us. So if you really address the nose all the way down to the lungs, the mouth, all the way down to the anus and in babies, there's 26 feet of intestines. And in adults, it boils down to 24 feet and then the entire skin, and then the reproductive system of women, you're going to have greater than hundreds of trillions of microorganisms. Now you're not born with them. You acquire them. And you don't acquire them because you're necessarily exposed to people. You acquire them because you breathe air and you eat food and things, land on your body. You've touched them. And so we have to start shifting to the truth, which is that we develop hundreds of trillions, of microorganisms, mouth to anus, nose, to lungs, skin, and reproductive system because we live and we breathe and we eat and we touch and we experience. And as close to a hundred percent of the time as possible, we are well because of it.

Caspar ([00:51:04](#)):

That's the beauty of the terrain theory, right?

Dr. Palevsky ([00:51:07](#)):

So, and when we brush our teeth, those organisms in our mouth go into our bloodstream. And when we rub our skin, those organisms go from our skin, into our bloodstream, in our lymph system. And when we eat food, those organisms go into the bloodstream in the lymph system. When we have sexual intercourse, those organisms go past the skin barrier and into the bloodstream and lymph system. When we wipe our behind the fragile anal tissue with all those organisms around it, go into the bloodstream in the lymph system and almost a hundred percent of the time nothing happens to it. And so if anybody is curious, they would say, well, wait a second. What are they doing? They're like, why do we have hundreds of trillions of organisms? And if we're breathing them in and eating them and touching them and getting them through sexual intercourse and touching and kissing and, and wiping our behinds and, and we're not sick, then what are they doing there?

Dr. Palevsky ([00:52:15](#)):

And the reason that they're there is because they're there to help us maintain our health and that the foods we eat, the relationships we have, the thoughts we have, the emotions we have, the supplements we take, the medicines, we take the toxins, we're exposed to, the level of stress we put ourselves under are all going to determine which balance we maintain and which balance we don't. But then it gets even more interesting Caspar, because what is the text, what are the textbooks say about viruses? What the textbooks say about viruses is very different than what we're taught in the media. And again, we're taught that you don't have a virus in you unless you're exposed to someone who gives it to you. But what does the actual science say about viruses? Number one, we have hundreds of thousands of them embedded in our own genes.

Dr. Palevsky ([00:53:17](#)):

In our own chromosomes, in the nuclei of our cells, right next to our own that make up our body. And there are hundreds of thousands, more codes for viruses than there are codes for our own physical bodies. So we inherit them and we live with them. And there were probably viral codes in our mitochondria, which are the fuel centers of all the cells, except for red blood cells, red blood cells don't have mitochondria. And we have trillions, tens of trillions of cells. So think about how many mitochondria we have, because there are thousands of mitochondria in cells, not just one. Then we have hundreds of trillions of bacteria and viruses are so small that the bacteria can harbor viruses. So now it gets really interesting because the human body contains hundreds of trillions of viruses, and nothing happens to us almost a hundred percent of the time.

Dr. Palevsky ([00:54:34](#)):

So then the question is what are they doing there? And that's the fascinating question is with all these viruses and all these bacteria, and we're fine, what are they doing? And again, the viruses partake in cellular function, cleansing of the cells of debris, helping us get rid of waste, transcribing certain genes. Some viruses actually helped to produce the placenta in pregnant women and so on. And then there's all these viruses. So we don't even know where they are and what they're doing, but they're in us. And somehow the narrative is the only way to be exposed to a virus is if someone who's sick gives it to you. And so what I try to teach parents is there's always exposure. There's never not exposure. And a baby doesn't have the number of microorganisms that adults do. And yet the baby comes into the world and does pretty well, almost a hundred percent of the time, depending on the environment and the stress and the diet and the toxins and the drugs, the medications, and the relationships, et cetera.

Dr. Palevsky ([00:56:00](#)):

So I tell parents expect exposure. You're never not exposed. You can't avoid exposure. There's no such thing as sterile air. There's no such thing as sterile surfaces. There's no such thing as sterile food, unless you're eating processed food because microorganisms won't grow on them. Why does fresh food spoil? Because the microorganisms eat it up and the microorganisms help us digest the food when we eat it and they interact with the brain and they interact with the nervous system and they interact with the endocrine system. And so I say, expect exposure. And you know, as well as I do that, all we talk about is there's a virus going around. And so we only talk about if you have the flu and you live with someone and that person gets the flu, they caught it from you. But we never talk about if you have the flu and you live with someone and that person never catches the flu.

Dr. Palevsky ([00:57:14](#)):

We don't talk about that.

Caspar ([00:57:15](#)):

Never.

Dr. Palevsky ([00:57:15](#)):

Because that person was exposed. And then I hear the story well, they fought it off. So where'd you get that from? Because there's actually evidence to show that there may not be a virus transmitted at all. And so we need to start moving into the truth, which is that we are always viruling. It's a term I coined a couple of months ago. We're always viruling. We're always manufacturing, viral particles. We're always breathing in viral particles and the mere exposure to viruses, the mere exposure to bacteria, neither of which is sufficient to make us sick. And when I started to really experience children getting sick all the time and not knowing how to help them not get sick all the time, I started to learn that the purpose of illness is not what I was taught in medical school. The purpose of an acute illness is to cleanse the body of excess wastes based on a buildup of toxins and waste due to stress or stress orders.

Dr. Palevsky ([00:58:36](#)):

And I identified eight ways in which the body receives information, genetics, in utero, air, whatever you put in the mouth, whatever you put on the skin, whatever is absorbed into the nervous system. Whatever's injected into the body. And then the spirit, because there's information coming in from the spirit as well. And so the human body has to miraculously handle that information, take what it needs from it produce byproducts from the use of that material, which are wastes. And also knowing that the body is going to take in waste from any one of those eight portals of entry, and then it's going to fascinatingly remove them. And it does. So in five ways, we exhale because when we exhale, we don't only exhale gas. We exhale liquid and we exhale small particles. So exhale, skin, sweat stink, right? We're getting off gases, we're giving off waste, liquid waste and we're giving off particle waste, urine.

Dr. Palevsky ([00:59:59](#)):

Same thing. There are gases in there there's particles, and there's a liquid. Stool gases, right? Particles, liquids. And then the nervous system. The nervous system has to give off wastes. And so truly the ability to get rid of waste, the ability to open up those portals of exit will determine your level of symptoms or not. And so if you can efficiently keep those portals open exercising and breathing and urinating and hydrating and sweating and smelling, you know, and pooping, right? You're going to get rid of your waste. But if you load too much in and you clog up this exit points, you're going to accumulate waste. Or

if you put material into the body that is sensitizing. So you don't need a lot. You just need a little bit, but it's enough to create an immune response. Then you're going to build up excess inflammation of excess waste.

Dr. Palevsky ([01:01:15](#)):

And there's something brilliant that happens in the body. When you have too many wastes or toxins, your cell function will diminish. And if your cells are not programmed to die, they won't die. So in order for them to live, they have to get rid of the toxins and the waste and believe it or not, the viruses that are embedded inside the nuclei and inside the cells and the viruses that are embedded inside the bacteria that are lining our bodies assist in helping the body remove those wastes. And then we call that an acute illness. And the process of an acute illness is the solution to the stress, not the stress. And so when I started learning that over 20 years ago, I was reminded of my medical school training and residency with, uh, my mentors who taught us that after kids had their acute illnesses, they almost always had a growth spurt.

Dr. Palevsky ([01:02:20](#)):

And so when I started to really connect it about 20 some odd years ago, I went, Oh, this makes so much sense because the onset of an acute illness is actually the resolution of a problem because the stress or stressors may have been accumulating for days, weeks, months, years. And the body finally said, we're strong enough to get this out. And if you suppress it, you're going to stop the body's ability to remove these wastes and toxins. And I can't tell you the number of times, I would see kids who were inappropriately treated for acute illnesses with suppressive medications, antibiotics, and steroids, and over the counter medicines. And then two or three weeks later, they'd be sick again, because number one, the first illness was inappropriately treated. And then the stressors weren't noticed or identified to stop from putting them in, which is almost always foods in kids and adults, but more often in kids. And so they had to get sick again. And so the reason for the acute illness is to help the body to cleanse, mature and go forward. And so one of the main reasons we have more than half of our kids with chronic illnesses is because we put poisons into them. We weaken their portals of exit. We don't pay attention to the stressors that are going in and we treat their illnesses inappropriately. So we got a lot of sick kids because we're making them sick.,

Caspar ([01:04:15](#)):

And that requires a real change in how we go about even thinking health, what health is and what medicine should be. Because right now we have vilified viruses, bacteria that we are basically composed up that make up more of us than we actually do. And we go about vilification then of course requires some kind of, you know, destruction of that. They are us that is destroying us in a sense.

Dr. Palevsky ([01:04:42](#)):

Right. Right. And what's fascinating is that once I started realizing that the internal system is built to save us and that the viruses that are embedded inside of us are actually saving our lives. I thought, what are we doing? Because the idea is that you don't have the virus unless somebody's sick gives it to you. And now you're injecting a piece of that virus or a live virus thinking that you don't have that genetic material inside of you. And you're making the body's immune system produce an antibody against the virus. And then you're causing the body to see that virus as an enemy. And then what happens if the antibodies find the virus as part of your own body, and then you develop your autoimmune diseases. And when I



started researching about auto-immune diseases and realized it is the disease condition that is increasing at the highest rate in this country, auto-immune disease.

Caspar ([01:05:55](#)):

And that's scary cause your, your immune system is so important. It is your defense system. It is your army, your all of it. And if it's doing something incorrectly. I don't know how you can be healthy.

Dr. Palevsky ([01:06:08](#)):

Well, again, that's an auto-immune condition. Is your body continuously attacking yourself because your body has identified self as foreign. And one of the ways that you can develop an attack on yourself as foreign is if you inject something that the body perceives as foreign, that you have built into you as self. And, you know, it's so fascinating that so many people are like, I don't understand why there are so many immune auto-immune disorders around. Well, how many auto-immune disorders do you see in unvaccinated kids?

Caspar ([01:06:48](#)):

That's an interesting question. We are not asking.

Dr. Palevsky ([01:06:51](#)):

Well, we're being censored. Even if we do ask and we're being killed if we do ask the question, we're being, uh, losing our profession. If we ask it, even if you don't like the answer, you have to be able to ask the question. And, and now that we're not allowed to ask the question we have to ask, well, what kind of society are we living in?

Caspar ([01:07:12](#)):

You don't really have freedom of thought and freedom of expression. That sense that you're stripped of your constitutional rights in many ways, right? That freedom of speech is incredibly important for moving society in the right direction for having people to think these things and make advances, right. We've been stuck on something for so long. I feel like.

Dr. Palevsky ([01:07:32](#)):

Well, here's what I feel. The information that I have shared today, number one is not mine. And number two is an eternal truth that will survive and thrive. And in 50 to 100 years, this information will be old because we're moving through a transformation of lies and truths and bad science and real science. We're seeing such a deficient mental capacity right now, because there is no thinking and any thinking is really frowned upon or censored. But I know that the information that I'm sharing with you is going to be, you know, like duh in 50 to a hundred years.

Caspar ([01:08:34](#)):

It just takes time to catch on. I mean, that's always been science that, you know, you look at, even quantum physics right now is just being applied. That was over a hundred years ago, Albert Einstein was looking at that and proved energy is everything. We're only getting now to this idea of quantum computing and utilizing this in our everyday lives. We're still on Newtonian principles for most of the medicine. That's 300 years old. So it takes time. I want to ask you a few questions. As we wind down that I promised some colleagues and people I'd ask, and you could just give me some short answers

here. And a lot of these are from the doctors in, in, at the center and other, have you seen any increase in allergies related to after vaccination? That's almost,

Dr. Palevsky ([01:09:16](#)):

That's a rhetorical question because the person answering, asking the question knows the answer is yes. All right, there, there's been an increase in not only allergies, but fatal allergies in the last 30 to 40 years. And that's well-established in the, in the literature. And one of the most interesting things about the allergies is that they're almost all vaccine derived because there is egg protein in vaccine. There is dairy protein in vaccines. There's soy protein in vaccines. There's gluten protein in vaccines, there's nut protein and cross reactions with nut proteins from vaccines, or what are the most common allergens?

Caspar ([01:10:12](#)):

You just named them. And that's going directly into the bloodstream of a very young child.

Dr. Palevsky ([01:10:17](#)):

I presented this information to a leading vaccinologist PhD from Yale whose answer was, Oh, come on. You don't believe that a small amount of protein of food in the vaccine is going to bring on a food allergy. Do you? And I looked at him and I thought, you really don't understand science. Do you? These vaccines have adjuvants in them. And these food particles can very much bind to these adjuvants or to the emulsifiers. And if you present those food proteins to the immune system in a sufficient exposure and catalyst reaction or catalyzing reaction, your body's going to amount an immune response against it. And so you're going to see that food protein as an enemy. And so when you eat it, your immune system's going to do what you programmed it to do, which is attack the food. The problem is that the food attack doesn't always look like anaphylaxis.

Dr. Palevsky ([01:11:32](#)):

The food attack can look like inability to sit still, inability to focus and pay attention ants in your pants, bedwetting, sleep disturbance, large tonsils and adenoids, chronic mucus draining from the nose, eczema, wheezing, obesity, et cetera. So you can see a whole slew of subtle symptoms that are attributed to something other than the food. And I can't tell you the hundreds and hundreds and hundreds and hundreds of hundreds of kids with whom I've worked, where the parents were diligent enough and open enough to stop certain foods that I listed. And the kids got better. Ear fluid went away. Speech improved, sitting, still improved sleep got better, no more bedwetting. Eczema cleared up asthma stop. But then the parents said later on, well, I'm giving my kid that food and well, he doesn't have asthma anymore. Okay. But you're coming to me because your kid is not paying attention in school. So now what's happening is the sensitivity reaction is not localizing to the lungs anymore. Now it's localizing to the nervous system. And so you're getting this inability to pay attention because of that.

Caspar ([01:13:04](#)):

That'd be your advice to a parent. Who's who's seeing something and had a child vaccinated to change diet. Is there any other detoxification protocols you put parents on?

Dr. Palevsky ([01:13:14](#)):

Well, I, I usually individualize it like, because the change in the diet is the largest detox program. I try not to put too much with it. So I'll use supportive supplements, you know, Epsom salt baths, some vitamin C, some glutosioime vitamin DK, probiotics, you know, maybe some minerals just to support the body's

processes, Omega fish oils, just to support the body's processes so that the detox isn't too violent. But I love it when children get sick when you change their diets, because what it means is their body that was holding on to all the proteins that they were sensitive to now have the clear to get out of the body. And so the illness is going to be the process of clearing those bound proteins that are making the body sick. So the short answer is yes. Yes.

Caspar ([01:14:24](#)):

That's always the good answer to yes or no. Yes, no, but there is so much a parent can do. And that's good to know because sometimes they feel like they're a little handcuffed and say, well, my child has to go to school. So he has to get vaccine. There are actions you can do, and you just listed a lot. So that that's always good. There's always something you can do. And there's always so much research you could do in people, such as yourself, out there to advocate for it. Now, where do you see the future of vaccines? And even this discussion going, you're a leading authority right now. I know this is as hot as it's ever been. There are talks of mandates. Now the COVID vaccine. You know so much going on around this subject. It's so polarizing. Where do you see it? Or maybe where do you hope it goes?

Dr. Palevsky ([01:15:06](#)):

Well, I think where I see it and where I hope it are somewhat divergent, but then they meet. I think the truth is evolving. I think the dangers of vaccines are becoming more and more well-known. I think people who never even thought to question vaccines are now questioning the COVID vaccine and maybe others. So there is an awakening, but there is still a slumber. There are still people who are worshiping the false gods and the false prophets and the false idols of medicine, science government, the state. I think what's happening is that there are a number of people who need to, to maintain that devotion and they need to maintain that slumber. And I really truly believe that people are going to die. And they're going to suffer. Because this COVID vaccine is not a vaccine. It's nothing like anything that's ever been produced before in the name of vaccines.

Dr. Palevsky ([01:16:19](#)):

Therefore it has no track record. It has no safety and it has no proof that it's going to stop transmission of any virus. There's no coronavirus in the vaccines. It's a mRNA messenger mRNA vaccine against the spike protein of the coronavirus that has never been fully evaluated to see if it is similar in any way to proteins in our body. That would cause auto-immunity, um, it is bound and protected by nanoparticles. So nanoparticles have the potential of not only going inside the cell, but inside the brain and even inside the nucleus. So we have no idea. Uh, there's no understanding of its ability cause cancer it's ability to cause mutations it's ability to cause, um, any damage whatsoever. Most vaccine trials are seven to 10 years where many of these issues are evaluated. Um, this vaccine is being rushed through, again, we don't know if it'll stop transmission.

Dr. Palevsky ([01:17:29](#)):

We don't know that any vaccine truly stops transmission. We don't know if it'll stop severe disease. We don't know if it'll stop hospitalizations. We don't know if it'll stop death. And we don't know if the people who are receiving it have already either had the disease or been exposed to the disease are going to have horrible reactions because you're vaccinating someone who already has the proteins. And so there's a lot of unknown. There's no indemnity, there's no liability. All the manufacturers are indemnified to liability. There is new, new technology. There's a concern about genetic alteration. There's a concern from researchers in Europe about the potential for these vaccines to cause infertility

and abortions. Um, they're cross reacting with certain proteins in the reproductive systems and that inhibits basically pregnancy. And again, people have to go through their devotion, right? We are relying on a test called the PCR test that is inaccurate.

Dr. Palevsky ([01:18:42](#)):

It's inefficient. And it's predominantly false positives because we're not looking at the cycle thresholds that the tests are being run through. We're automatically assuming that a positive test means you're infected when there's never been a proper study to evaluate or to decipher whether the PCR test is evaluating for the presence of an infectious virus or just evaluating for the presence of viral debris and genetic material. It's an unfortunate time of science. Again, people who are thinking are realizing that there's something really, really bad going on right now. People who are just allowing the powers that be to be there devotays, and they would never do anything to harm us. They're going to get very, very sick and die. And that's what we may have to go through in a society. I mean, this is a war. There's no doubt that this is a war.

Dr. Palevsky ([01:19:45](#)):

This is an unprecedented time to be pushing through a vaccine that has no proof that it's going to work in any way to protect you against disease. The side effects have not been evaluated sufficiently and there's enough evidence to indicate good questions as to whether or not this vaccine is really a vaccine at all. So my hope is that people wake up. My belief is that people will wake up, but there may be a big price to pay in the interim. And propaganda is really, really huge. And that's what happens in a war. You have tremendous propaganda and, um, unless people are doing their own research and they're avoiding this devoted worshiping of their false gods and false profits, we're going to see a lot of, a lot of damage.

Caspar ([01:20:39](#)):

My hope is the same as yours, that through this, through the unfortunate side, through the, the, you know what we're hearing what you're saying right now, that is probably building some fear, but fear is never a good place to be. It could hopefully awaken and empower people to see some other truth than what they are being told to think again, to have that freedom of thought.

Dr. Palevsky ([01:20:59](#)):

Not to think. Not being told to think. They're being told to regurgitate and repeat because it's not part of their thought process.

Caspar ([01:21:07](#)):

But I am hoping that through your work, through hearing these things that they will begin to think, hopefully go there and not just be told what is right, what is wrong? And what is the truth? I think it is through experience that you find your own truth and that's where you become empowered to make decisions for yourself. So that's what I'm really hoping. Dr. Palevsky where could people learn more about, you hear more of what you're saying?

Dr. Palevsky ([01:21:32](#)):

Okay, thank you. Um, uh, go to the North port wellness center.com. Uh, you can find my web, my webpage under a Pediatrician. You can find me on Instagram at @DrPalevsky and, uh, I have some accounts on telegram and parlor and me, we, and I'm not fully on those sites, but, um, the most places that you'll find my material are on my website, where you can sign up for my newsletter. I put out a

monthly newsletter with material that I've gathered over the month and, uh, @DrPalevsky on Instagram. And there are lots of interviews and videos and podcasts and webinars that I've done where people can listen to more of my material. And I have a weekly podcast webinar with Dr. Sherri Tenpenny called critically thinking with Dr. T and Dr. P. Those are also on my website in my media section, but you can find them @disseminate.tv/atcritically thinking, uh, where you can see some of those clips

Dr. Palevsky ([01:22:37](#)):

And we'll link to all of those. Dr. Palevsky thank you so much for everything you're doing and for coming on the show.

Caspar ([01:22:43](#)):

Great. Thank you for inviting me. It was a pleasure.

Caspar ([01:22:45](#)):

I wanted to turn to a passage from the book Vaccine Epidemic to help wrap things up. "As polarized as these camps are, we do share common ground. Both sides want a healthy, vibrant society. Both sides want responsible health policy grounded in ethics and science, both sides. See the vaccination is hugely important. Seek to sway the public. Both sides are doing the work to understand each other's analysis and arguments. Progress will not come from shadow boxing in our respective corners. It is now time for engagement and dialogue." I hope you continue to do your research. Keep asking questions and finding your own truths that lead you toward health, harmony, and happiness till next time, continue writing your own healing story.