EP\_1238\_DR\_'GATOR'\_WALSH\_(AUDIO)

[00:00:00] **Dave:** You're listening to the Human Upgrade with Dave Asprey. [00:00:05] Today we're going to talk about [00:00:10] parenting. And you could say, I don't have kids, I don't care. [00:00:15] You could also say, I have kids, they're older, I don't care. [00:00:20] Well, I think you might want to care. [00:00:25] Today we're going to talk about parenting. [00:00:30] And you could say, I don't have kids, I don't care. You could also say, [00:00:35] I have kids, they're older, I don't care. Well, I think you might want to [00:00:40] care. Because we have a problem. And we have a problem with [00:00:45] The largest number of sick kids ever. And this is something [00:00:50] that's personal for me because I grew up really sick.

I had [00:00:55] strep throat every month, give or take, for 15 years. [00:01:00] Asperger's syndrome, OCD, ODD, [00:01:05] ADHD. What now I recognize was pandas. Which is something that happens [00:01:10] when strep bacteria, triggered often by toxic mold cause immune [00:01:15] factors to mess with your brain. That makes you walk around saying, No! Even more than [00:01:20] normal kids do.

Even into high school. It was not fun. [00:01:25] Obesity, asthma, allergies. I thrashed when I was 14. And a whole host of other [00:01:30] just joyful things. Call me an early adopter. Because the stuff that was [00:01:35] affecting me back then is affecting way more people now [00:01:40] than ever before. How about we talk with a board certified [00:01:45] pediatrician about what's going on in the world today?

Our guest is Dr. [00:01:50] Joel Gator Warsh. Who is author of Parenting at Your Child's Pace. [00:01:55] There's a lot of pediatricians out there. In fact, probably, [00:02:00] maybe more than we even need. Because if we had fewer sick kids, we'd need less [00:02:05] pediatricians. But, this is a book with a perspective on [00:02:10] integrative or functional parenting, things you can do that would be in alignment with what you are interested [00:02:15] in learning about because you listen to the show.

I want you to know, what can you do that's better [00:02:20] than the way we've always done it? That's kind of a through line for everything, [00:02:25] and Gator knows, well, he knows a lot about this stuff, you'll tell [00:02:30] if you read the book. He's also agreed to answer some really hard questions today, [00:02:35] because, well, sometimes you just have to point out a few things that need to be pointed out.

[00:02:40] With no further introduction, other than that you practice in L. A., parenting your child's [00:02:45] pace, so parenting angle, pediatrician angle, what's going on with kids? Why are they so [00:02:50] sick?

[00:02:50] **Joel:** Well, thanks for having me on and I, I think it's really frustrating [00:02:55] that we're not talking about kids health more. I mean, it is a good thing.

It seems like in the last few months, it [00:03:00] has sparked a lot more debate and has become a discussion in America, [00:03:05] especially in politics. It's not political. But the reality is around 50 percent of kids [00:03:10] have a chronic disease at this point, and that should be something that's on [00:03:15] everybody's mind. 50 percent of kids?

Depends on which study you look at, but most studies show somewhere [00:03:20] around 50 percent of kids have a chronic disease, whether that's asthma, allergies, [00:03:25] autoimmune conditions, autism rates are skyrocketing. Basically, every single [00:03:30] condition that you look at has a trajectory that's pointed directly up. And [00:03:35] We need to be asking why.

We need to be figuring this out. It wasn't like this just 20, [00:03:40] 30 years ago. About 5, 10 percent of kids had a chronic disease when, when we were born. [00:03:45] And now, again, it's around 50%. So that tells you that something that we're doing, [00:03:50] something in our environment, probably many things in our environment and many things that we were doing [00:03:55] are triggering this autoimmune storm, this inflammation in our [00:04:00] children's bodies.

And we need to figure that out and turn the trajectory back. The [00:04:05] media, the discussion oftentimes is around genetics or around the fact that we're [00:04:10] just diagnosing things more. And I mean, of course, that's true to some degree. I mean, it's great that we are a little bit better at [00:04:15] diagnosing things. You don't go from 1 in 10, 000.

[00:04:20] Cases of autism to one in 36 over just a few decades and say [00:04:25] that it's just about diagnosis. I mean, everybody has eyes. We could see it's everywhere. And [00:04:30] we have to ask ourselves the tough questions and ask ourselves what is going on. [00:04:35] Because not all of medicine is bad, right? We used to die when we were 40.

We, you know, lived till 70, 80. So not everything we do [00:04:40] is bad. Medicine's really good. Right. For the most part, but sometimes [00:04:45] mistakes happen. But sometimes mistakes happen and sometimes we have to be a little bit more humble. [00:04:50] There's no humility in medicine right now, and I think we need to bring that back.

We [00:04:55] need to say, look, 50 years ago, we had much lower rates of a lot of these chronic diseases. What have we done [00:05:00] differently over the last 50 years? And maybe we can find some middle ground. We don't want to get rid of all [00:05:05] medicine. We have cures for cancer. We have treatments. antibiotics that can save your life, but [00:05:10] maybe we're not the best at some of these chronic diseases, and maybe some of the things that we're doing are [00:05:15] causing or contributing to these conditions, and let's figure out why.

Let's be [00:05:20] humble. Let's relook at every single thing, and let's decide what can [00:05:25] we change for the health of our kids, because that's what matters. Men and all agree on how to do it. [00:05:30] to get to a healthier place, but we should all agree that our kids deserve to be healthy. No [00:05:35] kid should have a chronic disease if we can do anything about it.

I mean, there's always going to be conditions, but if we can [00:05:40] minimize that or figure out the triggers, then why wouldn't we do that?

[00:05:43] **Dave:** Well, we clearly [00:05:45] did something to make it much worse than it was, so we can [00:05:50] stop doing that, which doesn't seem like it should be that hard. When [00:05:55] did it start getting worse?

Was this a linear thing or was there sort [00:06:00] of a drop dead day where all of a sudden from this point forward, it got [00:06:05] worse regularly and, and every year?

[00:06:07] **Joel:** I don't know if there's exactly one specific point, [00:06:10] but certainly over the last 30 years, you can see a direct change. drastic increase in [00:06:15] basically every single condition and I think that has to do with a lot of changes in industry in [00:06:20] terms of changes with our food, changes with toxins.

I do believe that's [00:06:25] probably the two biggest contributing factors is our food and toxins. Yeah.

[00:06:28] **Dave:** When I sat down with [00:06:30] Bobby Kennedy, he said, sometime around 1992, 93, [00:06:35] the rates just started going up and up and up for every chronic childhood [00:06:40] disease. And he says, I think it's one of these eight things. Why don't we do this weird thing called science to figure out what it [00:06:45] is?

If you had to predict the three most likely things [00:06:50] contributing to the childhood disease epidemic, what would they be?

[00:06:53] **Joel:** I would say that the [00:06:55] lack of nutrients in our food, so the ultra processed food combined with too much sugar, I would [00:07:00] say, the toxins that are sprayed everywhere so pesticides, chemicals, and the things we spray around our [00:07:05] home and, uh, well I think like the food would be the two, so like the crappy food and the [00:07:10] sugar.

[00:07:10] **Dave:** Food, sugar, toxins. Toxins, yeah. Okay. Man made toxins or are [00:07:15] some of these natural toxins as well?

[00:07:17] **Joel:** I think mostly man made toxins. I'm sure there are natural [00:07:20] toxins as well that contribute, but when we're looking at a sharp rise [00:07:25] over the last 30 40 years, you have to assume that's much more to do with [00:07:30] the toxins, the way that we're preparing our food, and really the [00:07:35] lack of nutrients that our kids are getting.

I mean, we're literally built of what we eat. And if our kids are eating [00:07:40] sugary snacks, they're not eating local food, they're not getting the nutrients in their food, they're eating mass [00:07:45] produced everything. How do we expect their bodies to function? And you combine [00:07:50] that with spraying toxins everywhere, toxins in the water, toxins in the air.

I mean, [00:07:55] everybody can handle some amount of toxins. We're lucky. I mean, we have great detoxification [00:08:00] systems, but at some point it becomes too much. And I think that over the last 20 to 30 years, we've [00:08:05] gotten to the point where that baseline is getting higher, higher, higher, and everybody's starting to fall off a [00:08:10] cliff.

And for each individual person, they have their own genetics and their own makeup and their own [00:08:15] environmental exposures. And at some point that falls off a cliff and they get an autoimmune condition or [00:08:20] diabetes or a mental health concern, whatever it is for them. But I think it's [00:08:25] this common synthesis of all of these chemicals and toxins mixed with the lack of the [00:08:30] nutrients that our body needs to function.

And

[00:08:31] **Dave:** Unquestionably, a nutrient deficiency in kids [00:08:35] is going to cause all kinds of problems. They need more nutrients because they're building more tissues [00:08:40] than adults. So, the plants they're eating, or [00:08:45] the meat they're eating, if they're going to be healthy children, I'm just going to have to say it, it doesn't have the minerals that it [00:08:50] used to have because the soil doesn't have them.

And then we spray glyphosate [00:08:55] on soil, which takes minerals out of being bioavailable and creates its [00:09:00] own set of problems. So there's already built in weakness because you didn't get what you needed. [00:09:05] And then we start adding in all these chemicals, the endocrine disruptors that [00:09:10] humans make. Unfortunately, the chemicals we're using that [00:09:15] kill bacteria in soil cause mold in our environment to become [00:09:20] more aggressive and stronger.

And that also happened over that same time frame. So now we have [00:09:25] more nature made chemicals from toxic mold, and there's pretty clear associations of [00:09:30] toxic mold with cancer, diabetes, Alzheimer's, and autism. [00:09:35] Not the only cause, but it's a neuroinflammatory cause. So now we have more [00:09:40] man made chemicals, less resistance because we don't have the [00:09:45] ability without minerals in our diet to fight, to fight these things off.

And then [00:09:50] we have more natural toxins in response to more man made toxins. So it feels like [00:09:55] it's a pretty nasty situation, but something else has changed [00:10:00] over the past 30 years that has to do with injecting [00:10:05] children on a schedule that's tied to Excel spreadsheets at large [00:10:10] pharmaceutical companies.

Can you imagine what I might be talking about?

[00:10:13] **Joel:** I'm guessing you're talking about vaccines, [00:10:15] the word that we're not allowed to talk about.

[00:10:16] **Dave:** Or you're a pediatrician, you have a license to talk about them.

[00:10:19] **Joel:** I [00:10:20] should, right? I should have a license to talk about them. And To me, it's [00:10:25] absolutely crazy that we're not allowed to have discussions.

It [00:10:30] feels like it's the most censored topic out there more than drugs or [00:10:35] other topics. I mean, parents are talking about these things behind closed doors. And, and, you know, I'm a little bit [00:10:40] ashamed to say I've been very nervous to talk about this for a long time. I do feel [00:10:45] like now is the time. We need to start talking about it.

I mean, many things have happened over the last few years that have pushed me to the [00:10:50] point where I feel it's important to talk about this. I think we should debate and [00:10:55] discuss everything. I'm not against vaccines. I'm not, you know, anti vaccines, air quote, or anything like that, [00:11:00] but we need to look into everything.

We have to be open to [00:11:05] discussion and seeing how we, how these affect our children and if there is anything that they [00:11:10] are doing or anything that we can do to make them better or safer. And as an [00:11:15] integrated pediatrician, it's. Amazing. It's crazy how most parents come to my [00:11:20] office just because they want to talk about vaccines.

Because they've been kicked out of other offices, [00:11:25] or they feel like they've been shamed, and they're, they're, were in tears in their other office. [00:11:30] Online, when I, people message me, 95 percent of the messages I get are questions about [00:11:35] vaccines, and over the last A few years I just decided that I think it is time to [00:11:40] start talking about it and bring it outside of my office because parents have so many questions [00:11:45] on these issues and I know some things on vaccines, but I didn't know everything.

I know [00:11:50] what I was taught, and that's why I decided to write a book that's coming out next year, [00:11:55] Between a Shot and a Hard Place, because I really wanted to look into all the research and the data that is [00:12:00] out there and, and See what information actually exists so I can talk [00:12:05] about it in the most intelligent, unbiased way because I do feel like the [00:12:10] vast, vast majority of vaccine information out there is completely biased and cherry pick on both [00:12:15] sides.

You have very, very few resources, if any, that [00:12:20] talk about things in the middle that kind of go back and forth. And the reality is it's almost a rollercoaster. Like, that's how I felt [00:12:25] when I was writing the book. There are so many things that are important about vaccines and there are [00:12:30] so many. issues and concerns, and whichever resource you read, it's like you're looking at two, [00:12:35] you look at Hepatitis B in one book versus another book, it's two different products depending on what their [00:12:40] position is on vaccines from the start.

[00:12:42] **Dave:** There is so much bias in both directions. One of the [00:12:45] things that I was really uncomfortable doing was before the pandemic happened, I had [00:12:50] a guest on to talk about mRNA [00:12:55] vaccines. This is before anyone heard of mRNA as a potential tool for [00:13:00] longevity because having very fine grain control of my immune system is [00:13:05] necessary for aging.

A substantial part of inflammation comes from inappropriate [00:13:10] immune activation. And I had an unhealthy childhood. So, do I [00:13:15] want any tool that will allow my body to do what I want it to do? [00:13:20] Yes. So I have no issues with manipulating my immune system. Now, [00:13:25] manipulating it to do snake venom might be a bad idea, if [00:13:30] that's what it was, and it sure matches what's in snakes.

I'm not saying that's where they got it, because I [00:13:35] don't actually know. If I had to guess, I'd guess that, but I don't have data. [00:13:40] So what I can say is. I am all over getting a [00:13:45] vaccine for my immune system to do exactly what I want when I know the [00:13:50] risks and there's been full disclosure and better yet, when I can sue the shit out of someone who lies to me [00:13:55] about it.

Right. Now, that isn't the case today, but I got a lot of heat from [00:14:00] this audience saying, well, Dave, how dare you talk about vaccines? No, I've also actually had [00:14:05] tetanus as in a rusty nail went into my foot on my farm. And the [00:14:10] tetanus vaccine I had from a long time ago had just expired, and I had to get [00:14:15] the antibodies, and I did get just a tetanus shot without the D and the P that comes with [00:14:20] DBT, and I'm actually glad I got that.

So, you could say I'm an anti vaxxer, [00:14:25] I could also say that you're an idiot, and they would be equivalent statements, so let's not go down [00:14:30] that route, okay?

[00:14:31] **Joel:** Can I say, what you said is perfect there, [00:14:35] in that the concept of vaccination, the concept of getting a vaccine, [00:14:40] It's an amazing one. I mean, if you can, let's just take, make it a pill, if you could give yourself or your kids a [00:14:45] pill that has zero side effects and zero complications and protects [00:14:50] them from a whole host of diseases with no other bad side effects.

Complications or ills and why [00:14:55] wouldn't you do that? I think

[00:14:56] **Dave:** Vitamin d or something.

[00:14:58] **Joel:** Sure. It's like vitamin. Yes, exactly, right? Well, [00:15:00] I agree, right? Well, why didn't we give that out? Well, we didn't you know, but but if you have those kinds of things Well, [00:15:05] okay fine, but that's not the reality of the world.

Everything has side effects And [00:15:10] vaccines have side effects. There are plenty of known side effects That's not anti vaccine to say in any way, of course, there [00:15:15] are everything has them you can read the inserts But the question really has to be [00:15:20] what is it? is the full scope of the side effects that we have from vaccines.

We need [00:15:25] to know this to be able to make appropriate decisions for ourself and our kids. Everybody [00:15:30] is different and you have to be able to make a risk versus benefit [00:15:35] analysis of any intervention that you do to decide if it makes sense for you. for [00:15:40] you. That's what we do with everything else in medicine.

If you're going in for a stent procedure, you [00:15:45] talk about the benefits, you talk about the risks, the person makes a decision if they want to do it or not.

[00:15:48] **Dave:** No, this is [00:15:50] totally wrong. If you want to get a stent, you ask the government what you should do, and you [00:15:55] just do it regardless of the medical things that your care providers and your doctor [00:16:00] thinks.

I mean, isn't that how medicine works today? It's getting more that way, unfortunately. Like, [00:16:05] it's so absurd. So, only the doctor and patient get to decide, the insurer [00:16:10] can go fuck themselves. Right. And the government can do the same thing if they're gonna tell me how I control my [00:16:15] biology, right? And

[00:16:15] **Joel:** it's insane because the word doctor, it literally means docer, meaning to teach.[00:16:20]

That is the job of the doctor, is to teach people what you believe they should do [00:16:25] based on the best research and science, not tell them what to do, and all of a sudden over the last [00:16:30] decade, it has moved from teaching people what to do, To telling them what to do to try and [00:16:35] impose your will on them. And that is not the way that medicine was ever meant to be practiced.

It's [00:16:40] okay to believe in vaccines. It's okay to be extremely pro, you know, vaccines and try to convince your [00:16:45] patients to do them. That's reasonable. That's what doctors should be doing. You should be convincing your patients to do what you [00:16:50] think is best. and they should be able to make decisions based on that, whether it's right or [00:16:55] wrong for them.

But we shouldn't be forcing people to do things, and we should certainly be open to [00:17:00] having more research and more discussion and more debate, because that is how [00:17:05] science is done. If you are the most firm believer in vaccines, you think they never cause a [00:17:10] problem, debate somebody on stage who thinks that they cause all sorts of problems, and [00:17:15] let's let science and, and discussion be rise to the top.

You don't [00:17:20] get to the answer by censorship. You get there by discussion and debate, letting better [00:17:25] information take hold. And it just seems like we, we need, we, [00:17:30] we censor all this vaccine information and, and is not leading us [00:17:35] anywhere good. I mean, the trust in medicine is gone. It's gone. The, we look at the studies and, oh, [00:17:40] before the pandemic in 2020, these are huge scale surveys.

It was about [00:17:45] 70 percent trust. in medicine. Now it's at about 40 percent just a few years later. [00:17:50] More children than ever are not vaccinating. More parents than ever are hesitant. [00:17:55] More parents than ever say, you know what, I don't trust anything anymore. I'm not going to do anything. [00:18:00] And so the PR team for medicine has failed.

It's actually backfiring because this [00:18:05] push to force people to do things is actually having the opposite effect because now people just don't trust [00:18:10] anything. And that came out of the pandemic. I mean, it came out of the fact that people saw what [00:18:15] happened with the new vaccine. They watched it in real time.

And they watched things that [00:18:20] make no sense being said from groups of people that are supposed to tell the [00:18:25] truth. I mean, when you talk about safe and effective, especially when you're talking about the COVID vaccine, it's a ridiculous [00:18:30] thing to say when a new vaccine comes out. Because you can't possibly know [00:18:35] that something is safe long term until it's been long term.

It doesn't mean that it isn't. Wow. But But what [00:18:40] you should be saying if you want to be honest with people is based on the research and the data [00:18:45] that we have so far, the benefits appear to outweigh the risks. We don't know anything long [00:18:50] term, but it seems like it's beneficial to you. Wow, that makes sense, [00:18:55] right?

And that's what you should be saying. And that that is an honest opinion based on [00:19:00] what you actually know. And then you let people decide if it makes sense for them to do, because [00:19:05] plenty of people would have taken it, you know, they would still take it, but if, if you just tell people that it's safe, it's [00:19:10] just a lie, it's just, there's, there's no way that it's not, because you can't know that, you can't know in ten [00:19:15] years we're not gonna all grow third arms from something that's new, you just can't know that.

[00:19:19] **Dave:** Exactly. We [00:19:20] could say the risk doesn't appear to be there, but we don't know. I got [00:19:25] into a lot of, I will say a lot of social media heat [00:19:30] during the pandemic because someone asked me, you know, Dave, [00:19:35] if it was your partner who is pregnant, would you [00:19:40] get the COVID vaccine, you know, for your partner? And I just said, look, [00:19:45] As the author of a major book on fertility, my stance is that we [00:19:50] shouldn't inject anything in pregnant women unless there's [00:19:55] a risk of, I think I said a high risk of death, and if it's not very well [00:20:00] tested, we should be extra careful with the next generation.

This is a, doesn't seem [00:20:05] that radical an approach. In fact, it's a conservative approach. Let's sound experiment on pregnant women.

[00:20:09] **Joel:** [00:20:10] Right? Well, how is it could, how is it radical to say that if you are pregnant or if you have a [00:20:15] newborn, you should be extraordinarily careful? The bar should be extraordinarily high to do anything [00:20:20] because we know that that is a extremely fragile period.

We've gone through [00:20:25] a. Many medications and other things throughout history where everybody said it was safe [00:20:30] and then it didn't turn out to be or, you know, with babies, you know, you can't give them any food, [00:20:35] you can't do this, this, this or that, or during pregnancy, you can't eat, you know, certain fish or you can't do X, [00:20:40] Y or Z, but then we have a low bar for other things that are pharmaceutical.

It just doesn't make any sense. It's [00:20:45] not radical. It's not controversial. It doesn't mean you shouldn't do it. It means you should have a very, very high bar. [00:20:50] It should have very high benefits and very low risk. And you need to [00:20:55] specifically understand those things to you know, certainly force anybody to do anything, but at least to recommend [00:21:00] it.

[00:21:00] **Dave:** Here's what happened. A blue haired [00:21:05] OB of some sort on Twitter got a mob together and said, Hey [00:21:10] everyone, this cis white man is telling women what to do with their bodies. [00:21:15] Now, number one, she never asked me my identity when she labeled me that way. I was very [00:21:20] triggered. But number two, I didn't tell anyone what to do.

I said, this is what I [00:21:25] would do for my own family. And it's based on actually an educated perspective. And you can read My [00:21:30] perspective in a book that's helped tens of thousands of children be born. Mm hmm. But on [00:21:35] Instagram, you can't organize a mob. But you can organize them on Twitter and then send them to [00:21:40] Instagram.

So suddenly there's hundreds of people reporting my account for being a bad man. So [00:21:45] I dealt with all that. And I would do it again, and I will do it again. I have no [00:21:50] idea. I forgot this lady's name. But that kind of Bullying coming [00:21:55] from a medical professional is so out of integrity. [00:22:00] Look, I have a right to be completely wrong and stupid, [00:22:05] and so does that other person.

We all do, and the way we learn is by [00:22:10] saying stupid things to other people who respectfully Ask [00:22:15] questions and show me that I'm being dumb and or, you know, [00:22:20]

[00:22:20] **Joel:** or message you and say, Hey, you know what? I disagree with you. Can I? Can I come discuss and debate that with you? Yeah, [00:22:25] you know, and maybe you'll change your perspective.

And I've changed my perspective on many things, including on vaccines. When I [00:22:30] was going through, you know, medical school and training safe and effective, [00:22:35] Vaccines don't cause autism. It's settled. Like, that's what you were told, that's what you're taught, and you just [00:22:40] agree with it. I mean, that, that, there's no reason to really question it because that's what the CDC says, that's what the American Academy of [00:22:45] Pediatrics says.

And, and you go with it, and the reality is you, you have to look [00:22:50] into it yourself. I have been absolutely shocked by what I have found or mostly [00:22:55] what I have not found in terms of what's not, what's not in the research. And again, I'm not against vaccines. I mean, [00:23:00] I think that's hopefully very clear. I'm not against them in any way.

I just think that now is the time to [00:23:05] discuss and debate all topics around it because it's not black and white. It's [00:23:10] very gray. There are a lot, there's a lot of middle ground. And, and, and that is again, why [00:23:15] I chose to write the book, not to give up, not to give one side or the other, but to talk about it because.

If [00:23:20] we don't sit down and have discussions like these If we don't have discussions on the news, if we don't have [00:23:25] discussions on the left side and the right side and across the world, then we're letting [00:23:30] pharmaceutical companies tell us what to do. And doctors are not against [00:23:35] patients. We're all on the same team.

We're on the same team of health. And you might not agree with everybody's [00:23:40] position but we're on the same team and we will only get to a better place by doing this [00:23:45] and disagreeing and then talking about what's out there and figuring out where the gaps are [00:23:50] and what we should do next. What research do we need to do?

How do we do it? How do we make them safer? [00:23:55] Because maybe there is an ingredient in some of the vaccines that correlates with [00:24:00] asthma or contributes to some on immune conditions or contributes to some long term conditions and [00:24:05] maybe we can make those vaccines better. So we decreased those risks. I mean, [00:24:10] that's not a crazy thing to say.

We've changed the DTAP vaccine. It used to be DTP. We changed the [00:24:15] rotavirus vaccine because it used to cause intussusception and bowel blockages. We changed we [00:24:20] changed many of the vaccines from before. We changed the polio vaccine because the oral polio vaccine [00:24:25] was giving more people polio than actually we were getting polio in America.

And [00:24:30] then when it first came out. These were all safe and

[00:24:31] **Dave:** effective.

[00:24:32] **Joel:** Well, the first oral polio. [00:24:35] Vaccine came out and one of the labs, the Cotter Labs, didn't make it right, and thousands of people [00:24:40] got polio the next year, and they pulled it off the market and made another one, so not every vaccine is [00:24:45] perfect, and that's okay, they don't have to be, no medical product is not going to have [00:24:50] side effects, but we need to define what the side effects are short term and long term, [00:24:55] and we Absolutely, most certainly category don't know the long term effects because the [00:25:00] pharmaceutical companies don't study their products long term.

That's up to us to do, and we don't do that. [00:25:05] We just really don't do that.[00:25:10]

[00:25:11] **Dave:** What's the incentive to study? You're on products [00:25:15] long term when you have no liability for what they do anyway, and if they screw [00:25:20] people up over time, it actually is good for you because then you can make more drugs.

[00:25:24] **Joel:** Right. [00:25:25] Why? Why would they do it? They're a company. It's not, it's not their job to take away their own money.

It's our job [00:25:30] to keep an eye on the things that are going on and say, Hey, we're noticing this signal, this trend. [00:25:35] Let's, let's look at that. And yes, we have some self reporting like theirs, but it's, that's still very [00:25:40] weak data. It's still self reported and we need. much bigger studies. [00:25:45] Again, when you look at them, pretty much every vaccine has been studied against other vaccines.

They're [00:25:50] not studied against inert placebos. That's what RFK is saying when he's talking about it. He doesn't always [00:25:55] say it very specifically, which I think is a key thing that he needs to do moving forward because when he talks about, I've [00:26:00] seen him on the news multiple times saying how vaccines are not studied in randomized trials.

No, they are. They're [00:26:05] studied in randomized trials. They absolutely are. What he's saying is they're not studied against an inert [00:26:10] placebo, so like saline. Almost every vaccine has been studied against other vaccines, and [00:26:15] anything more recent studied against the last version of those vaccines. [00:26:20] And so that's why we don't have the most robust data that we can have.

But [00:26:25] also we don't have the studies on long term. We

[00:26:28] **Dave:** just don't have

[00:26:28] **Joel:** those.

[00:26:29] **Dave:** [00:26:30] And if you set up a world where almost all children have a bunch of [00:26:35] vaccines, you can't compare them to children without a bunch of vaccines. Correct. It's not [00:26:40] possible.

[00:26:40] **Joel:** Right, there are certainly ethical considerations when it comes to vaccines, but there are [00:26:45] many ways to do it.

that still follow ethics. You can do it wouldn't get [00:26:50] the best possible studies, but you could do individuals who decide they don't want to vaccinate versus [00:26:55] individuals that are going to vaccinate. You can look at populations that are not vaccinating and do it in those [00:27:00] areas. There are many ways you can do it, or at least you could look at very big cohorts of individuals [00:27:05] over a long time and look at the people that vaccinated versus not.

And there, there is some of that research, [00:27:10] but it's very, very minimal, especially when it comes to autism, which is. Maybe the [00:27:15] most shocking thing that I really came across when I was doing the research.

[00:27:18] **Dave:** The way we [00:27:20] framed the whole discussion around vaccines sometimes makes me laugh. Like, I have a question.

Are you [00:27:25] for or against sunshine? I, well, I mean, I'm

[00:27:27] **Joel:** not, sunshine's there, so you don't really have a choice, but I'm [00:27:30] for sunshine. I'm for getting sun. I'm for vitamin D. But

[00:27:33] **Dave:** you could get a sunburn. [00:27:35] You could. Bottom line is, anyone who's for or against the sun is [00:27:40] probably, maybe, Mental illness help, because it would [00:27:45] require, well, what were your goals?

What was the sun like that [00:27:50] day? Where were you? And there's an appropriate amount that's good for you, [00:27:55] right? And if you never get any, you'll die. And if you're in the sun all the time, forever, you'll [00:28:00] actually die too, because you can actually get cancer from way too much sunshine. Sure. [00:28:05] So. When we are encouraged by our language, even to say we're four against [00:28:10] vaccines, there are hundreds of different types of vaccines and there are billions of [00:28:15] different people.

So what you would do is you'd say, what is my genetic and lifestyle [00:28:20] risk from where I live and all that stuff? And what is the [00:28:25] specific vaccine? And what are my specific odds of being exposed to yellow fever or [00:28:30] something? Maybe I don't need that one. And then you would work with your doctor and go, you know what?

Okay. These three make sense. [00:28:35] These four, not worth it. Four or against? You [00:28:40] cannot be for or against a big bucket of options because it doesn't mean anything. It's [00:28:45] intellectually offensive. Well, it's a great

[00:28:48] **Joel:** area because just like you're talking about the sun, [00:28:50] if you're about to get exposed to measles and your child's going to go to the hospital and die from measles, well, that vaccine is [00:28:55] very good for you, right?

You want to prevent Did you just say

[00:28:57] **Dave:** die from measles?

[00:28:58] **Joel:** You can die from measles. I

[00:28:58] **Dave:** know, but what are [00:29:00] the odds of dying from this? Very low.

[00:29:01] **Joel:** Very low. I just want to be clear. Right. Very low. But the point is, it's not [00:29:05] impossible, right? It's not impossible. So you have to weigh the, the pros and the cons for you based on what's [00:29:10] going on in your environment.

And that's, that's where we're missing a lot of the risk data from [00:29:15] vaccines because like you said, if something's not common or hasn't happened in your area, do you still need to [00:29:20] get that? You have to weigh that against it coming back. But you know, should we just give everyone the smallpox vaccine again, even though [00:29:25] smallpox is eradicated from the world?

I Because, you know, polio, we haven't had a case here except [00:29:30] for the vaccine induced polio in 30, 40 years. There are many things that just aren't around [00:29:35] as much anymore. And we have to have those discussions because, [00:29:40] like the sun, how many is too much? Right? Can we do 50? We do a hundred [00:29:45] could do a thousand.

I mean, there are people that say, Oh, kids could just get a thousand vaccines. They could get a hundred [00:29:50] thousand vaccines because we're exposed to a million antigens every day or whatever it is. And that's the [00:29:55] argument that you make. Oh, we're exposed. You know, you eat an apple and they're all these engines.

Well, that's true, but that's not a vaccine, [00:30:00] right? That's not an artificial thing with a whole bunch of chemicals and ingredients. And we just keep [00:30:05] adding more and we don't take any away. At what point is it going to be too many? Is it already too [00:30:10] many? I think that's a big question that we need to be asking.

I don't have the answer to that, but we have to ask that question [00:30:15] because at some point if we just give pharmaceutical companies no liability, we keep [00:30:20] adding more for every disease that we can make a vaccine for, then these things add up. They're [00:30:25] synergistic. And what effects are they having on our kids?

[00:30:27] **Dave:** For your book, Between a Shot and a Hard [00:30:30] Place. That's coming up here. Did you go back to the history [00:30:35] of vaccines?

[00:30:36] **Joel:** Oh yes, the first few chapters of the history.

[00:30:38] **Dave:** Okay. I have a [00:30:40] library downstairs and I bought all of the books written at the time [00:30:45] of the emergence of polio and the other vaccines. [00:30:50] Because the same things that happened in society now happened back then, [00:30:55] and it's pretty dark, and I bought paper books because the digital [00:31:00] versions keep getting changed, almost like George Orwell was right.

Talk [00:31:05] about the incidents of the Chemical industry spraying [00:31:10] new things around the valleys where polio first emerged.

[00:31:14] **Joel:** So what [00:31:15] you're alluding to is kind of the discussion about polio from many years ago in [00:31:20] terms of there's a lot of debate around was all the original polio [00:31:25] actually polio? And I think it's a really interesting topic if you get into it, you can [00:31:30] really dive into it.

You know, some people are very much at the point where they're like, Oh, you know, a lot of it wasn't polio. Maybe there [00:31:35] isn't even polio. I don't know. I'm not there. But there's a lot of discussion around the fact that [00:31:40] some of what was called earlier polio was actually from DDT, was also from pesticides [00:31:45] because it was, it could cause similar symptoms.

And there were a lot of reports [00:31:50] about animals in the area also having similar symptoms. And you have to keep in mind, if we're going [00:31:55] back into the 30s, 40s, and 50s, that we don't have the science that we had today, so you're basing it [00:32:00] on, on symptoms and you're basing it on the paralysis. And, and so most of what [00:32:05] was called.

Paralysis was called polio at that time, and then as we went through history into the, you know, 60s, [00:32:10] 70s, they got better research they had better lab information so they could diagnose things. So [00:32:15] it changed over time to be a little bit more specific, but there's certainly a lot of discussion [00:32:20] around early polio and all polio cases in terms of how chemicals affect what we [00:32:25] call polio, you know, today.

[00:32:26] **Dave:** The interesting perspective [00:32:30] from more recent books analyzing it that I came across was it looks like some of the petrochemicals [00:32:35] that they're spraying around increase permeability of cerebrospinal fluid to [00:32:40] viruses. So people were getting polio that they wouldn't have been [00:32:45] susceptible to had we not started spraying experimental at the time.

new pesticides. So [00:32:50] there's this weird interaction that we may never know that. And certainly with 10, 000 [00:32:55] new chemicals that haven't been approved by anyone that are in our clothes and those weird [00:33:00] pine tree things that's in the Uber car you probably rode here in and all the other crap, [00:33:05] no one tests the interaction of all those things.

And with AI, we might [00:33:10] be able to do some really good predictive modeling. We're not there yet either. So we have to say there's a [00:33:15] bunch of stuff we don't know. Reducing chemical exposure from artificial chemicals, [00:33:20] really good idea, and then maybe not increasing your exposure to [00:33:25] chemicals that are, that come alongside injections in the body as well, would be a good [00:33:30] strategy, but I'm going to ask you this, what percentage of people in your [00:33:35] practice are under vaccinated according to government recommendations.[00:33:40]

[00:33:40] **Joel:** So I would say if I had to guess and it's not like I haven't specific like the numbers, but I would [00:33:45] guess about 30 to 40 percent go on the regular schedule, 40 to 50 [00:33:50] percent go on a slower schedule and then about 10 percent don't get vaccine. So I have a mix of [00:33:55] everything. And again, I don't tell people what to do.

I never do. I will never do that. It's giving medical advice. And I [00:34:00] just. Give people the information, have discussions, and then let them choose what they do. So I would say [00:34:05] the majority of patients go on a slower schedule, but they still do most of them. Especially because of California. [00:34:10] You need them for school.

A lot of people want to send their kids to school, so they do them maybe begrudgingly.

[00:34:14] **Dave:** I [00:34:15] don't know. I like begrudging because you don't actually need them for school. You are forced to [00:34:20] get them to have access to school, which is different than a need. A need is to survive, [00:34:25] and coercion is something very, very different and much more nefarious.

[00:34:29] **Joel:** [00:34:30] I'm not totally for that. I think that's wrong. I think we should not be forcing people to do things. I think there's [00:34:35] very few people that don't vaccinate anyways. There are many places that don't have required vaccine [00:34:40] rules or there are exemptions that you can have, religious, personal belief, and while [00:34:45] you do see a little bit more of outbreaks in some of those places, it's not extraordinarily high, and I think we can [00:34:50] reserve, if there are outbreaks, we can make decisions at that point of what we do.

But the rules are very [00:34:55] strict, and there are too many parents that come in crying, that don't know what to do, that feel like they're [00:35:00] coerced or pushed to do things. And especially when you're talking about some people that have very firmly held [00:35:05] religious beliefs. To some degree, it's discrimination. You don't force a Jehovah's Witness to get [00:35:10] blood, but you force someone who is vegan to get blood.

To inject animal products or you someone [00:35:15] who's a devout Christian to inject, you know, fetal tissue, [00:35:20] right? I mean, they're very, very, it's very, very small amounts. That's how they get around it. They say it's just a really, really, really, really [00:35:25] infinitesimally small amount, but it's still there. It was still developed with, with fetal cells was still [00:35:30] developed with bovine gelatin.

So these products are in there in a minuscule amount, but [00:35:35] for somebody who has a strong belief in that, and that they wouldn't eat it. So I, I think these are [00:35:40] things that are, again, reasonable discussions for reasonable people to have about what is [00:35:45] okay or not okay for us to force people to do.

[00:35:47] **Dave:** They really are.

It's funny, [00:35:50] um, I've been an ordained minister for 30 years. That's because ministers have [00:35:55] special rights, not necessarily because I am in a certain church or anything like that. [00:36:00] And I do belong to the church of medical [00:36:05] autonomy and biological freedom. And so by definition, [00:36:10] Any person or government or company that attempts to force or coerce [00:36:15] me to do anything with my body that I don't want to do is the [00:36:20] devil.

I think more people should join that church. I think it's a reasonable, reasonable [00:36:25] church. Like, that's, that's how it is. Bottom line is, I'm happy to do [00:36:30] all sorts of things and I think every parent should. On Earth has the right to make the right decision for [00:36:35] themselves and their kids

[00:36:36] **Joel:** based on their beliefs.

If you're going to force it, if you're going to coerce [00:36:40] it, you have to have an extraordinarily high bar, like the highest bar that exists in [00:36:45] humanity to be able to do that, I think. And we are at the point where we're doing [00:36:50] this without meeting that high bar, not even close.

[00:36:53] **Dave:** This will sound very radical, but [00:36:55] If someone has the right to force something [00:37:00] into your body, they are also granting you the right to force things into [00:37:05] their body, usually high speed lead injection type of things.

[00:37:10] So, why would we ever create a world in either direction where that's okay? Because it's not.

[00:37:14] **Joel:** No, and [00:37:15] it's a slippery slope, right? It very much is. You know, you can say where we are now, but what about in, [00:37:20] Two years from now when they create another vaccine that you're allergic to. You're allergic to something in there and they [00:37:25] force you to get it to go to work.

And you're like, I'm, I'm allergic to it. And they said, no, it's a slippery slope. Once [00:37:30] you start forcing people to do things. And I think we're moving down that path [00:37:35] more and more. And, and I'm glad that I think it is pushing back. And that's again, why I want to talk about this, [00:37:40] because I think we have to find, Some middle ground, where it's not about [00:37:45] getting rid of vaccines, or stopping vaccines, or stopping access to vaccines.

People should have vaccines, and, [00:37:50] and they do a lot of good in the world. That's not the point. The point is I

[00:37:52] **Dave:** want a vaccine for aging. Just want to say, vaccine for [00:37:55] aging. Right.

[00:37:55] **Joel:** Like, what if, what if they're, what if, you know, somebody came out with a vaccine for, for a disease that [00:38:00] your, your kid's gonna have and they're gonna die from?

Of course you want that to be the case. What if there's a new, I don't know, a [00:38:05] new disease that comes out? Three years from now, that's killing 90 percent of people. We might want a vaccine for that. You know, [00:38:10] we might want that. So it's not against the concept of vaccine. It's against the lack of openness.

And [00:38:15] I think nothing illustrates that more than this. When we discuss [00:38:20] vaccines and autism because I Was always taught [00:38:25] vaccines do not cause autism. The science is settled. That is what you hear [00:38:30] over and over again The science is settled. The science is not settled There is [00:38:35] barely any science when it comes to vaccines and autism.

That is not to say that it's a very [00:38:40] clearly very clear That's not to say that vaccines cause autism. You cannot say that you have to have the [00:38:45] research to prove it to do that. And when you dive into it, and I dove really deep and pretty [00:38:50] much wrote a literature review in my book because I don't know if you know, but I have a master's in epidemiology.

I've done a literature review [00:38:55] in the past actually on body checking and hockey. That's very Canadian of me, but that's what I did in my undergrad. It was [00:39:00] a literature review on injuries and body checking at hockey, but I've done that kind of research. And so I was like, okay, for [00:39:05] the book, if I'm going to talk about this, I need to know everything.

And so, so I went into it. [00:39:10] And when you go back, Through the research there is there's some research on MMR. [00:39:15] There's some research on thimerosal, which is mercury and that's basically it That's what the [00:39:20] research is and I don't know if you wanted me to go through it at all with you But there really isn't research to say [00:39:25] anything about vaccines don't cause autism There's very little research on the majority of vaccines.

You're

[00:39:29] **Dave:** saying [00:39:30] thimerosal and MMR don't cause vaccines

[00:39:32] **Joel:** So there are research on MMR. There's research on [00:39:35] thimerosal about autism not enough that I would say you can say anything conclusively, but there [00:39:40] is some research to show that they, there, those two things are not correlated, but that's not [00:39:45] vaccines.

Those are specific things. That's the MMR vaccine. And that's thimerosal, which was, was in [00:39:50] a bunch of vaccines, not really anymore. And

[00:39:52] **Dave:** thimerosal is a tox, an extra [00:39:55] toxic form of mercury as a preservative or adjuvant.

[00:39:57] **Joel:** But there are many things in vaccines. There are many [00:40:00] vaccines. There are vaccines given together.

And as an epidemiologist, if you want to [00:40:05] say, Something causes something or something doesn't cause something. That's a very high bar [00:40:10] to meet. You need randomized trials. You need many of them. You need a lot of people in [00:40:15] those trials. If you don't have that, then you at least, if you're going to say something's [00:40:20] not correlated or correlated, you need some big studies.

You need to do it many times. I mean, if you're [00:40:25] talking about like lung cancer and smoking, how many studies, how much research did it take to get to the point where [00:40:30] you say one thing causes the other? We don't have that with vaccines and autism. We [00:40:35] have some MMR research, some thimerosal research. And you go back through, [00:40:40] I mean, I started by looking at the literature reviews, the literature review, the, [00:40:45] you go back to 2014, Taylor has a literature review, 2014.

There's not really anything that I found [00:40:50] after that in terms of literature review. And that was five case control studies and five retrospective [00:40:55] cohort studies on MMR and thimerosal. And they conclude after that, that [00:41:00] Vaccines don't cause autism, even though it's really just to do with MMR and thyme aerosol.

Wow, [00:41:05] that's bad science. Yeah, I mean, I don't know if it's bad science per se, but [00:41:10] it's not conclusive.

[00:41:10] **Dave:** If the conclusion is vaccines don't cause it because these two ingredients [00:41:15] don't, there's just missing pieces. Right. There's another problem with, [00:41:20] with this idea. Number one, we have no evidence that there is a [00:41:25] single cause of autism, just like with Alzheimer's.

In fact, when [00:41:30] Dale Bredesen was on the show talking about the end of Alzheimer's, he said, well, there's seven causes [00:41:35] I've found and probably more. And if the people who are looking [00:41:40] for vaccines to cause or not cause autism, If you said, [00:41:45] hey guys, can you just discover bread? They'd say, no, no, there's no bread.

We bake the [00:41:50] yeast, we bake the flour, we base the salt, and we know bread is caused by one thing. [00:41:55] And you're like, hey asshole, it's a recipe. Right. And one ingredient in the recipe that makes the bread [00:42:00] spicier might be thimerosal or some, or a specific vaccine. But you're not [00:42:05] even thinking that's possible, much less testing it.

[00:42:07] **Joel:** Correct. And, and I've taken care of kids that had autism that [00:42:10] never had vaccines. So, autism is a clinical diagnosis. It's [00:42:15] probably many things. It's caused by many things. It's probably for [00:42:20] some people, it's very genetic. For other people, it's very environmental. It's probably multiple different things, multiple [00:42:25] different causes.

There are multiple things that maybe set it off or light a fire or do whatever that causes [00:42:30] autism. creates what we call autism today, and by ruling something out or not being [00:42:35] honest about it, we're never going to figure out what it is, and our job should be to look at it, research [00:42:40] everything, including vaccines, and, you know, maybe at the end of the day, when you do all the research and the [00:42:45] studies and the proper research studies, you're going to say, no, it actually has nothing to do with it, but you can't say that [00:42:50] without doing.

the proper research, and you have to do clinical trials, you have to do large [00:42:55] scale studies on all the vaccines. If you're studying MMR only, well, kids are getting a whole bunch of [00:43:00] shots in the first year before that! Um, it's just a ridiculous thing [00:43:05] to say. I mean, I went into this to show that the good research that we had that shows [00:43:10] that, that, okay, here's why we're saying that vaccines don't cause autism.

And then you go into it and you're like, wait, [00:43:15] where is it? I mean, I was just shocked by like, where is it? I mean, I read Paul Offit's books. [00:43:20] And I read Peter Hotez's books. And I was, all, like, as many books as I could find. I read them all. And if [00:43:25] they don't say that, these are really intelligent, highly pro people who, who come to the conclusion [00:43:30] that, that, Vaccines don't cause autism, but it's a slight of words because you're saying

[00:43:34] **Dave:** those books do [00:43:35] not say that I've read those books to

[00:43:36] **Joel:** they don't say they don't show that all vaccines [00:43:40] don't cause autism.

They say the research that we have shows that vaccines are not related to autism, which is [00:43:45] true. That is a true fact. For the most part. I mean, there are some smaller scale studies that show some other things, but for the most [00:43:50] part, the research does show that the MMR is not related to autism based on the research that you [00:43:55] have, but you're basing it on smoke screens based on not the best [00:44:00] research to make that kind of conclusion.

Again, you could say based on the research that we [00:44:05] have, it doesn't seem like MMR is related to autism. It doesn't seem like thimerosal is related to [00:44:10] autism. That's what you can say based on the research. That's totally reasonable. You can't make the full [00:44:15] on claim until you actually study everything. And we haven't even begun to do that.

[00:44:18] **Dave:** There's [00:44:20] An additional flaw. People have been listening to the show and for a while [00:44:25] have heard my friend Dr. Joe Dispenza come on the show. He'll be at the biohacking [00:44:30] conference this year in Austin, May 28th on stage, which [00:44:35] is going to be incredibly cool. He was amazing last year. But in [00:44:40] Becoming Supernatural, he says, if you look at studies to see if any of [00:44:45] these, you know, human superpowers around meditation are real, [00:44:50] study after study will show that they do not exist.

And [00:44:55] then you run a study on people who have a regular meditation practice. And there's [00:45:00] dozens of beautiful examples in the book where he says, look, in this [00:45:05] population, Magically, there's a very strong effect that is some, you know, one to two [00:45:10] billion of chance that this is random. So if we were to take the [00:45:15] population and we were to just run basic genetics, let's say, do [00:45:20] vaccines, again, vac doesn't mean anything, does this specific vaccine or this specific [00:45:25] ingredient cause autism amongst a set of kids with [00:45:30] HLADR genes that make them more susceptible to toxic mold and make it harder for their [00:45:35] bodies to methylate and detox?

magically they would, but when you mix [00:45:40] those kids in with all of the other kids, you cannot measure an effect across the population.

[00:45:44] **Music:** Mm hmm.

[00:45:44] **Dave:** [00:45:45] So, how dare any big government, [00:45:50] lazy epidemiologist like you, Paul Offit, dick, sorry, [00:45:55] I said that, not you. How dare you say that, because we understand the [00:46:00] genetics, because there's a whole bunch of other people out there called actual scientists, no offense to [00:46:05] your epidemiology degree here.

That's Hubbit. Where we look at pathways, and we look at genetics, and [00:46:10] you can show this causes this, causes this. It's called systems biology. And [00:46:15] it's a real thing. And the reality is that if you have a family full of autoimmunity, [00:46:20] the risk to that family of doing anything to piss off the immune system is [00:46:25] higher than the average person.

So maybe you should work with your [00:46:30] doctor to make informed decisions about relative risk for a [00:46:35] specific patient. And when any bureaucrat pulls out of their armored Rolls [00:46:40] Royce, And yeah, they have to be armored these days because of what you did. The answer [00:46:45] is you have no authority over my children.

[00:46:47] **Joel:** And, you know, I don't hate Paul, Paul Offit as much [00:46:50] as you, you know, you did.

I don't hate him either, I'm just, I'm just using science to say he's a

[00:46:54] **Dave:** [00:46:55] dick because of his books.

[00:46:56] **Joel:** Yeah, and here's the thing.

[00:46:58] **Dave:** A lot. Sorry Paul, I'm really not that [00:47:00] angry. I'm just making a point.

[00:47:01] **Joel:** He's a brilliant guy and I've listened to a lot of what he's, he's [00:47:05] talked about. And I just think it's a, it's a medical perspective that we are in [00:47:10] and it is time that we open up the discussion and the debate to individualized [00:47:15] medicine because the first step to healthier kids.

Is [00:47:20] to agree that we need to study everything that we can't assume that everything is just a hundred percent [00:47:25] safe and effective and then figure out who are the kids that are at risk and what can we do [00:47:30] to minimize that risk? How is that controversial to say, Hey, if there is [00:47:35] something in a, in a product that we're doing that's causing autism, asthma, ADHD, autoimmune conditions, [00:47:40] maybe it's not, but if it is, let's figure out why.

And you're [00:47:45] talking about products, which we know cause febrile seizures. We know cause [00:47:50] encephalitis. This is not woo stuff. This is in the international, the IOM reports. This is on the vaccine inserts. [00:47:55] Like it can cause these things in certain individuals. Why does it cause it in those [00:48:00] kids? What is the susceptibility for a certain subset of [00:48:05] population?

Because most kids get shots and in general are fine and you wouldn't see anything. But some kids, they have a bad [00:48:10] reaction. They get terrible rashes. They, they get all sorts of things in the short term. Myocarditis, like [00:48:15] what? Is it maybe if we figured out what is the susceptibility in the heart for myocarditis, [00:48:20] we could say, Oh, these people, we, you shouldn't get that shot and enough other people do that, [00:48:25] that, that's okay.

Or maybe there's a certain subset of the population that has a [00:48:30] brain chemistry or brain setup or a brain blood barrier that doesn't do well with the DTAP [00:48:35] vaccine. And so let's figure that out first. And then maybe those are the kids that just don't get that [00:48:40] vaccine. It doesn't mean that we should just take away the measles vaccine or the polio vaccine, but maybe [00:48:45] we could figure out what kids are going to have the reaction so we don't give it to them.

Or figure out what's in there that's [00:48:50] causing the reaction because maybe there is something in there. You can't just say that, [00:48:55] that all vaccines don't cause anything when you don't study it for those things.

[00:48:58] **Dave:** That is so [00:49:00] inherently rational. There's also this notion in [00:49:05] Western medicine that's really, it's actually evil.

It's that not [00:49:10] dying is the goal. And this is what allows [00:49:15] hospitals to drain the bank accounts of people in the last year [00:49:20] of their life. Instead of calling hospice, Instead of [00:49:25] recognizing that death is a natural part of life, maybe doing a single dose [00:49:30] of psilocybin, which has been shown in multiple studies now to reduce fear of death [00:49:35] and bring great peace to people at the end of their life.

Maybe we could just do that.

[00:49:39] **Joel:** You know, [00:49:40] sometimes doing nothing is the best medicine. I've been asked that before. I mean, like, what, what's something that's an ancient wisdom that we don't do [00:49:45] enough of? And the answer is doing nothing. Sometimes doing nothing works. We don't have to vaccinate [00:49:50] for every single thing that we can for, we don't have to give a medication for everything.

Sometimes you do, [00:49:55] your kid might have a bad pneumonia, the, the antibiotic's going to get them back to playing soccer next week as opposed to dying. [00:50:00] That's a good thing, right? But it's not just about doing nothing. death. It's about ear infections and autoimmune [00:50:05] conditions and asthma and ADHD and obesity.

50 percent of our kids are obese. [00:50:10] We have autoimmune conditions that are 10, 20 percent diabetes, type 2 diabetes. It's called adult [00:50:15] onset diabetes. Didn't happen in kids. All of a sudden it's happening in 10 year olds and 13 year olds [00:50:20] and one third of kids are diabetic or pre diabetic. We did that. That is [00:50:25] happening here.

It's not happening in other countries. In places like Japan, it's like 3 5 percent of kids obese. [00:50:30] But here, that's not the case. We are doing this. We have to change it. And [00:50:35] unless we decide that we are going to change it ourselves, that we don't want our kids to [00:50:40] die, we don't want them to be overweight and obese, we don't want them to be sick, if you live the way that we're living [00:50:45] right now, one out of two kids are going to have a chronic disease.

That's how it is. If you want to do something different, we have to [00:50:50] change things. And we can! We can change it! So

[00:50:52] **Dave:** given that all this [00:50:55] stuff you just said is actually happening, we have a group of people who've been, well, they had a [00:51:00] lot of money from large pharmaceutical companies, and they're telling us it's [00:51:05] not the most profitable, lowest risk product from big pharma, [00:51:10] that would be vaccines, zero risk because there's no liability.

It's not those. If you're [00:51:15] an epidemiologist and you have all this time and all this money and all this data, could you please tell us what [00:51:20] it is? Because it's happening. Right? So, if you had the ability to [00:51:25] prove it wasn't the most profitable thing, then could you use that same superpower [00:51:30] to point out which one of the things it is?

Oh, wait. All of the likely [00:51:35] suspects are things sold by the pharmaceutical industry. Or the chemical or the [00:51:40] big ag industries, which are all coming together. So here's the deal, [00:51:45] which of those big industry groups is paying you the least? Because you're going to have to point the finger at something, you [00:51:50] might as well point it at one of those.

So, use your powers for that.

[00:51:53] **Joel:** Right, and we're trusting [00:51:55] pharmaceutical companies as opposed to moms, parents, people that actually care about their [00:52:00] kids. There are, there is no reason for this. a parent to lie [00:52:05] about this stuff. They might be wrong because it's just an anecdote or it's their own kid's thing and they might be wrong about what they think happened.

Maybe [00:52:10] it's just a coincidence but if there's one thing I have learned over the years being a [00:52:15] pediatrician is to trust the moms and think dads too but moms like really in tune with their kids and you [00:52:20] know if a mom says to me that she's really worried about something then I'm worried about that because parents [00:52:25] know especially moms know and there are so many stories of this stuff coming up over and over [00:52:30] again it can't all be made up.

We have to listen. to these stories and we have to figure [00:52:35] out where, where, where we go from here and trust parents and [00:52:40] look at the data. We have to step back and stop listening to a profit driven industry [00:52:45] and start to just use our eyes and say, okay, this is what's happening. Let's [00:52:50] figure out why I'm okay with a million vaccines.

If we figure out exactly what's going on and we cure all disease, that's totally fine by me. [00:52:55] It's not about that. I'm not against vaccines. It's we have to figure out why. And [00:53:00] to allow companies to say anything about these medications, look at, like, what we're trying to do with [00:53:05] obesity, right? You know, let's give everybody Ozempic or something like that, like, this is what we're discussing, as opposed to taking that [00:53:10] thousand dollars for prevention.

Let's put it on Medicare and give everybody a drug, right? That [00:53:15] is pharmaceutically driven. It makes no sense. You're gonna, you know, Treat subsymptoms and [00:53:20] some people they could great benefit from some of these medications for sure But if you're gonna just give everybody these [00:53:25] medications as opposed to saying hey, we have a 50 percent obesity rate Let's figure out why that's happening and [00:53:30] fix that as opposed to giving people a medicine for it That's where we're going with things.

We're [00:53:35] trying to do that band aid everything with a medicine as opposed to saying we have a big [00:53:40] problem. We need to work on what can we change in society to help kids. [00:53:45] Kids don't deserve to be sick. They deserve fresh food. It's not racist or classist [00:53:50] or ableist to say, hey, every kid deserves fresh, healthy food.

[00:53:55] That's, that's deserved, right? That's what we should have. say

[00:53:57] **Dave:** fresh, healthy Cheetos.

[00:53:58] **Joel:** On Cheetos, yeah. [00:54:00] They deserve to be able to have access that, yes, we don't have that access right now. But it's not [00:54:05] classist or ableist to say it. We have to figure out how over the next 50 years [00:54:10] we make that happen. It's not going to happen tomorrow.

We're not going to say, Hey, everyone has a garden in their, in their community and they can get [00:54:15] all their food from that. That's not going to happen overnight, but we can start to build gardens. We can start to build [00:54:20] community farms. We can do this and we can transition the food back to healthier local [00:54:25] food over a few decades.

And even if it's 10 percent of the food or 25 percent of the food, at [00:54:30] least it's not Cheetos and snacks for everybody all day. And look at the food at our schools. [00:54:35] Look at any pictures of the food at our schools versus other places. That's not acceptable. It shouldn't be. But [00:54:40] we, we, we have a profit model, right?

It's profit driven. It's not health driven.

[00:54:43] **Dave:** You just blew up the [00:54:45] whole vegan strategy here. So one thing you could do is you could say, [00:54:50] I want this to be healthy. Since everyone can't [00:54:55] afford the healthy thing, we're gonna pretend that something is healthy and tell everyone that's what they should do. [00:55:00] This is the Big Food Operating System.

This is why they sell you oatmeal and all [00:55:05] these other peasant foods as if they're super foods. If we [00:55:10] would just use science and truth and say These are the foods that are more [00:55:15] expensive to produce that create healthier humans, then we would create [00:55:20] demand and then we would create supply. Sure.

[00:55:22] **Joel:** But do you even need science to know what healthy food is like?

I don't.

[00:55:24] **Dave:** [00:55:25] Apparently these days if you eat induced,

[00:55:27] **Joel:** I

[00:55:27] **Dave:** don't,

[00:55:27] **Joel:** but But like you don't need it to say you eat [00:55:30] local food, you eat something that's fresh. Something that's off a tree or a bush or an [00:55:35] animal, if you eat meat, then, you know, the local Or it could be, or it could be like, off a [00:55:40] bush, if you eat bushes as well.

Whatever, but, but actual food. Like, you do not need a [00:55:45] scientific study to say, eat real food that was just picked, that's better for you. That [00:55:50] doesn't mean that all the other food is like the worst thing in the world. If you eat it, you're going to keel over and die tomorrow. But obviously [00:55:55] something that's sprayed a bunch of chemicals, that's processed, that's sitting on the shelves for three weeks.

It's not the same thing. If you [00:56:00] pick a berry off of your plant in your garden. How many days does it last? Two? [00:56:05] Three? Four? Do you think any of the food in our grocery store is not sprayed in all sorts of crap [00:56:10] to, to, you know, pick it early, send it across the world, spray it so it [00:56:15] ripens? I mean, that's the best quesadilla of food.

So, we're getting this nutrient [00:56:20] devoid food that's sprayed in all sorts of chemicals and products, and then that's the stuff that still most people aren't even [00:56:25] eating. Then you have all the stuff in the middle of the grocery store, which is in the boxes, the fancy pictures that are there [00:56:30] to distract you, a bunch of chemicals you don't even know what they mean.

How do you expect your kid not to get [00:56:35] sick if that's what they're eating all day? That is what is happening. It is not rocket science. We don't need science [00:56:40] for that. We can do more science if people need to prove that eating Real food is good for you. I don't know. But you don't [00:56:45] need that. You really don't need it.

This is common sense stuff. You don't need a study to say that you need a parachute [00:56:50] when you jump out of a plane. You just know that you need a parachute. We need real food to be healthy and sunlight. We go [00:56:55] back to sunlight. You need sunlight, food, good water, not that complicated.

[00:56:58] **Dave:** Starting to sound like a biohacker.[00:57:00]

I want [00:57:05] to thank you for something you said earlier. You talked about listening to [00:57:10] a mother's intuition. And a lot of times people say that that's not [00:57:15] scientific, but there is a scientific basis for female intuition. You want to know what [00:57:20] it is? Being a mom. Like, just life. It's being a mom, but there's a specific reason for it, at least [00:57:25] in, in the world that I live in, of systems biology and all.

Your mitochondria [00:57:30] are actually antennas of reality, right? They're sensors. And [00:57:35] then they make decisions, and then they make stress chemicals and heat and electricity and all that kind of stuff. [00:57:40] Well. Most people know if they're into this kind of stuff, you [00:57:45] have 15, 000 mitochondria in your neurons and in your heart cells, and substantially [00:57:50] less than the rest of the body.

And that's where most books end. But the [00:57:55] ovaries have 100, 000 mitochondria per cell. And men and [00:58:00] women, that is, what, six, seven times the density that men have. [00:58:05] And given that those are environmental sensors, I believe that the [00:58:10] female reproductive system is part of what makes women [00:58:15] have female intuition.

And yes, men have intuition, too. It's a [00:58:20] different kind of intuition. And most of the men I know who are most successful in [00:58:25] happiness have women. And when the women say, that doesn't feel right, they listen to them [00:58:30] because that's one of the superpowers that women have. And as a physician, [00:58:35] especially a male physician, to sit there when a mother says, I just [00:58:40] know this, and for you to listen to that, that takes a really good amount of ego [00:58:45] awareness on your part.

So, thank you for calling that out.

[00:58:48] **Joel:** Well, I think there's way too much ego [00:58:50] in medicine, by far. I mean, we have to, and I said this at the beginning, but we have to [00:58:55] find our humility, because medicine has moved [00:59:00] to a place where we are not listening to people, we're not listening to parents, we're adversarial, we're [00:59:05] kicking patients out of our office.

We're not a team. [00:59:10] And we are a team in health, especially when it comes to kids, parents are trusting you with their [00:59:15] child and you are there to help guide them based [00:59:20] on the best information that you know, not what we're told by a pharmaceutical company, but [00:59:25] what we believe is best for our kids. We [00:59:30] have to step back and say, okay, we have to come together as a profession, [00:59:35] and join, join back with parents, come together for our [00:59:40] kids with no bias, with total humility and say, look, here's what we learned many years [00:59:45] ago, maybe we just don't know everything, let's go through the science, let's talk about it, let's make [00:59:50] some new reports on medications, on vaccines, on chronic [00:59:55] disease, let's look at where we are today, And let's figure out what are the things [01:00:00] that we want to study as a community, so that way we can give the answers that we want.

You [01:00:05] want to shut up an anti vaccine parent, do the studies that they want, prove that you're [01:00:10] right, and then say, Look, we have done 50 controlled trials, we've done all of these [01:00:15] things, here's the research, not A versus B, it's something else. And figure out what the other thing [01:00:20] is, and have the rates start to go back down, and everybody will start to partner back up.

[01:00:25] We're not against each other. One group says one thing, one group says another thing, nobody's listening to [01:00:30] everybody else and they dig their heels in on their side as opposed to [01:00:35] actually doing the real science to figure out what's going on. We're not getting answers because we're just [01:00:40] arguing as opposed to talking.[01:00:45]

Side. There is no side. It's not Republican, Democrat. There's no [01:00:50] such thing. Kids are the side. Figure out what's going on, and [01:00:55] then, and not for pharmaceutical profit, figure out the answers, [01:01:00] decrease the numbers, and everyone's going to be much happier and healthier, and you don't need to have these debates [01:01:05] or people getting kicked out.

Or parents crying. You will just have people that trust the [01:01:10] doctors again, that show up at your house with the little bags, you know, smiley, friendly, like that. That's the [01:01:15] image you have of doctors from before. That was supposed

[01:01:16] **Dave:** to be. I

[01:01:17] **Joel:** hate pharma. I hate doctors. Doctors are the worst. [01:01:20] I'm never going to a doctor again.

That's not good either because you also, doctors know a lot of stuff that [01:01:25] parents don't know.

[01:01:26] **Dave:** I have a little confession to make. When I was in my early [01:01:30] 20s, I went to the Palo Alto Medical Foundation and I said, I [01:01:35] feel like I've been poisoned. Like something is deeply wrong. I, I can't pay attention, [01:01:40] I keep gaining weight, it doesn't matter how much I exercise.

The guy [01:01:45] looked at me and, and said, maybe you should try to exercise and eat healthy. [01:01:50] And I'm like, no shit, Sherlock. And, and also I'm like, you look a little chunky too. [01:01:55] And then he told me vitamin C would kill me, and he didn't know who Linus Pauling was. For listeners, [01:02:00] if you don't know, that's okay. Linus Pauling, only guy ever to get two Nobel Prizes, took 90 grams of vitamin C a [01:02:05] day.

I don't recommend high dose vitamin C at this point in my life because of oxalate [01:02:10] metabolism, but vitamin C is necessary. But regardless, when the doctor couldn't help, I got [01:02:15] really angry at doctors. I didn't see one for four or five years, and I studied every night until I fell asleep at my [01:02:20] desk to understand biochemical pathways because I was determined to not be disabled.

[01:02:25] And when I went to a doctor, um, at the time their name was Christine, also in Palo [01:02:30] Alto, four years later, I said, I have one of these seven things going on, I want this test from this lab, [01:02:35] and if so, I want this treatment protocol, and I mapped all this crap out like a Asperger's computer science [01:02:40] guy. And I looked at her and I said, all you are is a permission [01:02:45] slip to me.

Now, would it? absolute, just dysfunctional, [01:02:50] toxic thing to say to a healer. And I recognized that I was pretty angry and [01:02:55] my brain was inflamed and everything else. And to her credit, she said, well, will you at least [01:03:00] let me stack rank your list of things? Cause I can probably tell you which one it is first.

[01:03:05] She thought it was Lyme. She was wrong. It was toxic mold, which is a precursor for Lyme most of the time. But regardless, she got in the top [01:03:10] two and it was that connection and a couple others, like, Oh my God. [01:03:15] I was pissed off at the wrong people, right, because I had felt really gaslit [01:03:20] and not heard and lied to, frankly, by the lots of people who just kept giving me antibiotics throughout my [01:03:25] entire life.

So, at this point, you know, 20 years ago, I attended [01:03:30] my first American Academy of Anti Aging Medicine meeting, and I actually met the mother of my [01:03:35] children there. And I just lectured or shared information [01:03:40] in front of thousands of people this last weekend at that same event 20 years [01:03:45] later, and way more than half of my closest friends in the [01:03:50] world are healers and doctors and other forms of care providers.

So [01:03:55] I was deeply wrong, and there are so many listeners now. Who [01:04:00] hate the medical field. Guys, most doctors are healers. The rest of them are there [01:04:05] because their parents made them do it. They won't be there for long. Am I right?

[01:04:08] **Joel:** You are right, but [01:04:10] they're still mostly good people, though. They are good people.

Just because their parents made them do it, or they just wanted to, you [01:04:15] know, this is what you're going into, medicine, I'll do it. Yeah,

[01:04:17] **Dave:** exactly. And so, [01:04:20] you know, there are healers, and most healers, most doctors, [01:04:25] they're deeply spiritually disturbed. When an insurance [01:04:30] company stops them from being a healer, and one of the things that's happening in [01:04:35] pediatrician offices right now, what happens to the amount of money you make as a [01:04:40] pediatrician if less than 85 percent of your patients are sick?

are under vaccinated.

[01:04:44] **Joel:** [01:04:45] So when it comes to payments, so there are certain insurances that do give bonuses or [01:04:50] do pay somewhat based on vaccines. And you certainly do make a little bit of money from vaccines. You don't make [01:04:55] a ton. It's quite a hard thing to deal with, but it certainly is involved in, in the payment [01:05:00] structure when it comes to medicine.

Now, keep in mind, most pediatricians are salaried, so it doesn't [01:05:05] really affect.

[01:05:05] **Dave:** Oh, this is only for a private one. Cause if you work for Blue Cross, it doesn't matter.

[01:05:09] **Joel:** Sure. [01:05:10] The vast majority, pretty much all pediatricians, give vaccines because they believe in them, not because they make money. They do make [01:05:15] some money, but it's also a lot of work to do it, so you should theoretically make some money if you're going to do that.

There are [01:05:20] substantial

[01:05:20] **Dave:** bonuses, though, from a lot of care pro er, to a lot of care providers. [01:05:25] If a certain percentage of the kids are fully vaccinated, up to whatever [01:05:30] standard, they get paid a bonus, and if 80 percent versus 85 percent you don't make as much money. [01:05:35] So there's a financial pressure to

[01:05:36] **Joel:** some degree.

There is a lot of, a lot of insurances don't do it that way. Um, so it's, [01:05:40] it's, I would not say that doctors give vaccines because of the money. I think that [01:05:45] some larger corporations, organizations, and a lot of the problem with pediatrics is becoming [01:05:50] very corporate. So I think when you talk about a big, a big practice with many, many doctors, And there is a [01:05:55] bonus structure that comes from insurance.

And there's a lot of incentive from the administrators to do that. I think if [01:06:00] you gave doctors 0, they would still give all the same vaccines. That wouldn't change anything for the most part, because [01:06:05] doctors believe in vaccines very strongly. I think there's a financial side. Thank you.

[01:06:09] **Dave:** I [01:06:10] did not mean to imply that doctors are going to do something that I think is, is [01:06:15] useless or bad for you for money.

That is actually an evil [01:06:20] act. What I've seen happening is that doctors are saying, well, [01:06:25] there's only so many hours in a day and there's only so many things a parent's going to do. And I [01:06:30] do believe that vaccines work from their perspective. That's what you learn in medical school and that they work [01:06:35] without any risk whatsoever.

And meanwhile, some of them work, some of them don't work like flu [01:06:40] vaccine a lot of the time. All right. And so, oh wait, it's more nuanced, [01:06:45] but since I had to do this and if I can get most of my patients to do [01:06:50] something that I think is. Probably good for him. And I get paid more for that [01:06:55] versus something else where I have to spend more time having UnitedHealthcare tell me no anyway.

You know what? [01:07:00] It's just, if there's this less friction,

[01:07:01] **Joel:** I couldn't agree more and I think that there is certainly [01:07:05] a financial element to it. But I think the. The bigger picture there, really what you're [01:07:10] alluding to is the tentacles of pharmaceutical company that have infiltrated everything. You know, when you go [01:07:15] back this, and I did, I went really deep on this in the book.

I can't wait to read the new one. Because [01:07:20] you go back in time and They formed the medical schools. They [01:07:25] decided, you know, you go back to the Flexner report and Rockefeller, and you go back into these stories. I won't go too deep into it, [01:07:30] but they basically said, look, integrative medicine, integrative health, all woo woo.

We're going to [01:07:35] take this model, John Hopkins, and there's a lot of intrinsic back and forth there. And we're going to [01:07:40] make that the model of healthcare and everything else is out. So that was the first step. And then they just started to [01:07:45] get their tentacles and everything. They give a lot of money to school, medical schools.

They basically fund the [01:07:50] media, they fund the research, they fund the FDA, they fund the studies. They fund Bill Gates,

[01:07:54] **Dave:** [01:07:55] who funds the bag, who funds Bill.

[01:07:56] **Joel:** Exactly, so it's, it's It's very intertwined and [01:08:00] intermeshed to the point where I think that doctors, at least for myself, you don't know, you don't [01:08:05] realize how much they have influenced the entire world of medicine because you go [01:08:10] into medical school and you get your training and you're not thinking about it as, well, pharma kind of [01:08:15] funds my school, so therefore, you know, this is the, this is Big Papa who's giving the money, so we're going to not piss them [01:08:20] off by what we teach, so we have Pharmaco pharmacology, you know, studies for a whole year, but [01:08:25] no nutrition studies.

Or we are told that vaccines are safe and here's the schedule and that's what you're going to [01:08:30] do as opposed to why you shouldn't trust big pharma 101. Like you don't have that that course [01:08:35] in in modern medicine and so we're just We're just taught what we're taught and we're not taught to think about these [01:08:40] things and you're so busy with your practice that you're like, okay, this is what I'm doing.

It's easier. Like you said, it's just [01:08:45] much easier to just have all your patients be vaccinated, go on the same schedule, do the same [01:08:50] thing, not have the discussions with parents. When you have three to five minutes with your patient in the modern, it's [01:08:55] to explain why you should or shouldn't do something like a vaccine or to talk about [01:09:00] nutrition.

You need a half an hour. You need an hour. You need five hours. You can't do that in three minutes. So it's just easier to say, do it. [01:09:05] Here's your antibiotic. We'll see you later. That's a much easier discussion. You can get to the next patient and when [01:09:10] insurance company. Payments are dwindling and doctor's offices are falling apart.

I mean, [01:09:15] 25 percent of pediatrics offices in the last five to 10 years have closed down or been bought up by big, [01:09:20] big corporations because they can't survive because the payments are so low that [01:09:25] you just can't keep up anymore. So you're being bought by big companies. And so that's where we are. [01:09:30] It's just, it's a, there's a lack of, I don't know, I think there's a lack of transparency about what's going on, but [01:09:35] also a spiritual.

crisis in medicine and rates of suicide are about [01:09:40] as high as in any other field. And I think that's because people went into [01:09:45] medicine because they're really good people. in general who want to do good things and they don't feel [01:09:50] like they're doing the job they thought they were going to be doing. I certainly don't.

I certainly don't. And I have the [01:09:55] best case scenario with an amazing practice that I set up myself for this private practice. [01:10:00] And the more things have gone on, the more that I've been frustrated with the system. And [01:10:05] especially when it comes to vaccines and feeling like I couldn't discuss them outside of the office, which is [01:10:10] really unfair.

And I think at this point, it's just why I'm talking about it because [01:10:15] I believe that it's something that we need to discuss and debate so that way we can help our patients [01:10:20] truly and, and I don't feel like that's happening. I feel like there's this mantra of don't [01:10:25] talk about it. Yeah. And that is not going to work anymore.

[01:10:28] **Dave:** If we're dealing with our [01:10:30] children's health, I'm going to talk about it and I'll make you a deal. [01:10:35] I'm an unlicensed biohacker. You can't take my license. And I open my talks to [01:10:40] doctors saying, like, I may be wrong and you know more than I do about a lot of stuff and I know some stuff you probably don't [01:10:45] so let's talk, but I will say the things you can't say.

And there are many others [01:10:50] like me out there who are more than capable of communicating it. But our [01:10:55] job is to set up a world where any doctor can say, you know, We've always done it this way. I [01:11:00] wonder if there's a better way. And that we say, that sounds totally nuts, but [01:11:05] what do you got? Show me that it works.

And we're just curious and like playful and like, how do we [01:11:10] make this world a better place? That's the natural human state. And of course [01:11:15] it's miserable when you're thinking, well, I'm muzzled. I can't say something. I [01:11:20] have a deep desire that comes from deep inside myself to, to [01:11:25] help and to serve my own species.

And that's being suppressed because I can't [01:11:30] talk about stuff that I'm curious about. And then you get all the hate from parents [01:11:35] who think you're the enemy, and you're not.

[01:11:37] **Joel:** It's okay, I could be the enemy, I don't care. That's fine, I'm gonna get it either [01:11:40] way. Yeah, you are. And that's why I, you know, I say it specifically in the book, I'm like, you know what, I don't know everything.

[01:11:45] It's a big world, it's a big internet. If you have information that you feel like is wrong, especially after you [01:11:50] read the book when it comes out, send it to me, I'll change the book. I'm happy to do that. I don't care, I don't, I don't have, [01:11:55] I don't have a goal. I don't have a a side, I just want to get the [01:12:00] information out there to the best of my ability from what I could find.

And the, the goal is to have healthy kids, I guess, [01:12:05] and, and to have a discussion. So if there is something that is missed or better or [01:12:10] different, just let me know. I'll change it. Yeah. Like let's evolve this together.

[01:12:13] **Dave:** Yeah. There's [01:12:15] another thing that happens, so some parents or some humans will demonize doctors because they had a bad [01:12:20] experience like I did.

There are others, listening to the show right now, [01:12:25] who will demonize pharmaceuticals, and there was a time in my life where I would have said, I'm [01:12:30] not gonna take any pharmaceuticals because they're bad, which is simplistic, childlike [01:12:35] thinking. There's no such thing as vaccines. [01:12:40] It's just a thing like green things, like there's all sorts of [01:12:45] different green things.

Maybe you should, is it a tree or is it a shovel painted green? Because they're different. So [01:12:50] there's different vaccines. There's also different pharmaceuticals. There is no inherent badness [01:12:55] in pharmaceuticals. There is inherent evil in the pharmaceutical [01:13:00] industrial medical complex that they've created.

So there's the political actions of people. And then [01:13:05] there's chemicals. And there are some pharmaceuticals [01:13:10] that I am so profoundly grateful for that I wouldn't be here without, right, at [01:13:15] least not in this, in this form and state. And for the longevity [01:13:20] world, where we're going to be living way longer, my goal is at least 180, [01:13:25] it absolutely requires pharmaceuticals to activate pathways that I cannot do with [01:13:30] food and lifestyle.

[01:13:30] **Joel:** Mm hmm. And the pharmaceutical industry to figure out what we need to do from the [01:13:35] laboratory standpoint so we can figure out more about, you know, Who we are and what we are so we can activate [01:13:40] those pathways. There we go. That's pharmaceutical. That's fun That's what we should be spending our time on [01:13:45] as opposed to how many products we make that make the most money Let's re incentivize [01:13:50] these companies to make us live longer and healthier Let's help them find products that [01:13:55] actually have an incentive because right now I mean if you think about it just very basically and [01:14:00] financially It's pretty obvious what's going on.

Anything that's a chronic condition that you keep giving someone a pill for, [01:14:05] that's the most beneficial thing. If you can get a vaccine on the schedule that's recommended by [01:14:10] the CDC, that's a huge moneymaker because every single kid's going to get it, or every single adult's [01:14:15] going to get it, or every single elderly individual's going to get it.

That's a much bigger profit model for a [01:14:20] company. And if you are a CEO of a company, your job is to have more profits this, this quarter than last quarter. [01:14:25] That's capitalism. Nothing wrong with that. That's how our society is set up, but We [01:14:30] have to step back and say, you can't influence politics anymore. You, you [01:14:35] can't go to make a product just because you can.

We need to incentivize them to make [01:14:40] products that save lives, that cure diseases, and let's financially motivate [01:14:45] companies to do that. And if you did, if you gave them a billion dollars to make something that cured, I don't [01:14:50] know, some kind of cancer, they're going to be much more likely to do it. They do what makes them money.

It's not, it's not that complicated when it [01:14:55] comes to a business.

[01:14:55] **Dave:** There's two things that make me really excited about Big Pharma now. [01:15:00] One of them is I'm working on setting up meetings with a few other people who think like, like you and [01:15:05] I, to help encourage the leadership team at Big Pharma to look at [01:15:10] quality of life and life extension.

Living longer as a much better [01:15:15] opportunity than the chronic sick thing. I don't think most pharmaceutical [01:15:20] executives are cognitively aware of the system that they've created. It's [01:15:25] peripheral. They're not paying attention. We're saving lives. We're keeping people from dying. We're doing this. And they are.

A [01:15:30] lot of times they are. Yeah, they are. I mean, like, you can't argue that. You can also argue they're getting a lot of people [01:15:35] sicker than they need to be. But, regardless, there's something called an equilibrium, [01:15:40] and you know what this is because you have a master's in epidemiology. For listeners, if [01:15:45] you imagine you have like a marble on a, on a, on a slide, [01:15:50] if there's a little pocket on the slide, the marble could stop there, and that's an equilibrium [01:15:55] point.

But there are other parts on the slide where a marble could just sit, and each of those [01:16:00] is a place, what's called equilibrium, because it won't, it won't move to either side. [01:16:05] There's a point where pharmaceutical companies make a lot of money by keeping people sick. [01:16:10] There's another point on the curve where pharmaceutical companies make the same amount of [01:16:15] money by making us live twice as long.

It's equivalent money. One of [01:16:20] them feels good for pharmaceutical researchers, who are also, by the way, mostly very good people, and [01:16:25] pharmaceutical executives. Many of whom are good people caught in a system they may or may not like [01:16:30] so I'm gonna assume most people are good We have four to five percent [01:16:35] sociopaths those exist They mostly go into politics.

Mm [01:16:40] hmm So only people that just kidding. I do know good politicians, too And some of them are [01:16:45] dragged in like a lot of good

[01:16:46] **Joel:** politicians started talking about health though That's a good thing. There are shifted

[01:16:49] **Dave:** [01:16:50] entirely I don't know if entirely is the wrong word, but it shifted a lot. It's starting. So, all we're going to [01:16:55] do is we're going to drag the pharmaceutical industry, kicking and screaming, using, [01:17:00] if necessary, lawsuits and tax regulations, so that they find the [01:17:05] equilibrium point where they are satisfied and their shareholders are satisfied, [01:17:10] even BlackRock.

Well, what's going to happen? We're all going to live longer, [01:17:15] we're going to have a better quality of life, and here's why they're going to do it. Our birth rate is [01:17:20] so profoundly low right now, we're not replacing the population. The only [01:17:25] path forward for the society we have today is to take our elders, and [01:17:30] give them the energy and abilities of youth, and the wisdom of being elders.

Because [01:17:35] that's awesome, and if we don't do that, We don't have enough babies to replace them. [01:17:40] And this is not going to end well. And the data is very, very clear on this. It's [01:17:45] why my first book was about fertility. My second book was [01:17:50] about biohacking. This is so critical. Besides, if you want to live a long time and have a healthy mom, it's real [01:17:55] easy.

So, this is the future. It is the pharmaceutical companies going, Oh my [01:18:00] God, profits. But profits in a way that feels better than today. And [01:18:05] that means if you're listening to this and you think pharmaceuticals are evil, stop. They're just [01:18:10] tools. Some are better than others. And some of them probably will make you live longer and save your life.

[01:18:15] Others probably aren't worth it. And let's have good data. And included in that [01:18:20] is vaccines.

[01:18:20] **Joel:** Yeah, and pharmaceutical companies are made up of people. People with [01:18:25] families. Did those people want their kids to be sick? Did those people want themselves to be sick? Did they want to [01:18:30] live to 180? There's a middle ground.

that we can find, that they can make plenty of [01:18:35] money, and I'm totally fine with that, and we can also be healthy and happier, but we have [01:18:40] to look at everything to figure out where is that happy medium? Where is, where is that place where [01:18:45] we have the product and we protect from the deadly diseases, but also we don't increase the rate of [01:18:50] chronic diseases, we don't die earlier, we don't cause more problems than we're stopping.

Like, they're, [01:18:55] they're, both things can be true. A product can save your life, but [01:19:00] And cause a problem. It can do both things. It can do it differently in different people. And we're [01:19:05] sitting in this place right now, again, where there's two sides. Do this, [01:19:10] or don't do that. And that is not the world. The world is, you can protect yourself from [01:19:15] diseases, you can create problems, Both things are happening simultaneously, let's figure out how to [01:19:20] minimize the risk overall and find that happy medium where companies can make their money, doctors can be [01:19:25] happy, patients can love their doctors, kids can be healthier, we can have more babies, [01:19:30] healthier babies, and, uh, you know, a happier place.

It's a kumbaya world, I guess, I don't know. [01:19:35] But, uh, it's not like it couldn't be. I don't, I don't think, I mean, it's obviously complicated, but it's not that [01:19:40] complicated. If we, if we, if we go back to having the right motivation and the right North [01:19:45] Star, which is health. If we aim towards that, as opposed to [01:19:50] money, we will get there.

[01:19:52] **Dave:** We will get there, and I don't think we have much [01:19:55] choice about it anymore. I want to close by asking a hard question. [01:20:00] You are a father of two kids, including a baby, and [01:20:05] there are HIPAA requirements for your children, I'm sure. I'd like to ask about your kids. A [01:20:10] hypothetical parent shows up. And says, I have no [01:20:15] idea whether I should follow the full vaccine schedule to minimize risk, even though I'm interested [01:20:20] in some of the benefits of vaccines.

Would you tell them to do the full schedule? [01:20:25] Or do you tell them to do a slow schedule? Or would you tell them they need to go to Dr. Google?

[01:20:29] **Joel:** Oh, I would tell [01:20:30] them none of that. I would say, I would go through and say, okay, well, let's sit down. Let's have a discussion [01:20:35] on this. I would start by saying, here are the recommendations.

This is. The CDC schedule, [01:20:40] and this is what's recommended, this is the standard of care, and that is what's recommended by medicine [01:20:45] and doctors, so that's the thing that, in general, we're supposed to say that is what you are supposed to do.

[01:20:49] **Dave:** But don't, don't [01:20:50] you lose them right then. Anytime someone says it's CDC FDA approved, [01:20:55] anyone over the last four or five years is like, those guys suck.

[01:20:57] **Joel:** Sure, and, but that might be your belief, but that's the standard [01:21:00] of care, that's where you start. Okay, so you

[01:21:01] **Dave:** start there because you're required

[01:21:02] **Joel:** to. required to, and that's what the standard of [01:21:05] care is. And until I have direct evidence that that's wrong, which we don't have at this point, because you have [01:21:10] to have the study to see it, then the standard of care is the standard of care.

And I'm giving, be giving my opinion [01:21:15] above and beyond all the researchers and all the scientists and all the people that have created this thing to what they [01:21:20] believe is the best. Do I necessarily think that's the best? Not necessarily, but that's not my job. My job is not to tell [01:21:25] somebody what to do.

It's to inform them of the pros and the cons and to run through, [01:21:30] here's what's standard here are your different options, and let's weigh the pros and the [01:21:35] cons. Let's discuss the risks and the benefits to each vaccine as they come up. How old is your child? [01:21:40] What is their risk profile? Have they had any reactions before?

What are your beliefs on vaccines? [01:21:45] We have to go through all of those things. Where do you want to be in four years? Do you want to go to school in [01:21:50] California? Well, there's requirements for that. I mean, all of these things factor into somebody's decision. And [01:21:55] we walk through all of those things and the parents go back and they make decisions that might be involved [01:22:00] reading Dr.

Google that might be involved in. And [01:22:05] that is the way that I do it because I believe it's wrong of me to tell someone to [01:22:10] do it or to not do it. I believe it's wrong to not give them the information, but if you are [01:22:15] a hardcore anti vaxxer and you say you should never give a vaccine, how is it any different than the medical [01:22:20] system saying you have to give everybody a vaccine and no one should ever get a vaccine?

No one should ever. It's the same thing. It's an argument on [01:22:25] both sides. You don't get to do that. It's a

[01:22:26] **Dave:** religious

[01:22:27] **Joel:** thing. Right. It's a religion. It's a cult on both sides. Yeah, you

[01:22:29] **Dave:** could say [01:22:30] it. I'm an atheist or I'm a hardcore believer in this one religion. There might be something in [01:22:35] the middle that allows flexibility.

And I love that answer. So then the [01:22:40] follow on thing is. There are millions of listeners who are [01:22:45] not going to be your patients and do not have access to someone with [01:22:50] your, I will say, level of grounded questioning about things. [01:22:55] And there may not even be enough care providers who are equipped to do that right now.

Would you [01:23:00] consider launching a tool online that would do [01:23:05] AI, it's not that hard to do it these days. It's not going to tell people what to do. It's going to say [01:23:10] based on all the information here. Here's the pros, here's the cons. So now you can make an [01:23:15] informed consent thing. Basically give them a set of questions, the same ones you'd ask.

Would you [01:23:20] do that?

[01:23:20] **Joel:** Yes, so I mean, I think that's what I'm hoping to do in terms of [01:23:25] what I'm doing now. So number one is a book because I think, you know, people can read a book. They can, they can spend, you know, several [01:23:30] hours reading that. That can give you the background information. Between a shot and a hard place.

Between a shot and a hard place, yeah. And [01:23:35] then I have a circle community now. So there, it's a, You know, mostly vaccine discussion, so people can ask me [01:23:40] questions, they can have discussions, and I think that's going to have to grow over time into having the [01:23:45] ability to have more discussions about this and create tools.

[01:23:47] **Dave:** It's going to grow a lot more after this. In fact, I have a few [01:23:50] friends who've been asking me things lately. I'm like, guys, I'm a biohacker. I've written a fertility book. I'm not [01:23:55] going to tell you what to do. I'll tell you that the standard of care. Is always [01:24:00] political. It's like the, the food pyramid. Yeah, right.

So standard of care is [01:24:05] average. Every parent I know is willing to put their time and energy, their love, their [01:24:10] money, all they have into better than average. So you start with the standard of care as a [01:24:15] recommendation from people who don't have your best interests at heart. Because they're biased and they may not even know [01:24:20] they're biased, but it's very clear over the last four years that these organizations are not operating [01:24:25] with your best interests as their number one goal.

There's conflicting interests. So you start with the standard of [01:24:30] care, say, what do I want to adjust? And that's where all of [01:24:35] us come in. Especially new parents who are overwhelmed anyway, we need help. So I think your [01:24:40] circle community and your book are really great places to start. And again, [01:24:45] this is not a, go here and, and learn that you shouldn't vaccinate, [01:24:50] because there is a middle ground here.

And you can say for my, [01:24:55] my situation, maybe the answer is I don't want any of them. For your situation, [01:25:00] it's maybe I want some of them. In my case, I'm very grateful that [01:25:05] I. Have had the tetanus vaccine because I literally went to the [01:25:10] ER with a note from my doctor wife at the time saying he's about 12 [01:25:15] hours from dying from lockjaw.

So you probably should fly in the [01:25:20] antibody things. So yes, this did happen. And also I've had the rabies [01:25:25] vaccine and I had that because I was bitten by a vampire bat. You guys didn't know that when I [01:25:30] was a kid and that was probably good for me too. I'm guessing. So, bottom line [01:25:35] is, are they good or bad?

It's like saying, are plants good or bad? I don't know, don't eat the poisonous ones. Mm hmm. [01:25:40] There you go. Maybe it's the same for vaccines.

[01:25:42] **Joel:** There is no good or bad. That's, that's too

[01:25:44] **Dave:** simple. [01:25:45] Well, Dr. Joel Gator Warsh, thanks for [01:25:50] being a voice of grounded and calm reason, and [01:25:55] extra thanks for listening to moms, because moms have some special powers.[01:26:00]

[01:26:00] **Joel:** Thank you for having me on, and thank you for everything that you're doing.

[01:26:03] **Dave:** See you next time [01:26:05] on the Human Upgrade [01:26:10] Podcast.