

# Losing My (Vaccine) Religion

## A Doctor's Journey From Hope to Despair

By Michael Turner M.D.

A Tragic COVID opera in 4 Acts

### Prelude

The boy dreams. The dream captivates and challenges and engulfs him, drawing him forward in pursuit, while at times burdening him with more than he thinks he can bear.

Quit?

He can't. In his heart he knows that someone will need him someday, and he must be ready to serve with excellence and integrity.

The boy becomes a man, marries, and starts a family. He graduates from Stanford University, Harvard Medical School and The Mayo Clinic. The man becomes a doctor.

But has The Dream been fulfilled?

## Act 1: Grief

I am a doctor with a troubled conscience.

I am a friend with a heavy heart.

January 2021: I am standing next to an open grave. Rays of sun cannot cheer the depths of pain and loss in my heart. The body of my dear friend, Bruce, is being lowered to its final resting place. Sobs from his eldest daughter fill the air.

Age 79 and dead from COVID. Just a few weeks earlier, we shared laughs and bear hugs over Thanksgiving dinner. "Doctor, what do you think of this virus?" was the topic of conversation across the table.

Bruce was a good man, a special man. The kind of guy who found a way to connect with everyone he met. He had the gift of gab and a way of interacting that made people feel accepted and valued. The fabric of humanity suffered a tear that day, and, as I marked the occasion, I couldn't help but think -- dammit!, if he had just been able to hold out a few months until the vaccine arrived. It felt cosmically unjust -- like sinking under the waves just moments before the lifeguard arrived.

March 2021: vaccine arrival. I greet the news of the vaccine with all due medical and patriotic enthusiasm: a ray of hope (!) and a balm for the psyche of a country battered by the pandemic and political strife. Operation Warp speed had delivered the goods: cutting-edge technology poised to prime our bodies for the fight of our lives.

I dutifully rolled-up my sleeve and received my first Pfizer, repeating again six weeks later. No ill effects other than a bit of malaise and a sore deltoid for a few days. I was glad to have this available and recommended it far and wide to patients.



## Act 2: Following the Science and Questioning the Narrative

"If all you have is a hammer, everything looks like a nail."

The passage of time brought medical and social concerns: Mandates? Get-vaccinated-or-get-fired?

Whatever role the vaccines still have (high-risk populations, nursing home residents, etc.), they have risks, and, just as with any medical intervention, should only be recommended based on an *individualized* risk/benefit analysis with proper *informed consent*.

Mandates and travel requirements sounded aggressive to me. But this was force-fed to us as a necessary public health response: desperate times called for desperate measures. Unvaccinated people were spreading this virus and endangering us all. Ignorance and personal choice were one thing; selfishness at the expense of others was entirely different.

My mind held an uneasy peace. But as time wore on, and my investigations continued, my equilibrium was disturbed, and the tidy ends of this story began to unravel...

### Plot twist #1: Vaccinated people are *just as infectious* as unvaccinated.

Turns out that **leaked CDC data revealed vaccinated people developed viral loads that were *just as high*** (read [here](#) and [here](#)), prompting this juicy quote from Dr. Fauci: "You can make a reasonable assumption that vaccinated people can transmit the virus *just like* unvaccinated people can," Fauci said.

Then a [UK study](#), which followed households for 12 months to track infection rates, confirmed that *peak viral load did not differ* by vaccination status, and then concluded with this bombshell: You were *just as likely to catch COVID* from a vaccinated family member as from an unvaccinated one (**25%** if your sick family member was **vaccinated** and **23%** if **unvaccinated**).

Meanwhile, back in Seattle, my sister-in-law was neighbor-shamed into getting vaccinated (despite her hesitations and medical comorbidities) because the parents of her 3-year-old son's best friend wouldn't let the kids play together until *she* got the shot.

## **Plot twist #2: The vaccines have an existential problem — they can never keep up with a rapidly mutating virus.**

The virus mutates much faster than drug companies can roll-out vaccines. New research and development, manufacturing, logistics, and delivery all proceed slower than viral evolution. It is a tragic game of “whack-a-mole”, with vaccines destined to be “a day late and a dollar short.”

This is why vaccine-makers invoke the need for endless boosters; which prompts just one question: When does that treadmill end?

On the other hand, what if recovering from COVID (“natural immunity”) offered longer-lasting protection than getting a booster?... [Well, whaddya know...](#)

## **Plot twist #3: The spike protein produced by the vaccines is *actually toxic* to all our cells — especially to those in our cardiovascular and nervous systems.**

At first, we thought the SARS-COV-2 spike protein was *benign* -- just a thing the virus uses to gain access to our cells. But it turns out that the spike protein is *highly toxic* -- [it damages the lining of our blood vessels](#) (“endothelial damage”), predisposes to [blood clotting](#), damages the [blood-brain barrier](#), crosses into the brain to [damage mitochondria](#) and kill brain cells, and generally provokes inflammation and tissue damage wherever it is found. Oh, and it is also structurally [similar to multiple human proteins](#), thus placing you at risk for autoimmune problems.

So what are we to make of the fact that the vaccines *instruct our cells to produce high levels of spike protein*? Concerning?

Pfizer, Moderna, J&J and Astra-Zeneca all [create production](#) of “full length” spike proteins, and [this paper](#) clearly states that “full length” proteins trigger vascular damage in lung tissue. (Novavax introduces pre-formed, full-length spike proteins directly.)

Furthermore, these spike proteins are known to [circulate widely](#) after injection.

## **“But isn’t the structure of the vaccine-produced spike protein different?”**

That is the million-dollar question; so glad you asked...Yes, it has some slight structural differences, but not in any way that has been *proven* to make it less toxic. As mentioned above, **it is** a “full length” spike protein, and those are **known** to be damaging. Furthermore, it is capable of being cleaved and releasing the “S1 subunit”, which is the **exact same S1 subunit as the natural virus** and which is **known to cause a [host of serious problems](#)**, including blood clots and destruction of cell membranes.

(This paper shows pictures of S1 subunits from spike proteins causing blood platelets to [clump and activate](#). And this intrepid doctor and lawyer took before-and-after pictures with a microscope of what happens when the Pfizer vaccine [touches a sample of blood](#). And here we read how the **S1 subunit is a toxin** that [directly damages](#) cell membranes.)

Thus, the CDC is entirely inaccurate when it describes the spike protein as “[a harmless piece of a protein](#).”

Of course, a natural SARS-COV-2 infection also brings its own spike protein burden, but this is predicted to be less extensive (in amount and duration) than the vaccine-induced burden, since the [vaccine mRNA has been engineered](#) (pgs 5-7) to resist degradation so as to create a "super-potent" burst of spike protein production.

## **Plot Twist #4: It’s not just the spike protein – the lipid nanoparticles are also toxic.**

Lipid nanoparticles (LNPs) are capable of crossing into the brain, and they provoke inflammation wherever they are found ([read here](#)).

- For example, polyethylene glycol [PEG] accelerated Alzheimer’s-like changes in mice ([read here](#))

LNPs are known to accumulate in both the ovaries and testicles, where they impair ovulation and sperm counts ([read here](#)). They can also cross the placenta ([read here](#)).

## Plot twist #5: These spike proteins, and lipid nanoparticles, travel *far* from the original site of injection.

At first, we were told the vaccines stayed localized to the site of injection -- turns out they've got more wheels than a teenager with a new car and a hot date.

We know that the vaccines release SARS-CoV-2 spike protein into [general circulation](#).

We now know -- from Pfizer's own data submitted to Japanese regulators - that mRNA vaccines [travel far from the site of local injection](#), creating visible uptake in the spleen, liver, ovaries and adrenal glands of the experimental animals.

Meanwhile, the #1 Google search result still tells us this:



do the covid mRNA vaccines travel in my body?



All

Images

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More

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About 464,000 results (0.64 seconds)

Here we break down the data to show where mRNA vaccines (and spike proteins) travel in the body. **There is no evidence that any mRNA or protein accumulates in any organ.**

Jul 2, 2021

<https://www.nebraskamed.com> > COVID > where-mrna-v...

[How long do mRNA and spike proteins last in the body?](#)

That's curious... because these scientists isolated viral mRNA and spike proteins from [lymph node biopsies](#) 60 days after injection.

## Plot twist #6: Devastating effects on reproductive health for both men and women.

The consequences of the vaccine traveling to distant organs — including the ovaries — raise grave concerns for Women's Health. We know that polyethylene glycol, an ingredient found in the Pfizer and Moderna injections, has been found to pose a "[potential toxicity risk](#)" to women's ovaries. And we know that 30,000 women in Britain have reported [menstrual changes](#) after receiving the vaccine. Turns out this was no surprise to Pfizer, because their post-launch data (court-ordered release) is replete with thousands upon thousands of women reporting menstrual irregularities, hormonal problems and even spontaneous abortions (#1,809) in *just 12 weeks* after receiving the vaccine ([read here](#)).

Which has nastier effects on the developing fetus, the flu vaccine or the COVID vaccine?... COVID's got it beat by a longshot, as we learned in [this paper](#) comparing adverse event ratios from the covid vaccine vs. the influenza vaccine: fetal cardiac disease 16x, fetal malformation 20x, and fetal death 38x.

Anomaly? Nope. This is consistent with the Pfizer post-launch data (court-ordered release) which found that in just 12 weeks after vaccine rollout, 270 pregnant women reported an injury. But Pfizer only had time to follow-up with 32 of them and guess what? 28 of those babies died. (Thank you [Naomi Wolf](#) and the team at [The Daily Clout](#) for bringing this to light.)

As regards lactation, we know there is a [theoretical basis](#) for mRNA transmission via breastmilk (page 15). This was later confirmed by a study showing intact vaccine [mRNA isolated from milk](#) out to 48 hours after injection. And we even had mainstream medical experts [admitting](#) that "These conversations are challenging because the Pfizer/BioNtech vaccine trial excluded lactating individuals. As a result, there are ***no clinical data regarding the safety of this vaccine in nursing mothers***" (emphasis mine).

What about *real-world* data? Well, we do have nursing moms reporting a variety of problems, including blue/green breast milk and rashes on the baby ([read here](#)).

What about you, gentlemen? You're not off the hook: We [already discussed](#) how LNPs can accumulate in the testicles and cause damage. We know that vaccines [decrease sperm counts and activity](#) for up to 3 months after injection. We also know they induce your immune system to create *antibodies against your own sperm* (thus neutralizing them and targeting them for destruction).

What about transmissibility? Is it possible your ejaculate could transmit spike proteins or the mRNA vaccine itself? And might this harm your partner? Well, we don't know because Pfizer made several demands of all male participants: 1) abstinence, or 2) condoms *and* "highly effective" contraception, and 3) prohibition from donating sperm. Hmmn... Now why would they do that? ([read here](#)).

## **Plot twist #7: Vaccine injury reports have exploded.**

The CDC [boldly states](#) that "COVID-19 vaccines have undergone—and will continue to undergo—the most intensive safety monitoring in U.S. history."

Really?

Hmmn... Does the "most intensive safety monitoring in U.S. history" include being rushed to market under Emergency Use Authorization?

(The discrepancies and shortcomings of the Pfizer data are painstakingly and damningly laid out in this [censored video](#).)

Does it include the FDA *siding with Pfizer* in a freedom-of-information request in which they wanted *75 years* to fully disclose their raw data for independent analysis? (Read Dr. Doshi's cogent [plea for transparency](#).)

(And what were they so desperately trying to hide? Watch summary [here](#); full details [here](#).)

Does it include the CDC creating a "[V-safe](#)" program but then [refusing to release the data](#) until they lost a federal lawsuit?... Turns out that out of approximately 10 million V-safe users, **25%** suffered an event serious enough to require them to **miss school or work**, and **7.7%** (or 782,913 individuals), had an event serious enough to **seek medical attention** — up to and including ER visits or hospitalization.



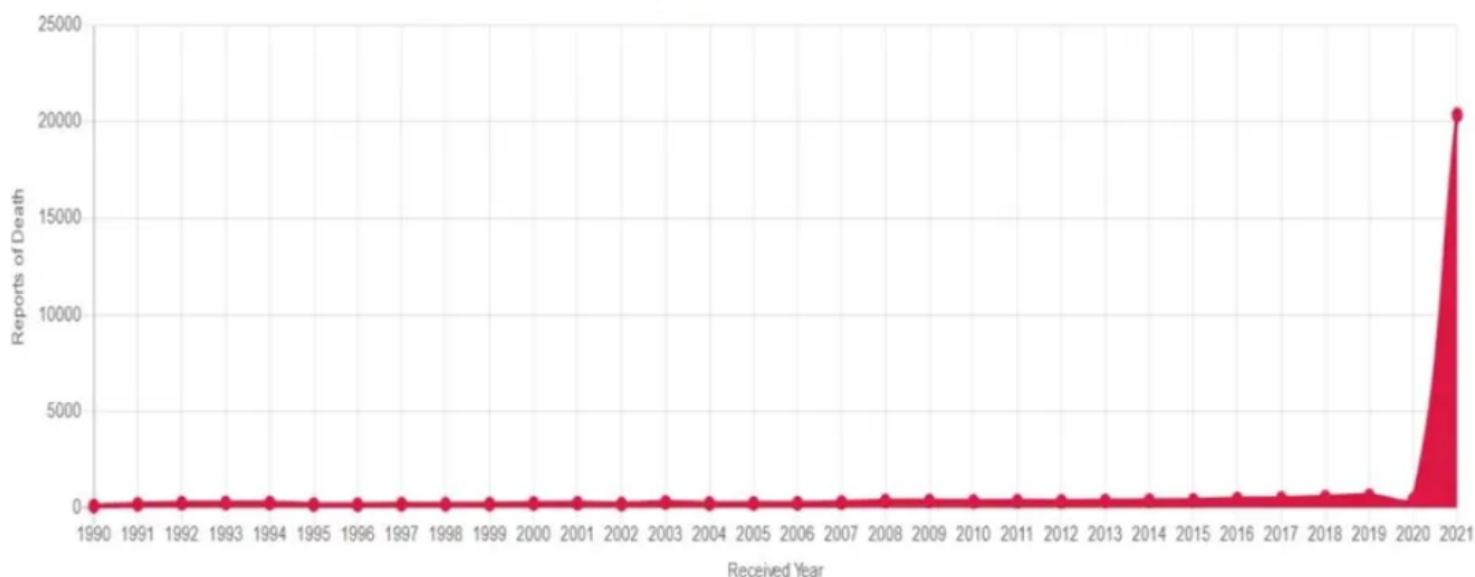
Does it include the [CDC dismissing](#) vaccine injury data reported to the Vaccine Adverse Events Reporting System (VAERS), as follows:

**“Reports of death after COVID-19 vaccination are rare.”**

Really? Cause this data from the [Open VAERS project](#) doesn't look rare to me.

If you've not heard of it, you need to be aware of the Vaccine Adverse Events Reporting database (**VAERS**). This was established by Congress in 1990 and meant to serve as warning system of potential vaccine side-effects.

All Deaths Reported to VAERS by Year



**Post-vaccination deaths reported to the US VAERS system, 1990 to November 2021 ([OpenVAERS](#))**

The CDC attempts to reassure us...

“FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, **do not necessarily mean that a vaccine caused a health problem.**”

“Ahhh....That's better.... So who else feels calm and at peace now?”

Correlation is not necessarily causation -- I get it. But it definitely doesn't rule it out, and it's not exactly reassuring, now, is it? Let's just say that the barn door to causation is flung wide-open. In my opinion, **#35,272** deaths (as of 6/5/23) should prompt serious, urgent and meaningful investigation. For that, I commend you to [Jessica Rose Ph.D.](#) who produced the [definitive interview on VAERS risk](#).

Does it also involve the [CDC refusing](#) to release its "safety signal analyses" until forced to do so in court, and then ignoring the fact that *twice as many* mRNA COVID-19 vaccine reports were classified as "**serious**" compared to all other vaccines (11% vs. 5.5%)?

Oh, and it's not just the VAERS database sending us these signals. As this superlative [article from Dr. Pierre Kory](#) elaborates, Life Insurance, Medicare and even German health insurance claims all report a surge in deaths—not just since COVID but *specifically since the vaccine rollout*.

**Plot twist #8: They (Government, Pharma, Media) have shown themselves to be dishonest and selective in discussing vaccine side effects, thus destroying the concept of "informed consent."**

Do you remember the last TV ad you saw promoting the COVID vaccine? Remember that part where the narrator drones on about potential complications and risks? Oh, wait — that never happened. Ask yourself: Why is it that *every single* drug commercial legally requires a disclosure of the side-effects and risks, yet this is *entirely omitted* in every COVID vaccine [promotion](#)? Could it be related to the fact that the US government [secretly paid](#) for pro-vaccine advertisements in major media outlets?

Or let's recall the last time you opened a prescription from the pharmacy: Do you remember that small, origami-style piece of paper overflowing with a small print discussion of possible side-effects and complications? (Yeah, I never read those either)...But they are required by law. And what about when a person heads to their local pharmacy for the COVID injection? What happens when you ask for the package insert? You get something that looks like this — entirely blank, other than the curious phrase "Intentionally blank" and a tiny QR code.. Well, at least we know it's intentional!



What's the explanation? They claim that redirecting to a website allows provision of the most "up-to-date" information for consumers... Thanks guys! I'm pretty sure Grandma finds it convenient and helpful to hunt for that the small QR code, scan it with her smartphone, and then navigate through several web pages to find this crucial information.

**Simple question:** If they are so safe, why do the vaccine manufacturers need [total legal immunity](#) from any potential harms?

**Simple question:** [Can you handle the truth?](#)

Why have government agencies been allowed to be so *negligent* in safe-guarding our health? Why have they seemingly becomes *partners with industry* instead of *partners with us* – their constituents?

I never fully understood until I listened to this [RFK Jr podcast](#), which explains who is at the top of the pyramid and who is the chief puppeteer pulling the strings of this performance – the US Department of Defense. *They* developed the vaccine, subcontracted it to the drug companies for manufacture (in exchange for immunity) and then coordinated all branches of government to act in unison for its promotion... Eureka!; the Grand Unifying Theory. (Listen on [Spotify](#) or [Apple](#).)

## **Intermission: I present, for your consideration dear reader, these documented side-effects of the vaccine:**

1. Blood clots ([read here](#) and [also here](#))
2. Heart inflammation and damage (“myocarditis”) ([read here](#))
  - a. A prominent cardiologist speaks out in [this interview](#)
3. Multisystem inflammatory disease ([read here](#) and [also here](#))
4. Reactivation of dormant viral infections ([read here](#))
5. “Dramatic alterations in gene expression of [almost all immune cells](#)”
6. Reduction of CD8 T cells and Type 1 interferon response ([read here](#)); therefore, increased cancer risk.
  - a. Details about Type 1 interferon and cancer in [this article](#)
7. Reprogramming the immune system and reducing response to toll-like receptors TLR4, TLR7 and TLR8 ([read here](#) and [also here](#))
8. Triggering of underlying autoimmune conditions ([read here](#))
9. Potential to create *worse* subsequent infections due to Antibody Dependent Enhancement ([read here](#))
  - a. As regards this point: a [recent paper](#) from the Cleveland Clinic found -- paradoxically -- that the *more* boosters received, the *higher* the risk of subsequently contracting COVID. They go further by stating “This is not the only study to find a possible association with more prior vaccine doses and higher risk of COVID-19” and then conclude with “it is important to examine whether multiple vaccine doses given over time may not be having the beneficial effect that is generally assumed.”

Notably, just prior to widespread vaccine rollout, this Chinese virologist [warned us](#) against hasty deployment and suggested carefully investigating possible safety concerns.

And what happens if you look at the drug companies’ own data and ask the question: Does getting a vaccine put you at a greater overall risk of dying from any cause (“all cause mortality”)? [Read all about it](#). And recall that in the [original Pfizer study](#), *more people died* in the vaccinated group than the unvaccinated.

## Act 3: It Gets Personal

But enough about numbers and data- **let's talk about real, individual people. Like my family.**

Like my 23-year-old daughter (healthy nursing student) who, after her mandatory vaccine, complains of persistent difficulty with concentration and memory. Or my 17-year-old daughter's friend -- last year a district-champion long-distance runner, this year struggling to complete workouts due to persistent chest pain. Or my former in-law, who was doing well until breast cancer came out of remission just after her second vaccine and quickly overwhelmed her. Ditto for the dear woman who hosted me as a high-school exchange student 30 years ago and became a second mother to me. Her funeral was just last month.

Quick question, class: Raise your hand if you *personally* know someone who has had a serious vaccine side effect.

***So where is the vigorous, open, honest, urgent, strident, (outraged?), national discussion of this situation?*** Tens of thousands of people are potentially being injured or dying prematurely and this is not talked about every night on the news? Or in some regular CDC press briefing?

***What is going on?***



## Act 4: Censorship and Excommunication

Turns out you can't talk openly about vaccine risks. "We don't talk about Bruno." Verboten. Any candid discussion of risks -- even by credentialed experts speaking in their field of study -- has been censored because "encouraging vaccine hesitancy" has become a thought-crime, and in the name of "combatting COVID misinformation", the government and media have displayed a dazzling level of cooperation. Desperate times call for desperate measures, indeed.

In the new state-sponsored Public Health Religion, to raise these concerns is to commit The Unpardonable Sin.

The result? As in the worst extremes of religious extremism, the self-righteously smug authorities summarily execute judgement: your social media accounts will disappear, your interviews will vanish from YouTube, your credibility will be maligned, and your employment and livelihood will be threatened.

Cancel-culture sucker-punched modern medicine and the poor white coats never knew what hit them.

Do I exaggerate?

Do an internet search for [Robert Malone MD](#), [Pierre Kory MD](#), Paul Marik MD, [Peter McCullough MD](#), Didier Raoult or Ryan Cole MD. Or how about Luc Montagnier Ph.D, Michael Yeadon Ph.D, Byram Bridle Ph.D, or [Jessica Rose Ph.D](#). Tell me what you find... There's a reason half these brave souls ended-up on Substack.

Do I exaggerate?

My doctor friend, employed by our local hospital, offers this confessional: "We received an email stating if we brought up concerns about the vaccine or were less than enthusiastic about encouraging each patient to get it, we would be subject to termination."

He is a pediatrician.

Meanwhile, back on the farm, in a strident appeal published in the British Medical Journal, a group of doctors cogently lay out a [case against vaccine mandates](#), and **as regards children**, end by saying:

**For young age groups**, in whom covid-related morbidity and mortality is low, and for those who have had covid-19 infection already, and appear to have longstanding immunological memory, **the harms of taking a vaccine are almost certain to outweigh the benefits to the individual**, and the goal of reducing transmission to other people at higher risk has not been demonstrated securely" (emphasis mine).

Meanwhile, [reports from inside the CDC and FDA](#) indicate low morale and cognitive dissonance as senior scientists realize these agencies are prioritizing politics over public health.

## Coda

This is not about red state vs blue state. This is not even a broader discussion about vaccines in general. (I grew up receiving all required vaccinations.) When my father was stuck in a nursing home with Alzheimer's, I was adamant that he receive the vaccine, and I would make that same decision again today. And my goal is not to stoke the fires of the Outrage Machine so that my tribe can become more indignant about what "they" are doing to us.

My intention is to have an honest, patient-centered examination of this situation and to allow that discussion to illuminate larger issues of bioethics, autonomy, collusion, greed, censorship, and freedom of information.

I am not asking you to agree with my position but only to be aware of all facets of the issue.

To my mind, this is about freedom. This is about honesty and transparency. And, most importantly, in the end, this is about **people**: real, individual human beings trying to live their best lives for a brief time here on Planet Earth. We deserve to know the truth. And we deserve to have our truth acknowledged -- like the [poignant story](#) of this ICU doctor who herself became a victim of vaccine injury.

I began this journey as a friend with a heavy heart; I have ended as a doctor with a troubled conscience.

But I have hope.

“Then you will know the truth, and the truth shall set you free” (John 8:32).

Your Partner In Health,



*Dr. Turner*

### **Further Reading**

[Save Yourself From the COVID Spike Protein](#)

[Robert Malone MD](#)

[Pierre Kory MD](#)

[Peter McCullough MD](#)

[Jessica Rose Ph.D](#)

[Doctors For COVID Ethics](#)

[Canadian COVID Care Alliance](#)

[Naomi Wolf and the Daily Clout](#)

[Voice for Science And Solidarity](#)

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