Nurses Against Vaccines

Not all medical professionals support vaccination. Some nurses are bold enough to publicly question their safety for some time now. This is bad for Big Pharma's image. Masters of the game, the pharmaceutical industry has pushed for vaccine mandates on all hospital workers, nurses included and they have been lobbying for laws like these under an all too familiar guise, for the betterment of all, for the "greater good."

Vaccine mandates nearly guarantee that those who are skeptical of vaccines don't pursue a career in medicine. Many nurses have lost their jobs for speaking out against vaccines, which has backed them into a corner and made many of them feel like they have nothing left to lose. Most nurses choose to criticize vaccines under the guise of anonymity. As long as their identity is protected and reprisals are all but impossible. Freedom of speech is how these nurses are fighting to restore our medical freedoms. In the information age, censorship is more difficult for Big Pharma than it ever has been before. The world is waking up.

From all walks of life, here are the stories from those brave enough to speak out. Hear from the nurses against vaccines.

Patriot Nurse

In the time I was at my educational institution there was very little discussion, true discussion, and even less true debate, on the subject of vaccination, on the true science of vaccination and on real risks and possible perceived benefits of vaccination. So I had to search out the information, the studies, the data for myself and in an effort to find the truth, I have come to the conclusion that I am against vaccination, especially for children and infants under the age of 2. I have three main areas of objection. We could spend

hours talking about this

…my areas of objection are the additives that are present in the vaccines, the vaccination schedule for children, especially under the age of one, and the sufficiency of breast milk for conferred immunity.

https://www.youtube.com/watch?v=1ZlTfzAw6Ak

Guerilla RN

As an E.R. nurse, I have seen the cover up. Where do you think kids go when they have a vaccine reaction? They go to the E.R. They come to me.

…The cases almost always present similarly, and often no one else connected it. The child comes in with either a fever approaching 105, or seizures, or lethargy/can't wake up, or sudden overwhelming sickness, screaming that won't stop, spasms, GI inclusion, etc.

And one of the first questions I would ask, as triage nurse, was are they current on their vaccinations? It's a safe question that nobody sees coming, and nobody understands the true impact of. Parents (and co-workers) usually just think I'm trying to rule out the vaccine-preventable diseases, when in fact, I am looking to see how recently they were vaccinated to determine if this is a vaccine reaction.

Too often I heard a parent say something akin to "Yes they are current, the pediatrician caught up their vaccines this morning during their check-up, and the pediatrician said they were in perfect health!"

If I had a dollar for every time I'd heard that I could fly to Europe for free.

But here's the more disturbing part.

Mind you, I have served in multiple hospitals across multiple states, alongside probably well over a hundred doctors and probably 300-400+ nurses.

…I have even made a point of sitting in the most prominent spot at the nurse's station filling out a VAERS report to make sure as many people saw me doing it as possible to generate the expected "What are you doing?" responses to get that dialog going with people.

And in every case, if a nurse approached me, their response was "I've never done that!" or "I didn't know we could do that," or, worse "What is VAERS?" which was actually the most common response. The response from doctors? Silence. Absolute total refusal to engage in discussion or to even acknowledge what I was doing or what VAERS was.

The big take away from that?

The number one place parents bring their kids in the event of a vaccine reaction is the E.R., and as an E.R. staffer, I have NEVER met anyone who filed one, in spite of seeing hundreds of cases of obvious vaccine-associated harm come through.

What does that say about reported numbers?

The CDC/HHS admits that VAERS is under-reported

…In an industry that is rocked on a monthly basis by horrible medication scandals, if you didn't question everything they told you, I would look at you funny. And it's my job to give these medications to people.

Just to note, on a recent scandal, I have been warning people about Zofran use in pregnancy for 5 years. The information was right there in the insert. It was right there on the manufacturing website. It was right there in the PDR. As well as on every downloadable app and printed IV drug book.

The information is there.

It is the medical professionals that are failing the general public.

…Everything I'm saying is public domain knowledge. It's stuff we SHOULD be telling you.I am sorry we are not. I try to take a stand where I can, but at the end of the day, I'm only one nurse.

Matt Smith, RN

After being on the vaccine team for one day and seeing children get sick after receiving their vaccine, I came home exhausted and turned on TV and I happened to catch the Larry King Show and he had a story and it aired. I think it was November 2nd, 2009 where he did a story about 19 deaths caused by the vaccine, and it was a vaccine that I was giving out that day.

In response, I sent out an email to all my co-workers saying, "Hey, watch this report," because I felt it was my responsibility to inform that what's going on and they might be giving a shot that could kill somebody.

…Basically, they said, "Shut up, you're fired. Stop using email," and they sent me a confidentiality agreement threatening federal prosecution and that pretty much scared me.

https://www.youtube.com/watch?v=mj6ZKVeQ8hU

Michelle Rowton, MSN, RNC-NIC, C-NPT, NNP-BP

Well, I had mentioned that they go ahead and vaccinate premature infants on time, meaning that once they are two months old, they are ready for their two month vaccines regardless of the fact they are supposed to have been inside

their mothers' stomachs and not even born yet, and some of the things we're seeing and that are being said is like a neonatologist calling from the step down unit to the level three, to the more intensive unit, saying, "Hey, I'm going to give these four babies their two month vaccines this weekend so I just wanted to make sure you had four beds ready cause I know they're all going to have issues and need increased care.

I had mentioned before that I had sat in the call room before with a bunch of providers saying, "Hey we have this 25-weeker that was so strong and now, they never required intubation with a breathing tube to actually go on the vent, had a less invasive type respiratory support and you come in and they're like, "Oh how embarrassing. We gave that baby his two-month immunizations and now he's intubated and on the vent for the first time. Oops." And it's just kind of blown off.

Really low birth weight infants are 28 weeks of gestation or less and under 1000 grams, approximately 2.2lbs or less at birth. You had a group of physicians and a practitioner that went into a database of a large neonatology corporation with almost 14,000 infants looked at. What the results said that they were looking at the pre-immunization period versus the post-immunization period and their sepsis workups went up 3.7 times in the post-immunization period. What sepsis means is a blood infection and so there were multiple labs drawn, blood cultures, urine cultures, they go ahead and start those babies on antibiotics right away while they wait for results so it's not a benign thing. It's life threatening. And if it ends up not being an infection, they've still had pain, they've still had invasive procedures, and they've had antibiotics given, which is not a benign thing for these babies with their very sensitive intestines. So it's a big deal. We had increased respiratory support, two times higher in the post-immunization period and then intubation, actually getting intubated with a breathing tube and going on the vent at about 1.7 – 1.8 times higher and what really shocked me, I had to read it about

three times, when I got down to the conclusion, they said based on this, there was no difference in reaction between single shots and combo shots and so you could just go ahead and keep giving the combo vaccines.

https://www.youtube.com/watch?v=xPBHGa4TtUs

Whistle Blower Nurse

Since the Affordable Care Act came out, we are now as nurses required to ask every single patient who comes into the hospital if you've had your flu vaccine or your pneumococcal vaccine. If you say no to either one of those, in the computer an order will generate that says we need to give you this vaccine. We don't need to speak to a doctor; it's hospital policy. It's now health department policy that we now have to give you the vaccine. Even if you came to the hospital with a stubbed toe, you will be offered both vaccines if you meet requirements, which just about everybody meets requirements for flu vaccine and most people over the age of 65 will meet the pneumococcal vaccine. Even if you come to the hospital with a stubbed toe, you are going to be given this vaccine. You have the right to say no. If you say no, they just check off as "refused". This was never like this years ago. This was a new thing.

When you go into a hospital, if you need surgery, you need a knee replacement surgery, first they're going to ask you if you've had the vaccines, and you're going to say no. Then they're going to say, "Well you need to sign this consent. If you're going to have surgery, you need to sign this consent." In the consent is a word called "biogenics" [and/or bioligics]. If you sign the consent saying I consent for you to give me biogenics [or biologics] basically it means they can give you anything deemed necessary, including vaccines. So if you say you didn't get a flu shot and its flu season and you sign the consent to say they can give you

biogenic[biologics], they will give you a flu vaccine even when you're under anesthesia because you already signed the consent.

Unless you go and get your medical records, you will not know you got a flu vaccine. They may tell you at the end "Oh, by the way, you're now covered. You got the flu vaccine," or "You got the pneumococcal vaccine," but two people now have reported to me last week, saying they got the vaccine, that they did not want the vaccine, and that they did not know.

… You can, when you sign consent for surgery, you can specifically say no vaccines. I don't want this. You can write and initial after you say what you do not want and they have to honor that. And if they don't honor it, they can be sued.

The word biogenics [biologics] is now being used. In the past, there used to be a consent that basically said we could give you blood products if we feel you need it, we could give you other medications if we feel you need it, but now with the word biogenics [biologics] it's now including vaccines.

Brenda Ikemeyer, FNP

I'm a family nurse practitioner practicing emergency medicine. My story with immunization is basically I bullied a dad to get a chicken-pox vaccine for his two-year-old daughter when the chicken-pox vaccine first came out. She then developed shingles and went blind in her left eye at the age of three all because of immunizations. I had to take a flu shot because of mandatory vaccination for my job. I developed Guillain–Barré and I could not walk for a month and a half.

…It was a new vaccine and they didn't want to get it. Nothing had come out about MMR at that time. There was no controversy with immunizations at that time. That was in '99, '98. I blame

myself. Probably in 2002 when I had my Guillain–Barré reaction myself.

I do emergency medicine. I got out of primary care so I didn't have to be part of the problem anymore. Now, I get to educate about why are we immunizing and when their children come in, I can actually make the VAERS report because their children come to the Emergency Department when they are vaccine injured.

#vaxxed review from a nurse practitioner

Posted by Tia Severino on Saturday, May 14, 2016

Anonymous Nurses Speaking Out Against Vaccines (Their names have been changed to aliases in order to protect their careers)

Mel RN

I became aware of the dangers….well, I had to get my DTaP updated about four years ago to enter into my FNP program. My arm swelled up huge, like a football player's and was red, hot, and swollen. This lasted a couple of weeks. I could not even work for a week or more. To be honest, I have been sick ever since. I have something autoimmune going on. I am not sure what it is, but I feel my body go through "flare ups." …I am not 100% if it is related to this, but it is a definite possibility. Then, I have just awakened to more and more situations via Facebook and my own research. I am in functional medicine as an R.N. and plan to specialize in this as an FNP as well.

Jana RN

There is a huge emphasis on informed consent of the risks/benefits of procedures/meds. Vaccines are not singled out in this portion of the education. I get a strong feeling from comments made by the instructors that in the real world we won't have time for proper informed consent often.

Lila RN

A year or so after I graduated and had my first child, I noticed that a high school friend posted on FB that she didn't vaccinate her child. This led me to look into them enough to realize that they weren't made of saline solution. I saw that Jenny McCarthy had started a "Green the Vaccines" campaign. Unfortunately, I didn't really dig much further than that until the CDC Whistleblower story came out in the summer on 2014. I posted about it on FB, and thought it was going to become an international story and immediately affect the U.S. vaccine program. When I realized that it was a media blackout instead, I really started researching vaccines.

Liz RN

If nurses knew more about the dangers of vaccines I think more of them would feel ethically conflicted about administering them. I think now everyone is fooled into thinking that neuro-developmental problems are genetic. I NOW know that genetics are involved in the extent of injury, but I believe all vaccines are injurious.

…Based on my experience it doesn't matter what is presented in school because the science isn't being done. "You give a vaccine, you make antibodies, you are protected" – that's all there is to it. There is so much more to it than that but it has been hard to find, especially when organizations such as the CDC fraudulently withhold data, there's poor access to the VAERS data, the VAERS data is completely voluntary so it's

almost meaningless anyway, there's no transparent access to the vaccine safety data. All the lack of transparency, the deliberate Google misdirections, [and] the very system of research funding all goes against vaccine safety research and sharing of information.

An Anonymous Nurse From The FB Page Informed Consent

I was asked to discuss a cover up I witnessed.

…The ambulance report was a male child who had just received vaccinations a few hours ago, who was progressively deteriorating in mentation and finally experienced sudden onset seizing. It was what we call status epilepticus, where the seizure starts, and it doesn't stop. It just keeps going. I wrote in large letters across the bottom of the paramedic report "JUST RECEIVED VACCINATIONS, NOW SEIZING". Often I didn't get a chance to convey relevant or important material to the doctors because we were too busy. That medic radio report was stuck on top of the chart when it went to the doc, and they were supposed to look at it first before anything else. It also was supposed to be part of their record for the visit as it was the only record of prehospital interventions we often received and functioned as the first director of interventions.

On EMS arrival to the scene, kiddo was still in active seizure. They had administered drugs to stop the seizure, but were not convinced it was not still ongoing at some subacute level because there was no responsiveness and they were seeing clenched hands, and tight arms, and minimal spontaneous breathing, but it was apparently there, and pulseox was getting a reading over 90%. Mind you, I'm just getting what the very scared sounding paramedic was quickly spitting into the radio. It always makes you clench up when the paramedics sound scared. Anyway, I acknowledge their radio report and

looked for an open room. There was a couple literally walking out, just discharged. We had bare minutes until their arrival. I couldn't find the nurse assigned to the room, so I just ran in and hammered out a quick clean down so we could use the room when the medics got there.

Right as I finished cleaning the room, they roll in. Charge nurse is finally back, but has no idea what's going on. I grab the papers and get them into the room yelling back at charge nurse "pediatric status epilepticus" so he knew to get people heading my way to help. I started getting bedside report as we are transferring the kiddo over to our gurney. Mom is with them, near breakdown, freaked out. Additional help arrives as we are padding the bed rails and working on vitals, and the nurse assigned to the room finally arrives. At this point, I'm supposed to turn the case over. But this is kind of heavy to drop, so I pause and give the nurse a quickie run down emphasizing the pediatrician office visit and vaccinations immediately prior to onset of symptoms with mom nodding yes while crying in the corner and the paramedic nodding yes.

Here, I then get out of the way, and I step out of the room, telling the nurse I'll get the rest of the history and enter it for her to save her time so she can work on interventions. At this point the doctor is finally getting to the room, chart in hand, with the paramedic report and my large block writing visible on it. The medic is talking to me telling the rest of the story for their report. The doctor interrupts us and asks what happened. This is typical. Poor medics usually have to tell their story three times before they get back out the door unless all the staff meet them at the same time in the room. The paramedic starts relaying the story from call out, what they found on scene, interventions. The doctor asks if there is a seizure history. Medic says no. I add in that the child vaccinated only hours ago, and symptoms onset was after vaccination. The doctor does a dismissive "humph" and turns away from me and looks at the medic and asks, "Is that right?"

The medic says, "Yes." Then the doctor looked at the room and the mom standing about ten feet from us, kind of glares at us, turned on both of us and walks into the room.

I finish getting the medic report. And the doctor has started some orders, and the doctor is now talking to the mom who I hear talking about how he was perfectly healthy earlier, how the pediatrician was saying he looked in perfect health, how he got his vaccines. I figured my part was done.

… A couple hours go by before I finally catch a break to go check in. We dosed the heck out of the kid with benzo's, and he was sawing logs and mom was calmer. I caught the nurse and asked if he came out of it at all, and she said he had some semi-lucid speech at one point and it looked like seizures were done, but that he had been gorked out with the drugs and had been sleeping for a while. She said the labs and imaging had been coming back, and that the doc was in contact with a peds neuro trying to decide what to do with the case.

I went into the room to check vitals and re-document. I was honestly helping the nurse who was busy where I finally had a break, but it also gave me an excuse to get back involved and stay involved in the case. I talked with the mom while she was in the room. I asked what she had been told. Not much. She told me the doctor did not believe the vaccine had anything to do with it. I asked her when the doc had told her this, and she said right away, when they first got there and met her. I asked if she had shared what the labs and imaging showed, and she said all she was told was that there was some kind of swelling in his brain and they were getting transferred to another hospital, and the doctor didn't know what caused it.

(Encephalitis, or swelling of the brain is a common adverse reaction to vaccines, and it is frequently listed in vaccine warning inserts).

I went out to look at labs and imaging report from the

perspective of patient education with the intention of filling the mom in more with what was going on. I also dug through to the doctors notes to see what the doctor had written up. Since they were being discharged, I could help the primary nurse by printing off our chart copies to make a transfer packet. The paperwork is what kills in the ER. The primary nurse was more than grateful to get the help, and I was more than willing to help. Plus it let me get a look at what was going on.

I quickly noted that there was absolutely nothing documented in the physicians notes about the vaccination or the pediatrician appointment, in spite of its obvious necessity for mention as it was the "last known normal" time and correlated with an exam by a medical doctor who declared him in perfect health. If for no other reason, that should have been in there to establish time frames for onset of illness. But it also, because of this, did not include any mention of vaccination, in spite of the mom saying it, the medic saying it, and the triage RN saying it. It appeared to be a new onset illness, out of the blue, that occurred with no outside interventions or changes in routine, if you were to simply read her physician pass-off notes (which is all the receiving medical doctor is going to do. They don't read nurses notes). So this information was not being relayed. Most disturbing, in the face of this absence of inclusion of potential etiology, the disposition line that my doctor included under diagnostic impression was "encephalitis of unknown etiology". Okay, well, yeah, I can't argue with that statement, but, there was a potential source, a change in daily routine and exposure, that was temporally associated! It should have been mentioned, or at least discussed as a possibility.

Not willing to leave it alone, I approached the doctor and politely tried to broach the subject. I said that I noticed when I was putting together the packet, there was no mention of the pediatrician office and the vaccinations in her pass off report and ER summary, and did she want to amend this

before I finalized the transfer packet. I thought it was a polite way of nudging to try to get her to include it. I got "the glare" and a stern voice dismissal that was something to the effect of "they're not related". That's it. I said something like Don't you want to at least include it for the neurologist to consider? And I got the glare again and was told no, and to just finish the packet.

So I went about piecing and copying the packet together. I included a larger text line with more emphasis about the vaccinations in my triage notes, hoping that at least someone over there might notice that. And then I tried to find the paramedic report to copy it. There is the paramedic radio report that I fill in while I'm talking to them on the radio and they are inbound. Then there is their official run report, which is their paperwork, which they make a copy of for our records. Both were missing from the chart. In fact, every mention of the vaccines was sterilized from the chart. The primary nurse had not written in anything about it either.

…The doctor, of course, did not report to VAERS. In spite of the fact that there were lab findings, radiology findings, and symptoms which all warranted a VAERS report, and the child was not just brought in to the ER, but was hospitalized, and assigned neurological follow up care.

*… I went and filed a VAERS report nice and publicly sitting at a prominent terminal as close to the doctors as I could get. I made sure to say it loud enough to be overheard that I was filing a VAERS report on the kid we just transferred when a colleague questioned what I was doing. I know the doctor overheard. She ignored me.Top of Form*Bottom of Form

Conclusion

Medical freedom is quickly becoming endangered. Sadly, some things must get worse before they get better, and this is what we are experiencing now. When persuasion to vaccinate fails,

we are seeing mandates, coercion, and deception used instead. Although this may seem like things are getting worse (and in some ways they are), in the end, these kinds of heavy-handed tactics will only make us stronger. Mandating vaccines for nurses is ultimately what inspired so many nurses to speak out against vaccines. The biggest difference between the nurses who are against vaccines or for them is that those nurses who are against vaccines actually know something more about vaccines than simply how to administer them. Knowledge has a way of changing minds, the same way it has changed the minds of these nurses. They took the time to research vaccines, as they were not taught about the dangers of vaccination in school, they had to take the time to teach themselves. Knowledge is power. When we live in ignorance, we are slaves to the propaganda of others. It is knowledge of the truth that will set us all free and restore our medical freedoms.

Related Reading:

- *How To Detoxify and Heal From Vaccinations – For Adults and Children*
- Doctors Against Vaccines – Hear From Those Who Have Done the Research
- More Doctors Against Vaccines
- Even More Doctors Against Vaccines
- Celebrities Who Have Spoken Out Against Vaccines
- More Celebrities Speaking Out Against Vaccines
- Statesmen Against Mandatory Vaccines
- Scientists Against Vaccines – Hear From Those Who Have Done the Research
- More Scientists Against Vaccines
- Chiropractors Against Vaccines

Sources:

- *Why This Nurse WON'T Vaccinate!* – Patriot Nurse
- *ER Nurse Shares His Experiences With Vaccine Reactions* – Healthy Families for God

- *Nurse Fired For Sharing Truth About Vaccines Tells All* – InfoWars
- *AMA Verifies Whistleblower Warning of Vaccine Harm to Infants* – InfoWars
- *Nurse Warns of "Biologics" & Forced Flu Shots Happening in US Hospitals* – Jefferey Jaxen Update
- *#Vaxxed Review from a Nurse Practitioner* – Tia Severino
- *These Nurses are Silently Speaking Out Against Vaccines: Find Out Why* – Dinner for Thought
- *An Experience in Cover Ups* – Informed Consent