

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 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 don’t work very well at this point.

Understand that the vaccines have *not been updated* since this entire pandemic began. That’s right folks: the vaccines still being administered are against the original Wuhan strain -- which, of course, is no longer in circulation.

We are now dealing with version 4.0 (Wuhan, Alpha, Delta, and now Omicron and its variants), and with each generation vaccine efficacy [has weakened](#).

Comparative example: How excited would you be about getting the flu shot from 4 years ago?

(To be fair, the same problem of declining protection against new variants [is also seen](#) with natural immunity.)

So, the vaccines still appear to offer some benefit but not enough to make my heart race. Even more worrisome is the potential that, paradoxically, they *may make it easier* to contract these newer strains ([read here](#)).

Plot twist #3: The spike protein produced by the vaccines is *actually toxic* to our vascular 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* -- [damaging the lining of our blood vessels](#) ("endothelial damage"), predisposing to [blood clots](#) and provoking inflammation and tissue damage wherever it is found.

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 Novavax all [create production](#) of "full length" spike proteins, and [this paper](#) clearly states that "full length" proteins trigger vascular damage in lung tissue.

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

"But isn't the structure of the vaccine-produced spike protein different?"

Outstanding 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.

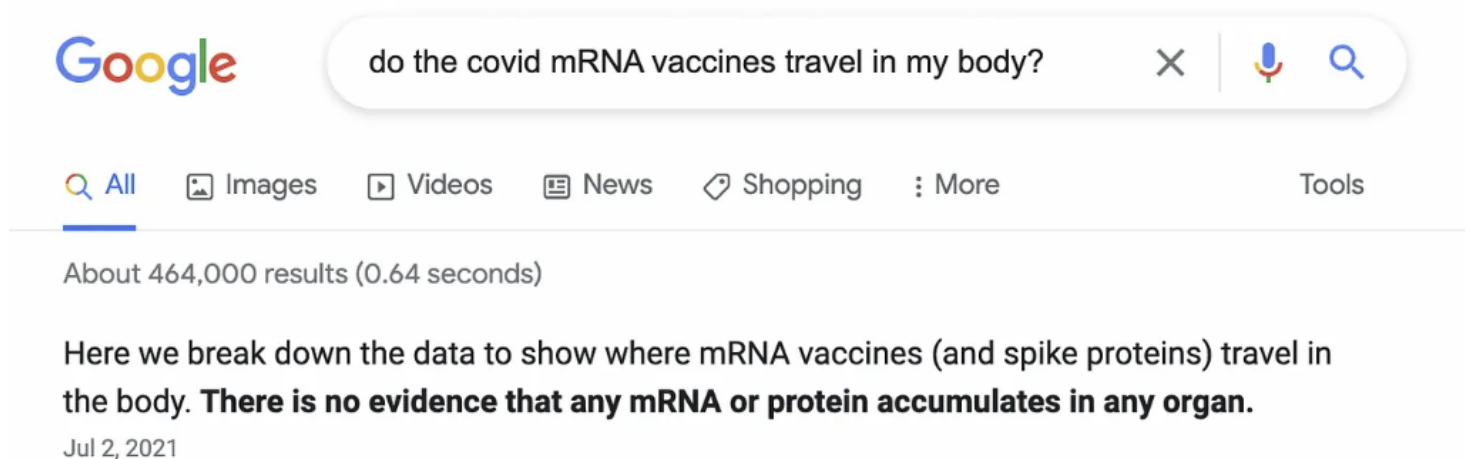
Plot Twist #4: These spike proteins, and vaccine nanoparticles, travel *far* from the original site of injection.

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:



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

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 now we know that [30,000 women in Britain have reported menstrual changes](#) after receiving the vaccine.

As regards lactation, we know there is a [theoretical basis](#) for transmission via breastmilk (page 15). And we even have 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).

Plot twist #5: 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?

Hmmnn... Does the “most intensive safety monitoring in U.S. history” include being rushed to market under Emergency Use Authorization while using the populace as a giant Phase 3 clinical trial (often under coercion)?

(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.](#))

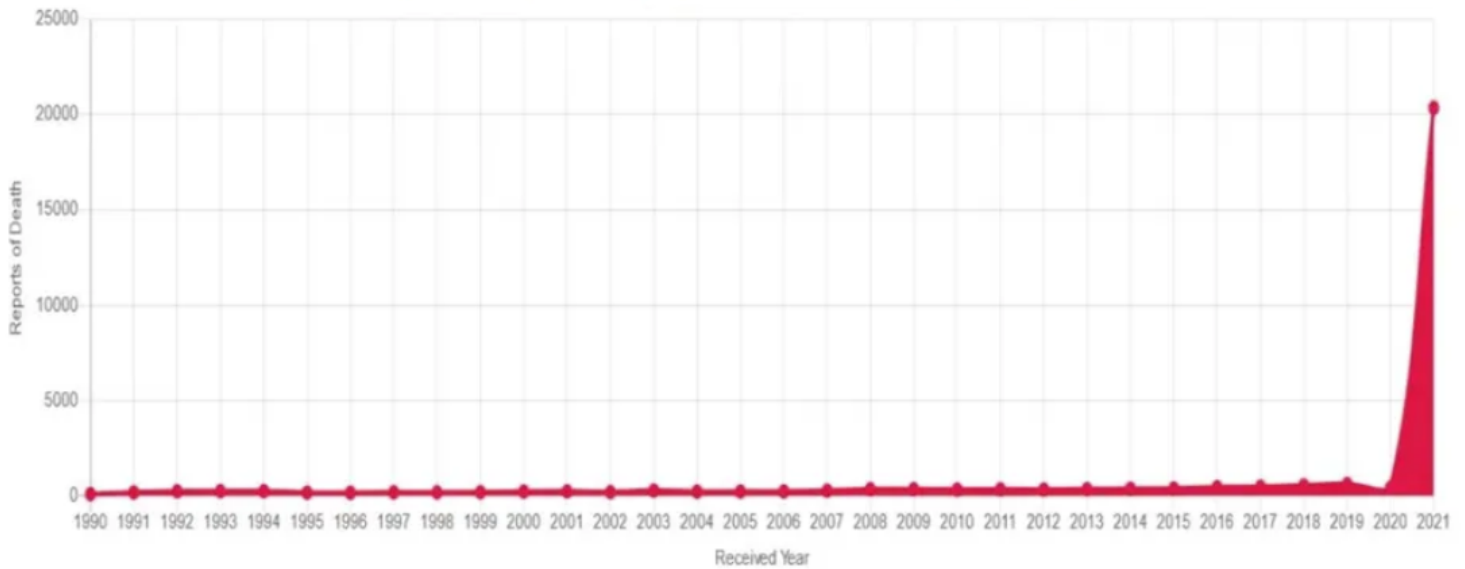
Does it include the [CDC dismissing](#) vaccine injury data reported to the Vaccine Adverse Events Reporting System (VAERS), as follows:

“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 that is definitely not reassuring, now, is it?, and let’s just say that the barn door to causation is flung wide-open. In my opinion, #30,479 deaths (as of 8/29/22) 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.](#)

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.*

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?](#)

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

1. Blood clots ([read here](#) and [also here](#))
2. Multisystem inflammatory disease ([read here](#) and [also here](#))
3. Reactivation of dormant viral infections ([read here](#))
4. "Dramatic alterations in gene expression of [almost all immune cells](#)"
5. Reduction of CD8 T cells and Type 1 interferon response ([read here](#)); therefore, increased cancer risk.
 - Details about Type 1 interferon and cancer in [this article](#)
6. Reprogramming the immune system and reducing response to toll-like receptors TLR4, TLR7 and TLR8 ([read here](#) and [also here](#))
7. Triggering of underlying autoimmune conditions ([read here](#))
8. Potential for *worse* subsequent infections due to Antibody Dependent Enhancement ([read here](#))

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

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, 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. And the CDC now admits serious shortcomings and announces a [restructuring](#).

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 vaccine immunologist 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](#)

[Jessica Rose Ph.D.](#)

[Doctors For COVID Ethics](#)

[Canadian COVID Care Alliance](#)

[Voice for Science And Solidarity](#)

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