Vaccines? Know What To Ask To Minimize Side Effects

Thomas Moorcroft, DO
with **Taylor Bean, ND**

Thomas Moorcroft, DO
Everyone. Dr. Tom Moorcroft, back here with you for this episode of The Healing from Lyme Disease Summit. And today, I'm really excited because so many of the people we've been talking about on the summit are people I've known for a really long time. Learned a lot from them. We've learned and grown together and talked. But today I get to bring to you someone who I just met. And I knew immediately that I had to have her on the summit. And this is going to be really exciting because we'll be talking with Dr. Taylor Bean who's a natural path from British Columbia, Canada. And the thing that I saw was we're going to be talking about vaccine questions, vaccine optimization, and we're going to go there. Right. Because the problem that I see mostly with vaccine questions are everybody gets like super either just like super like you have to do it or hell no, I'm never going to do it. And everybody, it's all emotional and they throw science and common sense and this crazy thing called informed consent over what can be done to your body out the window. And so when I was at an autism conference, I saw Taylor talking and it was like I was so inspired because she was talking about the science and she clearly was driven by passion and the emotion, but the presentation was driven by that science and then giving people the information to make the right decision. And then at the end of the talk, one of the docs in the room tried to put her on the spot. And it's kind of like, So what should I do with this patient? And she's like, Well, maybe you should sit down with that patient, have an informed consent conversation and make a decision together. That's what's right and what's best for that person in front of you. And I was like, in that moment, I'm like, this is a person I need to know more about. I need to talk to, become friends with. And I definitely need to get her to be on the summit. So literally, we are doing this, I think five days, six days after we met. That's how dedicated Taylor is. And so Taylor Bean. Thanks for being with us.

Taylor Bean, ND
Oh, absolutely. I mean, it's a pleasure to be here to talk about a subject that, in a way I don't think is ever talked about. So thank you for asking me to be here and talk about this, because what I said on stage is what I speak to patients about in any form in terms of vaccination optimization or simply just being informed.

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Thomas Moorcroft, DO
Yeah, you know, it, it, it shows and like I, I don't go to conferences and get blown away too frequently because I mean, at this point, like I've been going to medical conferences for the better part of 23 years. Right. And I always pick up a tidbit. But when I sit there and I'm floored, I'm like, this shit is real. And this is a conversation because as many guys may know, kind of like right after the COVID vaccine came out with the mRNA technology, all of a sudden, this interest that we've been hearing sort of rumbles about for years about this new Lyme vaccine. All of a sudden in 2021, we started, you know, hearing publications. Oh, all these researchers have found an mRNA vaccine for Lyme. And I'm like, Well, COVID was the first time it ever actually worked in human beings. So I think that I'm not for or against.

I think, like Taylor says, you have to have the opportunity to have an informed consent conversation, which includes understanding the risks and benefits. And that's one of my personal frustrations about what's going on with the pandemic, is we haven't had those conversations that we used to be able to have. And I think vaccines in general are very emotionally motivated. Taylor So when I want to, I'm really like before we dove into like the nitty gritty and give people the comment, you know, some background on these things so they can learn some of the questions to ask if and when this new vaccine comes out and they ask about the vaccines that are already out. What the heck got you so interested and so passionate about this.

Taylor Bean, ND
So my career started in Singapore and in Singapore they have mandated vaccinations. I was also a new mom at the time, and my understanding of vaccinations is very limited to what I learned in that part of medical school, which is essentially the vaccine that's given. And when it's given and why it's given, and that's it. And there's really no more discussion around it. And technically speaking, really maybe there shouldn't need to be is what I thought at the time. So then when I had two different families come in to discuss about vaccinations for their child, they had had their vaccines and they were querying the health of their kids post-vaccination and they had seen other specialist within Singapore and then they came me came to see me and I was the new person that they could, you know, dove into.

And maybe I'd have some sort of answers. But I had absolutely no idea what I was dealing with, why I would have vaccine come into question. It's just an antigen. And then the body makes an antibody. That's the limit that which I understood. But clearly there was more. And I the first sets of parents that came in and then when it happened again, I was essentially embarrassed to not have any answers. And I felt that I should have some sort of answers. So that essentially propelled me forward to find more. And at the time, which was 2014, there wasn't a whole and I was asking colleagues and there just wasn't there wasn't any information of where to go of understanding about vaccines more in an in-depth, in-depth while it can elicit immune

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response. What does that mean to an infant? There wasn't anything out there for me to learn. So when I moved back to Canada as naturopathy doctors in British Columbia, we can't administer vaccines. So I did the training in order to allow myself to administer. Wanting to learn more as well still was not getting what I wanted, what I needed it. And so I just started breaking up components of vaccination that I thought were important. So from infant immunity is a different then a two year old and a five year olds if it is how what are in these vaccines and how does that work and how does an adjuvant work and what is the adjuvants? And so that's where I've been doing a lot of work to understand because I think if I understand how a vaccine works into of more in depth the adverse reactions that are that are with on an adverse reaction reporting a report maybe I can understand how those happened, why those are happening if I can prevent those because looking at in Canada and British Columbia, we have our B.C. CDC three page report of adverse reactions.

So I look at them like, well, how could that happen? What is the cause for that? And so I was trying to dissect each of them to understand is genetics play a role. Obviously inflammation plays a role, but how does it play a role? So that's where the journey started. Basically. As such, it was these two families that started it all for me. And the fact that I guess as a new new doc, new parent, no, I knew nothing. And to me that really bothered me. And then because I wasn't finding any information, it's like, well, I guess no one else knows anything, so maybe I have something to share with the world if I can gather at all and then and and speak about it and then be it spread that information that way with that, as I started to see more and more patients in my office about vaccination, the theme became very clear of why these big theme as to why these families had not vaccinated or they had wanted to but stopped. And the main reason is because of they were shamed and gaslit by their health care provider.

Be it asking a question, they were treated with utmost disrespect and they then therefore did not want to return and then therefore didn't vaccinate. And then years later I'm seeing them in my office here telling me of their experience and to me is like there is a huge area here. We are doing a disservice to our patients. If you are not allowing a patient to ask a question and you're being dismissive, you will create hesitancy. And as a natural public doctor, the lowest hanging fruit is me. So if you want to blame someone for vaccine hesitancy, it's going to be an outcry like doctor or chiropractor, not anything else versus the finger.

I pointed the finger back at the system that you're going to be treating someone with utmost disrespect. Don't expect them to come back to anybody. So you're training them that they can't ask questions. And if they do, you have the green light to say things that are actually uneducated, wrong and not evidence based when they're the response to this patient and you're dealing with either a brand new mother or father who want to do the best, they have some questions. They feel that they could ask all the questions during pre-pregnancy and during the pregnancy. But then when it comes to this, because your first visit is at two months and you have some questions, you are met with defensiveness. So with that.

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Thomas Moorcroft, DO
Withdrawn vaccine syringe.

Taylor Bean, ND
Right, right, right. It's like I would like to know why are we doing this? Because most adults be it here in the seventies, eighties or nineties, your vaccine schedule is much different than what it is today. So you're just like, I don't remember getting all of those. Why are we doing these and that question is a good question. And so your health care providers should be able to answer that in a respectful way so that you understand why versus, well, if you just don't do this, then you're a terrible parent. Well, that doesn't go over very well. So that was a second big area of a reason why I want to get into this, because I'm seeing these themes that happen.

People are coming in almost with PTSD around the subject matter, be it you have people in your family who are nurse, a medical doctor telling you you should be doing something, your pediatrician, but maybe your gut is telling you something else. And just like I just I just want to know why I'm doing this. I just want you to answer the question for me. And so when no one's answering those questions, then this is like, well, obviously this is an opportunity for me to let the world know that I am here, to have a safe place for you to land, to ask these questions. What is it that you want to know that no one is answering for you? And that's where it began.

Thomas Moorcroft, DO
So I will admit something. Now I feel like I can answer more questions than I used to be able to. But I think one of the reasons most doctors aren't answering questions is they don't know the answer. Think. I mean, I don't feel like I was taught it. I was just told this is the schedule and you do it. And anybody who says there's an adverse reaction, it's very rare and you can report it. But, you know, I'm a little perturbed that, you know, in our in my country, at least, you know, vaccine manufacturers have no liability.

Taylor Bean, ND
Yeah, that's correct. And that was in the eighties. Ronald Reagan signed for that. And so that vaccine manufacturers are immune to liability. And that's just a matter of fact. That's what happened. And then you have your vaccine court, which is separate and in order to achieve to go to a vaccine court in the United States, you do need to pass all of their have your average reaction table. And those adversaries actions need to fit within that timeline. Your medical doctor or your health care provider needed to have written in their chart notes that had happened within that time to then be used for you when you go to court. So this was part of the another reason of why I wanted to be a part of vaccinating for families that want to vaccinate is I don't have that chronological timeline in my chart notes if in need. You do need to know that information. And that was partly because I thought that too many people are slipping through the cracks, way too many in terms of be it, be it, was it the vaccine or maybe it wasn't, but we're

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not even allowed to have the conversation. You're going to miss that data. So in Canada there is a reporting system which then goes federally and annually. Then it's looked at to see if there's any trends. And these trends have been seen within the rotavirus vaccine, which got pulled because it was causing interception. And then the DTaP was pulled the wholesale was then converted to the acellular form, which was the kicker of why Ronald Reagan signed, because at that point there were adverse reactions from the wholesale vaccine, the DTaP vaccine, and the manufacturers were like, Well, we're going to pull the entire program. As a result, we're being sued too much. So then that's where the signing started to protect was also was to give parents a voice still was still by way of doing this but it was signed. And so as a result of that they're non liable as a result. So there is you don't sue a manufacturer. If you win, it's coming out of the tax that those vaccines were taxed upon. That money goes into a pool and that's where the money comes out of which is not the same in Canada. But that's how it works. The United States.

Thomas Moorcroft, DO
The so the manufacturers really are in disincentivized from making changes that they like post like we call like you know post-marketing monitoring. It's like once we put it out in the world, yeah we think it's good maybe. Right. And then we see there are some things that they're disincentivized from actually revising it and making it better for the group of people who want to be vaccinated.

Taylor Bean, ND
Right. So if we have people who are on staff that are noble and recognizing that there's trends, then then there annually things would change a bit. They would keep because what happens is, is the post-marketing surveillance is phase four. And so because when you go through safety with vaccinated ones, you go through three phases, phase one animals, phase two small cohort of adults, and phase three, a larger cohort. So then we can make sure that those didn't happen by chance within the second phase. Then the FDA licenses the vaccine, it gets put on a schedule, and now we're in phase four because the entire community is now utilizing that vaccine. So then you sort of maintain the if there's any reaction, you're supposed to report it, maintain if trends are looked at, then that's what to look at annually. Need be pull the vaccine, which happened twice. Then you pull it, change it, put it back on, have discussion. But since the signing then is it happening? I don't know. You know, this is where you hope that this is in good hands. And people who are honest, who are. Yeah. Are we doing a disservice at all or are we doing a service or. But that is left to the people who are in charge of that.

Thomas Moorcroft, DO
And I think the frustrating part for me is you just sit and then have a discussion and like when you have these emergency mandate baloney stuff that just happened, we where we just throw out science, it's like we know where the safety like for COVID as an example, we know there's the safety profile of different age groups and we also know the risk of things in different age groups. But my frustration as a physician is that we have not been allowed to have the physician

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conversation and the scientific researcher conversation that is mandated by that process you just outlined. So we just basically kind of skipped. We went from two to nothing. It was like two done and good. And I'm not saying that I'm for or against anything, you know, I mean, I grew up in the vaccinate the hell out of a period of time and I almost get kicked out of medical school because the medical director of medical student intake lost my file and threatened to kick me out of school. And they revaccinated me for like for things under duress, like you said, you know, like we'll get an informed consent. But they were like, you have to do it or you have to leave medical school. And I'm like, well, serious, I got it. And then like four days later, she finds the paperwork that no is vaccinated. But my daughter has been on a more optimized, you know, different schedule. But we're not anti-vaxxers. Sure.

And I hate I just like I hate social media labeling people. I think we should stop going pro and anti everything and just kind of have a conversation. Mm hmm. So it's been a frustrating time for people, but one of the things I do also find that people don't know, and I think it's because we've not been taught doctors and we have many, many health care practitioners listening to our summit. We have a lot of very informed practice patients and we have a lot of patients who, because they've had to do so much work themselves, have partnered with some of their local physicians who might not be ready to hang up their banner that I'm going to treat. I am in Bartonella or I'm going to maybe be open to an alternate vaccine schedule. But when they're in the room privately, they're able they're willing to support people.

So one one of the things that I would love to touch on is what are some of the questions, you know, that we should be asking about vaccination and so that we can kind of then start to be a move towards if we want to vet that, we can actually make a decision whether we not whether or not we want vaccination general specific vaccines and then kind of eventually into this vaccine optimization that you talk about because, you know, I've always said I don't I don't think it's a one size fits all. And I would love for people to make an individual informed consent. And so this is the place I think we've usurped it more than anywhere that I can think of in at least in the United States.

Taylor Bean, ND
Yeah. I mean, it's when I talk to patients because I'll do vaccine consultations with people and, you know, they'll, they'll come to the visit sometimes being, what should I do? And I'm here to the navigate with you. What should you do? Why do you want to do it? What are your risk factors is are you susceptible to an infection more so than the next person? And what does that even mean? And so you're looking at those parameters from, you know, in the lecture that I did, it's looking at from microbiome obesity to show in terms of suppressing immune function, maybe your genetics and nutraceuticals, certain nutraceuticals can lead to potential problem if you don't have them. So that's how we optimize this. But it's boiling down to what is it that you want and why do you want it? So with families, it's first off, we need to understand the infection rates that you are. They're not diseases. Language is important here. So they're infections and

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sorry, it's a measles infection or chickenpox infection streptococcus pneumonia infection. So be it. That infection could perpetuate into a disease doesn't mean it will has the potential maybe so it's understanding infections that are out there that a vaccines point and use is to help that body make immunity or some immune response so that when you see it, whenever that is, you're more ready for it. So the whole point of vaccination essentially is to reduce hospital visits. That's the point. So you're still contract the infection beetles model moderate, but you don't need the air to help you. So that's the point of it. You're still out at the grocery store breathing in pertussis, and maybe it will or will not perpetuated into something for you.

So the kiddos looking at the vaccine schedule, which is it's just repetitive, is what it is, but looking at those infections and understanding them and then to say, okay, now you understand the infections. Now let's talk about the vaccines that are available for you, be it. Do you want to do you want just tetanus your I'm hearing you just want pertussis. Then let's talk about how we can make this more of a combo or we can't we can't break them up. It's just how it works. So I come from it from that angle when I'm working with families in terms of a child is how was the pregnancy, the labor? Are we breast fed? Are we not breast fed? How many people in the family? Where do we live? What do we do with our lives? Do we fly everywhere? So all of these components boil into, you know, a decision for you because it's important to understand that when it comes to the vaccine schedule and the reason that it's there is it was built because in the United States, you guys, mamas have to go back to work at three months and so be it, you know, a little bit altered now. But at that point, understand this.

They recognize that mamas would stop breastfeeding around three months and go back to work. So let's create a vaccine schedule that that supports that meaning starting at two months, because it takes you about, you know, 10 to 14 days about for that baby to make some antibodies. But those antibodies wane significantly because we're the timing of it is the immune system isn't going to respond very well because of their age. So then we go to four months and then we go to six months and the world adopted that schedule is what happened. And because the CDC is basically what everyone looks up to in terms of decision making a little bit different where where you may live. Some don't do the menses. Some do have a birth, some do with tuberculosis. It depends where you are on the world, but pretty much it's almost exactly the same. Denmark is quite a bit different in terms of their starting point.

But you know, looking at your schedule from state to province and then going from there. So there's a whole unit I think of looking at because when people come in, it's like, I don't really know what I want to do and I don't know why I want to do it. And so you have to start somewhere to help you make a decision of why are you going to do this? And so patients leave or still need to do their own homework of why am I doing this? And now I understand why. So versus when someone asks you Why did you do X, Y, Z, it's like, well, you innately made this decision for you based on your needs and maybe rates of that infection in your area are going to be different from other areas. Yeah.

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Thomas Moorcroft, DO
Like one of the things I thought of like, you know, when I was training in medical school, I did one of my pediatrics rotations at the Children's Hospital of New Jersey, Newark, and a large number of the women that we cared for who had just delivered their babies, you know, they were people living in broken down buildings. They were here illegally. I'll just leave that one as it is. But they were living with four or 500 other people who are here illegally in like these dilapidated conditions. And I've said a million to vaccinate the hell out of that kid because literally you will never see them again until they're about dead. And that's when they finally bring it back to the E.R. But like my daughter, I could not understand why they wanted to give the state, you know, wanted to give her hepatitis B at 2 hours of age. I didn't get it until I went to college. Right, right. Right. And, you know, but I mean, what's the role for this, like personal? I mean, I know you've kind of gotten into it, but I mean, I feel like the system isn't set up to do a personalized approach to it.

Taylor Bean, ND
No, no. And it's a schedule makes sense when you're dealing with millions of people. It also can reduce over vaccinating, but it can also everyone knows what to do. So if you're a two month old in one state and then you pop over to another state and you're four months old, you know, we're kind of all in the same schedule. So we're on the same page and it's easy to manage. And so nothing will get missed. People understand what they need to do when you come in for the age. And then I understand. I mean, that makes sense. We're dealing with millions of people is having a schedule now if immunologists and public health were to talk, I think that the vaccine schedule may change with that. There are areas here that do need more discussion and understanding versus a blanket.

This is just how it's done because in actuality with that is that we would have better vaccine efficacy if we had better dialog and we would have probably longer immune function of that in terms of creating that antibody, if we had better discussions around infant immunity timing, if mom had her booster vaccine versus baby than getting their two month vaccine, which impedes baby from making antibodies to pertussis if momma had hers. So all of these little nuances I think are important, but you have to take an intake of someone and then help formulate something for them. If Mama is on medications or you yourself are going to get a vaccine and there's things that you're doing that would impede your immune system. To make antibodies is important to me and should be to everyone because then maybe we have better vaccine efficacy. There is probably millions of adults that are walking right now that have no immune immunity to certain things that public health assumes you have. Now, this is where we could suggest looking at your immune function in terms of your titers or teeters. I say titers and.

Thomas Moorcroft, DO
Two years later we're all on the same page.

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Taylor Bean, ND
Let's age. This is something that I offer my patients. What is their immune system for this? Now, we can't check everything, but we can analyze some of these things and see is your immune system even responding? And even when we talk about pandas patterns, you can see if a kiddo has made antibodies to even the exhibit 13 vaccine. So streptococcus pneumoniae do you have antibodies to that is just a way to check that you can even make antibodies. So we can see in terms of a vaccine, did you make immunity? And so it's a nice way to check too. So I will do titers on patients all the time. It's a blood draw and see. Well, what is your measles, mumps, rubella or your chickenpox or B status? Did you even make it in the first place? When was your last vaccine? Do you still have immunity? And if they do, then we can make a decision if they actually need another one or not. To me, that's saving taxpayer money because each vaccine, our taxpayer money pays for it. So in Canada, it's public funded. So to does that probably would be needed for that person. So then running titers is a way to do it and b it it's unnecessary for them.

Thomas Moorcroft, DO
Yeah. And like in my case, I got vaccinated like ten times for hep B zero titers and interesting. Yeah, right. But then as time went on, no one, no one question it, they're just like, oh the first for Denmark. Do for more. Oh that didn't work. Do two more that didn't work. Fuck in a yeah fuck it. That's exactly what my doctor said. Right and right. So any kids watching? Sorry, but that's literally what happened. And yeah, but what's really interesting is when I get influenza vaccines, which I've only done once when I was in the hospital, the emergency room physician who is my attending after three weeks of seeing me is like, I'm going to admit you to the hospital. And then I was like, well, my head B didn't do anything. How could it be the influenza? And then later on it turns out that no one really dove deep or found out my old man had common variable immunodeficiency, so I had low IgG and everybody thinks that just means your immune system doesn't work and it's low, but actually it's a dysfunctional dysregulation.

So I've had vaccines that's I get normal titers to I've had vaccines that have been over vaccinated to have no titer too. And I've had other ones that have put literally put me in the hospital. And so what's interesting about that is no one else asked the question except me. And if I wasn't a physician, I'd have been gaslit up and down, right? Sure. Because before I didn't even know enough to ask a question and then nobody and then turns out, oh, long before my mom has the same problem that no one had checked for, that she found out like 20 years after I found out about me and my dad. And I'm like, we need to ask more questions. It's not like any of them are wrong, but yeah, looking. I'm just so passionate about it because I've ended up in the E.R.. Happened to be. I was working there. Then they admitted me. Yeah, kind of convenient. I didn't have to.

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Taylor Bean, ND
Go down that hallway now. Yeah, right. Yeah.

Thomas Moorcroft, DO
But it's scary, though, because it's like people assume that if you're just the vaccines aren't going to work across the board and they're all really kind of different. So when we think of some of the questions that I know a lot of my folks have in Autism and Pans and Pandas, a lot of people are like, oh, my God, thimerosal, it's killing you, right? You can't have any mercury. You can't have any aluminum. I mean, are there what are these adjuvants? Why are they even why would you even put thimerosal in a vaccine? And are there one are there things that we can do that might if we want to vaccinate? You know, and I'm like I said, I'm okay. I think you're okay. From what I know of you, we're okay with whatever decision you make for your own body. But I want you to know that you know the truth behind a lot of this. So one of the things I think there's a lot of misunderstanding is these adjuvants. What kind of what the common ones are and are they really as bad as some people make them out to be? Right.

Taylor Bean, ND
So thimerosal is not an adjuvant. It's there to help kill actually other things that might be within that bottle and it's been reduced. There are some vaccines in the United States. There's the d t that has a little bit of mercury similar to influenza multi vial. So if you're using the same vial, then they put them aerosol in there. But if you're just using a11 and done the No and then the MMR, which B, it has been removed, is there a little bit in there? They state that there isn't any any in there at all. Thimerosal. So now the adjuvant that's the primary adjuvant that's used is aluminum. So aluminum which comes in a little bit, different forms are used within most of the vaccines. There is tetanus. They do use a bit of tetanus for a couple, but it's more in terms of an adjuvant. It's going to be aluminum is your primary. And what's interesting about alum, I find it aluminum fascinating in terms of how it works and the safety that has been made upon aluminum. And it's interesting is here in British Columbia they've given out flip chart about aluminum and they reference some papers that I use.

But you need to read what those papers say to then understand how safety was come to in terms of vaccination. And what's interesting is that the last paper that was made was by MCUs in 2011, and it's based on what's called this minimum risk level. And it's he creates this minimum risk level of aluminum, which is, which is actually based on oral aluminum is what he bases it on. An oral aluminum that he's basing it on was what the agency for toxic substances has created. They do this for all, from aluminum to all metals to anything that's toxic to the human body. They will create what is a safety limit for humans to consume. So that's what he used. And they do that by way of feeding rats, water soluble aluminum. And so that is what he's using is extrapolating what was safe for them to eat to apply to what you could be safely administered within a vaccine. But what's interesting is that in vaccines is their different forms are not water

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soluble. So they break down when you insert a vaccine into the arm, which has aluminum, which will stimulate the immune system, will break into a water soluble form, which will then be eliminated of the body. But remains is a non water soluble form which is highly antigenic. So it binds to that antigen to keep it there so that your innate immune system, your macrophages and the direct cells can come over and phagocytosis, that antigen, that's what we want. But it is phagocytosis in the antigen that which is bound to that aluminum. That's how the process works. And then that macrophage will then need to go around and then present to a, B and T cell within the lymph system. Hey, I have this antigen inside of me. Kill me and memorize this. And that's then. Now we have an antibody that is created.

So that is the process, that is the how. And so what's interesting is that but in terms of aluminum, the basis is on oral. And so still to me is like, well, can we have some, some research then done specifically on injectable? I want to see that as well. If it's out there, would like to have a an updated paper versus mixes on 11 of the different forms and being the aluminum that what is is highly antigenic. What happens then to that is that turn into water soluble, does that leave the body? And if it does, how long does it take? Is it stimulating immune system in other ways? Does that creating more inflammation? So there's other questions that are really challenging to answer. And I've asked the aluminum gurus, we all know who those are and they can't give me an answer because the all the research around of what you're trying to discover is challenging. And sometimes those what we're looking for in those questions, no one really maybe wants an answer to. So then therefore let's not do it.

And so it hasn't been done. And I'm still wanting to know. I still have questions that I'm not getting answers towards and therefore I am trying to help the body minimize. Let's reduce maybe the inflammatory process. Let's do things that I know that will bind to that aluminum and pull that out. That's very safe to take. Let's work to get it out. And those mechanisms that I'm addressing, it's working because I am not having knock on would be vaccine adverse reactions in my office. And so I think that there is a, a, a good way to do this. I think that there is a smart way, intelligent way to do this to achieve the goal of having immunity within the body to to create those antibodies. And the flipside of that is some people want they want to put maybe they have to. And so with that of not having a choice and B, they have not fully been consented to that. I am here then to help them with that and others helping you move through this process. Yeah.

Thomas Moorcroft, DO
Yeah. Well, I mean, that's what we need. We need to understand what's really on the table and figure out what we can do. Are there things that people can be thinking about at home? Like they're like, I don't even this is the first time I'm thinking about this or I'm totally for I'm totally against. But maybe I'm open to learning more. And I just wanted to if I want to do it, I wanted to do well. I mean, besides just reaching out and at the end will tell people how to get in touch with you, because I'm sure a lot of people are going to want to, you know, engage to have more

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information. But, you know, like, are there one or two or three things that people could consider in in, you know, implementing in their lives that actually might help them sort of be ready for vaccination or have detox primed or however you frame it, you know, so that they could, if they were getting vaccinated mandatorily or personal choice, whatever, that they might do better and they could have results maybe like you're seeing in your clinic.

Taylor Bean, ND
Yeah. So everyone's going to start buying it now. I do love Fiji. I bought all.

Thomas Moorcroft, DO
Of it up. There's no more in the whole world.

Taylor Bean, ND
Left and I regret stocks in Fiji. Fiji water. So Fiji water. Yeah kickbacks is a great resource to consume so Fiji water and volvic volvic is another form of water that has a specific form of silica. So we're looking for a specific form that which helps bind to aluminum. And so aluminum is in the Earth's crust, silica is in the Earth's crust. And so we want to have them bind together. And so Fiji water has that specific form of silica that's in it is a weight. And I, you know, I drink it consistently too. I mean I don't know where the luminance come in and if it's in something now when we eat anything with aluminum, we don't absorb very much of it. We only absorb 0.3, 2.6% of the aluminum of that which we are eating. But maybe you're using antiperspirant, maybe you have a medication, some medications have aluminum in them. So you're taking this as a preventative. But the support in terms of helping, mobilizing, getting that aluminum out so Fiji would be one. Number two is I do love glutathione.

Thomas Moorcroft, DO
Can I just interject for a question? I kind of know where you're this, but a lot of people in our community talk about the use of silica and a lot of silica has put in a lot of things. But it sounds what I heard from your lectures. There's a difference between the silica you just by like silica in a supplement or just a bottle of silica itself. And what's in the feed. You can just touch on that for a second because otherwise everybody's going, Oh, Fiji is expensive, but I'm going to buy this more expensive supplement that's actually not going to work.

Taylor Bean, ND
Yes. So you unfortunately can't purchase just a silica product to bind to aluminum. Silica can be used in different forms that you're using it for, but it's not for the specific action of body and silsila acid is the form, not salicylic, but salicylic. Acid is what we looking for in terms of within a product. And if you find it, if someone has been able to take that specific form of silica and put it into a product, but usually in what I've seen in any product is that it is not. And so it is that specific form that which we need that has that affinity towards aluminum is what we're looking for. So and I and I've seen some products that be it their intent is to help bind unfortunately it's

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not going to work. Shout out to Chris Exley, who has a book called The Aluminum Man. He goes into this, he goes into aluminum. It's all about aluminum. And it's a really short book. It's great. And it goes into why fpg and this specific form of aluminum and that he has not found. You can just take a silica product to help unfortunately.

Thomas Moorcroft, DO
Yeah.

Taylor Bean, ND
For this I think.

Thomas Moorcroft, DO
It's so important.

Taylor Bean, ND
Yeah. Yeah. Number two would be glutathione. So glutathione hits a multitude of different things where it can help teach one response. So teach one, of course, is what we need in order to help create antibodies towards viruses and bacteria. So glutathione will help with that. It also is going to help with oxidative damage, unfortunately, that vaccines can create. So it's going to be supportive of that. So glutathione is something that I will use. Also, if you happen to use Tylenol, which I am wildly against of using Tylenol pre vaccine or post vaccine. So you can take away one thing, it's stop Tylenol or paracetamol wherever you are in the world. Listening is if you do happen to take it, then you've got glutathione on board. So I have my patients take glutathione before vaccination and then after vaccination.

And if there's a fever there and they're just like, I could only get my hands on Tylenol, it's okay. You've got glutathione there to help you because it is Tylenol can wipe the body of glutathione. And for some people, they have an inability to fully break down that acetaminophen that is dependent. And if they don't, then we have a very toxic metabolite that can circulate the body and we do not want that. So the good is on board. Number two. Number three, oh, it's a toss up of the third thing, vitamin C, I'm going to go with vitamin C because in that lecture I talked about how low vitamin C was, was looked like they had the child had shaken baby syndrome, which was due to low vitamin C and histamine response.

So due to the inflammatory component of some bodies will respond to a vaccine different than another body. That is why some people will say, Well, my kiddo was fine, so I don't believe your kiddo is not fine as those belief system. However, that is a really arrogant of someone to not believe a family's situation. So some bodies do respond differently than others, and that could be due to how your body responds to an immune activation situation. And we have all these in pro-inflammatory cytokines and now been released as a result of that our mast cells are going to be activated and if they are, you've got vitamin C on board to act as to help as a mass cell

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stabilizer. So seeing that paper to me is vitamin C is really important. You can do LIPOSOMAL for babies. If you're breastfeeding, you as a mama can take it. It will go through the breast milk. Can you help baby that way? But I will use liposomal vitamin C, even some vitamin C's will come with fruit in and lead a low end. So ferritin. So a little bit of a little bit extra in there as well as while use those ones knowing that maybe there could be a mass cell activation component because it potentially can be, I don't know. So I'm sort of hitting all the angles to prevent that. Yeah.

Thomas Moorcroft, DO
Now, nice. That's awesome. So I think I want to pick your brain on one more thing because this is a huge, huge topic that we could talk about forever. And I just value your time so much. This new kid on the block, though, because it's so near and dear to everyone on the planet because of the pandemic and in the Lyme community, we've got this now big push to use this technology that never worked before in human beings and barely in animals. I mean, can you just touch on, you know, what an ma and a now what are the things we need to know about Mani? And is it really like all it's cracked up to be other questions that we should be asking as we move forward. I mean, just, you know, what's the state of the thing?

Taylor Bean, ND
Well, there is just unfortunately so much unknown in terms of long term. And when it comes to vaccines and to anything is well, let's retroactively look at over the last five years or ten years of X vaccine. And what does that tell us? And with our the new kid on the block, we don't have that longevity to tell us if there is anything that we should know about because future will tell us. But the future needs to occur for us to gather that information. And with the new technology is assembly is essentially it is activating the body to make the antigen so to a spike protein and then the body makes an antibody towards that. So it's a whole extra step versus all the vaccines on the on the kiddos schedule or for adults are the antigen itself. And then the body makes an antibody to that. So which is it really different really when you think about that whole extra step that's occurring is getting the body to make an antigen that which it makes an antibody then towards and so I do you know, how long were the clinical trials? I mean, was there animal models and how the animals do? And, you know, how many people were in phase two? Because I do think that's important when this is from phase one, phase two to phase three, you know how many people are involved before launched.

And so those kind of questions and then, you know, how long it's been out for is sort of one of the biggest questions that comes out and parents will ask me, well, you know, what's the data for infants or what's the data for children? And unfortunately, I don't have an answer because I not know, because we are discovering that as we speak, because we are in real time. And so it is a wait and watch. I'll get back to you. I don't know. And so we are learning as we go about, you know, its efficacy, its safety. Is there anything long term we should know about? And, you know, I've one as a researcher that I was listening to and he said, you know, we don't really know, so

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therefore we must try. So and two in order to gather information. So because we don't know we don't know if it works or doesn't work. We don't know if there's side effects or is side effects. There is no understanding of that. And therefore, let's go ahead and try and see. So, you know, whom is that on an end? Is it on animals? Is it rats or mice? And how long was that for to really gather that information? What's interesting about vaccine efficacy is it's based on two things. It's based did the body, be it an animal or in phase two, a human make antibodies. Number one, do they even make antibodies? Number two is did cases drop as a result of having that vaccine? And so that takes a bit to understand if it was efficacious or not, because then you need to take a time period to see of a bunch of people that went out, either didn't contract it. And so then therefore you say that's efficacious or you see a decline in that in those cases. The thing with cases is either you're testing or you're not testing.

And so what's interesting about anything other than COVID is we don't test we do our surveillance for certain infections. Basically, all of them that we have vaccines for is very poor. So the CDC does do it for pertussis. They do it annually. And looking at usually in the United States, about 20,000 cases of 300 million people that are there. We don't do the same here in British Columbia, but I use or in Canada, but I use the United States for that information. But it's one because pertussis is still very among among us. So it's one of the most for the top reasons that sends infants into the knee. Q Is pertussis so it's still around us, but surveillance when you have a cold, a cough, and you go in to your walk in clinic, they are not swabbing, sending it off, then letting you know exactly what you have. It is just the triage is you have a cough cold. I don't know. It's a virus. Maybe here's some antibiotics and see.

And so that's how it's dealt with. So versus you could swab for Haemophilus influenzae, you could swap for pertussis, you could swab for these things that that you have a vaccine for that look like the common cold and then we would have a better idea an idea of is it within the vaccine population or is it in the unvaccinated population? And then we could have a tighter data in terms of is it the unvaccinated that are spreading or is the vaccinated are spreading? Is it working in the vaccinated? How long does it work in the vaccinated? You still have antibodies to it. I mean, there's all these in terms of epidemiology, is it really tough to have answers to these things because we're not really putting forth the effort to determine these absolutes, but time is money.

Thomas Moorcroft, DO
So yeah, it's kind of interesting because I think about what you said. It's like, well, we don't know, so we should just go, you know, it's just go with it. So but we're also in this case, we're like, we don't really know, but that's our priority line. And this is what our medical system in the country says. Vaccines help, but we actually don't really know that they all of them, some of them, we have a little bit of data. So just to kind of close this whole thing because I mean, this is a massive topic and I and I so appreciate, you know, the way you go about it. You know, it's like with the Grace because it's like for me, I'm right. I'm like sitting here going, I can't. I don't know how

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Taylor can be calm with this because I'm like, ready to go. And, you know, it's not one of the particular things that when I wake up in the morning, I'm like, it's not the first thing I think about, you know? So it's not even like my major passion in life. But it's so important as part of what we do and as parents, as clinicians. But what like Brett, very briefly, what is the typical development pipeline in a non-emergency situation? Because I'm pretty sure we all know what happens in an emergency, in an emergency situation, whether or not that we believe that we had other drugs that actually did could have just, you know, would have not allowed the United States have an emergency use exemption. But like people know all that stuff, we don't have to get in there because we just want information. But sure, if we're making like a standard vaccine, what's the pipeline? What should that research really look like? And we can and we you just said that like the post vaccine surveillance is could be better.

So we know that part but before we put it out what's it because the think the thing that I just I want to make sure I say is that the one thing that used is like and maybe you can touch on this in there is is to me what I learned is that people who who are in phase two and phase three trials have one thing very different than what's happened in the pandemic is they all sign up for it. Right? Right. So they have given individualized consent for it. And right now my country has not. And I think most of the world has not consented to this. They've just been told, which is a whole nother conversation, which we don't need to get into. And I'm sure everyone who just listen to me say that knows what my opinion about not being mandated to shove some shit in my body is, but what's it really what's it look like? So we can just leave with a comparison and maybe we can roll a few people up to ask those questions.

Taylor Bean, ND
Totally.

Thomas Moorcroft, DO
In a scientific, loving, compassionate way. Not in this, not in the choosing sides. Because I think for me, the choosing sides is a big problem.

Taylor Bean, ND
Yes. So typically as 2 to 5 years. Now with that, though, things can happen sooner if you have multiple countries involved in doing it at the same time. And that's how Gardasil came out. So Gardasil vaccine had multiple countries doing it at the same time. Two more so equate to if only one country did it for five years. You have all these other countries that are involved and so the time frame can be less as a result because you're there doing it for two years, they're doing it for two years and sometimes people say, Well, it took us ten years to get here. But each country might have only spent about two years doing it. So that's about the time frame of phase one to then include phase two and then to include phase three. Because you also have to put people through the season to see also if they didn't contract it and if they did contract it, how bad was it? How long did it last for? So all of these components and then also looking at the safety

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component, you need a time frame to see, okay, well, how long within that phase for those people was it by chance or was it actually so then you look okay. We're doing good in phase one, doing good in phase two. Now let's go to phase three, which will be thousands of people before it's licensed for then the public to use. So typically what has always happened is a vaccine will need to complete phase three in order for it for you to have access to it. But an emergency order allows everyone allows everyone have access to it because that stipulation is gone. You are now within phase three as a result of access to it. Otherwise it would be illegal for you to have access to a vaccine if it's in phase three. So each of these phases and with animal models, what they can do, of course, is that they can give the vaccine, see if they've made antibodies, but then also give them the presence of pertussis. Meaning I can inoculate you now as a result, put you in a room and now you're exposed to pertussis. Let's see how you do with it.

You don't do that with humans. You basically give the vaccine and send them out into the world and see if they contracted or don't contract it. And if they do, how well do they deal with pertussis, for example? And then, okay, so then we're going to go on to the next gourd. Typically, though, the people that are involved in these are going to be healthy. You know, 20 to 40 year olds that will be within these clinical trials is whom will be depending on the vaccine, like HPV, of course. And they're going to be using girls because that's who it's for. And so they've done that globally as well. Pockets of individuals to see the efficacy of it and safety, too. Yeah.

Thomas Moorcroft, DO
Yeah. Well, this is what I love about you, because immediately I think a lot of people listening go, oh, it takes like ten or 15 years for a vaccine to come out. So a lot of and they're like, we super rush COVID. Well, we kind of rushed it, but it doesn't sound like it's dramatically different. And so one of the things, though, that it reminds me is that in the end, most of these things we're not really doing a long safety window, even five years for me, shoving something in my body that makes a lifelong change doesn't sound like that long of a time. But that's why we should have better surveillance, right? Post-marketing surveillance. So, Taylor, I mean, I could literally ask you a million more questions. I'm so grateful that you spend the time to talk about this, guys. Like I said at the it's so funny. I just I say I find myself like I'm probably dating myself when I was born, but like we all I say guys, I mean to say everyone here, I love you guys so much.

That's why we're having these conversations. I want to get the information in front of you. And like I said at the top of the talk, this is what I love about Taylor. I've even tried to put her in the corner. She'd been put there by many people, but never gets actually cornered. Yeah, right. Because we've given you like, this background of how vaccines work, what they're supposed to do, how we would measure efficacy, what the standard process is, and dispelled in my mind a lot of the myths around it. I've learned so much every time, the whole two times I've heard you talk on vaccines and I'm going to keep listening. And I'm sure that everyone here is really, really going to want to if, you know, if they themselves or their kiddos are in kind of the back in the time where they need vaccines, which at this point is almost all of us, if not all of us, if people

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want to learn more information about what you're doing and all the you know, and get a better understanding about this so they can ask most intelligent questions for themselves, where can they reach out to and find? Yeah.

Taylor Bean, ND
Totally. So Instagram I'm on Instagram. You know, I put a lot of nuggets of information there and, you know, wanting people to think so. Dr. Taylor Bean is my Instagram handle as they it, and so you can find me there. I was try to, you know, put things there too for you to think about. Now, I also have webinars and so I've created an eight part vaccine webinar series because in an hour, but I can't answer everything. And within that hour, more questions come up and the webinars I've created is to help formulate even maybe better questions, maybe answer sort of the surface ones and then formulate better questions for you. Be it I answer them or someone else does, or, you know, you'll find that answer within those eight series. But because vaccine optimization to me is on so many different levels from language to how to optimize even vaccine efficacy is a big part. You can find that at vaccineoptimization.com. Now you can do one all some but I, I go through these these what I feel is systematic.

So infant immunity to pregnancy breastfeeding all the viruses that your kiddos would receive excluding COVID because it was pre-COVID to all the bacteria. And what are the difference between a virus and bacteria to aluminum, to genetics, to safety, efficacy? What is science to all? So just talk about how do you create and support a healthy child? So we reduce susceptibility of these infections. So every kid who has have diarrhea, doesn't sleep, has rashes. There's something going on that we need to work on for your kiddos that when they contract, something's not if it's when that their immune system can handle it and be just fine with it. The last webinar I really go through how I would vaccinate optimization means to me how I work on this process from be at titers, pre-post support what that means. Why use the things I use in terms of evidence base? Why the vitamin C, why the good I own, why probiotics which I also use and so because I.

Thomas Moorcroft, DO
Do water.

Taylor Bean, ND
Why the Fiji water exactly which is so great. So you know, because I just find that I have sat and listen to probably everyone that puts on a vaccine webinars series, you name it. I'm sure I have listened to it. So I'm trying to take, I think, which is applicable to you to apply it and put it into the webinar so that you can take something tangible away from it and and be like, Oh, that's why that happens. Or, Oh, now I understand that because you can sit at home safely watching something and learn about something and then be it you've created these questions that you're just like, Okay, that we can have a consultation and be it. Or you have these questions that are more tangible that you can search on, and maybe you'll find your answer that way,

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because I didn't even think of it that way. So because I think that for me, I do not care what your decision is. I have no personal attachment to your vaccine decisions. I wouldn't be able to sleep at night if I cared about everything that a person did with their body. What I care about is that you have made an informed decision before you consent. That's what I care about. I do not want anyone come into my office and say You'd never told me X, so I want to make sure that I've covered that all. Doesn't matter what you're doing, a colonoscopy, you know you're going to B12, shot all these things. You should understand why you're doing it. Why? I would suggest that risk benefit. What are there any alternatives to that? You should understand that it's your body. It's your choice. Yes.

Thomas Moorcroft, DO
It's my job. And that's what I'm talking about. And when you head over to vaccine optimization dot com, you're going to notice how inexpensive this is. It's like I mean, Teller is like given this stuff away, but it's so important and this is really the conversation I wanted to have. And, and it's the same thing with Lyme treatment, everything else. It's like, you know I go back to like my high school quote from James Thurber. It's better to know some of the questions than all the answers. And I think that the people who live the healthiest, most vital lives, who get better quicker, ask better questions, rather than come in and say, I know the answer because so-and-so said something so and so said something that might have been right for them. Or maybe they were just emotional or they were forced into it.

Right? Step back, take that as a piece of information and ask the questions that are most important to you. And I think vaccination. I agree. I don't really give a crap what goes on for you. You need to make the decisions that's right for you because I'm making decisions that are right for me. And when we work together, just like with, you know, Taylor, where that's what I want. I want to share with you my knowledge. And I want you to make an informed consent so that you can get better because it's your health. It's not Taylor's health that we're talking about. It's not Tom's health. It's like when, when, when we're working with you, it's your health. And that's what I think. That's why I was so inspired to have you here.

Taylor So I just want to say from the bottom of my heart, thank you for bringing all this love into the world and this amazing information, and thanks for sharing this with our community here, because I hope that you've actually done exactly what you just mentioned, which is stimulate more questions than answers here that we opened it up because most people are unwilling to talk about this. And the world needs more people in general and more doctors like you who are willing to say, let's step back and what do we actually really know rather than the dogma? Let's really because this is other people's lives and they're so important. So thank you.

Taylor Bean, ND
Yeah. Oh, it's my pleasure. Thank you for giving me this platform to talk on something that I'm so passionate about because it's important. I think it's important to, too, at all. Yeah.

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Thomas Moorcroft, DO
So welcome and everyone thank you for being with us for this amazing episode of The Healing from Lyme Disease Summit. I'm Dr. Tom Moorcroft and I look forward to seeing you in our next episode.

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