A review if Crooked, by **Forrest Maready. How vaccine adjuvants injure you.**

For several decades people have suspected that there is a link between vaccines and neurological problems. Autism is only one of many such conditions. It was the topic of Andrew Wakefield's 2016 documentary Vaxxed. Despite strenuous objection by the pharmaceutical community to any rigorous investigation, the connection has been documented by many researchers over the course of time. Oregon pediatrician Paul Thomas noted that the unvaccinated children in his practice were healthier than the vaccinated ones. As described in Vaccines, Amen, Henry Ford Medical researched the extensive records they had over the lifetimes of almost 25,000 children and found that the unvaccinated children had overall better health.

Forrest Maready himself is an independent researcher with disabilities that he attributes to having been vaccinated. This book investigates the theory that metal adjuvants mercury and aluminum in vaccines harm people. Maready, having invested an incredible amount of time into researching the history, theory biology, and effects of vaccines, was in a position to rigorously apply the scientific method to demonstrating the connections between vaccines and injuries. This review includes a brief summary of his findings.

Maready's own disability made it impossible for him to hold a job in an ordinary organization. Among other things, his tactile defensiveness makes it impossible to dress for the workplace. He lives in shorts, summer and winter. Being a loner means that he does not have the support of a research organization to investigate his theses. He acknowledges in his introduction that he has made the pieces fit together very neatly, but it will take further investigation to prove the connections that seem evident to him.

Other writers propose other mechanisms by which vaccines could cause harm. Marc Girardot, another figure emerging from left field, in his case a McKinsey management analyst, has devised a theory he expounds in The Needle's Secret that the bolus – the big wad of vaccine injected all at once – damages the endothelia in capillaries. If the bolus happens to go straight into a vein, it can travel undiluted to the heart or brain and permanently damage tissue. Yet other writers hypothesize that chemical and biological products not removed in the manufacturing process, things like simian immunodeficiency virus, can affect the recipient. It is highly possible that more than one of these mechanisms contribute to vaccine injury.

Maready's theory accounts for a number of otherwise inexplicable anomalies in the evidence of vaccine injuries.

Crooked Smiles

Children suffering neurological damage to their faces have crooked smiles. Curiously, it is usually the left side of the face that refuses to curve up when the child smiles. Right side up, left side down is the rule. Why is that?

Significantly more boys than girls suffer from crooked smiles. Why is that?

Photographs from the 19th century do not show nearly the incidence of crooked smiles as the 20th century. Why is that?

Photographs from the early childhood of affected children frequently did not show a crooked smile. It seems to appear suddenly. Why is that?

Autoimmune diseases

Why do females get 78% of autoimmune diseases? Why do the diseases very frequently not appear until puberty or adulthood?

Historical record

Doctors have been writing detailed records of medical history throughout the industrial age. It is easy to pinpoint the first mention of a number of conditions that are prevalent today such as asthma, autism, allergies, ADHD, autoimmune diseases and so on. We have all read that the incidence of autism has gone from one in 10,000 when the condition was first described in the early 20th century to a present one in 31. Peanut allergies, of which we have all read, increased at the same time. As have many other chronic conditions. What changed?

Maladies

Maready proposes an etiology for a vast number of maladies, among them: Crooked smiles, crooked eyes, ADHD, speech disorders, vision disorders, hearing and motion disorders, eating disorders, behavioral disorders, POTS (postural orthostatic tachycardia syndrome), Tics, Tourette's, and facial pain, neurasthenia and shell shock, Diseases of metals and microbes, allergies and asthma, Crohn's and ulcerative colitis, tuberous sclerosis complex, Zika, chronic traumatic encephalopathy, , Alzheimer's, chronic fatigue syndrome, rheumatoid arthritis, type I diabetes, sarcoidosis, systematic lupus erythematosus, lost ability to suntan, Parkinson's, progressive supranuclear palsy, thyroid and Hashimoto's, multiple sclerosis, eczema, anemia, and heart disease. The proposed links between heavy metals in vaccines and all of these conditions are astounding. But brevity dictates that this review cover only the first named above.

The first requirement is an understanding of adjuvants in vaccines. The purpose of a vaccine is to provoke a reaction in the recipient’s body to create a memory of the invading pathogen.

> Without the aluminum, many vaccines would not work at all. Because their components have been so weakened, they do not invoke an immune response. When you add aluminum, your response is much stronger. What causes this is poorly understood, even one hundred years after its effect was first discovered.

The function of a vaccine is to create memory cells within your body so that it can identify a pathogen and fight it off quickly. The vaccine includes a toxin that prompts your body to produce the memory cells. Pharmaceutical companies produce tetanus vaccines by injecting horses with tetanus toxin, prompting the horse to produce the needed sera, which they then separate from the horse blood to put into the vaccine.

The problem they have to overcome is that a horse does not automatically produce enough of the reaction materials – memory cells, and I bodies, whatever you call them – to be useful. It was discovered that injecting them at the same time with aluminum would vastly increase the irritation to the horse's system, prompting it to produce a thousandfold more of the reaction materials. The adjuvant applied a multiplier effect to the toxin being introduced to provoke a reaction, significantly reducing the cost of the process. Mercury and aluminum adjuvants started to be used in most vaccines. Mercury has been generally phased out when it was determined to be too toxic, but aluminum remains.

White blood cells cannot rid the body of the aluminum placed at the injection site to prompt the vaccinee's body to produce the requisite antibodies. The best a body can do is to encapsulate them in granulomas – fibrous tissue - to wall them off and keep them from causing harm. There is no reliable mechanism for the body to excrete these granulomas. Search on "chelation" for the best answer available. They remain in the body for a long time, coursing through the blood and lymph systems.

While it is best avoided altogether, aluminum from cookware, antiacid tablets and such is contained within the digestive system, from which it can mostly be excreted via stool and urine. On the other hand, the small amounts injected directly via syringe bypass the digestive system. Maready writes they would be deadly if put directly into the brain. They wind up in white blood cells, where they become encased in granulomas. The aluminum thus goes where those blood cells go, which is wherever there is trouble – to fight infection.

The first place is the injection site itself; there white blood cells pick up aluminum from the injection. But white blood cells are also active in the cranial nerves in the brain. They easily pass through the blood-brain barrier, carrying their cargo of granuloma-encased metals. Maready explains why there is inflammation in the brain:

> An obvious question began to form—the epicenter of our some of our most important cranial nerves appeared to be the site of frequent damage by the metals being injected into our body, but why?
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> If it was aluminum causing the damage, and the aluminum-containing white blood cells only traveled to specific places they were being signaled by your immune system—why the dorsal vagal complex? Why would the immune system signal for help there, out of all the places in your body?
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> Though I would eventually discover three reasons the immune system signals for help in the dorsal vagal complex, the first two came together when I was studying the role of the vagus nerve in the inflammatory system.

The vagus nerve is about 20% motor nerves. The rest are sensory and spend all of their time receiving input from peripheral organs around the body. The information from these inputs is sent to specific cranial nerve nuclei within the brainstem for various reasons, reasons, most of which include important information about the status of your health.

A 2009 study demonstrated how chronic intestinal inflammation can negatively affect the neurons within the dorsal vagal complex. A similar study in 2003 showed significant activation of the brain's immune system, the microglia, after colitis was purposefully induced in the animals they were studying. Combined with the earlier study that recognized significant MCP-1 immune signaling in the brain after inflammation was produced in the liver, this scientific research began to paint a clear picture of two ways in which the dorsal vagal complex can be immune activated: pathogen invasion and tissue injury.

Other studies point to this specific trigger—something called the inflammatory response—a reflexive event that happens in a specific part of your brain whenever your body detects the invasion of a foreign invader or physical injury to your tissue. Needless to say, I was stunned—**both** of these two triggers happen at the same time you get a shot. **Pathogens invade** your body, in the form of any viral or bacterial components of the vaccine, not to mention the other ingredients like aluminum or polysorbate 80. Most vaccines require an **injection**, something which would obviously be considered a tissue injury—minor perhaps compared to a stab wound or a dog bite, but still—both triggers are there, every time you get a shot.

and

…Regardless, this is why I propose that babies suffer neurologic injury after vaccines much more often than adults—or even older kids, for that matter. Humans have a primal instinct against being stabbed—no surprise there—and little children have no idea you are trying to help them, despite your reassuring smiles and lollipops or milkshakes. Even once they're older it can be difficult, but for a young child who doesn't understand what's going on, they are going to be very afraid.

A child will certainly cycle through the fight or flight stress response and the parent or nurse's restraint may send them into the next—something which will activate their dorsal vagal complex. This will happen to some extent whether the restraint is required or not, simply due to the other two triggers happening—pathogen invasion and tissue injury. If you add t**he third one due to immobilization and restraint,** you will end up with a massively activated dorsal vagal complex.

Then, why more boys than girls? Evolution has wired females differently. While fight and flight are the first two reactions for both sexes, the third reaction is very different. Girls, whose evolutionary

objective is to protect their children, will “play nice” with the aggressor. It has been called the Stockholm, or Patty Hearst syndrome. Females appease the aggressor, hoping he will allow their children to survive.

The “be nice” approach won’t save a man. The evolutionary rule was “rape the women, kill the men.” His evolved response is to “play possum,” pretend to be dead, offer no resistance, and hope the aggressor overlooks him.

In such stressful situations girl’s bodies excrete oxytocin, the “be nice” hormone, decreasing the call for white blood cells. On the other hand, boys continue to excrete the paralyzing hormones of sheer terror, of shell shock, flooding the brain with white blood cells. Which, in turn, dissolve granuloma, release damaging quantities of aluminum.

While female babies may be less affected than women, older girls suffer more in terms of autoimmune disease. Maready’s observation is once again that hormonal changes can relax or dissolve granulomas. Starting with puberty, women’s hormonal levels vary predictably with the time of the month. Dissolving granulomas release toxic metals – aluminum – into their bodies to trigger autoimmune diseases as listed above under the heading maladies.

Adjuvants are included in vaccines to heighten the body’s reaction to the toxins included in the vaccine. They also, inadvertently, trigger the body to develop resistance to whatever else is in the environment as the time of the vaccination. This may include peanut oil, which has been used in some vaccines. It may include pollens that were in the air at the time of the vaccination, or shellfish that the vaccinee ate at the time of the vaccination.

This book offers hypothetical explanations explaining how metal adjuvants in vaccines may account for a vast number of chronic conditions that afflict modern man. Many of them such as autism, ADHD and lupus are so debilitating and pervasive that they demand further research, probably associated with a hiatus in the requirement for childhood vaccinations.

Other sources, including Paul Thomas, Aaron Siri and Andrew Wakefield as cited above, simply note that unvaccinated children are healthier. It is an observable fact, one that does not need further explanation. Parents should be permitted not to vaccinate their children.

Maready concludes his book with some brief recommendations for ridding one’s body of metals and avoiding them in the future. Many other authors have written about how to deal with the disabilities that appear to be associated with vaccination. It is too late for this reviewer’s first family – one child dead, a second living on the streets – but the second family is resolutely unvaccinated and healthy.