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It may seem odd that a medical doctor with 19 years of experience has passionately turned away from the practice of vaccination. It may seem even stranger that, with a successful career as a nephrologist, she would pack her medical bags and leave the hospital without looking back. At the top of her game, she left a very lucrative practice and a shining reputation behind. I'd like to share my story of how this came to be and how I ended up as an outcast from the conventional medical system.

It would be untrue to say that I ever completely believed in the necessity and safety of vaccination. I have long had an intuitive distaste for vaccines. Like most doctors, I received a cursory summary of the childhood and adult vaccine schedule and was told that vaccines are safe and effective and to give them on schedule. During my medical residency, I saw many autoimmune diseases and silently wondered if the vaccines could be playing a role. But I put myself back to sleep for a few more years and kept on with my education.

The God-given sense that I was endowed with was temporarily replaced by supposed evidence-based medicine and mindless rules, protocols, and guidelines. But that fell apart under careful scrutiny. After nearly two decades of doing the medical dance, though often out of step, several things converged to rip my blinders off and launch me into a new way of thinking. I never would have predicted that the medical establishment would present itself to me as a blatant violator of life or conflict with my moral and spiritual principles . . . but it did.

The most memorable event was during the winter of 2009 when the H1N1 flu vaccine was being given as a separate injection from the seasonal flu vaccine. Many doctors were skeptical of the practice of influenza vaccination, and many of my hospital colleagues signed the exemption form and dodged the vaccine for themselves. However, there were trusting patients who did not have the discernment to refuse, and I got to see the potential result of vaccination on their kidneys.

That winter, three patients in close succession were wheeled into the emergency room of my hospital with total kidney shutdown. When I arrived to talk to them, each one volunteered to me, "I was fine until I had that vaccine." All three had normal kidney function at baseline, as per their outpatient records. All three required acute dialysis, two eventually recovered, and one died of complications several months later, supposedly from his other illnesses. After this series of events, I began to take vaccine histories on each of my patients and was startled at the connections that could be made just by asking, "When was your last vaccine?" In my opinion, many cases of supposedly idiopathic (a medical term for *unknown*) kidney disease are not idiopathic at all.

During the weeks of dialyzing the three kidney-failure patients, I passed the chief of internal medicine in the hallway. He was someone I had always had a good relationship with, and we were on excellent terms. He asked me the usual, "How are you doing? How is the nephrology practice going?" I decided to tell him what was happening and how I thought the

flu vaccine was causing problems. After conveying a small bit of my observations, he became stiff, his face tightened, his body language changed, and he asked me why I was blaming the vaccine. "They just got the flu, and the vaccine didn't have time to work," was his curt response. I replied by pointing out the fact that I had never, in my career as a nephrologist and an internist, seen a case of the flu present with kidney failure unless the patient had become severely dehydrated and/or taken copious amounts of ibuprofen, neither of which these patients had done. Even more striking was that the patients under discussion did not have symptoms of influenza prior to developing kidney failure.

The conversation continued. We ended up discussing the meningitis problem in teenagers and college students. I suggested that the drugs, vaccines, lack of rest, and poor diets of these children may make them vulnerable to a bacteria they would otherwise have defense against. After all, I knew that meningococcal bacteria were often found in completely healthy people. Something else must be contributing to the situation in those who get sick. He laughed at me and said, "So you think the diet is causing meningitis?" He went on to remind me that "smallpox was eradicated by vaccines, and polio was eradicated in the United States by vaccines." At that time, I was ignorant of the history of smallpox and polio except that, six years prior, I was asked to be vaccinated for smallpox in order to be a first responder. These first responders would be ready in the case of a terrorist attack or if a person developed smallpox from the vaccine.

As for polio, the images of crippled children, iron lungs, and the terrible days of the vicious poliovirus attacks were branded into my consciousness like most other people's. I thought Jonas Salk was a great American hero. Funny how the events of 1954 were programmed into me, since I was born in 1964. I wouldn't have been able to even think about polio until 1969 at the earliest. So when this doctor made his final comments to me, I was speechless and unable to respond. I felt lambasted.

Later, several patients were admitted with normal kidneys and had their health decline within 24 hours of vaccination. Even these well-defined and documented cases were denied as vaccine induced by most of my colleagues. There was the rare doctor who would concur with me in the dark or the nurse who would come and thank me and agree with me while nobody was listening. It was a lonely time and certainly a dark night for my soul.

Over the following months, I first made it my business to find out everything I could about safety trials for vaccines in kidney patients. I was shocked to find that there were no trials on these types of patients. I was told they could tolerate vaccines because they are "safe and effective." On seeing that safety of vaccines in acutely ill (active heart failure, sepsis, cancer, autoimmune disease) and chronic nephrology patients was a myth, I decided to research the chief of internal medicine's assumptions about the flu vaccine, smallpox, and polio history. What I encountered threw me into a tailspin that ultimately led me to become an activist for the truth about vaccination.

I came to realize that the guidelines, evidence, and opinions of the leaders were unsound and were NOT leading the herds to authentic health. What was most puzzling to me was

how I was treated when I tried to protect my own kidney-failure patients from being vaccinated—especially when they were ill.

After an attempt to get the hospital to defer vaccinating for pneumonia and influenza until the day of hospital discharge instead of admission, I was told not to interfere with the vaccination protocol. Even more outrageously, I was continuously told that if I wanted credibility for my views I should conduct my own study to prove that the vaccines were causing kidney failure. The burden of proof was somehow placed upon me to obtain IRB (Institutional Review Board) approval and funding and conduct a statistically significant study that those who doubted my evidence of harm would believe. Shouldn't the burden of proof rest upon vaccine manufacturers and those who tout their safety? After all, there was no data to support the assumption that vaccines did not cause kidney failure and plenty of reason to believe they could. To me, it was obvious that nobody was looking, and thus the connections were not made.

This was the first time in my career that my opinion regarding kidney failure was not respected. Any other time I suggested that a drug was responsible for kidney damage, that drug was immediately discontinued—no questions asked. This happens routinely with certain blood pressure drugs, antibiotics, pain killers, etc. Sometimes kidneys can react to drugs in an allergic fashion—to any drug at any time—and that drug would have been stopped. Some drugs cause direct toxicity to the kidneys, and in the past if I suggested to stop or avoid them, they were always avoided. But now I was unable to protect my own kidney-failure patients from vaccinations given in the hospital.

Questioning the vaccines seemed to open an entire Pandora's box that apparently had yellow forensic tape over the lock, along with the message, "Do not cross." I was met with doublespeak—permitted to write an order to stop a vaccine that was to be given if I got there in time, but I was also told that I was doing it too often and that I should not interfere with the hospital's vaccination policy.

When I pointed out the connection between vaccines and worsening or new-onset kidney failure to a couple of open-minded colleagues, they understood, started taking vaccine histories, and saw what was happening. Yet they remained silent. Most doctors continue to practice with comfortable indifference. Some see the errors, damage, and limits of their practices but still walk lockstep with the herd and protect the brotherhood. I don't know what it will take to get these doctors to resist the dictates who rule over them. I've had far more success reasoning with parents and intelligent people who are not attached to traditions that are damaging and unscientific. This book is for those who want to read what I have discovered, after years of research, to be a much more accurate depiction of vaccination history.

