

A close-up photograph of a person wearing a grey hoodie. Their hands are pressed against their face, completely obscuring their eyes and nose. The person's hair is visible at the top of the hood. The background is a plain, light-colored wall. The overall mood is one of despair, shame, or distress.

Sick Brains and Teen Violence

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School shootings have been reported as far back as 1840, when a law professor at the University of Virginia died three days after being shot by an angry student. However, the violence seems to be accelerating and erupting everywhere. According to a list found on [Wikipedia](#), between January 15, 2015 and October 29, 2018, there have been 84 school shootings, resulting in 177 injuries and 90 deaths. What is happening to the brains of American youths that is leading to so much violence?

It Starts Before Birth

Industrial Chemicals

The list of chemicals that assault infants and young children is long, and it begins prior to birth. In July 2005, the Environmental Working Group released a [landmark study](#) evaluating cord blood from 10 randomly selected infants to assess the possibility of fetal exposure to chemicals. The placenta has long been thought to shield the developing baby from environmental pollutants. The study's alarming results dispelled this as a wishful myth. Of the 287 chemicals identified in the umbilical cord blood, 180 were known carcinogens, 217 were toxic to the brain and nervous system, and 208 had been associated with birth defects or abnormal development in animal tests.

The study concluded, *"The dangers of pre- or post-natal exposure to this complex mixture of carcinogens, developmental toxins and neurotoxins have never been studied."*

That was in 2005. Officials still have not studied the health consequences of these in utero exposures.

Vaccines During Pregnancy

Influenza

Until recently, pregnant women were advised to avoid any type of prescription and over-the-counter medication that was not absolutely essential, and vaccinating a pregnant woman was unheard of. That changed in 2004 when ACIP, ACOG and the WHO began recommending influenza vaccines for all pregnant women, regardless of trimester.

The discussion about vaccinating pregnant women against influenza began as far back as 1974, when an exhaustive [review](#) was published that had evaluated the association between an influenza infection and congenital anomalies. Researchers concluded there was no scientific evidence to support the association, and influenza illness did not put the fetus at risk.

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In 1980, another [prospective study](#) of influenza infection during pregnancy was published in the Journal of Epidemiological and Community Health. Investigators reviewed nearly 1,600 pregnancies in which influenza infection had been confirmed at various stages of fetal development. They found no difference in birth weight or health status among infants born to influenza-infected mothers relative to healthy controls.

A third analysis published in 2006 *Epidemiologic Reviews* cited two studies that evaluated the effects of laboratory confirmed influenza infection during pregnancy on fetal outcomes. In the first study, which evaluated 1,595 pregnancies, the birth weights were the same in both infants of infected mother and those born to healthy controls. The study also reported a slightly increased risk of congenital anomalies among those infants of infected mothers that was not statistically significant. The second study of 1,659 pregnancies found no differences in birth weight, Apgar scores, head circumference, or congenital anomalies.

So, despite **little evidence** that babies of mothers who contract influenza had a worse outcome than mothers who were not ill during pregnancy, routine influenza vaccination began in earnest in 2004.

Influenza vs. Influenza-like Illnesses

Some studies have suggested an increased risk of complications if influenza is contracted while pregnant; many others studies have not. [ACIP issued](#) a complicated, rather contradictory report comparing fetal outcomes among mothers who had contracted influenza vs. mothers who had received the influenza vaccine. Overall, the confusing information is written in a way meant to convince mothers that flu shots are safer than contracting the flu.

There is an important distinction between illness *caused by* influenza viruses vs. non-influenza viruses. More than 200 viruses cause an influenza-like illness. All of these pathogens produce the same symptoms: fever, headache, aches, pains, cough and nasal congestion. Without laboratory tests, doctors cannot distinguish between them. Both influenza and influenza-like illnesses last for a few days, and rarely lead to death or other serious consequences.

But here's the catch: We really [don't know](#) the incidence of influenza during pregnancy. What we DO know is that influenza vaccines only protect against infections **caused by an influenza virus**. It is well known – and widely published – that influenza vaccines do NOT protect against influenza-LIKE illness. And, according to CDC data compiled over the last 19 years, less than 15% of influenza illness each season is actually *caused by* influenza viruses.

Here's [an example](#) of how the CDC tests for influenza infection:

As of Sept. 30, 2018 (week 40), 4,655 specimens have been sent to the CDC for testing. The results show that 491 swabs were positive for influenza A or influenza B, a mere 10.5%.

Therefore, **90.5% of illness** was caused by a pathogen other than influenza virus. **Meaning**, the flu shot would have **failed to protect 90% of the time**.

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It bears repeating: Influenza vaccines do not prevent influenza-like illness caused by other types of pathogens.

That means, pregnant women receive vaccine that provides little, if any, protection and contains several toxic ingredients, *including mercury*, (if they do not know to request a preservative-free flu shot.)

On September 22, 2005, The New York Times reported on a study with strong evidence that flu shots are ineffective, and possibly even harmful, in the most highly targeted group: the elderly. The authors concluded that the effectiveness of the flu shot was "wildly overstated."

"The runaway 100 percent effectiveness that's touted by proponents [of the flu shot] was nowhere to be seen. What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth. Vaccines may have a role, but they appear to have a modest effect. The best strategy to prevent the illness is to wash your hands."

— Dr. Thomas Jefferson, a Rome-based researcher with the Cochrane Vaccine Fields project, an international consortium of scientists who perform systematic reviews of research data.

The same could be said for influenza vaccines in all age groups, including those who are pregnant.

Tdap – The adult pertussis vaccination

In 2007, the Advisory Committee on Immunization Practices (ACIP) formed a working group to formulate recommendations about vaccinating pregnant women and those who were breast feeding with the Tdap, a shot that contains tetanus, diphtheria and acellular pertussis toxoids.

By the following year (2008), vaccinating pregnant women with the Tdap was routinely recommended [even though](#):

- There was **no evidence-based** information for making the decision.
- There were **no recent trials to establish efficacy**. The few trials had been done to establish efficacy of the Tdap in pregnant women or risk their offspring had been completed in the 1940s. Local reactions to were common, but some were severe. While reports of systemic reactions were uncommon (*but not zero*), "adverse pregnancy outcomes were not reported" (*but does that mean they did not occur?*)
- There was **no animal data on safety**.
- There was **no data on burden of illness** – meaning, they didn't even know if pregnant women needed this vaccine.

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At first, the Tdap vaccine was given to both the mother and the father immediately after birth. However, researchers didn't feel this was enough time to develop so called "protective antibodies." By 2011, the American College of Obstetrics and Gynecology (ACOG) began giving the Tdap vaccine during **every** pregnancy, at approximately 28 weeks gestation. And the vaccine could be given on the same office visit as the influenza vaccine.

Knowing that the placenta does not protect from environmental chemicals, it is likely that it doesn't protect the fetus from injected chemicals either. A partial list of ingredients in the Tdap vaccines includes: aluminum, formaldehyde, polysorbate 80, ammonium sulfate, bovine serum and latex from the cap.

To learn more about vaccines given during pregnancy and the adverse effects of the vaccine ingredients, go to www.VaccineU.com for a full listing.

Injections on Arrival

Hepatitis B

Within hours of emerging from the womb, a newborn is given a dollop of antibiotics in the eyes, and injected with a hepatitis B vaccine, with known neurotoxic properties. There are currently two [hepatitis B vaccines](#) available for use in newborns, Recombivax and Energix-B. If the newborn receives a hepatitis B vaccine, your baby will receive some of these ingredients:

- 15 mcg of formaldehyde, [officially listed](#) as a known human carcinogen in 2014
- 250 to 500 mcg of aluminum hydroxide
- 710 mcg sodium dihydrogen phosphate dehydrate
- 980 mcg disodium phosphate
- Between 1 and 5% (10 and 50 mcg) of yeast as *Saccharomyces cerevisiae*

Vitamin K

At the same time the newborn is injected with this toxic slurry, the little tyke is also slammed with a [vitamin K shot](#) which, depending on the brand, will contain some or all of the following ingredients:

- 9 mg benzyl alcohol
- 10 mg polysorbate 80
- 10.4 mg propylene glycol
- 70 mg castor oil
- 100 mcg of aluminum
- Hydrochloric acid
- Trace of glacial acetic acid
- Glycolic acid
- Sodium hydroxide

Vitamin K – not “just” a vitamin

What damage is done to the brain, right after an infant's first full breath?

In 1992, [Golding, et al.](#) published a study raising concerns that vitamin K injections could be associated with an increased risk of malignancy in children. After reviewing the records of 700,000 live births in the UK, 195 children were identified who had developed cancer: 74 children with leukemia, 24 with lymphoma and 97 with various other types of cancer. The researchers concluded there was a 'significant increased risk of cancer with intramuscular vitamin K when compared to vitamin K given orally or if no vitamin K given at all.' The researchers went on to conclude if **all infants** received vitamin K injection, there would likely be only one case of late hemorrhagic disease but up to 980 cancers.

After the release of this information, a flurry of studies were published to dismiss any possible causal association between the vitamin K injection and cancer. As time went by, the shot became an accepted, routine part of the birth event and no one bothered to further investigate the possible association. To this day, there are no studies to prove – or disprove – the synergistic and cumulative toxicities of the chemicals found in this shot.

For more information, go to Courses4Mastery.com/CATALOG for more information on Vitamin K.

Welcome to Earth, little one.

You will be greeted by a nurse stabbing each of your legs with a sharp needle and injecting toxic, stinging chemicals into your tiny body, right after your exhausting, often traumatic, landing.

Your eyes will not see due to the unnecessary goop placed in them and your skin may itch from our latex gloves.

Why do we physically assault you from the moment you arrive?

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Ongoing assault on the brain

As if starting life by being stabbed and injected with chemicals isn't horrifying enough, around the 60th day of life, infants are subjected to more stabbing and injecting: DTaP, HiB, polio, Prevnar 13, a second dose of hepatitis B and a squirt of oral rotavirus vaccine.

According to the US pediatric schedule, this onslaught is repeated twice, every 60 days. In all, **95 viral or bacterial antigens** and measurable amounts of a dozen different chemicals are deposited into an infant by six months of age.

By five years of age, a fully vaccinated, forty-pound human will have received **35 injections**, containing at least **110 different weakened pathogens** (or pathogen particles), and an assortment of **59 different chemicals**. The little tot will also be contaminated foreign proteins: stray viral DNA, four types of animal cells, cells from aborted fetal tissue and bits of human albumin. How children survive these aggressive attacks is a testament to the resilience of the human body.

But what impact does this toxic foreign matter have on the rapidly developing brain? No one really knows and no one is looking.

All of these substances are listed on package inserts for each vaccine. If you're not familiar with how to dissect a package insert, [Courses for Mastery](#) offers a detailed course to help you sort it out.

Subjective Labels for Sick Brains

According to the [National Alliance on Mental Illness](#), nearly 20 percent of American children between the age of 13 and 18 have a mental health condition so significant it interferes with their day-to-day life. The plethora of diagnoses mostly fall into three well-defined categories:

- **Conduct disorders**, such as attention-deficit hyperactivity disorder (ADHD);
- **Learning disabilities**, a spectrum of speech delay and comprehension issues; and
- **Mood disorders**, which include depression, bipolar disorder and anxiety.

The average age for the onset of this brain dysfunction is said to be 8 to 10 years; disturbingly, suicide has become the second leading [cause of death](#) in persons ages 10 to 34.

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One of these behavioral disorders, called [Oppositional Defiant Disorder](#) (ODD), one of the most common reasons children were referred to mental health professionals, accounting for at least half of all out patient visits to psychiatrists and psychiatric practitioners. Characteristics of this condition are described as: easily losing one's temper; aggressively arguing with adults and defying requests; refusing to follow rules; deliberately annoying others; blaming others for one's own mistakes; and being easily angered, resentful, spiteful, or vindictive. These children, mostly boys, are commonly treated with several drugs for coexisting mental disorders.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) was released May, 2013. The DMS-V is a catalog of hundreds of psychiatric conditions. There are codes to label children who struggle with math and writing skills with 'mental disorder' (*Mathematics Disorder 315.1 and Disorder of Written Expression 315.32, respectively*). New labels are on the horizon too, such as [Temper Dysregulation Disorder with Dysphoria \(TDD\)](#). TDD was a diagnosis contrived to label – and medicate – more children between the ages of 6 and 10 for a bipolar disorder.

Dr. Richard Saul, author of the book [ADHD Does Not Exist](#), has been practicing behavioral neurology for 50 years. In 2014, he wrote [an article](#) stating:

"The DSM-V requires a boy to exhibit only five of 18 possible symptoms to qualify for an ADHD diagnosis. If you haven't seen the list, look it up. It will probably bother you. How many of us can claim that we have difficulty with organization or a tendency to lose things; that we are frequently forgetful or distracted or fail to pay close attention to details? Under these subjective criteria, the entire U.S. population could potentially qualify."

The "treatment" for malfunctioning, unhealthy brains comes from an ever-growing list of prescription medications, divided by class, and based on the effect they are *thought to have* on brain chemistry. Antidepressants, mood stabilizers, anti-psychotics and sedatives are prescribed to ostensibly correct imbalances in *brain chemicals*. But the true mechanism of action for all of these drugs is unknown. And if a single medication doesn't work to suppress the unwanted behavior, a second, third or more are added.

Behavioral disorders almost always have an underlying cause. Without identifying the cause – such as a food allergy, a physical trauma, brain autoimmunity or a missing a nutrient - the drugging is akin to tightening down the lid on a boiling pot of water.

Prescription Drugs and Violence

In 2010, a [disturbing study](#) was published that identified 1,527 cases of violence disproportionately associated with 31 prescription medications. The number one drug on the list is varenicline (Chantrix, Champix), a medication used for smoking cessation. This medication was associated with 408 cases of violence. Other commonly prescribed drugs strongly associated with violence were:

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- **All antidepressants**, including Lexapro, Paxil, and Zoloft; the only two antidepressants not associated with violence are trazadone and amitriptyline;
- **6 drugs** for anxiety, including Xanax and Clonipin;
- **3 drugs** commonly prescribed for children with ADHD (Ritalin and Concerta); and
- **3 drugs** commonly prescribed for the aggressive behaviors of ODD were associated with homicidal thoughts, physical assault, physical abuse, and homicide (Seroquel, Zyprexa, Repirdol).

Children in the US and all around the world are exposed to a devastatingly large amount of environmental chemicals, vaccines and prescription medications from infancy through early adulthood. No studies have ever been done to examine the synergistic toxicity these components may have on brain function and the brain tissue.

We know the global vaccination rate is approximately 86%. How many children are being prescribed mind-numbing psychotropic medications?

The Mass Medication of Young Brains

The international mental health watchdog, the Citizens Commission on Human Rights (CCHR), tracks and reports on psychiatric drug side effects. Their site contains [a report](#) on the total number of children taking mind-altering drugs. The data was extracted from IQVia, a company that provides statistical information on the prescribing practices of physicians. The information is stated to be accurate as of April 2018.

Accordingly, this is the data on the number of children aged 0 to 17 taking daily psychotropic medications:

- ADHD drugs 3,723,367
- Anti-depressants 2,116,218
- Anti-psychotics 1,194,895
- Anti-anxiety 1,445,509

Adding those numbers, there are **nearly 8,480,000 children** taking mind-manipulating prescription drugs in the US. In 2017, [the population](#) of children aged 0 to 17 was 73,655,378, meaning, **11.5% of children** in America are taking brain medications every day. This is particularly problematic when the very same antipsychotic medications linked to violence are increasingly being prescribed to already angry and hostile adolescent boys.

Circling back to school shootings, CCHR documents at least [36 school shootings](#) and/or school-related acts of violence were committed by those taking, or withdrawing from, psychiatric drugs.

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Psychotropics for Emotionally Damaged Brains

Each year, hundreds of thousands of youth are shuffled through the US juvenile justice system, which includes probation offices, detention centers, courts and correctional facilities. It has been [confirmed](#) that up to 70 percent of these young persons suffer from mental disorders. Their impaired behavior can obviously be attributed to emotional damage from family disruption, drug abuse, verbal/physical/sexual abuse and more. Sadly, infant and childhood vaccinations are rarely, if ever, associated with their underlying mental dysfunction.

Children within the juvenile system are often also within the foster care system. According to the Adoption and Foster Care Analysis and Reporting System ([AFCARS](#)), as of September 30, 2017, there were just under 443,000 children in foster care nationwide. Up to 80 percent of children in foster care enter state custody have significant mental health needs. But instead of ensuring they are directed into services to address their issues of anger, abandonment, sadness and fear, their acting out behavior is batted down with a prescription pad. Some states reported that 52% of their foster population was on at least one daily psychotropic drug.

The GAO has been investigating the overuse of psychotropic drugs prescribed for children since 2008. In the [December 2011](#) report, the GAO found that thousands of foster and non-foster children were prescribed doses higher than the FDA maximum approved dosage, greatly increasing the risk of serious side effects. When compared to non-foster children in the same age group, foster children were **nine times** more likely to be prescribed drugs not even recommended for children.

[Another GAO report](#) found foster children were prescribed psychotropic drugs at rates 3 to 11 times higher than non-foster children. Even in children less than 1 year old, foster children were **nearly twice as likely** to be prescribed a psychiatric drug compared to non-foster children. In 2013, Consumer Reports published an [important report](#) on the heavy use of antipsychotic medications in children and teens. The evaluation exposed the fact that there is little evidence [on safety](#), or effectiveness for use in these age groups.

In other words, psychotropic drugs - drugs that cause anger and hostility, have only been tested on, and approved for, adults - are being prescribed for angry, hostile children in dosages larger than doses recommended for adults.

Even worse, the GAO report shockingly exposed that, with **no evidence** to support the concurrent use of **five or more** psychotropic medications, *hundreds of both foster and non-foster children* were on these aggressive drug regimens. In Texas, children were [53 times](#) more likely to be prescribed five or more simultaneous medications. Many of these drugs, such as fluoxetine/ olanzapine, (Synbyax), are not approved for children. Synbyax is a combination of Prozac and Zyprexa; both of these medications are [on the list](#) that has identified violent behavior as side effect. Are angry children with chemical or vaccine-damaged brains becoming violent as a consequence of the medications they are prescribed?

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The drugging of young brains not only takes its toll on society, it takes its toll on taxpayers. In 2013 alone, State Medicaid programs paid approximately \$366 million for psychotropic medications for children in foster care. The amount paid by private insurance and non-foster children on Medicaid would exponentially increase that amount. While these drugs do little to help behavior and nothing to address sick brains, the growth of the psychotropic drug market is a boom for the pharmaceutical industry. In 2008, annual US sales of this class of medication was estimated to be \$2.8 billion; [by 2015](#), the global antipsychotic drugs market size was valued at \$11.7 billion.

When it comes to drugs and vaccines, we pay and pay and pay.

Vaccine-induced Brain Inflammation

Mental health experts try to convince us that the exposure to environmental chemicals is too small to exert negative effects. The same rhetoric is said about vaccines. "Experts" espouse that vaccinations are safe, effective, protective and harmless, even when 20 or more vaccine antigens and neurotoxic chemicals are injected into the body at the same time.

Brain inflammation after a vaccination has been a hallmark of vaccine side effects for more than 100 years. The whole cell pertussis vaccine, first introduced in 1923, often caused profoundly adverse effects on a child's developing brain, resulting in permanent changes in behavior, personality, intelligence, emotional stability, and physical ability.

In the 1985, *A Shot in the Dark*, a book by Barbara Loe Fisher and Harris Coulter, PhD, estimated that 1,000 babies died every year from the whole cell pertussis vaccine and more than 12,000 suffered from permanently damaged brains. When these numbers were presented to Congress, the information was compelling enough to lead to the passage of the National Childhood Vaccine Injury Act of 1986. The upside of this legislation is that it gives parents and individuals a path to file for compensation from the government for injuries caused by a vaccine without the gristmill of a lawsuit. The downside is that because the law shields vaccine manufacturers from all product liability and litigation, they have no incentive to create safer, less toxic products.

Therefore, neither the government (CDC/FDA/NIH) nor the pharmaceutical industry as any reason to evaluate the their products – vaccines – for synergistic toxicities.

Throughout the 1940s into the 1960s, physicians insisted on vaccinating with whole cell pertussis vaccines - even though they knew it was causing brain damage – claiming, "It is the only vaccine we have to prevent pertussis." During that time vaccine manufacturers hid the fact that whole-cell pertussis vaccines contained high levels of pertussis endotoxin, the primary cause of brain inflammation.

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In 1943, Dr. Leo Kanner's [seminal paper](#) described 11 cases of a form of mental illness never seen before in children. This condition soon became known as autism. It may not be a coincidence that autism – and Asperger's syndrome – appeared around the same time as the whole cell pertussis vaccine became widely used.

Beginning in the early 1960s, and [virtually every year](#) until the mid-1980s, at least one research paper was published annually on the association between irreversible brain injury and the whole cell pertussis vaccine. It is a human travesty that the acellular pertussis vaccines – which have less pertussis toxin – was not accepted for widespread use in the US until 1997, more than 75 years after this safer vaccine was first manufactured.

Acellular pertussis vaccines are now used exclusively in the US, but the neurotoxic whole cell pertussis vaccines are still used worldwide. For example, between 2005 and 2015, more than 110 million doses of whole cell pertussis vaccines were distributed around the world annually through UNICEF. In 2014, the global, vaccination coverage with at least 3 doses of a pertussis-containing vaccine was estimated to be about 86%.

There are at least eight different pertussis vaccines used internationally. Most are a component of a combination vaccine, such as the 5-in-1 pentavalent and the 6-in-1 hexavalent vaccines. The combination shots have not been without problems. In 2013, [eight children died](#) in India and many more were seriously injured after being injected with a pentavalent vaccine. Between 2009 and 2012, GlaxoSmithKline (GSK) received 1,742 reports of adverse reactions from its 6-in-1 shot, [Infanrix-hexa](#). The report included 73 sudden deaths and 503 other serious adverse reactions. Countless more reactions and deaths have no doubt occurred that were unreported.

What is happening to children's brains in every country in the world? Instead of spending more money to create new vaccines and mind-bending drugs, we should demand a moratorium on both, to stop the assault on human brains, until we can find a safer way to proceed.

Discussing The Uncomfortable

Harris Coulter's second book, ***Vaccination, Social Violence and Criminality: The Medical Assault on the American Brain*** was published in 1993. It may be one of the most powerful books ever written on the subject of vaccination and brain damage.

His research examined the DSM-1 manual, first published in 1952. There was no mention of "Disorders Usually First Evident in Infancy, Childhood or Adolescence." In 1963, the US Public Health Service released a list of nearly 100 signs and symptoms associated with hyperactivity and minimal brain damage (MBD). By the time the updated DSM-2 was released in 1968, the section with childhood psychiatric diagnoses had grown to 3½ pages. Perhaps, not coincidentally, these symptoms became visible a few years after the release of the live measles vaccine, which was approved for use in 1960.

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The DSM-3, released in 1980, estimated that up to 5 percent of children with MBD also suffer from a long list of conditions ranging from tics, tremors, sleep disorder and appetite disorders to seizures and significant learning disorders. The revised version of DMS-3 – released in 1987 - devoted 70 pages to describe mental illnesses in children. (Coulter, p. viii)

It was during this era in psychiatry that the terms dyslexia, hyperactivity, oppositional disorder and autism began to appear. Coulter notes that conditions such as ADD, ADHD, allergies, anorexia, bulimia, impulsive violence, stuttering, dyslexia, sudden infant death syndrome (Crib death), Tourette's syndrome, sexual identity disorders, cancer and many others were rarely reported prior to the introduction of the mass vaccination schedule.

The most recent [DSM-V states](#), "Disorders previously addressed in a single 'Infancy, Childhood and Adolescence' chapter are now integrated throughout the book," making identification much more difficult.

The vaccination schedule began to ramp up in 1991 with the introduction of the hepatitis B vaccine at birth (previously discussed) and 4 doses of the Haemophilus influenza B (HiB) vaccine, beginning at two months of age. From there, the chickenpox vaccine and hepatitis A were added 1995, Prevnar 7 in 2000, RotaTeq, Gardasil and Zostavax in 2006 and Rotarix in 2008. Each additional injection delivers more toxic chemicals and foreign proteins and further sickens the brain.

Coulter seemed especially concerned about the violence emanating from vaccine damaged, sick brains. During his research, he interviewed prisoners and found they had a surprisingly high number neurological disorders including dyslexia, slowed cognitive functioning and tics. Based on his observations, Coulter predicted that as the number of vaccines increased, there would be a corresponding escalation of violence in our society. Remember, this was before the Columbine shootings (1999) and long before school violence became a serious problem.

Violence In America

I have received many emails and messages over the years from persons or parents who are planning to go to other countries for a vacation, on a mission trip or to participate in a lifestyle immersion event. While many of the questions are about travel vaccines (*only Yellow Fever is required in a few specific countries; the rest are recommended only*), I also get asked, "Do you think it is safe to go there?"

That question always makes me pause.

I have had the good fortune to have visited 67 countries my life, and I frequently travel alone. Only on rare occasions have I felt unsafe. And it was usually my fault: I was in an ill-advised part of town or alone in a very rural area without cell coverage. In fact, I have felt far safer off the beaten path in a foreign country than I feel driving through the downtown of a mid-sized city almost anywhere in America.

Sad, isn't it?

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Several years ago while traveling in Seoul, South Korea, I met a young man who was attending a tech conference in that city. We spent the day together on a bus tour. At the end of the tour, I said, "There are many tech companies moving into Cleveland. If you ever go to a conference there, feel free to look me up!" He said very solemnly, "Oh, I would never go to America; it's way too dangerous there."

It was a sobering moment to think that a robust young person from the Czech Republic would easily travel to South Korea but never fathom going to America – for fear of his safety.

Next Steps

Violence among our nation's youth has skyrocketed and, in one way or another, it has touched us all. Although economic conditions, social factors, biological variables and individual dietary practices certainly play a role, the detrimental, combined effect of pre-birth environmental chemicals, prescription drugs and 54 vaccines slammed into the delicate brain from birth to 18 years of age is undoubtedly a contributor to today's sick and violent brains.

We must investigate what is causing children to become killers, no matter how uncomfortable the discussion makes us feel. Public health leaders want to focus solely on social and environmental factors, but all of these conditions, no matter how horrible, occur long after rapidly developing neural tissue has been damaged by maternal illicit drugs, maternal vaccines, early childhood vaccinations and the pummeling of young brains with pharmaceutical, psychotropic drugs.

We give these injections to avoid infections and the accompanying fever, cough, rash and diarrhea. Through mass vaccination, we have exchanged chickenpox for shingles, flu for asthma, ear infections for diabetes and measles for autism. In the zeal to eliminate the effect of a short list of relatively benign microbes, we have traded temporary illnesses for pervasive, life-long diseases, disorders and disabilities. In our haste to avoid a short list of mostly benign infections, we are exchanging a lifetime of chronic illness and autoimmune disease, which will destroy the future generations of humanity.

Based on survey data by the U.S. Department of Justice, roughly 5.9 million violent crimes were committed in the United States in 2014, an increase of 560,000 violent crimes over a similar report published in 2008. The crimes include simple/aggravated assault, robbery, sexual assault, rape, and murder. After each school shooting, calls for stricter licensing, more vigorous background checks, and assault weapon bans are ramped up. The pros and cons of the gun debate reach far beyond the scope of this article.

But truly, guns don't shoot people. And something obviously makes people shoot people. *How many more acts of violence and murder must occur before we ask the question, "What is making these young people be murderously violent?"*

Where to begin? How do we stop the epidemic of brain inflammation and violence?

There is only one solution: *STOP CAUSING IT.*

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- Minimize or eliminate industrial chemical exposure in your home and on your skin
- Stop pre-birth vaccinations
- Stop Day-One vaccinations
- Stop injecting foreign matter into infants who are only 30, 60 and 120 days old
- Stop soaking inflamed brains with chemicals called "medications" that may be causing even more inflammation and damage long term

Go back to the basics for you and your children:

- Organic food - no refined sugar or food additives
- Plenty of filtered or purified water
- Get adequate brain nutrients, including Vitamins D, A and C
- Go outside every day for at least 20 minutes for fresh air and exercise
- Take time to pray and be thankful
- Enforce bedtime for your kids; they all need at least 10 hours of sleep each night and get the amount of sleep your body really needs
- Most importantly, be sure every human (and animal) in your life has a large daily dose of laughter and love

If we stop the events we can personally control – replace industrial chemicals with essential oils and natural cleaners, avoid unnecessary vaccines and over-prescribed drugs – we will save the future for millions of children. Indeed, we will save the future of humanity.

FOR MORE INFORMATION go to Courses4Mastery.com

- Our free daily vaccine newsletter: Vaxxter.com
- Dr. Tenpenny's 8-wk intensive [Vaccine Boot Camp](https://VaccineBootCamp.com)
- Dr. Tenpenny's [Integrative Medical Clinic](https://IntegrativeMedicalClinic.com), Cleveland Ohio
- Detailed Vaccine Courses: VaccineU.com - see the series on Problematic Ingredients.
- [Tenpenny Research Research](https://TenpennyResearch.com). More than 10,000 to abstracts and full text articles from peer-reviewed medical literature showing problems associated with vaccines.