

Shining a light on meningitis

[SHF standforhealthfreedom.com/meningitis/](https://standforhealthfreedom.com/meningitis/)

September 27, 2023

Words matter - there is no meningitis vaccine.

Many people have been wanting to know the story behind the meningitis vaccine. We must pause for a fact check: There is no meningitis vaccine.

Say what?

There *is* a shot referred to as the meningitis vaccine in the U.S., by health professionals and parents alike, and generally people understand it as the shot given to teenagers, and before college admissions. That adolescent-timed shot is the “meningococcal,” sold to prevent meningococcal disease, which is not the same as meningitis. In other words, a person can be diagnosed with meningococcal disease and never get meningitis. Or a person could have meningitis that came from another source.

You might be asking, “What does it matter what the shot is called, if we all know what we’re talking about, right? It’s a shot that prevents meningitis.”

“You say to-may-to, I say to-mah-to. Let’s call the whole thing off.”

If only we could.

Language matters: It shapes our thoughts, conversations, and communities. If you need proof of that, look no further than *Missouri v. Biden*, a First Amendment lawsuit challenging the Biden Administration’s purposeful and intentional manipulation of our modern town square on social media to change opinions and behaviors around COVID policy, suppressing information that could, quite literally, change the world if it were openly discussed.

Also ponder the labels applied to those with curious minds about public health: “anti-vaxxer,” “misinformation spreader,” “conspiracy theorist.” How do those labels shape the way people take in information or reject it?

So why does it matter, specifically, if Americans refer to the meningococcal vaccine as the “meningitis vaccine”?

Well, why do parents want their kids to get a meningitis vaccine? Because parents don’t want their kids to get sick — especially not with a disease associated with permanent disability or death. Diseases that affect the brain and nervous system are among the most feared in our society. Look no further than the fear of polio , which still resonates today, for an example.

If a parent was aware the child could still get a disease after vaccination, and there were sources of the disease that can’t be prevented by a vaccine, how would that change their risk/benefit analysis ?

Are teenagers getting the meningococcal vaccine thinking along with their parents it will prevent them from getting meningitis?

As it turns out, there are four shots on the U.S. childhood schedule that are recommended with the goal of preventing meningitis, but only one is referred to as the “meningitis vaccine.” That scary term is reserved for the vaccine for teens, who traditionally have lower vaccine uptake than younger children or infants, and in some states can consent to medical treatments without parental involvement.

What’s more, meningitis is attributed to many causes, and not all can be vaccinated against.

We used to be told that vaccines would stop transmission of a disease (except tetanus, for those paying attention, since that’s a non-communicable disease). This was the story, as recently as 2021.



V NEWS • CORONAVIRUS NEWS

CDC Study Confirms That COVID-19 Vaccines Block Transmission In the Real World

By [Kayla Hui, MPH](#) | Published on April 08, 2021

✓ Fact checked by [Nick Blackmer](#)

Source: <https://www.verywellhealth.com/cdc-study-covid-19-transmission-vaccines-5121080>, accessed September 26, 2023

The strong statement in the following graphic has since proven to be the farthest thing from the truth. Interestingly, the language of stopping the spread shifted to lessening severity. That story isn't limited to COVID, it's spread like a virus throughout talking points for all vaccines, which will now take diseases "from wild to mild," instead of stopping the spread.

If meningitis can be caused by things we can't vaccinate against, herd immunity is impossible. And herd immunity has historically been the clarion call for vaccination. As the story goes, we can eliminate diseases if everyone gets enough shots. It's for the "greater good ." Now the story is: You'll still get sick, but you'll get less sick.

Now that you have a 50,000-foot view of the "meningitis vaccine," we hope you're feeling curious. Let's zoom in and get informed.

Words convey more information than we realize.

You may have looked up "meningitis vaccine" on popular search engines and seen something like this:



A web search in a popular search engine will not easily straighten this out for you. The term “meningitis vaccine” is commonly used when referring to the meningococcal vaccine and it pops right up in searches. A search result like this, which reinforces the misuse of the term, isn’t necessarily the path to informed consent when you don’t know what you don’t know.

What is informed consent?

Let’s do a little sidebar to talk about informed consent. What does it really mean? It may seem obvious, but there’s an interpretive dance of ethics and law trying to balance patient rights with health policy.

Doctors are legally and ethically required to explain the information in a way the patient can understand. How much and what type of information is desired and digestible varies from person to person. We might say we want “all” the information out there to make an informed decision. But that might be an overwhelming mixture of useful info and nonsense, or as bare bones as it was when COVID jabs were rolled out under emergency use authorizations (EAUs) with an empty Vaccine Information Statement (VIS), or when Jonas Salk’s polio vaccine was rushed to schoolchildren across the nation .

COVID-19 Vaccine EUA Fact Sheets

There is not a COVID-19 Vaccine Information Statement. COVID-19 vaccine is currently available through Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA). EUA Fact Sheets for Recipients should be provided to patients at the time of vaccination.

 [Find more information](#)

Source: <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>,
accessed September 26, 2023

Having informed consent means a person has key information needed to understand the risks and benefits of their choices. It's the information someone would hang a decision on, meaning that this info makes a person say yes or no.

For vaccines, the federal government didn't initially require any information about risks and benefits, though doctors would have still been bound by their own rules of ethics or state laws. That changed in 1976, when parents of a child who got vaccine-induced paralytic polio sued for lack of informed consent and won.^[i] The court put the responsibility of warning about risks on manufacturers — the norm in most industries that create products. This set America straight down the path of vaccine shortages, with skyrocketing costs shouldered by taxpayers (since the federal government is the pharmaceutical industry's biggest customer). As described in *Shining a Light on Pertussis and DPT: The vaccine that closed the courthouse doors* the legal system was properly penalizing makers of unsafe products, and dangerous products were disappearing from the market. But the federal government wanted Americans vaccinated and stepped in to assume responsibility for the warnings, eventually removing liability altogether from those who make or give vaccines with the National Childhood Vaccine Injury Act (known as the 1986 Act).

Interestingly, in the early 1990s, the amount of information being given to parents was deemed too much. "It was even suggested that the [vaccine information pamphlet's] length discouraged careful reading, resulting in patients who were actually less informed than they would have been given simpler materials."^[ii] Read that again if your eyes are bulging and know that you read it right: The government claimed they would increase informed consent by limiting information.

Agreement may increase with less information, but consent turns into coercion when "yesses" rest on lies of omission.

**NCVIA Requirements for Content of Vaccine Information Materials
Under the Original (1986) vs. Amended (1993) Laws**

ORIGINAL LAW	AMENDED LAW
<ol style="list-style-type: none"> 1. The frequency, severity, and potential long-term effects of the disease to be prevented by the vaccine 2. The symptoms or reactions to the vaccine which, if they occur, should be brought to the immediate attention of the health care provider 3. Precautionary measures legal representatives should take to reduce the risk of any major adverse reactions to the vaccine that may occur 4. Early warning signs or symptoms to which legal representatives should be alert as possible precursors to such major adverse reactions 5. A description of the manner in which legal representatives should monitor such major adverse reactions, including a form on which reactions can be recorded to assist legal representatives in reporting information to appropriate authorities 6. A specification of when, how, and to whom legal representatives should report any major adverse reactions 7. The contraindications to (and bases for delay of) the administration of the vaccine 8. An identification of the groups, categories, or characteristics of potential recipients of the vaccine who may be at significantly higher risk of major adverse reaction to the vaccine than the general population 9. A summary of: <ol style="list-style-type: none"> a. Relevant federal recommendations concerning a complete schedule of childhood immunizations, and b. The availability of the National Vaccine Injury Compensation Program 10. Such other relevant information as may be determined by the Secretary [of Health and Human Services] 	<ol style="list-style-type: none"> 1. A concise description of the benefits of the vaccine 2. A concise description of the risks associated with the vaccine 3. A statement of the availability of the National Vaccine Injury Compensation Program 4. Such other relevant information as may be determined by the Secretary

So even though informed consent might seem an obvious baseline for your relationship with your health provider, it's unexpectedly complicated. As the history of Vaccine Information Statements shows us, when providers give patients information about medical treatments, it's only the tip of the iceberg of what people would consider as being informed before giving consent. This is why it's totally reasonable, rational, and responsible for a parent to ask questions about immunizations.

What if, when parents ask questions about vaccines, we call them loving, caring, protective, thorough, and curious instead of names meant to derail the real conversation?

What is meningitis?

In short, meningitis is an inflammation of a layer of membranes known as the meninges, which surrounds the key components of the central nervous system — the brain and spinal cord.^[iii]

The CDC's website features five major causes of meningitis: bacterial, viral, fungal, parasitic, and amebic.^[iv] Tucked to the side on that same webpage are more potential causes they clearly did not want to feature: "injuries, cancer, certain drugs, and other types of infections." That's a lot of different causes!

Meningitis

[Print](#)



Meningitis is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. A bacterial or viral infection of the fluid surrounding the brain and spinal cord usually causes the swelling. However, injuries, cancer, certain drugs, and other types of infections also can cause meningitis. It is important to know the specific cause of meningitis because the treatment differs depending on the cause.

Bacterial Meningitis

Meningitis caused by bacteria can be deadly and requires immediate medical attention. Vaccines are available to help protect against some kinds of bacterial meningitis.

Viral Meningitis

Meningitis caused by viruses is serious but often is less severe than bacterial meningitis. People with normal immune systems who get viral meningitis usually get better on their own. There are vaccines to prevent some kinds of viral meningitis.

Fungal Meningitis

Meningitis caused by fungi is rare, but people can get it by inhaling fungal spores from the environment. People with certain medical conditions, like diabetes, cancer, or HIV, are at higher risk of fungal meningitis.

Parasitic Meningitis

Various parasites can cause meningitis or can affect the brain or nervous system in other ways. Overall, parasitic meningitis is much less common than viral and bacterial meningitis.

Amebic Meningitis

Primary amebic meningoencephalitis (PAM) is a rare and devastating infection of the brain caused by *Naegleria fowleri*. *Naegleria fowleri* is a free-living microscopic amoeba that lives in warm water and soil.

Meningitis Versus Meningococcal Disease: There IS a Difference

Having meningitis doesn't always mean you have meningococcal disease. And having meningococcal disease doesn't necessarily mean you have meningitis. Meningococcal disease is any illness caused by a type of bacteria called *Neisseria meningitidis*. These illnesses are serious and include meningitis and bloodstream infections (septicemia). [More about meningococcal disease...](#)



World Meningitis Day



- Did you know October 5th is World Meningitis Day? [Learn about this year's event](#) .
- You can also find out more about a Technical Task Force that will develop a strategic global meningitis control road map as part of "[Defeating meningitis by 2030](#) ."

Meningitis: lo que debe saber

- [Meningitis bacteriana](#)

Given the fact that meningitis is inflammation of a certain part of the body, and that inflammation can be caused by a large variety of sources, **saying a person has meningitis is as precise as saying they have a cold, a sore throat, a stomachache, or a headache.** As we have seen with polio, and influenza, it appears that the term "meningitis" is widely

used to describe a bucket of symptoms that can have many causes, even though there's also a medical definition. Symptoms include headaches, stiff neck, fever, nausea, irritability, lethargy, confusion, sensitivity to light, and more, with the confirmation of diagnosis and its cause coming from laboratory testing of blood or spinal fluids.

With so many possible causes of a scary condition that can sometimes result in lifelong disability or death, we can see how the field is ripe for creating vaccines against as many causes as possible. There are four vaccines with the claim of preventing meningitis on the CDC's childhood schedule: meningococcal, pneumococcal, Hib, and MMR. The U.K.-based Meningitis Research Foundation^[V] has a handy visual to explain:

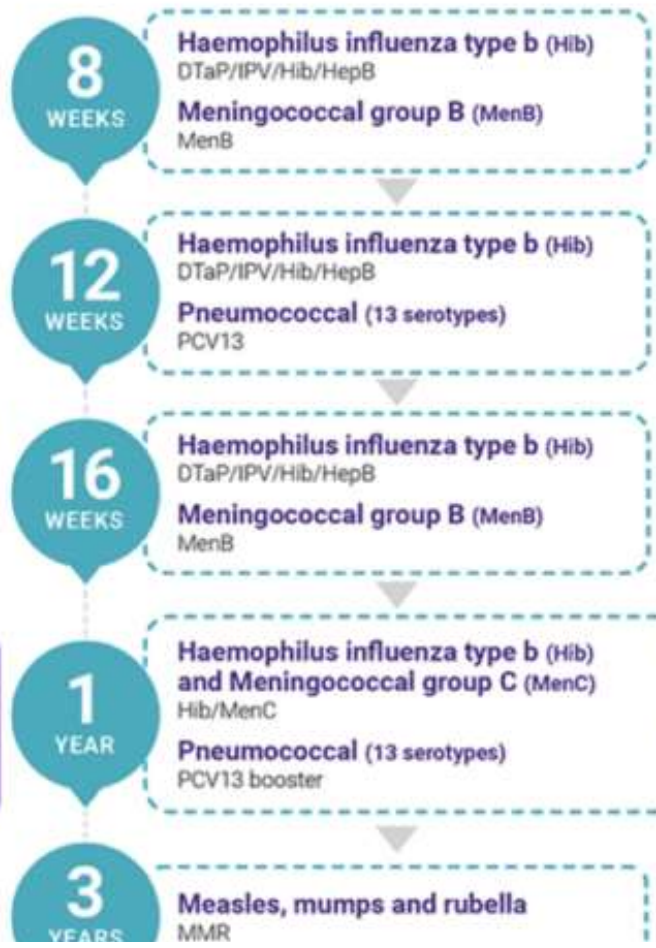
Which meningitis vaccine and when?

Knowing the options for protecting you and your family*



Vaccines save lives. Protecting the vulnerable and those around them.

Working towards a world free from meningitis and septicaemia

A stylized blue line-art illustration of a syringe.

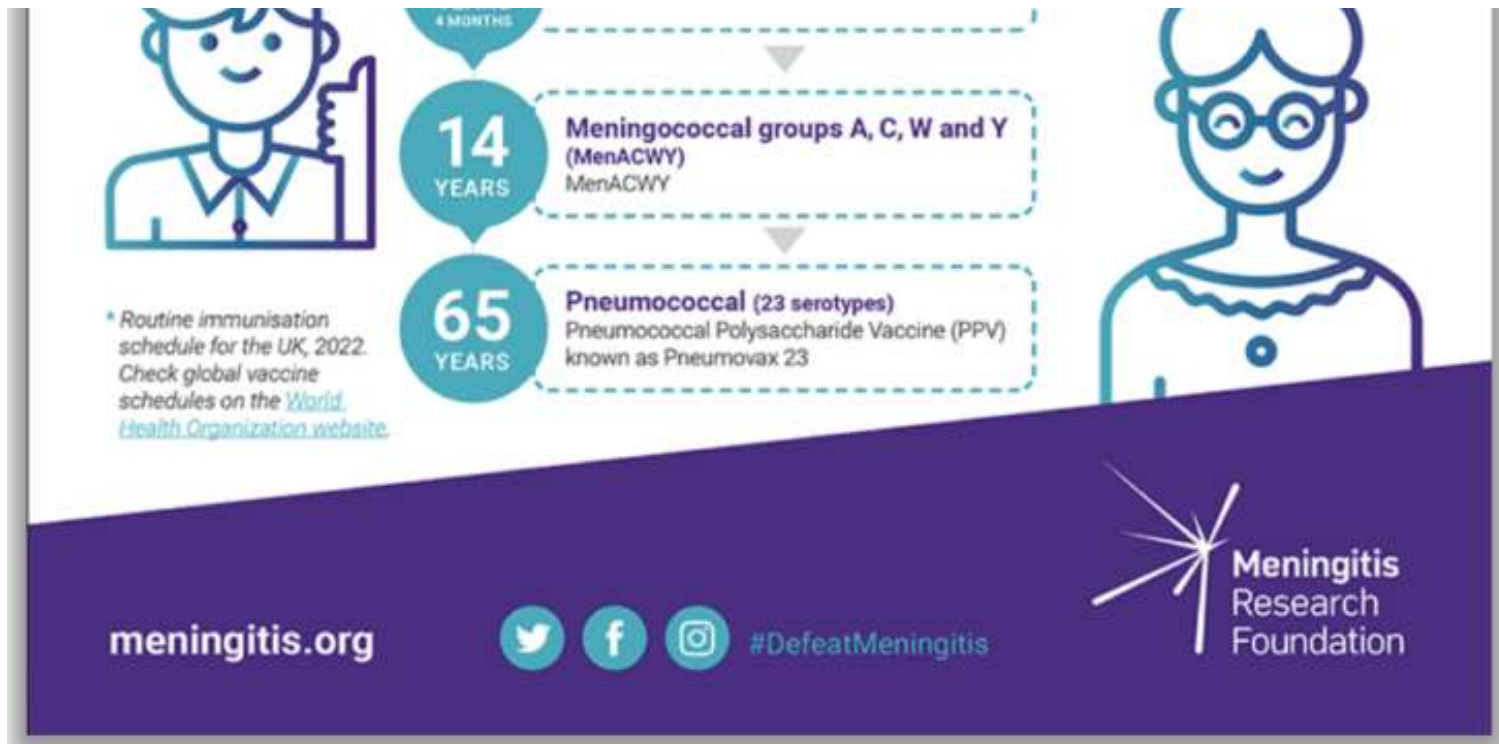
Immunisations are offered to those at greatest risk to protect against bacterial and viral infections – two of the leading causes of the disease.



Measles, mumps and rubella
MMR

Meningococcal group B (MenB)
MenB booster





The World Health Organization (WHO) also cites *Streptococcus agalactiae* (more commonly known as group B *Streptococcus*, or GBS) as one of the main causes. The FDA has been considering GBS vaccines since at least 2018 when their advisory committee, the Vaccines and Related Biological Products Advisory Committee (VRBPAC) heard about a Pfizer vaccine that's been in development since 2016.^[vi] In July 2023, Pfizer published their hopeful observations that their clinical trials were yielding a safe and effective new vaccine against GBS.^[vii] (Industry experts had been unsure of the “market potential” due to “the relatively low incidence of GBS,” but the Bill and Melinda Gates Foundation financially supported the trials. It will be informative to watch whether we see GBS added to the growing list of shots recommended during pregnancy.)

“Meningitis,” as a general or all-cause term, is not a vaccine-preventable disease because it can result from injuries, use of pharmaceutical products, and illnesses for which there are no vaccines. Even the WHO has admitted that **meningitis “cannot be eliminated or eradicated.”** In other words, we cannot vaccinate meningitis away. But that fact doesn't stop the WHO from a global campaign to “defeat meningitis” by 2030. Would you be surprised to learn that vaccinations are the foundation for their plan?

The WHO's Global Road Map to Defeating Meningitis by 2030

The WHO's road map for "defeating meningitis by 2030," was published in 2021 amid the declared emergency for COVID, which we were told was the worst pandemic in a century.^[viii] Meningitis had nothing to do with the pandemic, but the WHO determined that "[g]lobal action to implement this road map and achieve the ambitious goals to defeat meningitis is needed now."

The document lists many causes of meningitis around the globe, citing those with vaccines (or pending vaccines) as the main culprits. In 2022, a year after this road map came out, the FDA granted Pfizer "breakthrough therapy designation" for their GBS vaccination for pregnant women.^[ix]



The image shows a screenshot of a document titled "Vision" in blue text. Below the title is a light blue box containing a blue arrow icon followed by the text "Towards a world free of meningitis". Below this is a paragraph of text: "Our collective vision is 'Towards a world free of meningitis'. Because meningitis has so many causes, it cannot be eliminated or eradicated. There will be no 'world free' moment for meningitis, but we are committed to get as close as possible. This plan, therefore, aims to defeat meningitis as a public health threat, reducing the number of cases substantially and keeping them down."

Look at that wordsmithing. As previously stated, words are powerful. The WHO knows this too, which is why they partnered with Google, social media, and other digital companies starting in 2020 to suppress speech and manipulate searches for information,^{[x] [xi]} and are working to legally bind countries around the world to stop the spread of what they call misinformation through instruments like the pandemic treaty .

"Our collective vision is '*Towards* a world free of meningitis...There will be no 'world free' moment for meningitis, but we are committed..." (emphasis added).

As long as they say they're working "towards" a goal, despite the impossibility of achieving that goal, they can flash headlines about "defeating meningitis" all they want, knowing most won't read the fine print beyond the façade, thus creating the impression we can get rid of this disease with their guidance (to use vaccines).

This language is in perfect lockstep with the current shift in our collective story around vaccines. **We are no longer being told vaccines stop diseases.** This happened very clearly in the COVID narrative around vaccines: "Stopping the spread" shifted to saying they won't stop it, but you'll get less sick. Vaccine failure was rebranded as "breakthrough infections" and painted as normal or even desirable because your "hybrid immunity" of the shot plus sickness was the best immunity money could buy.

It brings the curious mind back to herd immunity. **If vaccines can't stop a disease, we can't have herd immunity. If herd immunity can't be an endpoint, what's the point of a vaccine?**

If vaccines aren't made to stop disease, why are they being made?

The new narrative is a story of costs and savings — of money, not just lives. A search of the CDC's archive, CDC Stacks, will show you the increasing attention paid to the costs expected to be saved by using vaccines. Those who watch the Advisory Committee on Immunization Practices (ACIP) will note that in the last few years, for products planned to be added to the immunization schedule, discussion of economics seems to have replaced efficacy.

U.S. recommendations for the many meningitis shots

In the name of preventing meningitis, 16 doses of vaccines are advised for children under age 18 on the CDC's childhood schedule. This does not include additional doses that may be recommended for travel, those considered "increased risk," or alternative vaccines for those with chronic medical conditions.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose, See Notes →										
Pneumococcal conjugate (PCV13, PCV15)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose					
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes										1 st dose		2 nd dose		

In sum (taking into account the head-scratching CDC notes), a child following the schedule would get their first, second and third doses of Hib and pneumococcal at their 2-, 4-, and 6-month well checks (but could start as early as 6 weeks). At the 12-month well check, the baby would receive another dose of those, plus their first MMR shot (a three-dose shot). The second MMR happens at 4-6 years and after those three vaccines that total 14 doses, the CDC still recommends another two doses of meningococcal vaccine at 11 and 16 years old. That means a child is getting 16 doses of vaccines before they reach the commonly accepted legal age of consent, all claiming to address *the same illness*. And this is all to try to prevent an illness they can also get from other pharmaceuticals, from an injury, or even from strains of the “vaccine-preventable diseases” that the vaccines don’t cover (or create through driving mutations). Does that make sense?

To clarify, in case you’re wondering about the MMR, the CDC lists meningitis complications in relation to mumps in their Pink Book on vaccine recommendations and practice. But since the MMR is bundled, we must count all the doses administered, whether they boast meningitis prevention or not.^[xii] It’s important to note that developing meningitis after the MMR vaccine has been described as a “well-recognized complication.”^[xiii]

What is meningococcal disease?

Although even public health officials, like those in New York^[xiv] and Maryland,^[xv] use the word “meningitis” interchangeably with “meningococcal disease,” the two are different.

Meningitis vs. Meningococemia



MENINGITIS AND MENINGOCOCCEMIA

are the two most common outcomes of meningococcal disease.

Both are very serious and can be fatal within hours.

MENINGITIS

Spinal cord/brain infection



Seizures



Sensitivity to bright light



Stiff neck

MENINGOCOCCEMIA

Blood infection



Pale or mottled skin, purplish rash



Unusually cold hands & feet



Breathing fast & breathless

BOTH



High fever



Very sleepy & vacant



Severe headaches



Confused & delirious



Vomiting

The CDC does explain to teens, their target population for the meningococcal vaccine, that meningitis and meningococcal disease are not one and the same in their January 2023 Teen Newsletter on meningitis. Yet, they still tell teens that “vaccination is the best way to prevent meningitis infections.”



David J. Sencer CDC Museum: In Association with the Smithsonian Institution

David J. Sencer CDC Museum: In Association with the Smithsonian Institution Home

Teen Newsletter: Meningitis

January 2023

The David J. Sencer CDC Museum (CDCM) Public Health Academy Teen Newsletter was created to introduce teens to public health topics. Each newsletter focuses on a different public health topic that CDC studies. Newsletter sections include: Introduction, CDC's Work, The Public Health Approach, Out of the CDC Museum Collection, and Teen Talk.

Introduction - Meningitis

Meningitis: Very serious, very quickly



Fever



Stiff neck



Headache



Confusion



Increased sensitivity to light



Nausea and vomiting

CS 290213-06

Seek medical attention immediately if you or your child has meningitis symptoms.

[cdc.gov/meningitis](https://www.cdc.gov/meningitis)



<https://stacks.cdc.gov/view/cdc/123594>

Conclusion

Words are powerful. They tell a story. They create our beliefs and trigger our emotions. Sometimes we can think we are making conscious, informed choices when certain loaded words or images are triggering our fears, subconsciously influencing our decisions.

So it's safe to say there are multiple so-called meningitis vaccines but not one silver bullet for meningitis. But the words we use matter because the term "meningitis" conjures a specific fear in people's minds about brain damage and death.

It also matters because when we get a vaccine, we think we are protecting ourselves or our children against the thing the vaccine is made for. Therefore, logically, a person could assume that the meningitis vaccine prevents meningitis when, in fact, a person can get meningitis from a variety of sources, many of which aren't preventable by vaccine.

Another way words matter is how they are *not* defined. Think of the words emergency, epidemic, or vaccine, which do not have solid legal or policy definitions. When we don't define words, they can mean whatever those using them want them to mean. We've seen this in the past year when two biologics that do not meet the traditionally understood meaning of vaccine were added to the childhood schedule. The first was the COVID jab, widely believed by many to not qualify as a vaccine, but instead a gene therapy, as was noted in Moderna's initial EUA paperwork. Second, we saw Nirsevimab, the first monoclonal antibody (mAbs) to be used to prevent RSV in infants, added to the schedule. CDC Director of Immunization Services Division Georgia Peacock declared to the ACIP at their meeting on August 3, 2023, that Nirsevimab could be added to the childhood schedule because there is no definition of vaccine. Listen here, at 1:04:00.

Definition of "Vaccine"

- No statutory definition of vaccine in the statute for the Vaccines for Children (VFC) program (section 1928 of the Social Security Act)
- No statutory definition of vaccine in the Affordable Care Act (section 2713 of PHS Act), or its implementing regulations, which has a provision that mandates coverage of vaccine recommendations included on CDC's immunization schedules
- **CDC has determined that nirsevimab is eligible for inclusion in the childhood immunization schedule and Vaccines for Children program**

Source: Director of Immunization Services Division, CDC, at ACIP meeting August 3, 2023, declaring Nirsevimab could be added to the childhood schedule because there is no definition of vaccine.

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-08-3/03-RSV-Peacock-508.pdf>

Given what you've learned in this article, do you feel better equipped to spot misinformation about the meningitis vaccine?

[i] *Reyes v. Wyeth Laboratories*, **498 F.2d 1264** (5th Cir.), cert. denied

[ii] <https://www.cdc.gov/vaccines/hcp/vis/downloads/vis-history.pdf>

[iii] <https://www.frontiersin.org/articles/10.3389/fncel.2021.703944/full>

[iv] <https://www.cdc.gov/meningitis/index.html>

[v] <https://www.meningitis.org/meningitis/vaccine-information>

[vi] <https://public4.pagefreezer.com/browse/FDA/01-02-2023T10:30/https://www.fda.gov/advisory-committees/advisory-committee-calendar/may-17-2018-vaccines-and-related-biological-products-advisory-committee-meeting-announcement>

[vii] <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-announces-new-england-journal-medicine-publication>

[viii] <https://www.who.int/initiatives/defeating-meningitis-by-2030>

[ix] <https://www.pfizer.com/news/press-release/press-release-detail/fda-grants-breakthrough-therapy-designation-pfizers-group-b>

[x] <https://thehill.com/policy/healthcare/481138-who-google-working-to-fight-spread-of-virus-disinformation/>

[xi] <https://www.who.int/news-room/spotlight/let-s-flatten-the-infodemic-curve>

[xii] <https://www.cdc.gov/vaccines/pubs/pinkbook/mumps.html>

[xiii] <https://pubmed.ncbi.nlm.nih.gov/11696855/>

[xiv] <https://www.immunize.org/parents-vaccines-for-children/meningitis/>

[xv] https://health.maryland.gov/phpa/OIDEOR/IMMUN/Shared%20Documents/MDH_896_form.pdf#search=meningitis

A dark blue background with a spotlight effect shining down from the top center. The spotlight illuminates a faint, light blue silhouette of a human head and neck. The text is centered in the lower half of the image.

Shining a light on **MENINGITIS**

STAND FOR
HEALTH FREEDOM

ARTICLE

Next Steps

Z

Step 1

Keep the spotlight on free speech. Our U.S. House of Representatives is exposing the corruption that ran rampant in COVID policy. Our petition to support them in their fight to protect speech (and, by proxy, informed consent) is at 16,899 signatures at publication of this article. Can you help us make it to 20,000 to let our lawmakers know we are standing with them? Please sign and share!

[Learn More](#)

Z

Step Two

We at Stand for Health Freedom are so grateful to be able to bring you content and action items that can help America protect health freedom. But we can't do it without you. Please consider a donation so we can ramp up and amplify the health freedom message! Your dollars will fund the shots series like you read above, a new podcast, and boots on the ground to protect health freedom at home in individual states (which is where health decisions should stay). Thank you! (Pssst — sharing is free! Please share our work widely to keep shining a light on health freedom.)

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