

Caspar ([00:00:00](#)):

Today we're going to be talking about one of the most taboo and polarizing subjects out there—vaccines. We've had previous guests on to talk about this topic, but none as balanced, compassionate, and data-driven as today's guest, who presents both sides of this fiery debate. He's a board-certified pediatrician with a background in epidemiology and has become a trusted guide for parents seeking truthful, unbiased, evidence-based support. This is the Story of Between a Shot and a Hard Place with Dr. Joel "Gator" Warsh. Dr. Warsh, so happy to have you on.

Dr. Joel "Gator" Warsh ([00:00:33](#)):

Thank you for having me on. I'm excited to chat.

Caspar ([00:00:36](#)):

You know, in, in reading this book, and congratulations on writing. I know it wasn't an easy feat and it took you probably many years of contemplation to even put it out and write it in the first place. But in reading the book, you know, you established right off the bat you are neither pro or anti-vaccine. And I think it's really important before we get into this discussion to say that, you know, people may leave this thinking they'll be one way or the other, but that's really on them. Was the intention of the book just to present data and for people to come out of it with their own mindset?

Dr. Joel "Gator" Warsh ([00:01:10](#)):

I, I, yeah. I mean, I think for me, you know, I guess like going back to what you said, I'm not against vaccines. I'm a pediatrician. We do vaccines in our office. I feel like people shouldn't be forced to do anything. I feel like people should be given information just like any other medical procedure or medication, and then they should be able to make the best decision for them. We have people in our office to do the regular schedules, slow schedules, some don't do it. And I, I try not to tell people what to do. We just discuss it. And so to me, the point of the book was not to tell people what to do, it was to have the discussion. I feel like the word vaccine has been, I don't feel like I know it's been so censored for so long and it's a very difficult topic.

Dr. Joel "Gator" Warsh ([00:01:51](#)):

It wasn't something that I even talked about until, until more recently. I think the, the culture has changed somewhat around it, but I, I just feel like we need to have discussions. We need to be open. I was taught certain things in medical school that I've only learned differently by, by really diving into this. And I feel that I have a very unique perspective because I, I very classically western trained in very good programs, but then also have this integrative side to my practice. And so I have heard questions and dealt with these issues, especially around vaccines, a lot more than a regular Dr. would and kind of have one foot in both sides. And I think that's really useful to having an understanding of where both, both perspectives kind of come from, where you're, you know, super pro-vax versus people that don't wanna do it.

Dr. Joel "Gator" Warsh ([00:02:39](#)):

And, and that has opened up my eyes to a lot of this stuff to really make me want to dive deeper. So the point of the book yeah, as you ask, is it's really just to have discussion, is to have these kind of conversations so that way people can, can, can think about these things a little bit more deeply and not think of it as so taboo. Like you can't talk about it with your friends. You don't feel like you can talk about it with your doctor. And that's insane. Like, it's just, it's just a medical product.

Caspar ([00:02:59](#)):

Right. And, and that is a, a strange portion of it is that, you know, it's not even that we're not allowed to talk about it. It's really, we don't know too much about vaccines. We've just been told they're safe and effective. Right, right. And get them. And I appreciate that the first, you know, portion, a large, almost half of the book was really about like, what is a vaccine? What's actually in it? Like what's the history of it? Like let's actually learn. Because through the awareness you start to say, okay, I start to understand why they're useful, why there may be some questions about it. And you went through basically every single vaccine and talked about sort of what's in them and what they're useful for. Can you go over the main kind of components made like a juven or you know, the active ones that people should know just in a very basic kind of format as we get into this topic a little bit more?

Dr. Joel "Gator" Warsh ([00:03:47](#)):

Yeah. And, and, and, and just to, to echo on that for for a second, I, I, I really wanted to show both sides of the discussion and I don't think that's really ever been done before in a book. I, I've read, you know, pretty much all of them. And it's really one sided and I feel like you need to have an understanding. It's almost like a tennis match to me. It's like, it goes back and forth. You, you have to kind of see the other side's perspective and you have to see what, what the vaccines are, how they work, why people are so appreciative of 'em that are, why doctors are so, you know, hardcore about them before you can even start to ask your questions about what the issues might be or what the concerns are. And so that is the way that I set up the book.

Dr. Joel "Gator" Warsh ([00:04:25](#)):

And, and yeah, I mean the main, main components, so there are different kinds of vaccines. The main ones would be a live vaccine, attenuated live. So basically a, a virus or a bacteria that's, that's killed in some way or attenuated in some way so it doesn't cause disease. You have the more classical vaccines that are like the components of a vaccine. So the antigen may be a part of it, like a protein that's, that's injected. Or you have the newer ones, the mRNA. So that's really providing some genetic codes. That way you can create a protein in your body that your body can then make a response to. So in general, a vaccine basically is something where you're, you're giving something to your body. You're doing something to your body to create an immune response. So that way you create some memory for the future.

Dr. Joel "Gator" Warsh ([00:05:08](#)):

If you're exposed to that pathogen, then your body has some sort of memory and can attack it easier or better, or prevent you from ever getting it depending on, on the vaccine and how well it works. So that's the, the general concept. There are lots of ingredients in there, you know, really too long to list. But I mean, the big ones would be the adjuvants. So things that help the, the body to create an immune response most, most commonly, or concerningly, I guess for people would be aluminum, which is in a lot of the vaccines. Other things are, are like formaldehyde is used to inactivate viruses. There are buffers, so help with pH. So like the acidity, there are things that are preservatives. So you might have like antibiotics in there or you might have other preservatives that help to make sure that there isn't some other bacteria or other things growing in there that you don't want. So that, that's the, the basics I guess.

Caspar ([00:05:56](#)):

Yeah. And I think, you know, you, you go over them pretty well and the data behind each why they're useful, why they're used, and then you of course bring up the sort of detriments that may be there. And I think some of the big ones, and you brought this up, that things change over time. What we thought in the past was healthy no longer is you bring up lead and paints and everything removing that even cigarettes back in the day were deemed healthy by doctors. And of course we know that not to be true. And you know, you're starting to see that I wanted to talk about mercury because that was a, an ingredient in thimerosal and it's still utilized that I understand flu vaccines, multi-dose to keep it preserved. But you

know, what, what is the kind of the changing talk around mercury and it and what has been done with vaccines? 'Cause People still think mercury is in most vaccines when that isn't the case. Yeah.

Dr. Joel "Gator" Warsh ([00:06:50](#)):

That, that's, so, that's correct. So the most I think, controversial or most concerning ingredient that, that parents bring up often, whether it's correct or not correct, is aluminum. I, I think that's the big concern right now, which is the metal and the vaccines, which is used as an adjuvant, which is used to help stimulate the immune response. Reason it's in there, and I'll get back to mercury in a second. The reason it's in there would be when you use the, the protein the, the, the part of, of a, of a infection, a part of a virus, it doesn't necessarily create an robust immune response. And so by putting in an adjuvant that helps to give you more of an immune response, it makes it work better, basically. And, and it doesn't work as well without it. So that's why they, they have it in there.

Dr. Joel "Gator" Warsh ([00:07:33](#)):

The concern for parents is, well, it's aluminum and we know that aluminum can have side effects and have problems if, if you're having it at too large a dose. Like that's not controversial. So the, the, the mainstream consensus around aluminum is that it's a very small amount much smaller than we eat on any sort of given day. Aluminum is natural ingredient in the, in the environment. And so, well, it's a very, very small amount that doesn't cause issues. That's what, that's what's said. The concern around that people say is, well, is it really such a small amount? Does it really cause no issues at the doses that we're doing? Were you doing more and more vaccines with more aluminum? So maybe the, with a cumulative dose, is that a concern for certain kids? Maybe they're premature, maybe they have kidney issues, maybe they have a certain genetics, maybe they don't clear it as well.

Dr. Joel "Gator" Warsh ([00:08:18](#)):

Could that be concern at the doses that we have? And, and that's where the concern starts. And that comes back to what you mentioned with the going back to lead. There was never lead in vaccines hopefully, but we, you know, we thought lead was okay, <laugh>, you know, many, many years ago. And isn't everything was in gasoline, it was in paint, and then we realized it wasn't okay and we took it out. And then Mercury was in, in, in vaccines. It was the thiomersal component, therefore it's preservative use and it does a really great job at being a preservative. So, so functionally it does a good job. But the concern was around the 2000 or so, well, wait a minute. There's more mercury in vaccines than we allow in food. Is that okay? Is that safe? And, and it's crazy because you think about that you sit here now and you're like, wait, nobody thought about this.

Dr. Joel "Gator" Warsh ([00:09:02](#)):

Like nobody before they put mercury in vaccines was like, Hey, is this okay? Is it safe? Should we really like test this? You know, they, they really weren't, weren't really, I don't think thinking about it in a safety standpoint from, you know, in any sort of significant way back then. And while it was a different version of Mercury than is in fish, they still had higher dose cumulatively than you were allowed with fish. And they were like, well, wait a minute, is this safe? And so they started looking into it. They started to do some more research around that time. It was never definitively proven to cause harm, but they decided at a precaution to take it out anyways. And so it really isn't in the vaccines anymore other than the multi-dose flu, which is generally not used in America, but still could be technically mm-hmm <affirmative>.

Dr. Joel "Gator" Warsh ([00:09:43](#)):

So for the most part, it's not in vaccines anymore. But that just brings us back to aluminum where we go, okay, well all of these other metals, all these other ingredients that we were told for so long are safe, then we get more information, better information, people actually look into it, and then it brings up a concern.

And again, you can't say there's no concern on aluminum because we have safety limits out there. Like the, the EPA, FDA, there are limits in water, right? So you can only have 0.2 milligrams per liter in one, one vaccine, like hepatitis B get a 0.25 milligrams. So the, the numbers are not insignificant and they're not like way far away from what we would be concerned about in, in theory now they say, well, you drink a lot more water and you drink a lot more food and you get way more and, and just one vaccine, just a small dose.

Dr. Joel "Gator" Warsh ([00:10:26](#)):

So okay, fine. That maybe that's true, but it's, it's, it's not unreasonable in my mind to be a parent and say, look, should I be concerned about it? Is it possible? Could it be a problem? Because again, it's like you say, this is just a small amount, but for someone who has a peanut allergy, a severe one you could walk by with a peanut get like, you know, the most minute amount and still have anaphylaxis. So maybe for some kids that even that minute amount is too much. So I, I, I don't think that's an unreasonable concern. And I think that it's, it really doesn't do a service to parents to just brush it off.

Caspar ([00:11:01](#)):

No, and I think there's another point to it that you're not really certain of how much is in it. Because as you brought up, there was this study in 2021 by Christopher Exley at the Keele University there that looked at 13, right? Different mm-hmm <affirmative>. Vaccines, the amount of aluminum in them and only three vaccines matched the manufacturer state levels, six with significantly more and four with significantly less. So I i, if you start to break that down, you start to believe, well, maybe that's across the board. Is it sort of like parents are playing or even ourselves are playing Russian roulette with, well, what's really in it? And will we ever know if there immune from any liability or lawsuits to kind of, you know, be responsible if they have something wrong with it? And it is significantly more and impacts us more.

Dr. Joel "Gator" Warsh ([00:11:52](#)):

Yeah, I, I mean I, I would assume that with any level of any sort of ingredient in these things, it's not perfect. I mean, it's just a machine. So you would, you would think that there would be, you know, when you're talking about such small amounts like realistic, it's a very, very small amount. So for those really tiny amounts, I, I would assume that there's gonna be some margin of error and it's mm-hmm <affirmative> you know, 0.2 milligrams versus 0.1 milligrams versus 0.3 milligrams. Now, whether that makes any sort of difference clinically, who knows? But, but there, there are certainly it's not perfect and, and I just still don't think that we have a complete imperfect sense of, of what and how these are impacting us. And certainly not cumulatively. And I, I, I don't think it's unreasonable to ask these questions and not because we, this is where the balance comes.

Dr. Joel "Gator" Warsh ([00:12:31](#)):

It's not to say that aluminum's bad or that we should stop all vaccines, but if it is causing an issue for some people, don't we want to look into it? Don't we wanna think about that? Don't we want to continue to study it? Don't we wanna figure that out so that we can say, hey, maybe these aren't the kids we should give those vaccines for, or maybe this thing is causing an issue and maybe we can find a better, safer ingredient that we could use instead that still works as well to minimize risk. It's, it's not about one or the other extreme. We wanna minimize diseases that people can get, but we also wanna minimize side effects and risks. And we live in a different world now when vaccines were first this, this thing that people thought were so magical and amazing, like we lived in a world where people die of infectious disease all the time, we don't see that as much anymore.

Dr. Joel "Gator" Warsh ([00:13:18](#)):

And part of that for sure is because vaccines have worked very well, which is great, but also we're just a lot healthier in general than we were several hundred years ago. We have better sanitation, better hospitals, and now we have a different problem. We have chronic disease, we have a very serious chronic disease epidemic where more than half, maybe half of kids have a chronic disease and vaccines affect your immune system for good or bad. They certainly do. That's their job. So it's not unreasonable to say, could these things that we're injecting multiple and more have an effect and a problem for some kids? Yeah, maybe is it related to asthma? Is it related to autoimmune conditions, autism, all these things. Don't just put a blanket statement, let's look into that. And if, if, because there are some good studies that say, Hey, if we change up the schedule, we do something a little different.

Dr. Joel "Gator" Warsh ([00:14:05](#)):

It could minimize your risk for asthma or allergies. So those are the kind of questions we should be asking. If we move something back, if we decrease something, does that decrease your risk for asthma? Great. Like I want you to be protected from the disease and also have a lower risk of asthma. Like it's not one or the other. And it shouldn't be controversial to make those questions or have those discussions 'cause that's how we move forward. But nobody's doing that right now. It's just like, oh, they're safe, you know, they're safe, they're fine. And, and, and we can't stay in that sort of mentality 'cause parents aren't buying it anymore.

Caspar ([00:14:34](#)):

Yeah. And it, it's a very nuanced and complex discussion. Like you said, there's been so many changes to sanitation the way we live. Even refrigeration has helped her with things like all of these advances. And at the same time we've, you know, thrown so many things into the mix, not just more vaccines. You have glyphosate, you have all types of chemicals and foods and every heavy metals in baby food. Even there is that contributing? The answer could be yes, no, or all the above, right? It can be, and each individual child, person human is going to respond differently and they're gonna have different unique circumstances. But at the end of the day, that does get into that question of how can we be going around and listening to government when they say safe and effective, safe and effective when they don't know it's truly safe and effective. Right, right, right. Isn't that the whole conversation needs to be, let's be a little more transparent. 'Cause COVID was safe and effective vaccine and it wasn't after all, you know?

Dr. Joel "Gator" Warsh ([00:15:30](#)):

Right. Well, and and I think that, well, I know that that is, I think the beginning of where people really started to question, you know, people have been questioning stuff for a long time, but we lived through a pandemic. We watched the vaccine roll out, we watched the marketing, we watched the propaganda, we watched all these things over the last five years, and that pushed people over the edge. It pushed me over the edge. I think it just, it made you realize like, what, what is going on? How much of this has to do with money and finances? And not always about our safety or not always about just even basic common sense, like safe and effective. It doesn't make any sense for a new vaccine. That's not what you should be saying. If you're being honest, you can absolutely say, based on the research and data that we have seen thus far, the benefits seem to outweigh the known risks.

Dr. Joel "Gator" Warsh ([00:16:15](#)):

We, it looks like it decreases your risk of hospitalization. It looks like it decreases your risk of death. We don't know anything about long-term safety, but we haven't seen any major safety signals yet. We recommended based on that. That's fine. That's honest. You don't know what, something's gonna be a problem in 10 years, so you can't know that. But you're, you're in the middle of a pandemic. You're like, we have this thing, you wanna take it, go for it. We think it's gonna help you, but we don't know. You might grow a third arm. You know that, that's honest. Like, and it's fine. You don't have to know

everything. It's not magic. Like you don't have a crystal ball. But when you watch it being said, just get it. Just get it. It's safe. It's gonna work, it's gonna work forever. You're never gonna get, none of that stuff makes sense because that's never been true of any other vaccine that's similar before.

Dr. Joel "Gator" Warsh ([00:16:53](#)):

So why would it be true for this? And then you say, okay, if they're saying about that, then what else are they lying about? What else are they not telling us? And that's what's happened. That's why people don't trust doctors. They don't trust hospitals, they don't trust medicine. And the hesitancy rates are the highest they've ever been. People are not getting vaccines for their kids like they used to. And people don't think that they're as important anymore. They're have concerns around all the vaccines and just sweeping under the rug just not gonna work. You wanna get people to buy back in. You have to listen to the concerns. We have to listen to people and say, okay, here's why people are concerned. Here's what they're saying. Here's what they feel doesn't exist. Here's where our gaps are in the research. All right, let's go get that research because that is the research that's going to make people confident to either do it or not do it. If you do the right studies, the best kind of studies and it shows that it's causing problems, okay, then we need to fix those problems. If it shows that there aren't any problems and you're giving people the research that's gonna be the con the things that are, are gonna make them confident to do it. But right now it, we're still in this dogmatic religious world of vaccines and, and, and that, that just really has to change because it, it just doesn't work anymore. Not with social media.

Caspar ([00:18:02](#)):

Yeah. And, and it seems that there's a little bit of this manipulation or overstating on both sides, right? Of course that's happening. Course <laugh>, you, you take it, you put your bias on it, you say it's safe and effective that you cherry pick, right? And I, I'll even go because you know, you, you give a lot of these, not just breaking down the data, but actually what both sides are sort of saying in their words throughout this book. And there was that, you know, deposition probably by Aaron Siri, who's well known in the kind of anti-vax community of course, but, and then Catherine Edwards, who is a, a, a top kind of vaccine joined the Vanderbilt vaccine program reading year. But the back and forth was basically like, Hey, do these cause autism, this one right DTaP and you know, MMR and she's saying it does not, you know, she's saying that's great.

Caspar ([00:18:49](#)):

It does not, it does not cause autism. And then it's like, do we have any studies that show definitively that it does not? And all our answers is no, we do not. So, you know, in reality we really don't. As much as we're saying there are studies, I think you bring this up, those studies are inherently flawed. Most of the time what we're doing is we're looking at vaccine and comparing it not to a placebo, but to another vaccine prior to that. So you're, you're not going against an inert sort of thing. You're going against something that came before it that could have the same type of issues as the current one. And so the safety kind of is swayed in some ways.

Dr. Joel "Gator" Warsh ([00:19:27](#)):

Yeah. Can I just say, I mean, I, yeah, I wouldn't, I would just change one thing that you said. I, I wouldn't personally say flawed. I would just say okay, it's not, it's not the best kind of information. I, I think that the conclusions that we're drawing from some of these studies are flawed. That's what I would say. I think that, that when you study something that is not against an inert placebo, you can't make the claim that it's thi <laugh>. Yeah. You can make the claim that it's, that, that it doesn't have any safety concerns in respect to the other thing that you are studying. It's not the best kind of study. There, there might be ethics around it, but we, we have never, for most of the childhood vaccines ever studied them against an inert

placebo. They were studied against the older vaccine, or when they were first studied many years ago, they were not studied in the way that we would do it now.

Dr. Joel "Gator" Warsh ([00:20:09](#)):

'Cause It was, you know, 50 years, a hundred years ago. So it, it, it's just, we have this system that we're, we're making, we're drawing conclusions based on information that isn't actually there or was never studied. Especially with the autism research, I, there's nothing more clear because I was always taught the science is settled. We have the most robust data. It's debunked. It's debunked. There's no way we know like, why are you talking about vaccines and autism? You're crazy. And then when you go look at the actual research, when I went, you know, to do it for the book, which even up until the time when I looked for the book, I thought that we had all this research and data because that's what I've always been taught. I thought, look, I'm gonna show both sides. I'm gonna show this very strong body of evidence, and this is what, this is why the evidence and what the CDC says and what everybody says is so strong that we have these great studies, these robust studies that, that show that vaccines don't cause and here are the other studies.

Dr. Joel "Gator" Warsh ([00:20:59](#)):

There are some that exist. We shouldn't say that. That there are no studies that show other things, but you know, they're not as good and that these are the other ones. But when you go look, it doesn't exist at all. And that is the most insane thing I've ever seen in my entire life. We have MMR studies on vaccines and autism. We have thimerosal studies, which, you know, as we said aren't even really in the vaccines anymore. But we have no studies, zero on all the vaccines, on most of the vaccines that you get other than MMR they really are MMR versus no MMR in the setting of getting all your other vaccines. There's nothing in all the, the vaccines, which you get plenty in your first year. So how can we say anything that about vaccines, whether they cause autism or not.

Dr. Joel "Gator" Warsh ([00:21:34](#)):

You can't say anything. We can't say they do, we can't say they don't. I'm not saying that they do. I've taken care of kids that have autism that never had a vaccine. So just blame it all on vaccines is not reasonable either. It's complex, but the medical system or what we're taught, it just isn't true. We're just, we're just parroting what we, what has been told to us. And if you go look at the research, it's very clear and very simple to go look at it and say, look, the reason why people are saying that vaccines don't cause autism is 'cause nothing's proven that it does because no one studied it. Right. That's not good argument. It's not a good argument. The an the answer is we actually need to go get more research. Yeah. We have to look into this and, and that is just the truth. If you look at the research,

Caspar ([00:22:12](#)):

Right? And you say that throughout, it's like, I wish I could give you an answer, but we don't know. And that's the most truthful answer. Right? Right. Anything else? You're making huge presumptions and kind of biases putting into it and, and you're not really going with what the data's showing. And you said you tried to find it, right? You looked at the Amish, you're like, all right, the Amish, you're over here. They don't vaccinate as highly. Do they have lower? And there's some things there, but there isn't enough data. I mean, I did this myself looked last week and been like, all right, if you wanna look to a control group, look to the Amish. But even there, the data's very, very, you know, it's all over the place in some ways. And it's, it's not very definitive. So, you know, how do we go about starting to provide those people that are listening right now, that are reading this book and trying to find out, well, what the hell guys, like, what am I supposed to do with my child? It's coming into this world. I'm on the fence. I'm neither pro nor anti, I want what's best for my child. Where does that discussion start?

Dr. Joel "Gator" Warsh ([00:23:09](#)):

Yeah, I, I think it starts the same place as where I would start in my office. And I always tell people, you know, I can't tell you what to do. You're gonna have to decide what what you feel like is best for you. It's, it's very arrogant for me to say anything that I know better than the CDC or the public health authorities. I mean, this is, these are big groups of people that have studied these things for a long time and that's their recommendation. And that's what the recommendation is. And that's what the standard of care is. If you wanna do something different. And that's up to personal choice and up to how you interpret the data. I try to present everything so people can hopefully take that internal, you know, internalize it and maybe start to ask questions. But I feel like the first step is just having an understanding of what the research shows we, the things that we don't know, we don't know unfortunately.

Dr. Joel "Gator" Warsh ([00:23:50](#)):

And so you have to make the best decision you can with the information that we have. And for some people it's gonna be like, well, I trust the CDC, I'm gonna go with the CDC schedule. That's fine. If you wanna do something else, then you have to craft some sort of slower schedule or, or whatever that is. And you have to work that out with your doctor. But I I, I think if people understand what the research is and can ask intelligent questions, it's gonna help so they can bring things to their doctors. And the more people that ask questions, the more that things are gonna change. 'Cause until doctors even realize what the research is, I, I don't think that we're gonna have any sort of renaissance or any sort of change because the, the, they just say things like, it's, it's, it's settled.

Dr. Joel "Gator" Warsh ([00:24:26](#)):

Yeah. There's no point to get the research. And until we feel like there is a point to get more research, it's not gonna happen. So I, I think that's, that's where we go. But, but I, I did try to break down in, in the book, you know, the same way I do with in the office. Like, okay, if you do wanna decide to do a slow schedule, like here's how people usually think about it. This is how I would think about it. And you, then you weigh, the, the risk versus the benefits that we do know. And you, you know, usually people will go with, okay, like what is round, what could actually kill my kid? What is, what are they less likely to get? And, and every kid's different so that there's always a risk you can get any of these diseases, they're still around, but, but there are things that are obviously a lot more common than, and a lot less common.

Dr. Joel "Gator" Warsh ([00:25:03](#)):

So that's usually how people kind of craft a schedule moving forward. Or they do the things that they need to do for their school in, in their state. I mean, that's something that, that people do. So there, there's a lot of differences and in my office everybody does it differently. I would say a lot of people, if they do a slow schedule, kind of do one at a time and come in once a month. But that's not always true. Every people don't wanna start till they're three. They don't wanna start till they're five. They never wanna do it. Yeah. I mean, and that's not based on science or research that's based on their, on their, you know, gut instinct or what they, what they feel like is best for their kid. And I wish there was more research on this kind of stuff, but there just isn't.

Caspar ([00:25:33](#)):

And you did a really good job of presenting both sides in, in the kind of anecdotal sides of here's one person, what happened when they delayed it, you know how that wasn't good. Here's one person when they did it and did it early, it also wasn't good. So you have to weigh those risks. Would you say though, in a, if there's someone there that's relatively, let's say you know, more so against you know, vaccination more in the natural realm, more of a holistic viewpoint. 'Cause a lot of people listening I'm sure will find themselves leaning towards that a little bit more than a reliance on conventional medicine and saying it's all genetics, not lifestyle. So you're gonna have more people in that boat and they're saying, I wanna do

what's right for my child. I'd really like to delay. If we were to even look at, let's say, birth and let's say hepatitis B, vitamin K, right?

Caspar ([00:26:21](#)):

Those are the two shots that you're almost within the first day of, you know, being born a child is given that. Correct. Would, would you, again, not saying you'd recommend, but if you were that parent, would you look at maybe removing or delaying those in the realm of, hey, I don't see the big risk that hepatitis B, I could even give my child some oral vitamin K, whatever it is, or work on the microbiome in those early days that starts to produce some vitamin K and maybe lower that risk 'cause It's about bleeding with vitamin K as I understand. Would that be something that a parent can start to, if, especially if they read the book, start to move out of, we don't necessarily in my perspective, need those to start a child's kind of, you know, life off at birth.

Dr. Joel "Gator" Warsh ([00:27:09](#)):

Well, I think hepatitis B is a easier question than vitamin K I, yeah. Of all the vaccines that are given to kids, I think Hepatitis B is the one that most, the most delayed of all the vaccines. I I I think that parents who have had prenatal testing who know they don't have hepatitis B, the risk to their baby is basically zero. So a lot of them then do delay it and there's always a risk, right? So, so always you have to understand your risk and could the test be wrong? Sure. Could you get hepatitis B after you get the the, the test? Yes. Could your partner have it and not get tested? Yes. Could somebody come into your house that has hepatitis B that you don't know of? Yes, all those things are possible. That's what you have to decide. I would say the risk is probably like one in a million.

Dr. Joel "Gator" Warsh ([00:27:52](#)):

I mean, it's very rare that just some casual person comes by and bleeds on your kid and gives 'em Hepatitis B. But is it possible? Sure, it's possible. So that, right, that's where, you know, it's a public health measure, but I, I think a lot of people say, well, I, I don't have hepatitis B, I know my partner doesn't have hepatitis B I am not really going anywhere for the first couple of months. I'm comfortable just doing it later. I don't think my baby has a big risk. I don't want to give them a vaccine that has some, you know, I, everything has a risk. So I, I choose not to do it. I'll do it later. A lot of people do that. I would say very few people in my office do hepatitis B at birth. Some do, but most don't. Vitamin K is harder because there is absolutely for sure a real benefit from that vaccine.

Dr. Joel "Gator" Warsh ([00:28:30](#)):

The risk for vitamin K deficiency bleeding is not high, but it's very severe if it happens. So if you happen to be the child who gets brain bleeding or intestinal bleeding, you don't usually catch it till it's late and it's very severe. It's a brain bleed. So the risk about, depending on which version of vitamin K bleeding, but like one in 10,001 in 5,000. So that's not a zero risk and it's a huge risk if it happens to you and there isn't always obvious signs that it's gonna happen, the vitamin K shot basically gets rid of that risk completely. So you almost have a 0% risk of having K bleeding if you get it. If you're not gonna do it, does the oral vitamin K work? Yes, it does. It works. It's better than nothing. It, it doesn't work as well as a shot of course.

Dr. Joel "Gator" Warsh ([00:29:11](#)):

'Cause you're getting a lot more vitamin K in a shot than you get orally, but it's still beneficial. So I think these are just things that you have to weigh out for yourself, because I think of all the things, vitamin K is one of the hardest decisions for the very naturally minded parent because the vaccine, while it does have other ingredients, is mostly vitamin K. So it's mostly a vitamin, it's synthetic version, but it's still vitamin K. There aren't a lot of ingredients in there. And, and there's not a lot of, there's really no known major

concerns around it, obviously that it goes back to we just don't know a lot about most of these vaccines long term, but, but presumably there's not a huge risk from it and there's a huge benefit theoretical.

Caspar ([00:29:46](#)):

Yeah. So that risk reward, you could kind of say that, hey, that that's not something as the truly holistic natural minded that you have to worry too much about?

Dr. Joel "Gator" Warsh ([00:29:54](#)):

I, I think so. I, I, I think that for the naturally minded parent, that's one of the things that people do tend to do and certainly is the toughest decision for a lot of parents in the first few months because the benefit is, is very real and the risk is very low. Yeah. So that makes it tough. But it's still a vaccine, well, it's not a vaccine, it's, it's still an immunization, so it's still a shot, a vaccine technically it's immune response. This isn't giving any response, but it's similar to it. So anyone that doesn't wanna do anything that's not seen as natural I think they still have issues with it. But by and large, I would say in my office, which I still have obviously very naturally minded people, I much more than half, like maybe 75% of people still do it. So I, I think that's a tough decision for a lot of parents because they do see the real benefit there.

Caspar ([00:30:40](#)):

W when we start to talk about the rest of the vaccine schedule, MMR, DTaP, HPV, influenza, vari cell, all those, you know, do you, when you speak with parents or even with individuals, do you bring up the family history and genetic predispositions as part of the equation as to whether or not to really look at it on an individual basis?

Dr. Joel "Gator" Warsh ([00:31:02](#)):

I I, in a way, yes. I mean, I, i see here's the, the, the co the, I don't know if it's controversial, but the difficult part with, with that conversation is anybody who has a genetic predisposition to let's say autoimmune conditions or other, other sort of, you know, comorbidities, asthma allergies, one camp, the medical camp would say, well, you have some immune compromise. You, you're a little bit immune compromised. We're more worried about your immune system, therefore you should get more vaccines. You should make sure you get 'em because if you get the disease, you're gonna have more chance to get really sick. So that's kind of the standard position. The the alternative position is, well, you have a history of having some sort of immune issues. Maybe the vaccines contributed to that. Maybe if you get more vaccines, it's gonna affect your immune system, it's gonna weaken it in some way.

Dr. Joel "Gator" Warsh ([00:31:47](#)):

It's gonna cause some sort of issue. So I think that you should be the one that we're more, more careful with it. There's no way to know what the right answer to that is because again, it hasn't really been studied. I don't think it's unreasonable though. And this is part of the conversation to think, well, we have a family history of having reactions to vaccines. We have a family history of all sorts of conditions. Our genetics are such that we're a little bit more sensitive. And anyone that's more sensitive, you're gonna be more sensitive when you're making recommendations around medications or, or anything. So I don't think that that is unreasonable to at least have a, some thought around that. And maybe to consider going a little bit slower at first and slower doesn't necessarily mean you're not doing it. It just might mean, okay, well maybe this is the kid that we just do one at a time for, and you maybe have to come in a little bit more if you're willing to do it.

Dr. Joel "Gator" Warsh ([00:32:33](#)):

You still get your shots, but, but you just, you don't give as much of a load on your system. You just do one thing at a time. You see how it goes. You see if they have a bad reaction and you can kind of go from there. I don't think that's unreasonable. I mean, I think that is a, a more reasonable approach just in general to medicine to have a little bit more precaution for people that have other conditions going on. And, and I wish we would study that to see like, hey, for people with, I don't know, whatever autoimmune condition, like let's study it. Let's see if we go slower. Does that decrease the risk of side effects, long-term complications? Does it decrease their long-term risk of getting the conditions from their family? Like, like I would wanna know this. If you have a parent who has diabetes, does getting a slower schedule decrease your risk for your kids of getting diabetes or, or what? Like these are like important questions when we're doing all these vaccines to kids. I just don't know. We just don't have any research like that. Right, and, and again, that's not to say you shouldn't do it, but maybe we should be a little slower or a little more deliberate with those kids. And maybe if we were, we would still protect them, but we would decrease their risk of side effects if they were. But we'd have to look into it first. <Laugh>.

Caspar ([00:33:41](#)):

And it does seem that the CDC is providing the schedule in some ways of convenience. Meaning, you know, if, if you're gonna come in once, let's do six shots right at once and just get it outta the way. Because yes, coming in six times is burdensome to most parents working two jobs. You're more likely to skip some if you do it that way. It's convenient for the pediatrician to just mark it all off at once and be done and know you're protected from that. So is is that part of, you know, something you need to discuss also that while this is recommended this way for the convenience of it, you could inconvenience yourself and choose because it's a recommendation, right? You could choose with your pediatrician to extend these into six separate shots rather than one time six shots early on.

Dr. Joel "Gator" Warsh ([00:34:27](#)):

Yeah. And again, I'll say like, we just don't know if there's a difference in sort of safety or, or if it's better or worse. But it's absolutely correct to say that recommendations are for public health. They're for general. They're for the math is a lot of this is for the lower, you know, socioeconomic where it may be very difficult to go in 20 times. Like that's just not practical. So like, let's get you as many shots as we can 'cause we want you protected from these diseases and there isn't really a thought to whether doing it on three different days versus one day would be any better or, or, or different. It was just never studied that way. It's just, this is how it is and we want to get you your, your vaccine. So I, I think like you're saying for the individual who can go in more, that might, might be better.

Dr. Joel "Gator" Warsh ([00:35:08](#)):

I don't know. It may be better, it may be safer, it may decrease your risk. And, and if you're open to doing that, it, it doesn't really increase your risk from the diseases very much. You're still getting your vaccines, you're just maybe going over more, more visits. So I don't know. I would, I would love that research. I like that. That's what I would want to know. I I would to know if, if, if you do one at a time, does that, is that safer? Is that better if you extend these out that decrease your risk of chronic disease? But right now we say it doesn't affect your chronic disease, but we don't even know that. Like it hasn't been studied. We, we, yeah, I, I think we have to do prospective studies right now the research is so mixed of what we do have, it's not very good.

Dr. Joel "Gator" Warsh ([00:35:42](#)):

But even what we do have, it's absolutely mixed. It's not one sided, there's no question about it. There are good studies on both sides for some of these chronic diseases that show that it could affect vaccines could affect these chronic diseases. So I, I think the only solution moving forward is we have to do prospective studies and we have to do we're not gonna get blinded studies. It's not gonna happen. You're not gonna

put people in a group that, that you're gonna not give them vaccines. But there are lots of people that don't vaccinate. So you could have them enroll and you can have people that can choose vaccine versus nonvaccine. We're gonna follow you for 20 years. We're gonna see what the outcomes are. We're gonna get as many people in these studies as we can. We have to do that now. I i there, that's the only way we're gonna have any sort of idea of, of whether these things are affecting us long term. And we just, we just need to, we can't keep adding more vaccines without looking into it. It's, it's, it's not, it's not fair for the future generations to just just turn a blind eye. It's not causing problems. We don't know.

Caspar ([00:36:33](#)):

Yeah. And, and it seems right now that we do have a head of HHS and RFK Junior that's trying to at least open that door to say, let's look at these things. Let's actually do the science more. Let's put this through and understand it more. At the same time that head of HHS has been, at least in the past, very critical of certain vaccines such as MMR and autism you know, the HPV vaccine. I think he has open the lawsuit you know, his firms. But you know, when it comes to those sort of things, when you have someone now that's in this place, 'Cause back in the day you're right in the book you say he's just become the face of anti-vax Robert F. Kennedy Jr. And now he's the head of the largest kind of, you know, health institute in all government in the US and he's obviously going the direction he said he would in some ways, again, he's pissing off some people 'cause he's not doing enough and hasn't pulled all the VA vaccines. Others he's off 'cause he is even ruffling feathers and getting rid of some of the panels that approve vaccines in the past. However, if someone comes to you, a parent comes to you and says, Hey, I was listening to the head of HHS and he was talking all about MMRs and autism, you know, what is your kind of, what do you think Dr. Gator or what should we do here?

Dr. Joel "Gator" Warsh ([00:37:50](#)):

Yeah, well, secretary Kennedy, it's a very, it's a very interesting figure, right? It's a very weird world where you go from being like this guy who is seen kind of as the, the anti-vax king, I guess, to like, yeah, now he's the head of HHS. It's weird. But it's happening. And you know, whether you like what he says or you don't like what he says, I nobody likes everything a politician says. So I don't think you have to agree with everything. I know that our health is not great. I know that it's going in a bad direction and I know that we need a shakeup. So without question, he is going to create a shakeup, which is good. We need it. We need absolutely to have some different opinions in there. We need to have some different thought processes. We need to have some different people.

Dr. Joel "Gator" Warsh ([00:38:31](#)):

So that part is good. I, I think, and I hope that it will be a net positive. I mean, something's gonna do, are gonna be good and some things are not, and we're not gonna agree with everything that he says. But, but he certainly is doing things. I mean, a lot has happened in just even a few months when he's been there. So I think that's good. When it comes to MMR, as a doctor, our job is to tell people the information that we know. And thus far there's not evidence very clearly to show that the MMR causes harm. There's just anecdotes. There are a lot of parents that swear by it. There's some studies not so good ones that have maybe implied that in the past, but especially with the Wakefield studies, those were you know, it's found to be fraudulent and found to be problematic.

Dr. Joel "Gator" Warsh ([00:39:07](#)):

And so those are not really, I would say overly useful at this point. But, but there are other studies that have been done and, and of the vaccines that we have actually done research for with autism, that's the one that we actually have done some research and really nothing has shown major issues with it at this point. So I, I don't think that it's specific to the MMR vaccine. I, I think the bigger question is, are all vaccines related to some of this stuff? And, and how that plays in maybe the MMR for certain kids pushes

you over the edge. Maybe that's just the age when you get MMR, so it's gotten a bad rap and that's where you're gonna see things more, could be the final straw. I, I don't know. I don't, I don't know what the answer is. So that's where parents have to decide for themselves.

Dr. Joel "Gator" Warsh ([00:39:42](#)):

Like, are, are you worried about it? Do you wanna push it back? But on the flip side, the measles is one of the most concerning diseases that we have <laugh>. So it's, it's a weird, MMR is the weird vaccine because of all the vaccines that we have, it's probably the most important one. And on the flip side, it's the one that parents are most concerned about. Yeah. So I I I think that it's, it's a very difficult conundrum. But I mean, I've given many kids the MMR vaccine, I've never seen any specific issue like right after it. So like, it's obviously a rare occurrence if it does happen. But I also think we have to listen to parents, if parents come in and get a vaccine and say their kid totally changed that day into the next day, and that happens hundreds of thousands of times, that's important to listen to.

Dr. Joel "Gator" Warsh ([00:40:20](#)):

I, I, you know, that's it's anecdote, but that's how you make science. You, you take anecdotes and you, you, you do, you perform studies and you create studies based on what people are seeing. And when you have hundreds of thousands of parents, and these are not anti-VAX parents, and I hate that about, right? The, the, the past. It's like, this is a kook, this is an anti-vaxxer. Like what are you talking about? This is a parent that literally took their kid to get vaccines and, and they feel like this happened. So they might be right, they might be wrong. I don't know. That's what science is for. But, but to label them as anything, but a parent who, who feels a certain way isn't, is ridiculous. Like that's the data we need to figure this stuff out. So you have to take this information and decide what you wanna do and also have to look at what's going on. I mean, if there's a measles outbreak in your community you know, probably more risk from measles than from from the vaccine. If there's nothing going on in your community, then you have to ask yourself like, do I want the risk? Do I want whatever risk there is from a vaccine versus whatever risk there is from the disease? And both come with some, some risk and you have to decide what you're more comfortable with.

Caspar ([00:41:19](#)):

Is there a case to be made? Because I'm looking back at just, you know, I, I've spoken to RFK Junior, he's always, you know, he brings up the case when I was growing up, you know, we didn't know people with autism and this and that, right? And there's always that case. And I feel the same way. I was born in 1981, right? My parents at the time, my father was a physician, but he was very conventional back then. And he was, you know, yeah, let's just go with the vaccine, you know, recommendation. MMR, I got that right. No problem. No nothing protected against that. It was a few others, but very, that was it, you know, very few at that time in the early eighties. And, you know, and you could say the, the, the cases of mumps, you know, it was high level of intake of that vaccine.

Caspar ([00:41:58](#)):

So very low cases then and very low cases or lower cases you should say, of autism regularly so. Now you're not correlating the two. It's just w would, would you see a case for going back to how things were 20 years ago instead of that huge scale that you see of all these vaccines? 'Cause You made this case, you can't vaccinate yourself out of like, just good health, right? You can't vaccinate against common cold, which kills a lot of people. You can't vaccinate for every single thing out there, which will continue to kill people and just say, that's health. You know, let's just keep vaccinating and find a vaccine for everything while dismissing lifestyle in the eighties or other things too. But would there be in your mind and, and in, you know, in your conversations, a case to say, well, less could be more if we really focused on health

and kind of went back and addressed the big ones and other ones, we take a little bit more of a common sense approach and say it's there for you, but we don't necessarily recommend it.

Dr. Joel "Gator" Warsh ([00:42:59](#)):

I, I, I mean, I think that's a great question. First we'd have to acknowledge that vaccines could cause issues. Yeah. And I think that's the first key. Because if you're assuming that they don't cause issues, then more is better, right? Because then we're protecting against more diseases. And that's a good thing. Like we can protect against new things that we couldn't protect against before. And we wanna do that. So why wouldn't we do that? It doesn't cause an issue. The question is at what cost, right? The question to me is not, does the MMR vaccine work, does it protect you against measles? Yeah, it does. I mean, we have very good data to show that it's very unlikely that that data is not true. The vaccine works well. Most people that are vaccinated don't get measles. Most people that do get measles are not vaccinated.

Dr. Joel "Gator" Warsh ([00:43:39](#)):

So we have a very good understanding of, of, generally it works quite well. The question is, at what cost? Does it affect autism? Does it affect your immune system? Does it create or contribute to autoimmune conditions in the, in the long run? Because then you have this balance that you have to, to foster, and then you have to start asking the question, presuming that it does. Then you say, okay, just because we can vaccinate against the disease doesn't mean that we should. And how many vaccines are too many? What vaccines do we weight as most important? And now that we're here and we have 40 vaccines or 50 vaccines in the future, okay, which ones are we gonna prioritize? What is the most important? What do we wanna make sure our kids get? What has the lowest risk? And let's prioritize those and then leave the other ones available.

Dr. Joel "Gator" Warsh ([00:44:22](#)):

Because just 'cause you have a vaccine doesn't mean you do it. Like we, we have a smallpox vaccine. We don't just give everyone smallpox vaccine 'cause there hasn't been smallpox in a long time. You don't give everyone a yellow fever vaccine just because they might travel to Africa. It might get yellow fever. You, you vaccinate them if there's a higher risk. And so I think there absolutely is a case, especially if you start to make the case that there are some risks from these vaccines that maybe we have to in the future, in the next decade. We have to really think, all right, let's get the best research that we can and then let's prioritize these vaccines and decide, alright, what are the five or the 10 or whatever that are the most important that we wanna make sure that our kids get and let's prioritize those.

Dr. Joel "Gator" Warsh ([00:45:00](#)):

And then the rest of the vaccines, we could, we could still recommend them, we could still say, look like we recommend this vaccine, we think should get it, but let's make sure we're getting these other ones. And some people will do it and some people won't. And they're gonna weigh the, the pros and the cons for themselves. But like, Hey, we think the measles vaccine's really important. We want everybody to get that measles vaccine. We don't want measles to spread. We don't think the hepatitis B is that important at birth. If you wanna get it, go for it. But if you have hepatitis B as a mom, yeah your kid should get the hepatitis B vaccine. Like that's a specific situation and you have a very high risk for your kid to get it. So maybe you are the one kid that gets it, but maybe, you know, if you have been tested and you don't feel like your risk is high, let me explain to you what your risk is.

Dr. Joel "Gator" Warsh ([00:45:37](#)):

Here's where your risk comes from, if you're okay with that risk. So be it. Like people have cancer and they have cancer medications and chemotherapy and you go through the pros and the cons and we know you might lose your hair. It might affect your immune system. You might die from taking these, these

things. And some people choose that risk because they feel like it could extend their life and other people don't 'cause they don't want it. And, and, and that's just how it is. Like vaccines can protect you against things, but they're not perfect. And you have to be able to weigh the pros and the cons for yourself. And you might not take the vaccine, your kid get the disease and die. That's part of the deal. Like that's what you have to decide about. And, and, and we have to bring that information back so that people can make those decisions and have to respect that people can make their own decisions about this stuff. I, I, I just think that's where we need to go and then we can really, truly prioritize the most important ones. So people are like, look, let's get these three because these are actually the ones that like, there's a real risk. These are around. I want you to get those and the rest are up to you.

Caspar ([00:46:33](#)):

Yeah. But that requires a conversation with your pediatrician. Of course <laugh>. And as you know, those conversations, sometimes I get this a lot like I get hit up on Instagram or just emails of like, do you know good pediatrician? 'Cause I just got bullied out of my doctor's office for even questioning whether, you know, we should have one or the other vaccine, which is, I saw, I read in the book, you know, you have those pediatricians that are like, it's my way the highway. You either get everything according to schedule or you will not be a patient. And I will call child protective services and rat on you basically say you're not a good parent. Horrible. I mean, you know, way approaching things. Right. Not the right way to kind of you know bring people together there and build trust in medicine and doctors. But then for the people listening and saying, that is my pediatrician. You know, what, what is your best advice to, to find someone or to bring this up in a way that's not so confrontational or that you don't feel embarrassed to even ask your pediatrician.

Dr. Joel "Gator" Warsh ([00:47:31](#)):

Yeah. And the child protective services is the extreme, obviously not the norm. Yeah. But, but it actually is the norm to kick people out of your office like that is extremely common. The, I would say the majority or certainly a lot of pediatrician, well the, I I would say it's the majority do not accept patients in their office that won't go on the regular schedule or, or certainly won't accept patients that don't vaccinate at all. It's definitely the minority of, of pediatricians that will take anybody regardless 'cause they feel like their, their job is to see, you know, kids and, and not to, to judge people's decisions. But at the same time, doctors theoretically should be able to treat whoever they wanna treat. And, and, and you can make decisions for your practice. I, I think that if you have questions and you go to a practice like that, that's not the right practice for you.

Dr. Joel "Gator" Warsh ([00:48:15](#)):

And I think that if everybody starts to say, well look, we wanna be able to discuss this and we don't feel like it's reasonable for doctors to just kick people out for not having vaccines and everyone starts doing that, then doctors are not gonna keep doing that 'cause they're gonna have no patients left. So I, I think from the individual level, you have to be okay with finding the right doctor for you. And if you have questions not answering it, then it's totally fine to find a different practice. And trust me, the doctor who's there doesn't want you there. If, if they don't wanna have patients without vaccines and, and you don't wanna get vaccines or you even wanna question it, they don't wanna do it. They don't want you there. So find a doctor that does. There's still plenty of other doctors.

Caspar ([00:48:48](#)):

There's plenty of there, there are, and this is what I say, you, you gotta just find the right search in the area or ask the right people on integrative, functional, holistic, whatever those keywords are that come up, those, those pediatricians are usually much more open to at least having the conversation and not pushing you one direction.

Dr. Joel "Gator" Warsh ([00:49:06](#)):

And that's why people come to my office. I mean, by, by far the most common reason people will come is not because they don't wanna get vaccines. 'Cause most people do get vaccines. They wanna have a conversation. They wanna know what's not gonna be pushed on them. They wanna know that you're gonna be open to having a discussion if some sort of reaction happens that you're gonna be aware of it and you're not gonna make them get more. And you're just gonna listen to their concerns and tell them the best that you know. And, and again, I was like, I can't tell them anything. I'm not telling you that research doesn't magically exist and I can give to them. It's just they wanna know that you're on their team and you're not trying to push a product on them, but you're trying to give them information.

Dr. Joel "Gator" Warsh ([00:49:41](#)):

And I think that's the way that medicine should be in general. It's the way that it is usually, but for this topic, it's not. And I feel like it's just fractured, fractured medicine and fractured trust. And I hope that it, that with a little bit more research and, and possibly through, you know, Kennedy's term, some of this stuff will start to come out and it will because he is where he is, is going to get to the pediatrician's. Now the, the problem is he's so controversial in their mind that even if he finds something, they're just gonna say it's biased. So we're gonna need more than just what he finds. It's gonna have to be multiple things and it's gonna have to be from other people. But if the, if the, the tap is opened I guess so to speak, and people start to get other research and maybe some researchers they do respect, find things, then, then maybe it'll start to open up their eyes.

Dr. Joel "Gator" Warsh ([00:50:32](#)):

And also the more of this that happens, the more that I'm able to go on podcasts, the more that other people are able to go on shows and podcasts and just talk like this, then there's going to be a few pediatricians listening to this. There's gonna be a few doctors listening to other things. I mean, I've had people reach out to me and if you're listening to it, you might have only heard from Paul Offit before and you're like, okay, well ah, that guy makes some good points. He's crazy, but like whatever, he makes some good points. Fine. You can think I'm crazy. You can think I'm anti-vax or whatever you want to think I'm not. But that's fine. But at least if you start listening to some of these other conversations, you might be like, well, well let me go look at the autism research.

Dr. Joel "Gator" Warsh ([00:51:07](#)):

Wait a minute, that's not true <laugh>. Like what I was told is not true. And then you'll be like, okay, well now I'm a little bit more open to listening to Secretary Kennedy when he says we need more research. But people have to at least hear the other side so they can be open to it. And I think that is happening now. So I'm hopeful that that a good chunk of doctors, certainly there's gonna be ones that are never gonna listen to any podcast like this, but at least the newer doctors, the younger doctors, the ones that are somewhere in the middle are going to hear some of these things and they're going to go look at it themselves. And once I think people look at the autism research, that's gonna be the bridge in my mind that's gonna open people up to the rest. Because there is no way that any person, highly intelligent doctor, will go look at that research themselves and say that the science is settled on vaccines and autism. It's not possible unless I'm missing some sort of huge body of literature that doesn't exist that isn't in Paul Offit's book or Peter Hotez's book. It's just magically somewhere, it doesn't exist. So there's no way you could say that. And I think if people see that, then they're gonna be like, oh, all right, well I need a little more humility here.

Caspar ([00:52:09](#)):

Yeah. You know, it's some of the best advice I ever received from Naveen Jain, billionaire created biome and a few other things he was on. He is like, you know, when you're going up against a topic that you, you don't know too much and you really wanna make a good decision, he is like get 12 completely

differing opinions on it from experts, from people, everything like that. Really sit on it, think about it. Read Peter Hotez's book, but also read RFK and Susan Humphrey's and others, right. Get the whole spiel together and then take time and make a 13th opinion. That's your own right. That you felt good about, that you went into your heart and say, that resonated with me. I got all the differing opinions. They all sound, you know, sound and simple, but this one resonated with me a little bit more and it's mine now. And I have to feel comfortable moving forward with that. And I think that's what parents should do with their pediatrician, with others around them, with their spouses, whoever families, friends, and create that. But of course you need to acknowledge that if you don't know too much about something, you're probably going to have to educate. And I think your book did a great job of that. That's

Dr. Joel "Gator" Warsh ([00:53:14](#)):

What I was gonna say. I mean that's the book, right? Yeah. That's, that's literally what it is for me. It's my journey. I mean obviously I know about vaccines 'cause I've learned, you know, some stuff through training and obviously I've learned more throughout the years because it's a big topic. But until you do that <laugh> Yeah, what you just said, like you even I just did not have a lot of that knowledge that I needed to have and I had to read all of the books and go through all of the research and then look at the citations myself and go through the studies to the best of my ability. And there's obviously, it's endless. So you can't go through everything, but like you have to go through an appreciable majority of the major things and look at and be like, okay, well you know, Paul Offit makes some great points here.

Dr. Joel "Gator" Warsh ([00:53:51](#)):

Mm-Hmm <affirmative> and Susan Humphreys makes some great points here. And like, which one is true? I don't know. They both make good points and they're completely opposite. So I don't know. And and that's where you come, I think if you really are honest with the information, you could you just say, I don't know to so much of this, which is annoying, but it just, that's what the truth is. And so if we, if we can agree that we don't know, we can actually start to know based on getting real science. And that's where we are right now as opposed to where medicine is, which is, it's settled. We don't need anymore. Why are you wasting money? Why are you talking about this? It's ridiculous. And we're not gonna get anywhere until we get past that. And I don't think that we're going to get past that until the medical establishment has an a realize, a realization of what the research actually shows as opposed to what's just kind of told to us.

Dr. Joel "Gator" Warsh ([00:54:34](#)):

And I hope that the individuals like the Paul Offit's and those people after they get over their anger at RFK will start to sit down and have debates and discussions around some of these topics because that's the next step. The next step is understanding and debate about, okay, you say that science and autism is settled. All right, let's talk about that. You explain to me why you think it's settled and let's see where, where we can go with that. And maybe I'm wrong about some stuff. I don't know, maybe you know something I don't know. But let you tell me what I'm wrong about when I wrote that chapter, like I would love to hear from them like, okay, where is it wrong? <Laugh>. Yeah, what do you know that I don't know.

Caspar ([00:55:08](#)):

I mean the good thing is that debates are all the rage right now. Right. Whether it's Dave Smith or you know, Douglas Murray and all these people debating Jordan Peterson, you know, they're all debating. So we should get the medical minds to debate as well. And I think they're going to have to, because too many people are saying enough already like let's just debate because I can't take this back and forth like a tennis match without outcome to it. Right? Yeah. And, and at the core of this, all we have to agree, and you wrote in the book that we all want children to be healthy. That's what is at the core how you're looking at

it may come in different prisms and different and we should have open debates to see who's, you know, right. And how we could come together to see how to help children. But at the same time, you know, it's a parent's responsibility to provide child with health and it's not just the vaccination. There are people saying, as I vaccinate my child, if I choose to do so, I'd like to do all the things to help maybe detox or support or boost the immune system. What is your recommendation to those parents of, of course it's the diet's important everything else, but what do you tell them?

Dr. Joel "Gator" Warsh ([00:56:10](#)):

Yeah, I again, I, you're asking all the right questions that don't have answers, right? Like, it's ridiculous that we don't have research on, alright, what are the things you can do to detoxify the best? How can you, what can you take or what can you do to minimize your risk from having a reaction from a vaccine? Because that's kind of things that parents would want. Like look, you're going to get a vaccine. Alright, here are the 10 things you could do to minimize your risk to have a reaction to a vaccine that's gonna give you more confidence to do it. I just go with common sense when I'm talking to parents like, what helps with detoxification in general, then that's probably gonna be good. And there's really nothing controversial about the very basics. Like, all right, how do you get things out? Poop, pee and sweat.

Dr. Joel "Gator" Warsh ([00:56:46](#)):

So make sure they're moving, make sure they're going, getting their sunlight, make sure they're gonna the bathroom. So you're drinking a lot of fluids. Make sure you know they're not being dehydrated around when they're going there. Give them extra liquid if they're a little older, maybe some magnesium, something you could certainly consider to get them to go to the bathroom a little more. Vitamin C, antioxidants, vitamin D all all those things are, are certainly reasonable in general for immune support. There's lots of good evidence around them just in general. So I, I think it's not unreasonable to do some of those things around vaccination as well if you want to. But again, it's not science-based because it's never been studied. So that's that kind of research we need. Like I, I hope again, like let's look at the genetics, let's look at kids that have reactions.

Dr. Joel "Gator" Warsh ([00:57:25](#)):

Let's look at what are the genetics, what do they do? What, what are the risk factors for having a reaction? Like why don't we know that? Why don't we have some sort of idea of like the top 10 things that are, are, are, are, are in our genetics or whatever. I don't know. Like we just have never done anything like that. It's like, ah, they're just fine. Just go do it. And, and that that is, we don't need to do that anymore. We have much better technology. We can actually research this stuff. So let's do that.

Caspar ([00:57:51](#)):

Yeah. It's a shame that all these answers that you give, that everyone gives, right? It has to come with a big asterisk at the end of like, you know, we need to learn a lot more with research 'cause it's just not there. And it's, we

Dr. Joel "Gator" Warsh ([00:58:02](#)):

Do, I I and I would tell you if it was definitive, but like we, we haven't even just begun to do this research and, and to me we should not be asterisking these things. Like this is something we're giving so many things to our healthy kids, we should be definitive with, we have this research, here are our risks and it's not gonna be zero risk, there's nothing we're gonna do to make it zero risk, but we should be always striving to decrease that risk. And we should be able to say, because we can do this, we can do prospective trials and say, look, your risk if you get vaccines is X you are risk if you don't is Y based on the research that we have and we're getting more trials, we're getting more information, here's what we

know, and we can have a lot more data in 10 years than we have now if we do that and we can, we can get rid of some of those asterisks.

Dr. Joel "Gator" Warsh ([00:58:46](#)):

But technically right now it's either you just follow the CDC kind of mentality, which is is totally safe and you're fine and it's never gonna cause a problem. And if it does, it's one in a million, it's super rare, it's not, it doesn't happen. Or you can listen to all the other people that say, you know what, like there are a lot more reactions than we really believe and it's a lot higher than one in a million and we don't know what that number is, but it's higher. And not to mention how are all these autoimmune conditions related and are is some of that related because if it is and asthma is somewhat related and au autism and other things, then actually it's a huge deal. Yeah. And actually it's a big risk and we actually have to really consider that consciously as we move forward. And I, I think that that is so key because we're asking parents to do more and we're just gonna have more vaccines. Like it's not gonna stop. Mm. So if we don't, if we don't step back now and push back now and demand the research now, then there's gonna be 200 vaccines in 10 years. And, and, and if that's causing an issue, it's gonna cause a lot more issues. So I we better figure this out now.

Caspar ([00:59:45](#)):

Yeah. Now is the time and the good thing people are asking questions, right? You see it a lot. I mean, I post this and I'm gonna get to these questions in a second, but people are truly inquisitive right now, whereas before they were just kind of maybe blindly following and just going with it. So a few of the questions here that I got, and you just spoke a little bit about genetics. Are there any genetic tests we could use to see if our children would be predisposed to autism if vaccinated

Dr. Joel "Gator" Warsh ([01:00:11](#)):

N not really at this point. So the most studied would be the M-T-H-F-R gene mm-hmm <affirmative>. Just related to detox detoxification. But it's not studied in any way, in any, in any sort of sense that gives you a useful picture of, of your risk. So many people have an M-T-H-F-R mutation and many of them don't have autism and have had vaccines. So it's not a very clear picture. But I, I do hope, and I, and I, I always say this like I hope someone's listening and like starts doing testing <laugh>. Like there needs to be a test where we start going forward and like get a, you know, thousands and thousands of kids with their genetics and then marking off when they get a reaction and then looking backwards and starting to figure out like, is there something that has to do with this? But, but we just, we don't know.

Caspar ([01:00:50](#)):

Yeah. Talk about the link between DTaP and SIDS if there is any.

Dr. Joel "Gator" Warsh ([01:00:56](#)):

Yeah. So that was the original concern with sudden infant death syndrome was around DTaP. It really depends on who you ask and what you read. And there is, there are some studies that show some correlation between vaccines and and the timing and, and having more increased risk around vaccines. And then there are many studies and bigger studies that show that it isn't related. So the science, the science is, is, is heavily weighted towards it not being correlated. But then the certain people think that it is. To me, one of the biggest things that I've seen is the, the risk of sudden infant death syndrome has gone down dramatically mm-hmm <affirmative> over the last couple of decades. And the argument for most people on most things is, well, the amount of vaccines have gone up, so therefore we have more chronic disease and more autism, which this, that doesn't really hold for SIDS.

Dr. Joel "Gator" Warsh ([01:01:43](#)):

So I would think that based on at least that data alone, vaccines are not the driving factor for SIDS. Maybe in a small subset, I think it's important to keep looking at it. There is some argument around, well maybe they've reclassified things and some things are not called SIDS anymore. And so that, that's hard to parse out because classification is, is difficult, but at least just purely based on SIDS, the rates have gone down. Yeah. And there is a good amount of research on SIDS and most of it points to not being related to vaccines. So I, I think that the, the weight of it right now is against it being related to vaccines. But I, I think we should keep looking at it just because, because SIDS is such a huge devastating topic that if there is even a small percentage of kids that it's related to vaccines, we should, we should figure out why <laugh>, if that's true for

Caspar ([01:02:28](#)):

Sure. No, this question comes from the UK so I don't know if the schedule's different there, but how effective is only one dose of Prevnar?

Dr. Joel "Gator" Warsh ([01:02:36](#)):

So with each vaccine, you know, it's a little bit different. For most vaccines, one dose will get you somewhere in the range of 70 to 90% effective. So they usually are effective, but more of them give you boosters and give you longer term immunity. And, and generally it's like you have like 70% chance at work and then it's 85 and then 95 and then 99 it's like usually like that. So I don't remember the exact number for Prevnar, but I think it's like in the high seventies to below nineties, something like that.

Caspar ([01:03:04](#)):

Here's from a nurse I know does delaying in spreading out childhood vaccinations help decrease negative outcomes?

Dr. Joel "Gator" Warsh ([01:03:12](#)):

Maybe. We don't know <laugh>. Yeah.

Caspar ([01:03:13](#)):

Nothing definitive there, right? I

Dr. Joel "Gator" Warsh ([01:03:15](#)):

I think from some parents' perspective they feel like it does, but it's not like it's been studied so to say kids that have a slower schedule have fewer negative outcomes. We just, we don't really know. Not not in any great science.

Caspar ([01:03:26](#)):

Yeah. What about COVID vaccines in children? You know, do you find that unsafe? Obviously there's a lot of talk about, is NU1, I think it was just pulled from the recommended schedule by RFK.

Dr. Joel "Gator" Warsh ([01:03:38](#)):

I think the masses have spoken on the COVID vaccine at this point. Yeah, very few people are doing it. I believe that almost everybody feels that the benefits don't outweigh the risks. Are there some benefits? Yes, the research seems to show that there are some benefits and it can decrease your risks, but the risks for COVID are generally pretty small, especially for kids. And the risks are certainly known especially with myocarditis in in, in younger males especially. So I feel like the trend has now moved away from

doing it and, and really very, very few people are actually getting the vaccines. Yeah. So I think at least in the minds of most individuals, they, they don't feel like it's worth it at this point.

Caspar ([01:04:15](#)):

Are you seeing the same for influenza vaccinations? Is that still strong? You know, because you go over it that it's some are like 30% effective each year. You're doing it year after year and Yeah,

Dr. Joel "Gator" Warsh ([01:04:26](#)):

Every year it's different. Some years it's okay, you know, effectiveness, some years it's not. The trend is certainly a decrease. It's, it's some around 50% of people getting it now mm-hmm <affirmative>. So half do half don't but the research, especially the more recent research is very concerning. And, and I don't know, I'm sure you've seen it, the Cleveland Clinic study where from this year where the people that got the vaccine had like a 30% higher risk of getting flu and, and mm-hmm <affirmative>. You know, I don't know what's true about that or not, but like that is ridiculous research not to be front page news <laugh> and not to be, not to be replicated. 'Cause I mean, the study could be wrong. The study could be specific to that population. It could be specific, I don't know, like it, it might be very specific if not true of flu vaccines in general, but like, come on, if that is true, like we have to replicate that.

Dr. Joel "Gator" Warsh ([01:05:12](#)):

If you have an increased risk to get the flu from getting the flu shot, then why are we doing it? Or why are we not saying, hey, let's like change up the formulation to make it work <laugh>, you know? Right. I don't wanna be like, look what doctor wants to be giving something to a patient and then increasing their risk to get that thing right. That that's not like woo woo craziness. This is Cleveland Clinic, a big study, a good study that showed increased risk. So this is the kind of stuff if it comes out, we have to say, whoa, like let's replicate this. We have to do this again. We have to figure out if this is true because if it is true, then we have to change something. We're not doing, we're not giving vaccines to, to harm people. We're giving them to help. So if it's actually increasing your risk of the thing you're trying to prevent, then why are you doing it? <Laugh>. Yeah. Doesn't make any sense.

Caspar ([01:05:56](#)):

It is that big pharma just sweeping this under and kind of containing it, you feel like through, through money, because how is that not bigger news?

Dr. Joel "Gator" Warsh ([01:06:04](#)):

Well, I think anything that goes against the narrative of doing more vaccines gets swept out under the rug because it doesn't go with the narrative. So it's always like, oh yeah, it's just this study. Oh yeah. It's just not a good study. Oh, they did this bias. Oh, you know, they always find a reason and then there's no push to get it out there because a lot of these things, it it, there has to be a push to kinda get this information out there. Yeah. To do it. And nobody wants to do that. So they, they don't necessarily like bury it in an evil way. They just, it just not like really spread around. Most people just don't know about it and it just goes away. And, and when you have something like that, like that needs to be studied next year and better <laugh>.

Dr. Joel "Gator" Warsh ([01:06:39](#)):

Yeah. Better. Like we have to do now like a, a double bl like a good study and like, all right, like let's look at more people, let's look outside of the Cleveland Clinic. Like is it causing more flu test? That's nuts. Like you're giving the DTaP vaccine to give more people whooping cough. Like, come on. Of course that's not what we're doing. Like no doctor's doing that. They're giving 'cause they want to help. So

the data needs to be there for doctors to say, 'cause I guarantee you, you do a double blind study on a hun a million people and, and more people get the flu than not get the flu doc. And that's in the New England Journal of Medicine. Doctors are gonna stop giving the flu vaccine. Like they're gonna pull it. Like they're, that's what we, we don't wanna give people things. So we wanna know whether that's true or not. 'Cause If it's not true, then okay good. We wanna like know what is true. But, but come on, like, like this is not woo woo, this is actual science. That's what science is about. We find things we don't always expect.

Caspar ([01:07:26](#)):

Oh, absolutely. <Laugh>. And one last one, this is an interesting one. What percentage of your patients now are no longer vaccinating their children?

Dr. Joel "Gator" Warsh ([01:07:38](#)):

Any vaccines or just on the regular?

Caspar ([01:07:40](#)):

I guess any, yeah, I'm thinking none whatsoever.

Dr. Joel "Gator" Warsh ([01:07:44](#)):

Like maybe 5%. Okay. Maybe five, 10%. Yeah. It's, it, it's probably like, I don't know, maybe 25% of the regular schedule. Like 50, 60, you know, in that range, slower schedule and then, I don't know, five, 10, 15% and none. So it is not huge, but it sits there and it's certainly growing <laugh>. Yeah. But it's, it's hard because by my practice is very specific, it's integrative so people are searching it <laugh>. Yep. So I get people that are, you know, coming here because they don't necessarily wanna vaccinate, but, but it's, it's certainly higher than it used to be. Yeah.

Caspar ([01:08:15](#)):

And it seems, you know, with your practice, of course people are coming there and openly discussing things and right. And bringing things to you and just saying, let's have a conversation. What are your thoughts? Here's what I'm thinking. That's how it should work. Correct?

Dr. Joel "Gator" Warsh ([01:08:28](#)):

Yeah. And, and, and after having conversations, even people that are somewhat hesitant, most end up doing it. They maybe don't do all, they maybe don't go on the regular schedule. They maybe go a little slower. They space it out over more time. But they mostly do it. I mean, most people do it. There are very few people that don't vaccinate. It's like 1%. So it's not a high amount <laugh>. So it's really, most people do it. But, but I think that the amount of people that are concerned about vaccines is increasing.

Caspar ([01:08:54](#)):

Yeah. Well Dr. Gator, thank you so much for this. Where can people learn more about you get the book?

Dr. Joel "Gator" Warsh ([01:09:01](#)):

They, so they can find me on Instagram or X @DrJoelGator or the book Between a Shot and a Hard Place , you know, anywhere you can get books, Amazon, all the regular places or TheShotBook.com.

Caspar ([01:09:12](#)):

Yeah. Well congratulations on again on writing a book that truly is unbiased. I went into it being like, oh, I think he's a little bit this way. And then you read more. No, he's more this way and you're not supposed to, right? Mm-Hmm <affirmative>. You have to leave those biases alone of where are you versus just take the information, assimilate it, and come up with your own conclusion. So thank you for writing it.

Dr. Joel "Gator" Warsh ([01:09:33](#)):

Thank you. Thanks for talking about it. It's a tough topic to have out there, but it's glad, I'm glad we're doing it.

Caspar ([01:09:38](#)):

I'm glad you wrote it 'cause it is a tough topic. I hope it gets the discussion going. So thank you again. And be sure to follow Dr. Walsh on Instagram at, that's @DrJoelGator and you heard he's on X also. We'll include all the links to all social media channels and be sure to pick up his book Between a Shot and a Hard Place available now on Amazon and elsewhere. Until next time, continue writing your own healing story.