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HEALTH

“We Get Paid to Vaccinate Your Children”: Pediatrician Reveals Horrifying Details of Big Pharma Scheme

“You cannot stay in business if you’re not giving pretty close to the CDC [childhood vaccine] schedule.”

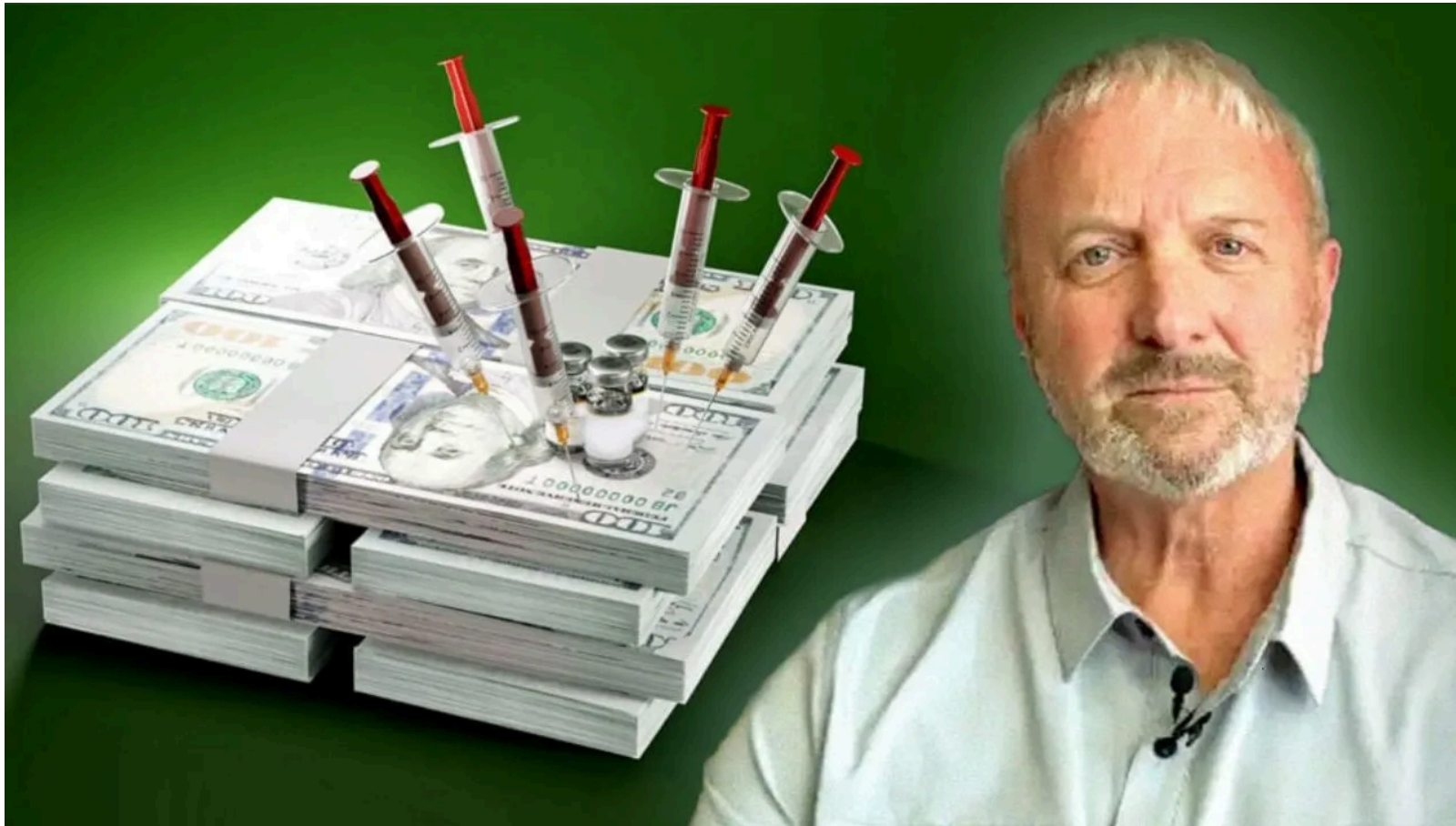


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Guest post by [John-Michael Dumais](#)

Can pediatricians afford to run their medical practices without the generous kickbacks they receive for [vaccinating every child](#)?

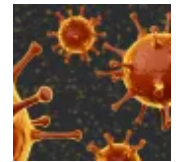
Dr. Paul Thomas, a Dartmouth-trained pediatrician, discussed this dilemma during an April 16 interview with Polly Tommey on Children's Health Defense's ["Vax-Unvax: The People's Study"](#) bus tour.



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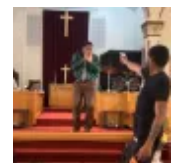
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“You cannot stay in business if you’re not giving pretty close to the CDC [Centers for Disease Control and Prevention] [\[childhood vaccine\] schedule](#),” said Thomas, who ran a general pediatrics practice with 15,000 patients and 33 staff members.

Thomas also addressed the risks and harms of vaccines — including [COVID-19](#) mRNA vaccines — and the importance of boosting our immune systems naturally.

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‘We were losing ... over a million dollars’

Thomas, author of [“The Vaccine-Friendly Plan: Dr. Paul’s Safe and Effective Approach to Immunity and Health-from Pregnancy Through Your Child’s Teen Year,”](#) gave parents in his practice a choice: vaccinate their children on the CDC schedule, vaccinate more slowly by waiting for the child’s immune system to develop or not vaccinate at all.

As more patients refused vaccines, Thomas began to notice the financial impact on his practice.

He and his staff conducted a thorough analysis of their billing records, examining the income generated from vaccine administration fees, markups and quality bonuses tied to vaccination rates.

The results shocked him. “We were losing ... over a million dollars in vaccines that were refused.”

He explained that pediatric practices heavily rely on vaccine income to stay afloat, with overhead costs running as high as 80%.

“It is very expensive to run a pediatric office,” he told Tommey. “You need multiple nurses, multiple receptionists, multiple billing people and medical records — it’s a huge operation.”

Three financial incentives for giving vaccines

Pediatricians receive several types of financial incentives for administering vaccines.

The first is the administration fee, which Thomas described as a “Thank you for giving the shot.” He estimated that pediatricians typically receive about \$40 for the first antigen and \$20 for each subsequent antigen.

“Let’s just say a two-month well-baby visit, there’s a DPT — that’s three shots, three antigens,” he told Tommey, plus “Hib [Haemophilus influenzae type b], Prevnar [pneumococcal], Hep B [hepatitis B], polio, rota [rotavirus] — [that’s] about \$240.”

The second way pediatricians profit from vaccines is through a small markup on the cost of the vaccines themselves, though Thomas noted that this is not a significant source of income.

The third and most substantial financial incentive is quality bonuses tied to vaccination rates. Insurance companies offer pediatricians bonus payments for meeting certain benchmarks,

typically around 80% of patients being fully vaccinated by age 2.

“I get dinged maybe 10-15% off of those RVUs — relative value units — that are ascribed,” he said, describing the points system used to calculate physician reimbursements.

With his practice’s vaccination rate a mere 1%, Thomas was at risk of losing up to 15% of his overall revenue.

“Really, it effectively means a pediatric practice cannot survive using insurance without doing most of the vaccines, if not all of them,” he said. “And I think that explains the blinders — [why doctors] just won’t go there and look at the fact that these vaccines are causing a lot of harm.”

Neurodevelopmental issues ‘clearly linked to vaccines’

Tommev asked about sudden infant death syndrome (SIDS).

“When you hear the word syndrome, it means we don’t know what it is ... [or] what causes it,” Thomas said. “But we actually have a pretty good clue.”

Thomas said six studies examined the correlation between SIDS cases and vaccines. “In one data set, 97% were in the first 10 days after the vaccine. Only 3% were in the subsequent 10 days,” he said.

Other studies showed similar patterns, with 75-90% of SIDS deaths occurring within the first week after vaccination, he said.

Thomas also highlighted the increased risk of neurodevelopmental disorders, allergies and autoimmune diseases in vaccinated children.

“We know without a doubt that things like neurodevelopmental concerns, learning disabilities, ADD, ADHD [attention-deficit/hyperactivity disorder], autism [are] clearly linked to vaccines,” he stated. “The more you vaccinate, the more likely you are to have these problems.”

Vaccinated children are more prone to infections and illness compared to their unvaccinated peers, according to Thomas, who published a study comparing the health outcomes of each group.

“It’s the vaccinated who get more ear infections, more sinus infections, more lung infections,” he said. “Any kind of infection you look at, the vaccinated get more.”

‘Healthy adults just “Boom!” – dropping dead’

The risks associated with vaccines extend beyond childhood. Thomas drew attention to the recent phenomenon of “Sudden Adult Death Syndrome” (SADS) following the COVID-19 vaccine rollout.

“We see it on the news, we see it on the ball fields: healthy adults just ‘Boom!’ – dropping dead,” he said. “And that’s all happened since the COVID jabs.”

Thomas expressed particular concern about the mRNA technology used in COVID-19 vaccine development. He pointed out that despite decades of research, mRNA vaccines have never been proven safe or effective.

He cited previous attempts to develop mRNA vaccines for respiratory syncytial virus (RSV), which consistently failed in animal trials.

“When they got to the animal trials, they would vaccinate the rats,” he said. “When they re-exposed those rats, in one study, 100% of them died.”

The COVID-19 mRNA vaccines' narrow focus on the spike protein is also problematic because it causes the immune system to become “focused on just one thing,” Thomas said.

“When the [viral] organism mutates, those who are vaccinated can't recognize this new mutation,” he said, recalling how at a family gathering during the pandemic, it was mostly the vaccinated who contracted COVID-19.

Thomas shared a personal story about his mother's experience with pulmonary fibrosis after receiving three COVID-19 vaccines.

“After her third COVID shot, she started really running out of energy and then getting short of breath,” he said. “Within a month, her lungs [had a] ground-glass appearance.”

Tommy asked about the risks of vaccine shedding.

“Shedding seems to be happening, and it's been documented in studies,” he said, explaining that vaccinated individuals can expose others to spike proteins through body fluids and secretions.

‘We can no longer go to our doctors and say, “Fix me”’

Thomas discussed the likelihood of new pandemics being declared in the future, driven by the immense financial gains pharmaceutical companies reaped from the COVID-19 vaccines.

“They made too much money – Pfizer alone made over \$100 billion,” he said. “So the power that the public health machinery got to themselves with COVID has to be intoxicating to them.”

In light of this, Thomas stressed the importance of personal health and natural immunity.

“We can no longer go to our doctors and say, ‘Fix me,’ after we’ve trashed our own health,” he said. “So we’ve got to take responsibility for eating right, avoiding stress, getting adequate sleep ... [and] boosting our immune system naturally with organic produce.”

Thomas also encouraged people to question public health authorities and make informed decisions about their health.

“I can no longer trust the CDC, the FDA [U.S. Food and Drug Administration], the NIH [National Institutes of Health],” he said. “Some good people work in these institutions, but the institutions themselves are captured.”

Thomas said that when it comes to vaccines or a new pandemic illness, **“They’re the last people you want to trust.”**

‘Vax Facts’ book coming soon

Thomas shared information about his upcoming book, “Vax Facts,” co-authored with his partner DeeDee Hoover. He said the book provides an easy-to-read, comprehensive guide to understanding the vaccine issue, regardless of one’s current stance.

“This is going to ... allow you to really understand it in an organized, reasonable way why it makes sense now to pause” taking vaccines, Thomas said.

Tommev reminded viewers of Thomas’ weekly show on CHD.TV, [“Pediatric Perspectives,”](#) where he interviews pediatricians and doctors who focus on children’s health.

Thomas encouraged viewers to visit his website, [Kids First 4 Ever](#), to learn more about his work and to access coaching services for childhood vaccines and wellness.

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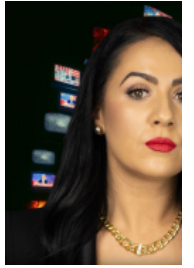


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