



*The* **TRUTH** *About*  
**VACCINES**™

**EXPERT**  
**INTERVIEWS**

*Complete Transcripts*

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# EXPERT INTERVIEWS

## *Complete Transcripts*

Mike Adams The "Health Ranger" .....	4	Nico & Davi LaHood .....	329
Dr. Toni Bark, M.D. ....	24	Mario Lamo-Jiménez .....	336
Dr. Robert Scott Bell, D.A. Hom .....	52	Dr. Sin Hang Lee, M.D. ....	345
Del Bigtree & Polly Tomey.....	61	Dr. Janet Lebatin, M.D. ....	353
Edwin Black .....	72	Dr. David Lewis, Ph.D .....	362
April Boden .....	76	Dr. Jennifer Margulis, Ph.D .....	367
Charlene Bollinger .....	83	Dr. Joseph Mercola, Ph.D .....	383
Heidi Bonaroti .....	88	Dr. Judy Mikovits, Ph.D .....	394
Tom & Candice Bradstreet .....	97	Neil Z. Miller .....	414
Dr. Rashid Buttar, D.O. ....	111	Minister Tony Muhammad .....	449
Dr. Shawn Centers, D.O. ....	132	Dr. Tetyana Obukhanych, Ph.D .....	453
Ian Clark .....	141	Dr. Tim O'Shea, D.C. ....	464
Erin Crawford .....	146	Dr. Larry Palevsky, M.D. ....	472
Erin Elizabeth .....	155	Dr. Muhammed Rafeeque, A.A., B.H.M.S. ..	492
Barbara Loe Fisher .....	161	Dr. Heather Rice, D.C. ....	500
Allison Folmar, J.D. ....	180	Dr. Marco Ruggiero, M.D. ....	517
Dr. Srinivasulu Gadugu, M.D. ....	189	Dr. Irvin Sahni, M.D. ....	533
Dr. Debra Gambrell, D.O. ....	195	Dr. Stephanie Seneff, Ph.D .....	541
Dr. Edward Goup, D.C. ....	201	Dr. Sherri Tenpenny, D.O. ....	549
Laura Hayes .....	218	Dr. Paul Thomas, M.D. ....	563
Dr. Brian S. Hooker, Ph.D .....	230	Brandy Vaughan .....	594
Michael R. Hugo, Esq .....	242	Dr. Andrew Wakefield, MB. BS. ....	604
Dr. Suzanne Humphries, M.D. ....	252	Edda West .....	612
Jefferey Jaxen .....	277	Dr. Cilla Whatcott, Ph.D .....	617
Sayer Ji .....	286	Dr. Heather Wolfson, D.C. ....	622
Robert F. Kennedy, Jr. ....	309	Dr. Jack Wolfson, D.O. ....	624
Robert J. Krakow, Esq .....	320	Dr. Eric Zielinski, D.C. ....	629

# Chapter 1:



*Interview with*  
**Mike Adams**  
**The "Health Ranger"**





**Ty:** I'm really happy to be here with my good buddy, Mike Adams, the "Health Ranger" in the Natural News Forensic Food Lab and we're going to talk about a hot button topic today, vaccines. But before we get into that topic, tell us why are we here?

**Mike:** Well, this is our scientific lab. Over the last three years I've built a world-class laboratory for the scientific analysis of toxins that are in foods and medicines. I've tested vaccines in this lab using that ICP-MS instrument right there. And what I found in there is pretty shocking. Hopefully, we'll talk about that in a minute.

What I found in this is that people who believe vaccines are safe and effective are anti-science. Because the science, the real science says that vaccines are largely a hoax the way that they are made and promoted today, that they are unsafe, that they do cause autism and other problems – convulsions, they put children in the hospital, they kill people.

They could be made safer. And I know exactly how they could be made safer. I'd be happy to share that. I'm actually the author of a special report called The Blueprint for Safer Vaccines. So, I want to be very clear upfront, as a scientist who owns my own private science lab, I am not opposed to this theory of immunization.

The theory of how the body could respond to things and build its own immune system. What I am vehemently opposed to is the quack science behind the pushing of toxic vaccines that contain toxic elements and toxic chemicals that harm and kill children all across the world.

So, that might be a unique perspective, but it's a very science oriented perspective and that's where I'm coming from.

**Ty:** It is, and I'm glad that you shared that with us. So, you're not against the theory of vaccines, but you are against the way they're pushed today and—

**Mike:** I said I'm not against the theory of immunization.

**Ty:** Okay, so I fell into the classic blunder, because "vaccination" is not necessarily "immunization."

**Mike:** Exactly. I'm glad you caught that point.

**Ty:** Explain the difference.

**Mike:** Vaccination is not immunization. So, your body has a natural process of immunization in response, it's an adaptive response to exposure to, for example live viruses that are all around us. You immunize yourself when you are exposed to a virus. Your body recognizes it because you have this functioning immune system, the blueprints of which are built into every cell of your body.

You're a biochemical master of immunization. You would not be alive if your ancestors weren't really, really good at this. So, we immunize ourselves naturally all the time through exposure to viruses that make some people sick or who they make sick – the people who are vaccinated. Why is that?

Because the vaccines harm the immune system, they compromise the immune system, they weaken the immune system. In the same way that you send an astronaut into space and they have no gravity, they have no stress on their bones, stress on their muscles.

What happens? They atrophy. They lose bone density, they lose muscle mass. They come

back to the planet and they can hardly walk. Why is that they become weak? Vaccines do that to your immune system. They make your immune system weak and make you vulnerable to other infections.

A healthy immune system, practicing healthy immunization, in people like you and I. I haven't been vaccinated since I was a kid and I haven't been sick in over a decade. Why is that? Am I somehow—have I been able to avoid all viruses? No. I'm shaking people's hands. I'm in public spaces. People cough on my food just like they cough on your food.

Why am I not sick? Because my body is exhibiting its own immunization without vaccination.

**Ty:** That's a great clarification because I think a lot of times, as I did, we equate vaccination with immunization and it's not the same thing.

**Mike:** It's not. Even the antibodies that your body builds in response to vaccination are not as strong or effective as antibodies that come from live exposure, real-world exposure to a viral threat.

So, a child that's immunized through real exposure to a flu, a flu virus, in other words, natural immunity, has greater protection against other flus than a child who is injected with a flu vaccine. That child will be weakened and made vulnerable to other flus.

Vaccines actually spread pandemics. They cause pandemics. This has even been borne out by the scientists themselves, the virologists who worked for Merck. They filed a false claims act with the federal government saying that, "This is all fraud, that the company ordered us to spike these blood samples with antibodies from animals so it would pass the FDA's scrutiny and be accepted as an effective mumps vaccine. It's all fraud. It's a hoax."

**Ty:** That's what we see frequently over the last several years is that we see these outbreaks of certain diseases and we find out, wait, those are in fully vaccinated areas.

**Mike:** Exactly. Think about it logically, Ty, if vaccines worked, if they offered immunity, then anytime you saw an outbreak of something among children, you know, measles and mumps or something like that, wouldn't that outbreak happen among only unvaccinated children? That would make logical sense, right?

**Ty:** That would be logical. Yeah.

**Mike:** But that's not what we see. We see the outbreaks happening among those who are vaccinated. In fact, it tends to be that most of the children who come down with mumps or measles have already been vaccinated against the very thing that is now afflicting them. That alone, unless you're going to abandon logic, that is proof that vaccines do not offer immunity.

**Ty:** Right. But isn't that the situation that we find ourselves in today is that we have oftentimes, not you and I particularly, but as a society, we have abandoned logic?

**Mike:** The entire pro-vaccine argument abandons logic from the start. There is no science in it. It is simply an agenda, almost a demand for obedience. A mythology, if you will. And it's interesting, throughout human history mythologies have always been part of the practice of so-called medicine in every culture.

Even in American history during colonial times, it was a myth about how mercury was medicine that would eliminate the evil spirits that cause disease. And the doctors of the day prescribed mercury. And they killed many, many patients with mercury.

Well guess what? That same mercury is still being used today in vaccines given to children in places like California. So, a lot of vaccine propaganda still lie to the public and say, “well mercury’s been removed from all these vaccines given to children.” That’s not true. It’s factually just false. They fabricate this information to try to deceive the public.

Just last year, the secretary of health of the State of California issued a letter and we posted this on naturalnews.com so you can read the letter yourself. It says, “Well we’ve run out of the mercury-free vaccines for flu shots for children so it’s okay now to use mercury in the flu shots for children. So, line them all up and let’s give them mercury flu shots.”

This is from the government of California and this is the same state that has stripped away the freedom to choose from parents, basically violating that very tenets of medical ethics, violating the code of ethics of the American Medical Association, forcing a toxic, dangerous, proven hazardous substance onto the children of California.

And they call that public health.

**Ty:** It’s insanity.

**Mike:** It’s a public travesty. It’s a medical catastrophe.

**Ty:** How did we get to this position in the United States, and even globally, that we have pretty much just accepted vaccines as being safe and effective when the evidence isn’t there.

**Mike:** It’s easier than you think and we don’t have to go down the conspiracy lane to even get to the answer. Everybody knows that corporations like to make money, right? Is that a conspiracy?

**Ty:** That’s their job.

**Mike:** That’s their job, right? That’s what the board of director’s all about – make more money. That’s what they do. How do you make money if you sell a product that claims to prevent pandemics? Well, you have to have a pandemic to create demand for the product, right?

So, the best way to maximize profits if you’re a vaccine manufacturer is to make sure your product doesn’t work, so that it causes the pandemics that create demand for the product that you’re selling, that you claim stops the pandemic that your product actually caused.

It’s not a conspiracy, it’s a business model. This is how they make money.

**Ty:** It’s the same business model that you used in the cancer industry with chemotherapy, isn’t it?

**Mike:** Yes, exactly. Chemotherapy causes cancer. It’s repeat business. Statin drugs cause diabetes. Diabetes drugs cause liver failure. Liver failure drugs cause kidney problems. It’s a cycle. Antidepressants cause diabetes. You know, it is a business model of the industry to make money.

A key part of that is the myth, the false fairy tale narrative that vaccines prevent infections. We would actually have fewer infections in America if we simply gave children vitamin D and no vaccines. Would children get measles and mumps? Some of them would and they would have natural immunity and then their risk of being infected with anything in the future would diminish sharply.

**Ty:** I did as a kid. I have measles and mumps, never got them again.

**Mike:** Exactly. Or chicken pox for that matter. Chicken pox very survivable and if you enhance the immune systems of children, you know – the vaccine industry likes to come at this from a point of view of compassion for children. Why I think it's more compassionate to save children's lives rather than make them autistic or harm them with toxic vaccines.

How do you save children's lives? Well, you boost their nutrition, to activate the genetic code that they all have that causes the expression of their immunology which gives them the adaptive response to exposure to viruses in the wild.

So, the Vitamin D is activating this huge portion of their gene code. You're actually invoking the power of their genetics to make them able to respond in a symptomless way. In other words they don't get sick, they don't have a fever. They don't even know they were infected, but now they're immune because they have that built-in immunology system, that nanotechnology of human biology. And it's activated with things like vitamin D.

**Ty:** And so, that leads me to—we go back in time, back in history. Isn't it the fundamental difference between what we would look at say, orthodox medicine today versus natural medicine, is that orthodox medicine they seem to be afraid of the virus, afraid of the bacteria, afraid of the whatever, the pathogen.

Whereas with natural medicine, it's not the pathogen, it's not the bacteria, it's not the virus, it's the terrain of the person. Is that the fundamental difference?

**Mike:** Yeah, you just nailed it. Allopathic medicine takes a contrarian approach to viruses, and look at the results of that. They want to attack every virus or bacteria with a chemical. What has that led to? Decades later, a century into allopathic medicine what do we have? Drug-resistant superbugs that now threaten humanity. We've reached the era of the end of antibiotics and that's a statement from the World Health Organization. That's not just Mike Adam saying that, right?

We have reached a time when you could die from a superbug infection from getting a scratch and going to the hospital where you're likely to be infected by other patients and doctors and health practitioners who do not follow sanitary practices. Who are actually spreading disease.

The system of modern medicine is doing more of the spreading of disease than the prevention of disease. Now a holistic approach to this would say, let's strengthen the vitality of the patient, let's change the terrain. Let's give them the biochemistry tools in their own bodies to respond and adapt and overcome infections.

And once you do that, they're immune to so many things that could come out there, whether that virus mutates or not. Remember even the CDC admits that oftentimes the flu shot is completely ineffective because they chose the wrong strain of the virus.

But if you have natural immunity in your body, in your system, than that is more of a broad spectrum immunity against more mutant variations of that virus. If you go the vaccine route you have to be lucky and make sure that they hit you with just that right strain which is usually last year's circulating virus. Which is why I say vaccines are great for time travelers. If you want to go back to last year then maybe that vaccine could help you.

But for this year, the virus is already mutated. So, you need an adaptive response from your body that can adapt to all those mutations in real time, usually in a symptomless way when you don't even know that you were exposed or that you adapted. Also, one more



thing, Ty, remember that you cannot turn off your immune response either.

It's automatic, built in your system. It's part of who you are, it's part of your biology, your chemistry, even your spirit – your consciousness I believe. It's part of you. You can't turn it off. If a virus comes in and starts attacking your body, your body responds to it as long as it has the tools and the immunology. Which means you've got to have vitamin D, you have to have good nutrition. You have to not be overcome with toxins, you know, lead in food, or chemicals, pesticides and herbicides. They weaken your immune response.

**Ty:** Which then lends credence to the assertion that immunization is not equal to vaccination. Because if you can't turn it off, right, what do we always hear? You need to go in for a booster vaccine. If you're going for the third, if the first time worked, if it was immunization, then it won't turn off. It keeps working.

**Mike:** That right there is evidence that their vaccines are fraudulent because if it did work, why do you need a second one? A fourth one? In veterinary medicine, the scam of animal vaccines is so huge and so tragic. People are bringing their dogs in to get vaccinated every year for a vaccine that's supposed to be permanent. So, it's total fraud, right? They're harming their dogs. They're injecting mercury into their dogs.

**Ty:** But think of the money it's generating.

**Mike:** Exactly. It's all about the money. The vaccine cause kidney problems in the animals. Well, they have a kidney problem with your dog, you take them back to the vet. They get more money. Same thing with humans. Dialysis centers make fortunes off of vaccine victims.

There could be an argument made that if vaccines were single-dose vials and they only contained a weakened target strain and if they were taken through nasal passages or even a drop that you put in the corner of your eye for example, that it could be a relatively safe vaccine. But that's not the way vaccines are formulated.

They're manufactured with chemicals and heavy metals like mercury and lighter metals like aluminum, but the chemicals are specifically added to them to cause an inflammatory response in the body. Now, allow me to explain the great science fraud of this theory of vaccination.

Let me do it this way and please bear with me on this. Let's take two people. One person, Person A, let's say, strong immune system can respond to an infection, can respond to the presence of a virus and build their own antibodies, right? Person A.

Let's say this Person Z, immuno-suppressed, living on junk food, vitamin D deficient. Gets sick every winter. Thinks they need a vaccine. Now, person A (remember, strong response), do they need a vaccine against the flu? The answer is no because if they're exposed to the flu, they're going to immunize themselves, right? Because they have a strong response.

Person Z, if they get the vaccine, does it work? The answer is no because they can't have a response to it. The vaccine fails on the person who could theoretically benefit from it, and the vaccine is not needed on the person who doesn't need it because they have their own immune building system.

So, what the vaccine companies do, they add chemicals to the vaccine thinking about Person Z. They say, this vaccine doesn't have a strong enough response so we're going to add these toxic, inflammatory chemicals, these adjuvants, as they're called.

Toxic, toxic should never be injected into anybody. They add those to cause inflammatory response to try to get that person's body to respond to that vaccine injection. And that is where a lot of the hazard comes from. That's where you get epilepsy. You get seizures, you get people put into comas. You get autism. It's because of the toxic chemicals. All they need to do is give this person vitamin D.

**Ty:** When you say they get seizures, they get autism, this is not just Mike Adam's making this stuff up. If you look at the package insert for the DPT vaccine, it lists autism and seizures as possible side effects. It's like it's hidden in plain sight for us.

**Mike:** Oh yeah. It's right in the insert. It is. If you open up a Gardasil package and you read the insert, it says, "Beware. The person you're injecting may lose consciousness and fall down and hurt themselves. Be injured from loss of consciousness."

Wait a minute. If a vaccine doesn't affect the brain, how can it cause loss of consciousness? To so many people that they have to print it on the label, the insert sheet? If you simply follow the logic and you look at the evidence, you realize that vaccines are largely a medical hoax.

The only people that believe in vaccines are people who are uninformed, who have been propagandized or brainwashed, or who have money at stake in the market success of vaccines. The people pushing them are the people who benefit from them.

Any legitimate scientist that took a legitimate look at this issue would conclude that vaccines as they are formulated and administered and marketed today are a complete scientific medical hoax. There's no other conclusion.

**Ty:** When you look at the history of vaccines, one of the interviews last year in *The Truth About Cancer: A Global Quest*, can't remember who it was. I think it was a lady in the Netherlands that I interviewed. She was talking about Edward Jenner and the smallpox vaccine.

So, he injected, he took this cow pus and injected. He used his son and another little boy as guinea pigs, basically, and both of them died by the age of 20 or 21. And I think that both of them died of tuberculosis which is a side effect of smallpox. So, this was not a huge success for the inception of vaccines.

Both people that were tested died by the age of 20 or 21. That was the inception of this vaccine industry today, was the smallpox vaccine with Jenner.

**Mike:** If you look at the history of medicine, you've got to remember there was an era, too, when scientists thought that radioactive elements were mystical, powerful medicines. And then they would take, I believe radium element, and they would tape it to the head of a girl who had a tumor. And a couple of months later they would show her on camera, "Look, the tumor's gone. And she's going to go on to live a happy, healthy life."

Well, they never did a follow up. Five years later, she's dead from brain cancer. The history of medicine is full of arrogance mistakes by so called prominent, pre-eminent scientists and doctors who poisoned their patients and did so with full confidence that they were the only ones who had the right answers.

The healthy perspective is the perspective that I'm offering, and that you're offering. Is to say where is the arrogance of medicine found in this formula? Where they may have gone wrong? What things are they not considering? What about the law of unintended conse-

quences? What about the precautionary principle?

Are there things they have not considered? Interactions, for example, between the mercury in vaccines and other elements that children may be consuming through the water supply, such as fluoride? Fluorine is a reactive element and if you take that in, and you're taking in a pharmaceutical here, an SSRI, an ADHD drug, essentially crystal meth for kids—

**Ty:** We were just talking about that in the car.

**Mike:** Yeah, and you're getting mercury in a vaccine and a chemical adjuvant. What is the combination effect on a child's biology?

**Ty:** The negative synergy of those things, it's hard to even measure in this.

**Mike:** It's enormous.

**Ty:** Yeah. Dr. Rashid Buttar was talking about that the last time I interviewed him and he said, "You have one element that might kill one out of a hundred people. You have another that might kill one out of a hundred. But if you put them together, they kill 50 out of a hundred and not two.

The popular mantra though is that vaccines are safe and effective. You hear that from everyone. "They're safe and effective." But is that actually true? If we look at the package inserts, they'll say "they have not been tested for immunogenicity, carcinogens." They haven't been tested to see if they cause changes in the DNA. They haven't been tested to see if they cause cancer. How can we possibly say that a vaccine is safe and effective when they haven't been tested?

**Mike:** Vaccine science is voodoo science. Even flu shots, if you open up the inserts which they normally don't even give you. You have to actually.

**Ty:** You have to search for them.

**Mike:** Yeah. But if you read the insert, usually, it says that this flu vaccine has never been tested against the flu strain that it claims the truth. So, in other words, there's zero evidence of efficacy. You can't call that science. It's voodoo. Maybe you could call vaccines a faith-based medicine, you know, with like psychic surgery. Some of these other things.

**Ty:** Sure. Our good and mutual friend, Robert Scott Bell, he calls vaccines "the sacrament of the church of biological mysticism." So I think that's right in line with what you're saying. I mean if people are to believe in vaccines they have to exercise a lot of faith, because the evidence is not there for them to be effective nor safe.

**Mike:** North Korea, this is an example. Humanity has been ruled by myths, false narratives for a very long time. How can all the people of North Korea believe that Kim Jong Un is their god? Why do they believe that? It's the same reason that people in America believe vaccines are safe. It's because that's what they've been told.

The people of North Korea are genetically almost identical to you and me, very few differences in our genetic code. We're born the same way, we have the same biology. We live on the same planet, we breathe the same air. How can they believe something so crazy?

And we in America we think everything we believe makes perfect sense. The truth is, we

need to look at our own belief systems. We need to ask questions – skeptical, rational questions about what we believe. Our medical system is based on layer upon layer of false mythologies.

One of them being that every disease has to be treated with a chemical. That model, that paradigm is fraudulent. The diseases that people are suffering from today, cancer in particular, they're not going to be cured by a chemical.

It's not a parasite that invaded you like malaria or smallpox for that matter. A viral or bacterial infection, it's not that. Something entirely different. So the old paradigms don't work anymore. And vaccines come out of the old paradigm of assaulting the body with an intervention, in this case with a needle, an injection, and forcing the body to make a change.

That paradigm is just as old and outdated as Newtonian physics is in the age of Relativity or Quantum physics. No physicist today thinks that Isaac Newton had the final say of how molecules interact and the laws of motion and electron orbitals in atomic elements. That would be ludicrous.

So why are we still stuck in the medical, the old-school medicine from the 1800s when we've already made so many more advances and understanding? These are the real questions. WE, people like you and I, Ty, we are the real progressives in the advancement of medical understanding. Holistic thinkers, people who have the bigger picture. We're not limited to that little box of old school of chemical assaults on the body.

**Ty:** I think that's a good analogy that you used being, you know, we're really back in the Dark Ages almost with the theory of vaccines, much like we are with the treatments for cancer. As I look at the comparison of the cancer industry to the vaccie industry, there's so many similarities. Because we're using antiquated treatment methods that don't work, that have been proven not to work, but we still use them. And then what's the common thread between them? It's lucrative. They're very lucrative.

**Mike:** Exactly. The vaccine industry exists as a method to extract financial productivity, in effect, from the population. Not as a system to prevent disease or to enhance or increase health. The same thing is true about the pharmaceutical system.

People know now it's kind of common knowledge, drug companies they buy medicines that are off patent or sometimes on patent and they'll just hike the price 5,000 percent and say, "Look, we can charge people this much money now. That's our business model."

It's never been about making people healthy. The vaccine industry is the pharmaceutical industry. They're the same. It's all the same companies and they all have the same mission – to make money make. Again, how do you make money from selling vaccines? You make sure your vaccines spread the disease. Every outbreak could be, if the CDC actually wanted to do this, could be traced back probably—well, not every outbreak, but most outbreaks could be traced back to a vaccine.

And the ones that aren't traced to a vaccine could be traced back to immune-suppressed children who are kept immune-suppressed by the very system that profits from the vaccines. In other words, these are kids that are on drugs. ADHD drugs, antidepressant drugs, behavioral change drugs.

They're on processed foods, they're on fake vitamin supplements made by the drug companies and marketed to children using cartoon characters and those are the most toxic



vitamins of all, by the way. Everything is fake in them – fake molecules, fake minerals.

By fake I mean they're not biocompatible with human biochemistry. They're inorganic minerals. They're the wrong forms of vitamin E for example. So, this whole system exists to extract money off the suffering of human children. That's how sick it is.

**Ty:** So, you just gave me the perfect segue into my final question. So, you got a mom out there, she's got three kids and she's like, "Mike, what do I do? My doctor wants me to vaccinate my kids. I want my kids to be healthy. I don't want them to get these diseases, but if I don't vaccinate them, what can I do to keep them healthy?"

**Mike:** If you're forced into vaccination by a medical police state such as California, there are things that you can do to greatly minimize your child chances of being harmed by the vaccine. Those happen to be the same things you can do to make your child never need a vaccine.

So, in other words, give your child good nutrition, good healthy diet. Lots of vitamin D and vitamin C. Make sure they have exposure to nature and sunshine. Make sure they're drinking water, not soda. Make sure they're eating fresh organic produce – fruits and vegetables with every meal, not just hotdogs and potato chips and Doritos and what have you.

Make sure they're getting a healthy diet. If you do that with your children, they are relatively unlikely to suffer damage from the toxic chemicals that are found in vaccines, precisely because they now have in their bodies activated the D, the detox and decontamination, biochemical protocols that can eliminate the mercury that's found in vaccines and eliminate the toxic chemicals in vaccines.

It is children who are unable to eliminate that are damaged by vaccines, and maybe I should have said this 10 minutes ago. This is a very important issue. Why are most children not damaged by vaccines, some are? But it's a minority number, why is that?

The answer is those are the ones who cannot eliminate the toxins found in vaccines. That's the answer. And that's a fraction of the whole population. But those lives count. And by the way, it's black children, more than any other race. If you think black lives matter, you should question vaccines.

**Ty:** Isn't that what the CDC whistleblower revealed a few years ago?

**Mike:** That's right. They knew at the CDC that vaccines increase the risk of autism in young African-American boys, specifically boys. And if you look at the rates of autism in the African-American Community, guess what? It's predominantly boys. There is a genetic and biochemical reason for that. The CDC was aware of that. They chose to cover it up, they committed scientific fraud.

They altered the data to eliminate the statistical certainty of that conclusion and they knew that over a decade ago. So, for the last, really 15 plus years, black children in America have been medically harmed, tortured, desecrated by a medical system that knew those children would have their lives destroyed. A medical system that said nothing.

Just like the children in Flint, Michigan, who were poisoned by lead in the water. And that's been called a crime against humanity. The EPA knew about that lead and that the Michigan Governor knew about that lead. The crime against children happening in vaccines is a thousand times larger. It's not just Flint, Michigan, it's every city in America.

Every population of young black children or African-American raising kids, every population where those kids are getting vaccinated is currently being devastated by these toxic effects of the vaccine. And the industry that knows it is essentially committing what we have to call medical genocide against black children.

**Ty:** Wow, what do you say to that?

**Mike:** You take a stand and you try to stop it. That's what you do if you have any ounce of humanity in your body and your mind, you try to stop it.

**Ty:** Well, hopefully the information that you shared here today is going to bring awareness to it and it's going to help eventually stop it. So, thank you for sharing, brother.

**Mike:** Thank you, Ty.

[End of transcript]

# *Interview with* **Mike Adams** **The “Health Ranger”** *Part Two*

**Mike:** As a father losing his health, his body. He’s shot and destroyed by the vaccine. And the vaccine industry has absolute legal immunity. In other words, they push all the risks of their toxic interventions onto the individuals, the families, the moms and dads.

They take no risk whatsoever. And you know why? Because they have legal immunity and it means they have no reason to have quality control. They could put, if they wanted to, they could put Radioactive cesium-137 into a vaccine and inject people with it and cause you cancer and they would have absolute no liability whatsoever.

They can put anything in a vaccine. And to some extent, they do. They put known neurotoxins in the vaccines. It’s criminal what they do to our fellow human beings. And this is one of the reasons why I do what I do because I have compassion for these people and I want to stop this criminal industry from damaging more lives and stealing more livelihoods away from people.

And it’s getting away with this, you know. If anybody else ran around the country murdering children, we’d lock them up. If the vaccine industry does it, they get more money from the CDC, the government, in the government grants. It’s criminal.

Once people are damaged by vaccines, you can try to help them with nutritional support, but there is permanent damage that cannot be undone. These lives are destroyed forever. All you can do is to try to warn others and try to raise the alarm to prevent other people from becoming victims of this criminal industry that destroys children.

That's why I do what I do. Throughout world history there were times when regimes, totalitarian regimes mass murdered people. You know, Adolf Hitler and Mao of China. All of these episodes of mass human suffering and misery and destruction. And eventually humanity woke up and stopped them.

Today, we need to wake up and stop the vaccine industry because it is murdering, maiming far more children than were ever even killed in the Holocaust. This is a medical Holocaust. This is a scientific totalitarian dictatorship that we are suffering under and our children are being sacrificed to that regime of profit and vaccines.

It's time to stop it. I hear from our readers, I hear from people. Friends, even friends from high school. They know what I'm doing today. And if they have a child who suffers from this I'll hear from them, they call me and they say, "You know, my God, I thought you were crazy until I took my child to get vaccinated and now they're suffering. What should I do?"

You know, my answer is number one, "don't have your next child vaccinated and then let's see how we can help this child that you have now." But people wake up when it happens to them and then immediately they realize they've been lied to.

I never feel like I haven't done enough because I dedicate every single day of my life to fighting for protecting life. I do it through science, through my laboratory. I do it through advocacy, through films and podcasts and articles.

If I were to die today, right now, I would die knowing that I did absolutely everything that I could do to protect life on this planet, and to raise the alarm over these institutions of junk medicine and bad science that are killing people.

And I have no question whatsoever that sometime, maybe in my lifetime, but certainly in the next one to two generations when this dark era of bad medicine ends and collapses, that people like myself will be recognized for our contribution in raising the awareness and raising the alarm over what has been happening. And the future of medicine is a future that will not involve injecting children with toxic chemicals and calling it immunization.

There is a much better way to protect the lives of children and that—I want to help that future arrive more quickly. I want to advance medicine. I want to see medicine progress past the dark ages under which it operates today.

There's no reason why we can't have children who have strong immunity and who are resistant to infections through nutrition, through healthy eating habits, through sunlight exposure that actually creates vitamin D in their bodies, avoidance of exposure to toxic chemicals. We could create mass immunity and disease resistance tomorrow if we simply had the will as a civilization to do that.

This is not just a journey of science or advocacy for me. This is a spiritual mission. I feel divinely-inspired every day and I'll use tools of science in nutrition and biochemistry. But my inspiration is divine and my intention is to protect life to awaken people. To awaken conscious beings so that they can protect their lives.



When you are in that battle to use that metaphor, it is a battle. It's life against death. We are the protectors of life battling the merchants of death, quite literally. When you're in that battle, the only way that you can proceed and survive that battle is to know from day one that there will be casualties that you cannot prevent, that you cannot save every person, every innocent child.

You can only save so many. You can only awaken so many but you do that, you have that positive impact. You do that to the best of your ability and the abilities that God gave you. Whatever those happened to be: your intelligence, or scientific capabilities, the ability to learn, the ability to feel empathy, compassion. You use those tools to the best of your ability and at that point you know that you have fulfilled your mission in helping others to the greatest extent possible.

That video you showed me, that man's life has been destroyed. It's too late to save that individual. But there are billions of other individuals who we could help save from that same devastating outcome and that's where you have to focus. Otherwise, you'll go mad.

If you focus on the death and destruction of the vaccine industry every day, it will drive you crazy and you won't be able to last. But by focusing on those that you save and focusing on the divine inspiration that drives you to pursue this kind of very difficult battle, that's what keeps you going.

And I draw inspiration from nature all around us right here. I walk in nature every single day. I live in nature. I live in the country. Without that balancing and that energizing effect of Mother Nature, I could not pursue this work.

So nature inspires me. In effect nature uses me as a tool to save the lives of other people who are also part of nature. I am Mother Nature's immune system against the devastating effects of modern medicine and destructive vaccines. I am part of the holistic response of nature against the destructive tendencies of mankind.

A life lived without purpose is a life wasted. And so yeah, your purpose is either presented to you or you pick it, or a combination of that. You choose it. And once you're committed to that life purpose, it doesn't matter how long or short your life is. It was a life lived with purpose. Period.

When you said, "You're willing to die for it?" and I immediately thought, "No, I'm willing to live for it. I'm willing to live every day for it." We all die at some point. So what? Our spirit lives on. This is not the end of our existence. So this is a test.

You see what we do with this life is a test. I believe this is a Divine test. Are we willing to do the difficult tasks of protecting life? If so we pass the test. But if we compromise, if we give in, if we join the vaccine industry to make money while children are being poisoned and killed, then you fail the test.

We live in a society where more people are seduced by money and profit and power than the number of those who are willing to stand up and fight to protect other fellow human beings at risk to themselves and science is accessible to anyone who wants to learn it.

That's the beauty of what I do and what we have in this world which is still relatively free, is that any of us can pursue science and use it to expose the toxins that are in medicines. And that science is irrefutable because it's reproducible in any lab, anywhere else in the world.

As I learned these skills, I simply work to apply them in the interest of the public good. And

that's why my lab does not accept any money from government. We don't get any grant money, we don't apply for grants. We don't take money from universities or the National Science Foundation or anything like that.

It's all private money because we don't want outside parties to be able to pull our strings, to deny us funding because they don't like our areas of inquiry. We think science should be free. In other words, free to pursue any questions that you wish and that the results should be freely shared with the public. And that's the kind of science that that we do.

My dad was always a big thinker about society's solutions to the big problems. I remember him saying to me once, he said, "If I were president of the United States, I could solve most of the economic problems in two years but the population would hate me. Because you have to make tough decisions, you know, to cut spending and to get economy working again." Popular economic policy is often not rational economic policy.

So those are the kinds of things that—he was always a big thinker about solving big, big problems and he bought me a computer. One of the very first Apple II computers before the Mac. I had one the very first Apple computers when I was in elementary school.

And I learned programming, all self-taught at a very young age. And I remember sitting at a desk in school writing, literally writing computer code by hand, and then at night I would go home and I would type that code into the program and I would then run the program from there. So instead of paying attention to the teacher in class, I was literally writing computer code.

I remember I had to work out before I even learned anything about algebra or geometry. This is when I was in I think the 6th grade. I had to figure out an algorithm for plotting a circle using XY plots in a computer program code.

So, if you think about how do you draw a circle without using sine and cosine functions, I figured that out in the 6th grade. That was one of the things that I spent time doing, kind of geeking out with computer code.

My father would have been absolutely thrilled to know what we're pursuing today in terms of finding the truth using these tools of science. Yeah, I feel that he inspires me. His spirit is with me in this journey. He's there with me and he's very, very happy that I'm doing what I'm doing.

Again, my dad and I, we never tried to tackle the easy problems. We never took it easy. We never spent Sunday watching a football game. We did things. We were active. He took me to museums all over the country. He took me to the Smithsonian when I was in middle school. The Air and Space museum in Washington, DC. We went through all the museum's there.

He took me to the Henry Ford museum in Detroit. My dad opened my mind in so many ways. I know he would be just thrilled to know that I'm a Lab Science Director today doing beyond PhD level research that's helping humanity. He would be thrilled.

Sure, absolutely, yeah. He would love it. If he were still alive, he would be at my lab today helping. We'd be running the instruments together. He could learn anything as well. He would show up and I would teach him how to run these instruments and he'd be part of it. He'd be fascinated.

My mother really taught me compassion and empathy. I remember as a child when we

rescued injured birds or injured bunny rabbits because we lived on a little bit of land and we would rescue these animals and nurse them back to life and this was something that my mom taught me. Even, you know, here's a bunch of ants. You don't step on the ants. They're living creatures, too.

That every living system has a right to life. The trees are not just biological machines, they have a plant consciousness, that every animal has consciousness. If you look at what my parents taught me, it's this combination of technical aptitude and then compassion and love for living systems. Every living creature, every blade of grass. It's almost Buddhist in that philosophy. Even though I was raised Christian.

But that respect for life is what drives the passion behind the science that I do. You know science without wisdom is dangerous. Science without compassion is blind. When you combine science with these elements of humanity, oh man, then anything's possible. Then you can open people's eyes, you can wake people up, you can help protect ecosystems and children.

You can really make a difference in our world when you combine those two things. The older I get the more I realized how much I've been blessed. Even though I wasn't part of the—I never grew up in a wealthy family. We were very much middle class. I went to public school, you know.

I could not afford very high-end universities. I was actually accepted to MIT, but I couldn't afford the tuition so I went to a university that was local to me. But yet I was blessed with all these influences and attributes and there were many, many influential people in my life.

One of them was a doctor, an MD. One of them was a research scientist. Another one was a musician, a very accomplished pianist who could read and write in French and was fascinated by the history of physics in Europe. I had so many influential people.

If I look back, I think you know, gosh, so many children grow up today in in such a harsh environment where they don't have these positive influences or even healthy food to support brain development. And then these children are assaulted by vaccines and assaulted by lead in the water supply and assaulted by junk food.

And I realized, "hey, it's my job to help protect these kids." If I could give one out of a hundred kids the kind of childhood that I had, we would have a better society as a result. Because I had a childhood that was just amazing. Blessed in every way. We should be so lucky to live in a world where all children had the kind of childhood that I experienced.

In my ancestry, there was a woman like five generations ago who was an actual pioneer. The U.S. government gave her land because she settled land out west and was able to prove to the government that she had claimed that land as her own and had developed it. Planted a garden, built a house.

She was self-reliant. I come from a long line of innovators and survivors. And yet I feel like I am just one of many. I'm just part of this big, big group in this humanity. We all share the same history really if you go back far enough.

We share the same genetic code. We experience the same emotions and drives, and fears. We're all in the search for the truth. And we're all, to some extent, most of us care about others. When we get to that last chapter of our lives, I think what matters is what we have absorbed from our ancestors and then passed on multiplied to future generations.

This is why one of my greatest concerns is the destruction of human knowledge by the medical industrial complex. They are systematically destroying indigenous knowledge of herbs. They are censoring and oppressing the science that shows vaccines to be dangerous.

Even the FDA is trying to criminalize any real discussion of the medicinal benefits of herbs and foods and nutrients. In the big picture, we have to protect human knowledge and how we interact with nature to create a sustainable healthy society that has a chance of moving forward.

So, I don't think of myself as just the son of my mother and my father. I think of myself as being one member of an entire global community of a race of people who are desperately trying to survive and who may not make it if we don't change.

We have not colonized other planets. We have not made contact with some alien civilization that will save us. And we are on the path of destroying ourselves as a civilization through many different ways. Nuclear power, chemical contamination, genetic pollution. Even the cultural wars and destruction.

If we don't change our path, we will destroy ourselves. And we cannot change unless we're willing to challenge the status quo that got us to this horrible place where we are self-destructive. So, people like myself, we are the people who are asking the big questions and prodding the system and saying "Let's change, let's change."

"Let's do something different. Let's have a new viewpoint, a new paradigm." Because if we don't we're going to have 10 percent of our children will be autistic. 50 percent of our water supply will be contaminated with lead and other toxic elements. 75 percent of the kids in the school will be on mind-altering psychotropic drugs.

Our food supply will be foods that cause cancer and diabetes and heart disease instead of nurturing health and longevity and creativity and innovation in brain development. It is, people like myself have a very important role in society.

We are not here to go silently and quietly and to be obedient and to acquiesce to the system. We are here to prod the system into changing into a revolution that can push humanity into the next step of human evolution.

I am inspired by people like Nikola Tesla, Thomas Edison, Albert Einstein, Richard Feynman the physicist. These are all people who challenge the status quo. If you think about it, Einstein wasn't a conformist.

He didn't say, "No, we're happy with Newtonian physics. Let's just go with that." He said, "What if everything that you think you know about Physics is wrong? What if there's a whole new paradigm to be explored that would expand human understanding."

That's what Einstein explored and I'm inspired by that. Oh, it was very clear. If my dad, if I could talk to him today, I would say "thank you. Thank you for opening my eyes, for challenging me in so many different ways, for taking the time to invest in my learning journey. For believing in me. For helping me in all those different ways, for getting me on the path to self-learning."

He opened my eyes in so many different ways. Challenge my thinking in so many different ways. I would just say "thank you. What you have done is paying off for humanity." Your investment in me, I'm paying it forward to the rest of the world.



So thank you for being that big-hearted human being, that big hearted dad who looks at a child like me and says, "I see a future for humanity in this child." You know, he did that for me. And then I'm paying it forward. I've already lived an extraordinary life and it's far from over.

Think about how much more we can we can accomplish in the next three decades alone. You know, the thing is because I eat organic food and smoothies and I follow a healthy lifestyle, I'm not going away anytime soon man. I want to be here.

That's the greatest thing about nature. It has not only opened my eyes, nature is giving me the longevity to pursue truth for humanity, particularly in Australia. The vaccine mafia, it operates as a criminal entity. They call in bomb threats against people who are going to speak publicly about vaccine dangers.

They physically threaten people with violence and in this case, they carried out violence against a victim of vaccines. It's being punished twice. It's being devastated twice. Not only is that family harmed by the vaccine, permanently damaged, and then to be violently attacked by vaccine pushers again and to be maimed and attacked and beaten. That's all you need to know about the vaccine industry.

It is about committing violence against people. The vaccine itself is a form of violence against children. And so if you look holistically at the vaccine industry, holographically if you will, the microcosm, it's no surprise that they would beat a woman after poisoning her husband with a vaccine that's also threatening their children.

This is not a coincidence. The vaccine culture is a culture of violence and threats and death. It is in the fabric of the vaccine culture. You know I carry a gun, right? I carry a gun. I'm licensed to carry a gun in the state of Texas. I carry a gun for self-defense against these people.

They would like to harm me, no doubt. They would like to silence me. They would like to commit violence against me. Because I live in the great state of Texas, any attempt of violence against me would be answered in self-defense. Without hesitation.

And that is a step that I am forced to take because we live in a time when whistleblowers like myself, scientists like myself, are routinely threatened with violence by vaccine industry operators and biotech industry shills.

We live in a dangerous time. I will not be intimidated into silence. They've tried everything they can think of, it hasn't worked. And now I think they've given up at this point. It doesn't work.

And again, because I'm driven by a Divine mission. My spirit is bulletproof. As is yours. You cannot kill an idea with violence. You cannot kill the truth with threats. Every truth that I reveal through my work lives on beyond me. Every single truth lives on.

So, we've already won, man. We've already won. It's just a matter of time before it all comes out. The light of truth always wins. Well, it's just an affirmation of the importance of my work and what I'm doing. And an affirmation of all these fundamental human rights, the right to medical choice, the right to self-defense, the right to protect our children from bad medicine and junk science. The right to seek the truth. These are all fundamental human rights that really need to be universal across our whole planet.

We could start with the State of California because these rights are not even respected there. California has violated human rights to such an extent with its vaccine mandates that I believe the Governor of California should be prosecuted at The Hague for crimes against humanity.

There will be a day I believe when those who have committed medical violence against our children in the form of vaccines will be held accountable. Perhaps in their own lifetimes with prosecutions of crimes against humanity, but even if that doesn't happen they will be judged beyond this life. There's a spiritual judgment.

What you do matters and if you harm children in this world you will be held accountable beyond this world. So the state caused the harm to the father first. They made him disabled. And then they come in and they take away his rights and they commit violence against the family yet again. This has been described in Orwellian type of government philosophy as a boot stamping on your face forever.

That's what it is. This family is being obviously targeted, punished, because they spoke out against the vaccine mythologies in the false narratives of the Australian government. Here we have the government of Australia acting like a criminal mafia. It says if you speak out against us, we're going to bring men with guns to break down your door to commit violence against your family and to charge you with crimes and take away your freedoms, which have already been taken away in other forms in terms of the required vaccine shot for example.

This is where it's all headed. Governments working in conspiracy with vaccine manufacturers to commit acts of extreme violence against families that do not obediently accept vaccine interventions. This is a war against humanity.

This is scientific totalitarianism. This is vaccine violence and it is the ultimate extension of bad medicine to administer and force medicine at gunpoint. That's what this family is going through and that is where it's all headed in California, across the United States, and everywhere around the world if we don't change.

If you look at the history of government oppression and I believe Chairman Mao of Communist China said, "The ultimate expression of political will is at the end of a gun." And that is what the vaccine industry is now turning to.

The same tools of Adolf Hitler and the Holocaust and Mao and the Communist purging of people. This is what the vaccine industry has become. Invoking violence with guns and threats and turning healthy people into disabled, handicapped people, harming children. Killing children, suppressing science, suppressing voices, committing scientific fraud, covering up the information that could shine light on this.

That's what the vaccine the industry has become today. It is a criminal enterprise committing mass violence against innocent people everywhere around the world. Look at Nigeria, Pfizer used children for their vaccine experiments. It was so heinous and so criminal that the government of Nigeria handed down criminal indictments against the CEOs of Pfizer. Called for their arrest.

Look at the history of the United States medical experimentation on African Americans and prisoners and the NIH even funded medical experiments against people in Guatemala. The system of government and pharmaceutical interest has for generations exploited humans for medical experiments in order to maintain profit and power and control over the population.

So to Tanya and Ben, my name is Mike Adams, the "Health Ranger" and I'm sitting here in Central Texas and I want you to know that I am a fellow spiritual warrior fighting for you to help protect you against the extreme violence and criminality that has been directed at you by institutions of incredible destruction and evil.

That are also targeting many other innocent children and innocent families across our planet. I can assure you that there is a very strong and growing movement of people who are waking up to help defend families like yours, against this regime of destruction. And that we will do everything in our power, using tremendous resources and even in fact divine inspiration and divine protection, to help you overcome this great evil that you have been faced with for unknown reasons.

You do not deserve what has happened to you. If I had been standing next to you on that day when you were taken out of your car and beaten, I would have pulled out my Glock and shot that person to protect you. I would have invoked the human universal right of self-defense to save your life against violence.

I have that same philosophy of self-protection and defense of the righteous and the innocent in my work as the Health Ranger at naturalnews.com and science laboratory looking at the composition of vaccines using analytical instrumentation, by using my voice, using our reach, social media, everywhere, you name it. To try to spread the word and help people like you get through this.

I want to encourage you, don't give up. Don't give up. You have more support than you know. You have Divine support and I'm reaching out to you right now to tell you you're not alone in this. In fact, you may live in a society where you feel like you're surrounded by evil. But you live among angels of love and light that surround you, that are reaching out to others like me all across the world, other continents, other nations who will come to your aid and who send you love and protection and who will help you overcome this tremendous evil that you've been faced with.

And I want you to know that you will be recognized and you will be stronger because of this epic battle that you faced with the forces of evil and destruction. Know in your heart and in your soul that we are here with you and that we will do everything in our power to end the violence against your children, your husband, your family, and your fellow humans all across Australia and around the world.

We aim to end violence in whatever way we can that is consistent with the principles of the Divine and the protection of life. So, thank you for watching this video and my heart goes out to you. You have my love.

[End of transcript]

# Chapter 2:

*Interview with*  
**Dr. Toni Bark, M.D.**



**Ty:** Dr. Toni Bark, so glad to meet you.

**Dr. Bark:** Nice to meet you too Ty.

**Ty:** I appreciate you flying all the way down here to muggy Austin, Texas.

**Dr. Bark:** It was muggy in Chicago too.

**Ty:** Oh, was it? Okay.

**Dr. Bark:** I'm used to it.

**Ty:** You're used to it.

**Dr. Bark:** Yeah.

**Ty:** Right. I appreciate you coming down because I'm interested to get your perspective on vaccines. This is a documentary, "The Truth About Vaccines." You have some familiarity with producing your own documentaries, don't you?

**Dr. Bark:** I do.

**Ty:** Talk a little bit about *Bought*.

**Dr. Bark:** *Bought* was a culmination. It was kind of a marriage because it was a culmination for me from all the research I did while I was in my Master's program. I did my MD years ago. Then in 2010, I embarked upon a Masters in Medical Science, specifically with a focus on disaster planning and disaster response. I'd been going back and forth to Haiti.

What got me started down the rabbit hole in the vaccine issue is that the school, I was at BU, and it was all about, "Oh flu vaccine clinics, we have to model this as a disaster plan." I was like, "Flu vaccine? God. Nothing I've read have said that it's very effective." I started looking at the data and I was looking at the Cochrane Collaboration. I'd never really known about Cochrane before as a physician. Never heard about Cochrane.

**Ty:** What is the Cochrane Collaboration?

**Dr. Bark:** The Cochrane Collaboration is an independent group of international researchers. MDs, Masters, PhDs, who work mostly voluntarily. Most of them are volunteer. There is no industry money coming in at all. They will not take any money that's related or tied even down the road to industry. It's truly independent research and it's collaborative.

The Cochrane Collaboration had put out, almost every year, a paper, a meta-analysis, meaning they're looking at all the different studies and they do a meta-analysis of the data, and show that the flu vaccine was barely effective, if at all. And that in any given year, for every 100 patients who're told they have flu, seven actually have influenza.

Influenza is not even as prevalent as we think. People say, "I have the flu, I have the flu." Which just means they had a viral syndrome with maybe a fever and respiratory symptoms.

**Ty:** They didn't feel well so they had a flu.

**Dr. Bark:** Yeah, right. But it's not influenza. Even when we have influenza, it's always a guess. The



bottom line is that I looked at the data and I went to the head of my department and I said, “The department’s spending so much time and effort training the Master’s students on how to run a flu vaccine clinic. You’ve got to look at this data, it doesn’t make any sense.”

The head of my department who’s also part of DARPA, he’s a military guy, looked at it and he said, “Ooh.” He actually said expletives but, because they had spent time doing this. He had just written a paper and he said, “You know, you’re right.”

Right after that there was a conference in DC going on called “Selling Sickness.” I said, “We’ve got to go to this conference.” Because Peter Daschle is going to be there. Peter Daschle had been working with Thomas Jefferson, not the president, but Tom Jefferson who is an MD PhD, head of Cochrane Collaboration on upper respiratory infections. Which means he analyzes a lot of vaccine safety and effectiveness, mostly effectiveness or lack thereof.

He was the one who’s really heading up all the flu vaccine studies and Peter Daschle was working with him. Peter’s thing was really Tamiflu, but because at that time there was this whole swine flu “epidemic”—

**Ty:** Right.

**Dr. Bark:** I’m doing quotes because—

**Ty:** 2008-2009.

**Dr. Bark:** It was 2009-2010.

**Ty:** Okay.

**Dr. Bark:** I’m doing quotes around that because, even, I think it was a *BMJ* or the *Lancet* even called out the WHO for changing the definition of a pandemic, of a worldwide pandemic, in the summer that year. They changed the definition to make everyone believe that we were having this major pandemic. It was not a pandemic and it was not a lethal virus, but it was to sell flu vaccine and Tamiflu.

It turned out that the WHO had been taking advice from a group called ESWI, E-S-W-I, which is something about working group—I don’t know what it stood for. It turned out that it was a small group of physicians who were all working either for the makers of Tamiflu, or the maker of the Swine flu vaccine.

**Ty:** Wow. Little conflict of interest there.

**Dr. Bark:** Big conflict of interest. This is stuff that came out during this conference that really opened my eyes, and certainly opened the head of my department’s eyes. And I don’t know that there are—

I was teaching as an Adjunct after I finished in 2012, but then I started making the film. *Bought*, the film I was co-producing and working on. I don’t know if they’re still staying away from dealing with flu vaccine clinics as a mainstay for disaster planning. That’s what embarked me upon looking at everything. Okay, all these things that we just assume. Maybe we need to take a closer look.

One of the things that I found was the advisory committees. Advisory committees at the FDA, advisory committee at CDC, because there’s a process to approve drugs. My focus

at this point was the vaccines. They go through these advisory committees, first at the FDA for approval and then it's CDC for recommendation. There's something called FACA, Federal Advisory Committee Act, which as you would imagine says that anybody on these advisory committees can't have undue conflict of interest, can't be employed.

**Ty:** They should be independent.

**Dr. Bark:** It turns out it's just not the case. At the FDA, the committee is VERBAC, that's the acronym and there's one person who's considered the consumer rep and all that means, is that they're not employed by one of the major pharmaceutical companies, specifically.

**Ty:** Really?

**Dr. Bark:** Yes, that's all that mean. They're usually MDs or MD PhDs or Nurses with PhDs. They can be somebody without an advanced degree but commonly they are.

Then, the same thing is true for the ACIP committee which is the CDC's committee on vaccines for recommendation. They also, it turns out, that the CDC on their website automatically grants a waiver for the conflict of interest for anybody on the ACIP committee because they believe that they need "experts" on the committee.

**Ty:** The conflict of interest rules don't apply to them?

**Dr. Bark:** They don't apply to them, even though they're specifically for them. They're for Federal advisory committees. If the regulatory agency isn't—then, that's what we're talking about. It's all about these Federal regulatory agencies.

**Ty:** Makes no sense.

**Dr. Bark:** It makes no sense, but this is what's going on.

Then I wound up interviewing people who'd been on those committees who'd been the consumer reps, who were nurses and doctors and somebody who was still on the VERBAC committee. I was encouraged by my department to stay on task and to look at all the vaccines and look at policies and look at the data. Let's see what's really effective and what's really safe.

I just kept finding more and more crap. I kept saying "it can't get any worse" and it just kept getting worse. That really catapulted me and then of course I was looking—I never wanted to eat GMOs. I was always Miss Organic and eat very healthy. I started looking at the playbook.

**Ty:** Okay.

**Dr. Bark:** The playbook for vaccines is the same playbook that they're using for GMOs. If the industry hires shills, not only—in the vaccine world it's not just the industry. We have the CDC looking for mommy bloggers, looking to pay people to blog as though they're just lay people. But there's federal dollars going to pay these people. It's to promote—

**Ty:** And they basically do what?

**Dr. Bark:** Promote vaccines.



**Ty:** To promote vaccines. Wow. Do they also pay people to antagonize people that are against vaccines?

**Dr. Bark:** Well, it certainly looks that way. Because the same players, and there's a lot of people that I—I'm on Twitter. I tweet a lot. I have a Facebook presence of course, but I'm more involved in Twitter. I think that's where the real duking-it-out happens.

**Ty:** Okay.

**Dr. Bark:** Because your tweets are open to the whole world and they get searched. There's a lot of people that we know spend their time 24/7 because we'll all check in. In one night Doreen Rice might have 300 tweets and her tweets might actually show up, they're from different towns, different cities around the country.

**Ty:** Really? Okay.

**Dr. Bark:** Yeah.

**Ty:** She travels a lot.

**Dr. Bark:** Obviously at the speed of sound. Speed of light, actually.

There's a lot of warfare. PR warfare. This is part of the biz as usual in the playbook. It's to discredit anybody who questions safety. If you question the safety of these big tech products, you are threatening their bottom line.

The vaccines really, and GMOs but I know this movie's not about that. The vaccines and even for a lot of pharmaceuticals and a lot of procedures are kind of hand and mirror. There's a lot of smoke and mirrors. There's a lot of pretending that these things work better than they do.

There's a lot of glossing over safety. In the vaccine situation, in addition to glossing over safety there is what we call "false placebos." I don't know what else to say other than a false placebo.

**Ty:** Okay. What's a placebo?

**Dr. Bark:** A placebo should be an inert substance that we know is safe, that we've tested and we know it's safe. In a pill, it would be—if you're testing a drug you'd give somebody an encapsulated sugar pill. Sugar or something, glucose. Something that we know is safe and benign in that dose. Sugar's not great for you but we're talking about like a quarter of a teaspoon.

In an injectable, which the vaccines are for the most part, with few exceptions, it should be saline. Normal saline because we know that's safe, right?

**Ty:** Right.

**Dr. Bark:** Normal saline, we give it in an IV fluid. It's normal. We are saline, right. That's what an injectable placebo should be. But, it's not. What they do—

I'll give you a good example, Gardasil, because I've analyzed that study from Merck, and in-depth with many other people. They had one arm of their placebo. They had many different groupings. Let's say they tested this on a few thousand people. Some got the vaccine and

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some got placebo. Let's say 2,000 got the placebo. 200 of those people actually got sick.

**Ty:** Really?

**Dr. Bark:** The rest got the aluminum adjuvant. In some cases they got multiple doses of the aluminum adjuvant. In some cases they got three doses of the aluminum adjuvant while the vaccine group only got one or two doses of the vaccine.

**Ty:** The placebo group got more of the aluminum adjuvant than the—

**Dr. Bark:** In many of those groups, yes.

**Ty:** Wow.

**Dr. Bark:** Yeah. We know that—

**Ty:** That's completely [indiscernible 0:11:09].

**Dr. Bark:** Completely. We know aluminum is neurotoxic. Chris Exley out of Exeter University in London in England just has published—I mean, many people have published, but there's a—

I'm saying this because *Nature* just published it, the journal *Nature*, who's not been favorable to vaccines by the way. They've been quite pro-industry. They did just publish a paper written by Dr. Exley on specifically aluminum adjuvants and the neurotoxicity which ensues.

Yahuda Shoenfeld and Tomljenovic have published a text book on Yahuda's and Tomljenovic's research on autoimmunity secondary specifically to aluminum adjuvants. We know that aluminum is not benign.

However, I called the NIH office. The NIH is yet another regulatory agency that happens to be in business with the vaccine industry. They are actually in business and produce together. They own patents with the vaccine industry. I spoke with Dr. Seder who is head of the aluminum adjuvant office there, a research center.

I asked him, "Dr. Seder do you believe aluminum is a safe?" "Oh, we consider aluminum GRAS, G-R-A-S." That means, Generally Regarded As Safe. I love the term generally. What the hell does that mean? That's like "natural" on food. "Generally" we regard it as safe.

**Ty:** I didn't know that you could have a GRAS rating on something like aluminum, I thought that was just food.

**Dr. Bark:** Well, that's interesting that you said that. Because, I do a lot of legal work and what the other side will say, and I've also presented for a law—

I was asked to speak at a law school. This was over the internet. It turns out when the medical school associated with that law school heard they had the Head of Pediatric Infectious Disease come to, let's say to "monitor." It wasn't monitor, it was to really revoke. Anything anyone said that he didn't like he basically negated what they said.

I talked about the toxicity of aluminum and he said, "Oh there's aluminum in breast milk." I hear this all the time. "We eat aluminum, it's in breast milk. It's in a lot of our food." It's a contaminant. Okay. It's a fucking contaminant. It's not supposed to be in breast milk. It's a contaminant and it's a toxin. Doesn't mean it's cool.

The other issue is that when you eat aluminum or you eat other toxins you're open from your mouth—the digestive system is an open system. There should be an intact barrier protecting whatever we eat to go directly into the blood stream. Right?

**Ty:** True.

**Dr. Bark:** Theoretically you're not absorbing much aluminum when you eat it. You excrete it in your stool. It's still not good and I don't recommend it but ingesting is very different than injecting, where you also have things like Polysorbate 80, things that actually open your blood-brain barrier. They open all these tight junctions and you're getting them directly into your blood stream, especially when you're injecting.

Aluminum is in our food but it's a contaminant and a toxin and it shouldn't be there and so it is considered GRAS, generally regarded as safe. It's in so many drugs. I don't know if you know that, but it's in a lot of over the counter medications. Antacids.

**Ty:** It's in a ton of vaccines, isn't it?

**Dr. Bark:** Unless it's a live viral vaccine it's used as an adjuvant. An adjuvant is something to boost the immune response.

Live virus, like the chicken pox vaccine, like MMR, those are all live viruses, and the shingles vaccine. One of the side effects of those vaccines is that they cause those diseases.

**Ty:** Right.

**Dr. Bark:** The shingles vaccine just had to add that, "By the way the shingles vaccine, one of the side effects may be shingles." If it's not a live viral vaccine, they may have to use something to boost it because otherwise there's a weak immunological reaction.

**Ty:** That's why the aluminum comes in.

**Dr. Bark:** That's where the aluminum comes in because your body doesn't like it. It's toxic to the nervous system. You create antibodies to it and everything associated with it. That is a big part of the problem.

Then there's more biochemistry involved. There's fluoride onboard. There's a lot of fluoride. If there's other things onboard it goes right into the central nervous system. I mean, it's a mess.

But, I was told by Dr. Seeder that aluminum is considered generally regarded as safe by the FDA. But the EPA does consider aluminum a toxin. There are limits according to the EPA. This is where the left hand doesn't know what the right hand's doing. The EPA has all these limits on aluminum, on mercury. Of course those limits are exceeded just within the first vaccine given on the day one of life, the hepatitis B shot.

We've got a lot of conflict. FDA is saying, NIH is saying it's GRAS. The EPA is saying there's toxic levels. We've got toxic levels exceeding a daily dose in a newborn, in a shot given to the—

**Ty:** Way over the daily limit.

**Dr. Bark:** Way over. I mean, many times over. This is, I'm just trying to point out the absurdity of all of that.

**Ty:** Yeah, it is.

**Dr. Bark:** It's just, I realized that the left hand doesn't know what the right hand's doing, and whether it's intentional or not. I think that there is a lot of scientists and a lot of doctors who believe what they're doing, they believe they're working for the good.

The doctors believe what the CDC tells them, they believe what the NIH says. There's doctors at the NIH who're doing really good work and probably there's a lot really ethical doctors at the NIH. Probably some at the FDA and at the CDC. But overall, they have been captured by the regulatory agencies.

The woman I brought up just a little bit ago, Doreen Rice, who's a lawyer. She's not a licensed lawyer, she's not even from this country and she's connected to Glaxo. But she works in one of the California State law schools and she is the only academic lawyer that I know that has written on the benefits of regulatory capture. The benefits of regulatory capture.

Remember, we're talking about the benefits of regulatory capture for a product that is immune from liability and is mandated. I don't know any other academic lawyer who writes about that. That's how absurd this gets and that's all the—it's so layered. The level of corruption is so layered because of all this at play. It just evolved this way.

Now, because we have direct to consumer marketing we have the Vaccine Court, no liability for the maker of the drug, the vaccine producers. There is just—and, the regulatory capture, and now we have Citizens United. Now we have so much money in politics and it's so expensive to run for office.

Pharma donates to both sides of the aisle. If you saw the film that I worked on and co-produced, *Bought*, one of the very first whistleblowers we introduced is a gentleman who was a state fraud investigator. He was fired for investigating state fraud because he was told literally, "Back off, we don't investigate pharma" because they pay both sides of the aisle. "We don't do that. We don't touch that fraud."

**Ty:** He was a fraud investigator that was told not to investigate certain types of fraud, because we just don't do that.

**Dr. Bark:** Exactly. He just thought, I can't live with myself if I do this.

**Ty:** Right.

**Dr. Bark:** He got fired and he won in the end. It took him many years. In the end, everything was adjudicated for a few billion dollars. I mean, it turns out there were several states involved in this fraud, in this pharma fraud.

The point I'm making is that when it's so expensive to run for office and you've got an industry, the pharmaceutical industry, that's very inextricably tied to the chemical industry and the food industry. They have so much money. They have such good PR people. They have more money for PR and marketing than anybody else, that it's impossible to fight them and expose them without waging a huge battle.

Of course anybody who does it is attacked. The moment you question the safety of vaccines you are a quack. The moment you bring up any issue with safety. You could be pro-vaccine, but if you bring up one safety issue you're automatically a quack. We have Nobel laureates who've brought this out. These are Nobel laureates and suddenly they're being called

“quacks” and “idiots” and “crazies” because they’re questioning the safety of vaccines.

**Ty:** I just finished an interview with Neil Miller.

**Dr. Bark:** Oh, I love Neil’s work.

**Ty:** He said to tell you hello, by the way.

**Dr. Bark:** Oh, I love that.

**Ty:** He just, he had to leave but he wanted to say “Hi.”

**Dr. Bark:** Oh, I wish I could have seen him.

**Ty:** One of the things he was talking about was the fact that—he’s got a book that’s 400 studies.

**Dr. Bark:** Oh yeah, he’s amazing.

**Ty:** The other side says that the science is settled, vaccines are safe and effective. There’s no studies that say otherwise. That’s 400 of what we have literally thousands of studies that show that vaccines are not safe and effective that they do cause damage.

**Dr. Bark:** Right.

**Ty:** Isn’t that the reason that we have the VAERS system and the NVIC, because vaccines aren’t safe.

**Dr. Bark:** Legally they’re classified as “unavoidably unsafe.” That’s their legal classification. When I say that in court in the state cases that I have which are not injury obviously, that’s federal court. The judges always stop me and go, “What? What did you say? Wait, repeat that, repeat that.” I’m like, “They’re legally classified as unavoidably unsafe, your honor.” Then they’re like, “Woah, wait a minute.”

**Ty:** How does that legal classification come about?

**Dr. Bark:** Well, a lot of drugs are and blood products, because they are unsafe. There could be other things. There’s obviously, there’s a risk. There’s a risk with anything like that.

**Ty:** So, by default they’re classified—

**Dr. Bark:** They are classified as unavoidably unsafe.

**Ty:** Okay.

**Dr. Bark:** Again, most people, most expert witnesses I’m up against have never heard of the VAERS system. They don’t know what the National Vaccine Compensation program is. They’ve never heard of the Table of Injuries, which proves that if they’re the expert on the other side fighting me and they’re telling me vaccine injury doesn’t really happen, but they’ve never even heard of the Table of Injuries.

They don’t know to report to VAERS a side effect or a reaction. They didn’t know about the compensation program. Then, the next question is, “Doctor, do you know how to recognize a vaccine injury?” Usually they go, “No.”

**Ty:** No idea.

**Dr. Bark:** No. If that's the case, then what we see on VAERS is not 1/10th of the injury. Which is what the government says. The government says "It's probably 1/10th." Right?

**Ty:** Yeah.

**Dr. Bark:** It's probably 1/1000th. I say that because I didn't know to report to VAERS. I ran a pediatric emergency room, I trained in pediatrics.

**Ty:** You didn't know you were supposed to report vaccine injuries?

**Dr. Bark:** No. No. We had in our ER when I was a medical student, a resident and running the ER, we certainly saw kids, and I would moonlight at other hospitals even, that came in who had stopped breathing or had seizures after they'd been in the vaccine clinic. Nobody reported that. Nobody went "So, this has to be reported."

**Ty:** Didn't even know.

**Dr. Bark:** No. It was kind of like we knew that happened, okay. But they didn't get reported. So, think how many don't get reported. I didn't know until I did my grad student studies.

I went to med school. Graduated in 86. By early 90s I'm full-fledged. I've done four years of residency, did peds, did rehab and the peds ER, moonlit in other places. I had never heard of the vaccine court.

**Ty:** Wow.

**Dr. Bark:** I had never heard of VAERS. I had never heard of the compensation program.

**Ty:** Think of all of the injuries that have never been reported. That's where they get, I've read that maybe 1/10th of the injuries get reported. I want to say a lot less than that even.

**Dr. Bark:** That's what I'm saying. The government says it's probably 1/10th. I'm saying, "No, it's a lot less."

**Ty:** Right.

**Dr. Bark:** Because, I don't know any doctor, other than who's now in our case but, when I talk to people that I meet that I haven't seen from med school, residency, and I ask them, "Do you know what this is?" They've never heard of it.

**Ty:** Right.

**Dr. Bark:** Have you—

**Ty:** The interesting thing is, let's say it's 1/100th. We've had 30, 40 thousand—how many adverse events have you heard that have been reported for Gardasil?

**Dr. Bark:** Oh, it's in the thousands. It's in the multiples.

**Ty:** I thought it's in the tens of thousands.

**Dr. Bark:** Yeah, it's in the tens of thousands.

**Ty:** Multiply that out, we're talking about million, potentially millions.

**Dr. Bark:** Well, we know from a Canadian study that 10 percent of the people who get Gardasil wind up in an ER visit and then I think it's 3 percent of those wind up in a hospitalization stay.

**Ty:** Really?

**Dr. Bark:** Yes.

**Ty:** Okay.

**Dr. Bark:** Yes. We know that from a published Canadian study. It's a lot. Then, think about the late reactions.

Autoimmunity doesn't happen right away. The early reactions to most vaccines, in the first 72 hours, which is in the Table of Injuries. By the way, the Table of Injuries was created when the court was created.

**Ty:** 86.

**Dr. Bark:** Right. But, it's never been updated.

**Ty:** What is the Table of Injuries?

**Dr. Bark:** The Table of Injuries is literally, a table, a list, that these are the known injuries to the 14 doses, 14 shots. It was just a few vaccines in those days. That was created in 86. It was instated 86-87. That was, if you had that reaction within 72 hours you didn't have to prove anything. You'd go court and file a claim.

**Ty:** You knew it was the vaccine.

**Dr. Bark:** And said, This is the Table of Injuries, it's brachial plexus, neuropathy, or it was death, or it was encephalopathy and it happened within 72 hours and it's to one of the vaccines on the table. Because it was one of the ones that we were giving kids. Okay. Table of Injury, you don't have to prove, right?

**Ty:** Right.

**Dr. Bark:** Now, suddenly we were adding vaccine after vaccine. Immediately, they added Hep B. There was no Table of Injury. Added. By 89-90—

**Ty:** Hepatitis B makes sense for a baby because you have to be sexually active for an intravenous drug user.

**Dr. Bark:** Right. It's not even recommended for all adults. It's only recommended with adults with high risk behavior.

**Ty:** Right.

**Dr. Bark:** Prostitutes, IV drug users who share needles. Who share needles not even—you got to share needles.

**Ty:** But it makes sense of babies.



Yeah, right. They didn't even add—right away they added a new vaccine and they didn't add anything to the Table of Injuries. Since then they've added several vaccines without updating the Table of Injuries. Which means, everybody who's injured who then knows to file a VAERS reports, who files within three years, you have to do all that, and they eventually get to court they then have to prove the injury. It's a rigged system

**Ty:** It is.

**Dr. Bark:** Because, it's really, you've got this no faults "court" that nobody knows about that you've got a really statute of limitations to file with and you have to prove it, but there's no discovery. You're not allowed discovery. The government's allowed discovery. The government's allowed discovery. But you, the claimant—

**Ty:** What is discovery?

**Dr. Bark:** Well, discovery would be like, "I want to see Glaxo's internal documents. I want to see Merck's internal documents. I want to see this study, they didn't say how they picked who they only gave one or two or three shots to. I want to see that." "Nope."

**Ty:** Can't do.

**Dr. Bark:** You don't get it.

**Ty:** It's a rigged system for sure. Wow.

**Dr. Bark:** Right.

**Ty:** I was not aware of that about discovery.

**Dr. Bark:** Yeah.

**Ty:** That's really amazing. Here's what's interesting too, the Table of Injuries, that means they admit that vaccines injure.

**Dr. Bark:** Well, of course.

**Ty:** Because these are known injuries.

**Dr. Bark:** What they say is, "Well, we don't admit that they really cause it but we saw that in the studies." I mean, it's all speaking—

**Ty:** It's semantics.

**Dr. Bark:** It's semantics.

In the Gardasil paper that I looked, we looked, a bunch of us, a few of us and I was the only MD. The rest were PhDs doing research. I was the only one not doing research. I'm a clinician.

**Ty:** Okay.

**Dr. Bark:** We looked at Merck's own data. We didn't get anything under discovery. We looked at Merck's own data but we just really read it thoroughly and analyzed it and statistically what they say, "Oh it's safe." Statistically you were three times more likely to die if you got the

Gardasil shot, or their placebo, than the general public of your age, of your specific age group, in your country.

**Ty:** Wow.

**Dr. Bark:** That's how specific we made it.

**Ty:** Three times more likely to die.

**Dr. Bark:** Yeah, yeah, yeah. It was greater than that, way higher than that if you were in the older age group.

They actually tested, Merck, the Gardasil vaccine, or tested the Gardasil shot which is the HPV shot in an older cohort. So, 26 up, the death rate was so high. I don't remember it exactly but I think out of a 1000 people there were 11 deaths.

**Ty:** Wow.

**Dr. Bark:** Nine of them were Asian. There were only 31 percent Asian women in that group. They just said, "Oh okay. It's fine." But, the FDA said, "We don't want you giving it to that age group."

**Ty:** Okay.

**Dr. Bark:** It's not recommended by the government for the age group but Merck in their own, when they market it for their public service announcements they actually recommend it in that age group. The death rate was even higher.

In the boys' study, when they studied on boys it didn't—it prevented warts but not neoplastic changes.

**Ty:** Okay. That makes no sense to recommend it to those.

**Dr. Bark:** There were deaths, of course. There were high death rates. Again, you were three times more likely to die from the vaccine.

**Ty:** Again, you look at risk versus benefit, right?

**Dr. Bark:** Right. The vaccine group in many of those different groups, different trials, only got one dose. They gave a few people three doses but they selected them. They didn't share how they selected them. They might have done HLA testing to look if they're prone to autoimmunity. They might have done, who knows what. It was a small group. Most of them got one dose. But, the placebo group got three doses, as I said before.

**Ty:** Wow.

**Dr. Bark:** The death rate was high in the placebo group.

**Ty:** The placebo group should get no doses.

**Dr. Bark:** Oh, of course.

**Ty:** Of anything that's not a placebo.

**Dr. Bark:** Not only that, the majority of the deaths were in the first year. The majority of the ones in the first year, like 80 percent of them were in the first 25 days.

**Ty:** Wow.

**Dr. Bark:** That was falling out of trees, suicide, car accidents, drownings, even in the placebo group. Merck said, “Oh, these were not related to the vaccine because they died in a car accident, they drowned.” But they all happened right after getting their dose. You don’t get a majority of the deaths that you’re amortizing over two years happening in the first 24 days, statistically.

**Ty:** Right. Sure.

**Dr. Bark:** Their death rate was several-fold higher than the general public in that time frame.

**Ty:** Right.

**Dr. Bark:** I mean, if you look close enough you’ll find all this discrepancy on safety. That’s not even talking about efficacy, because efficacy is another issue. People say, “Well, they don’t work at all.” Well, that’s not true. Some of them work but at what price?

Have we reduced measles from the measles shots? We have. Breakthrough measles and measles shots spreads measles. There’s all that. There’s measles shots failure. We know that. Even if you have antibodies, there are studies from Corpus Christi with an outbreak. But, are we better off? I don’t think so. Because, what is the price we’re paying?

**Ty:** Right.

**Dr. Bark:** If everything we think is true about that MMR shot, because it’s a three, you’ve got the MMR together.

**Ty:** That’s part of the problem isn’t it Dr. Toni?

**Dr. Bark:** It is.

**Ty:** The fact that we’ve combined these vaccines that maybe if they’re used in and of themselves not quite as toxic, as when we put them together.

**Dr. Bark:** Right. Exactly. I know Dr. Wakefield talks about the Ravi strain of that mumps and how that really catapulted. By itself your Ravi strain of mumps wasn’t problematic but when you mix it with measles and the MMR it became very problematic.

**Ty:** Dr. Toni, I want to hear about Healthy People 2020. What is that?

**Dr. Bark:** Healthy People 2020, I’m not an expert on it like Dr. Tenpenny, because she’s really analyzed it. But, it is stating and I love how they call it “Healthy People,” by 2020 there is a—

There was a bill. There were five different departments involved. I know the Department of Transportation was one of those departments, which is scary. What the bill says and it’s proposed. It’s not up for vote yet or anything like that, but it’s where we’re headed. It says that all people will be vaccinated. All U.S. citizens need to be vaccinated and up to date and get repeated boosters. There’s about 140 vaccines that they want adults to have throughout their adult life.

*Ty:* Wow.

*Dr. Bark:* It's tied to the Department of Transportation, which makes us all worry that it will be when you got to get on your plane, they'll say, "Oh Mr. Bollinger, you haven't had a measles

*Ty:* shot in, we don't even know when. You're going to have to step aside and get the flu shot and the measles shot in order to get on this flight." I don't know that, but why would the

*Dr. Bark:* department of transportation, that's so random, be involved with writing—

*Ty:* With something, health related.

*Dr. Bark:* It started with a bunch of governors. Actually I think it started with a bunch of Republican governors which is interesting, because it's been the Dems pushing these mandates more so than the Republicans. The Republicans as a group tend to be more for personal freedom and health freedom.

The Dems have been more pushing the agenda for vaccine mandates, doing away with religious and philosophical exemptions. It's just been the way it's split. It could have a lot to do with Obama Care and who's sided with who and who funded what. That's just how it's been split.

*Ty:* Yeah.

*Dr. Bark:* It was interesting that it started with these Republican governors and then it's expanded and already we have a Federal congress woman, down in Florida, who's a Dem who's tried to bring a bill like SB 277 out of California which says that you can't go to public school without getting vaccinated. There's no philosophical or religious exemption allowed.

I went and was flown down to meet with her and her staff, along with some people from the Nation of Islam from that local mosque in Miami. She didn't show up, but I did meet with her Chief of Staff who was probably way more intelligent than her, anyway. She really got it. I was trying to get the bill killed. She's proposed it. There's no momentum behind it. Nobody's behind it but it's still there and I actually want it revoked.

My concern with that and then with Healthy People 2020 is that even though there's no current momentum right now, when we go to war and we do things like that, congress is up late voting on a lot of bills that can be a 1000, 2000 pages. Things get added in like on page four—things that are completely unrelated and that happens. I'm not making that up.

*Ty:* Oh yeah.

*Dr. Bark:* That's happened with vaccine bills and with medical product bills. That happened right before we went and invaded Iraq. There were some things added to a lengthy war bill at midnight.

*Ty:* Right.

*Dr. Bark:* It was voted on.

*Ty:* I remember seeing the congressmen and women saying that when they got it, it was literally hot off the press. There didn't have enough time to read it before they voted on it.

*Dr. Bark:* Yeah. Right. My concern is even though there are some things out there and there's no momentum right now, it's not being up for vote, it's out there as a bill. I want to see it re-

moved because my concern is it's going to get passed when everyone's asleep at the wheel and busy focusing on war or a pretend Zika epidemic. This is the kind of stuff that happens.

The bill, it's a 140 vaccines, it's for adults, and it's tied to transportation that's what I know about it. I don't know much else about it but Dr. Tenpenny's written about it and analyzed it. That I know.

**Ty:** Yeah, yeah. I talked to Dr. Tenpenny about that. She's very concerned about Healthy People 2020.

**Dr. Bark:** I am too. I've just been so busy with Gardasil and flu shot and doing these vaccine custody cases and I've got a case in Vaccine Court so, I can't keep track of all of them. She's really on top of it. I've got confidence in her. As soon as it's time for all of us to get more vocal about it, or to do something, I'll be there. I'll be up to speed on it.

**Ty:** I know you will. Dr. Toni, what happened just outside of Atlanta, Georgia, in 2001?

**Dr. Bark:** What I know about Simpsonwood is that the CDC decided to have a meeting off their property. I'm assuming, I don't know what was behind it, but the assumption is that if it's not at the CDC, they can keep it private, they don't have to release everything because it's federal dollars funding all these meetings. They should be public. This was not a public meeting. I believe that there were people from the industry there. That's what the evidence shows.

One of the things they looked at, they looked at a few things, but they looked at mercury and thimerosal in vaccinations and looked at the association between thimerosal and how early infants are exposed to it. What they found in the data, which they said they, "We can't make this go away." That was literally written in some of the FOIA documents. The earlier the exposure of an infant to thimerosal, the greater the risk of autism.

Okay, so what happens? Well, at the same meeting we see a recommendation to start pushing the flu shot on pregnant women. The flu shot has mercury in it.

**Ty:** That's really, really, really early exposure for the infant.

**Dr. Bark:** Yeah. I'm sitting next to a legal expert when I'm hearing this because I'm hearing—I got this information at a conference and it was Brian Hooker, Dr. Hooker who was presenting his FOIA documents, this was before he talked about the CDC whistleblower.

Well, actually he did talk about it but we didn't know who it was. He was explaining this data and we saw the data from the documents. I'm sitting next to Mary Holland. You know who she is? She's a—

**Ty:** Yes.

**Dr. Bark:** She's fabulous. Right. Mary looks at me she goes, "Wait a minute, the earlier the exposure to thimerosal the greater the risk for autism. Why would they turn around and recommend to give the flu shot with thimerosal in it to pregnant women?"

I'm like, "Mary, it's obvious, they want to do away with regressive autism." If they know some kids are going to be susceptible, just have them come out that way, then we can say, "See, it's been there all along, it's genetic. It's genetic. They came out that way. They're not regressing at the MMR. It's not a damage from their third DPT. They came out not making eye contact. They came out not attentive."

**Ty:** Wow.

**Dr. Bark:** Because, what else is the reason? Because right after that, in addition to recommending the flu shot to pregnant women, we started hearing that this is genetic. They started building up cases. “This is actually genetic. We’re having an epidemic of genetic possibilities.”

**Ty:** Yeah.

**Dr. Bark:** Then when that was obvious to most people who aren’t idiots that you don’t have epidemics of genetic possibilities they started saying, “Well, really, it’s been there all along. We’re just recognizing it.”

**Ty:** Yeah. I heard that.

**Dr. Bark:** At first it was like, it’s genetic, and then it’s like, “Oh, okay that’s not working. What do we do now?” What we do now is say, “Well, it’s just better diagnosing. We’re just diagnosing everyone.” Not to mention that police departments are now having to train police officers because they’ve never dealt with autistic adults before.

**Ty:** Right.

**Dr. Bark:** Or, that cities are saying, “we don’t know where to house our autistic adults because we never had this problem before.” That’s what happens.

That’s what I took away from the Simpsonwood. I’m sure there’s way more things that happened there.

**Ty:** That’s fascinating. I had not heard that perspective but that does make sense, especially when we see the amount of thimerosal that’s in the flu shot. You can see how that would be really damaging to an infant.

**Dr. Bark:** Well, interestingly, I wrote a letter to ACOG, The American Academy of Obstetricians and Gynecologists. I wrote a letter because someone else had written a letter and got nowhere.

I wrote a letter stating, “I understand you recommend the flu shot. Could you at least recommend the single dose vial?” It’s mercury-free. They wrote me back and said, “We believe thimerosal to be safe.” I said, “Okay. Here is a picture of the bottle. It’s got a skull and cross bones on it and here is the MSDS sheet, which is the Material Safety Data Sheet by the company that says, it causes—it’s a mutagen for mammalian somatic cells.”

In layman terms, it causes mutations in mammalian, mammals, somatic germ cells, so eggs. It causes mutation at the level of dividing germ cells, like an embryo.

**Ty:** An embryo.

**Dr. Bark:** Hello. I said, “What about this doesn’t bother you?” “Well, we don’t believe...” I said, “Do your scientists have data that the manufacturer of thimerosal doesn’t have because here’s a skull and cross bones and here’s their MSDS sheet.” They were like, “Thank you. Have a good day.”

**Ty:** That’s it.

**Dr. Bark:** That’s it.

**Ty:** This basically, you said, they told you, “We believe.”

**Dr. Bark:** Yes. “We believe.”

**Ty:** This is a religion isn’t it.

**Dr. Bark:** It is a religion. I’m not knocking religion. Religion works for a lot of people

**Ty:** Oh, I’m very religious.

**Dr. Bark:** I’m spiritual, I don’t think I’m religious, like spiritual.

**Ty:** This is a religion in vaccine. They believe in vaccines with no proof.

**Dr. Bark:** Right.

**Ty:** Right?

**Dr. Bark:** It is a religious belief. It is such a religious belief that when you present a physician or somebody who believes it and doesn’t know why they believe it with contrary information, they immediately get very defensive and angry and incensed and furious. I understand that, because it means that everything they have been taught to believe is topsy-turvy and really messed up. If that’s true then they’ve been lied to.

They’re not consciously thinking all of this but I’ve analyzed why it’s so—but, everything they’ve been taught, they’ve been lied to. If that’s not true then what else isn’t true? If you’re a doctor then—I’ve had doctors tell me, “I don’t want to know anymore because I’ll have to change the way I practice and I just can’t do that.” It’s overwhelming.

**Ty:** Yeah.

**Dr. Bark:** I think if you’re a doctor, it’s overwhelming information, it’s contrary to what the CDC tells you and you want to believe. You get your guidelines from the CDC.

It’s also, if you’re a doctor that’s got a factory practice, which is most. If you’re in family medicine or pediatrics, you’re vaccinating a ton of kids. It’s like doctors who give chemo. They don’t want to know that they can do other things because—how much money are they making?

**Ty:** They’re making a lot of money.

**Dr. Bark:** They’re making a lot of money. The hospital’s making money. The system would collapse to some degree. Then, if you’re a lay person and you really—

Let’s say you’re a lay person and you work for a big corporate entity and you really are part of—you’re making money. You work for the corporate, whether it’s a chemical company or whatever. It’s a big corporation who’s somehow tied to pharma. They’re invested in pharma. Ultimately, a lot of big corporations are dependent upon each other and invested in each other. They’re tied to the system working the way it is.

**Ty:** Right. I understand that. Status quo.

**Dr. Bark:** So, it’s threatening. It’s threatening because then you’re questioning this whole system



that you're a part of.

**Ty:** Yeah.

**Dr. Bark:** I mean it's just a big effing mess.

**Ty:** It is.

**Dr. Bark:** I understand, some doctors who are really smart can't hear it. They can't hear it and I'm like, "Okay." They're yelling at me, "You're a quack and you're dangerous and you're killing patients." I'll say, "Okay, what's VAERS? What's the Table of Injury? What's a Vero cell? What's a passage?"

**Ty:** They don't know.

**Dr. Bark:** "Who sits on the ACIP committee? What is the ACIP committee? What's VERBAC? They don't know. They look at me. "What's adversomics? What is the science of adversomics?" They don't know any of it. I'm like, "You don't know anything." "Oh no, we studied immunology." I said, "I studied the same immunology in medical school." We don't study anatomy today.

**Ty:** Right.

**Dr. Bark:** We study theoretically how vaccines work. Then we have to memorize the schedule. That's not studying vaccines. You can't tell me the ingredient list. You don't know what foreign DNA is in there. Do you know what molecular mimicry is? I mean, they don't know any of this.

**Ty:** What is molecular mimicry?

**Dr. Bark:** Molecular mimicry is when something is so close to your own cell that you create, but it's with an adjuvant. It's with something that's causing an immune reaction that you create antibodies to it. We see it in live viral vaccines, we see it anywhere there's human DNA, fetal cells, because we have fetal cells in vaccines. Other things can cause it, but as opposed to an allergy.

Let's say you vaccinate somebody and in that vaccine is casein or peanut oil which was an adjuvant a while ago. It might still be in some or aluminum or whatever. You create an antibody to that, to those substances in that vaccine. Every time you're exposed you're going to have an allergic reaction. It might be mild or it could be anaphylactic. You only get a reaction when you're exposed. That's an allergy that has been induced because of the vaccination.

Molecular mimicry is where the vaccine's inducing an autoimmune reaction. You're creating antibodies to parts of yourself that are happening all the time.

I have a case in the vaccine court. This was a kid who was really highly intelligent and talented and active and great student and she got—the parents were under the impression when they moved to this country that the child could not go to 6th grade without the chick-enpox vaccine. They did not want to give it and they gave it.

She started deteriorating slowly, really slowly. Not over two or three days. She had fever and headache and was acting weird and had headache for days and was nauseated and vomiting, but it took about a year for her behavior and her cognition to really decline to the point where she looks like she's Parkinson's and her IQ is tested now at 70. Severely retarded.

**Ty:** Wow.

**Dr. Bark:** That took a whole year and a very bizarre behavior. Well she was brought to Children's in Texas, not going to say which hospital but she was brought numerous times. They didn't believe the parents when this started because it was so insidious. But, this is how molecular mimicry can be. It can be slow.

By the time they came to me, it was three or four years later. I looked at it and I said, "This looks like molecular mimicry of something in the brain. Probably something in the limbic system." An MDA receptor, that's what I was thinking and I sent her blood off to a lab. Big well-known hospital lab, very well-known and very well respected. They have a specific lab for neuroimmunology and she was positive for antibodies to her potassium channel. That's in all your cells but it's highly in the brain. This was specifically for the brain, but it's all over. Potassium channels are everywhere.

**Ty:** She's constantly attacking herself now.

**Dr. Bark:** Right. Her potassium channels don't function normally. Plasmapheresis is the thing to do for this. If they had believed the parents when they brought her in early on within the first year, there would have been a really good chance we could have really cured here with Plasmapheresis, eliminating the antibodies repeatedly just because maybe she stopped making them.

The hope is to take out the white cells of the blood and see if the person makes the antibodies again. Sometimes they stop making. Sometimes plasmapheresis is an answer. It's got to be done early on, otherwise you've got structures that have been damaged because they've gone with abnormal potassium channel functioning for so long, or whatever, sodium channel or an MDA receptors, that now they're damaged.

I was right in my assumption because this was a story. There is a woman that wrote a book called, *My Brain on Fire*. It's about her and she doesn't say it but I'm assuming she had Gardasil. I think this was from Gardasil or some other vaccine. She talks about how she went into this slow deterioration of mental, really craziness. It wasn't an MDA receptor. Encephalopathy and so there was molecular mimicry.

This was from chickenpox. Herpes virus can do it. In addition to the fact that there was MSG and gelatin and other things that can cause—that's why I thought it was an MDA receptor issue because I thought the calcium channels got all messed up with the MSG and the glutamate.

It was probably from the herpes virus in the chickenpox vaccine which is a live viral vaccine, because, if there's other things onboard it goes right into the brain. Polysorbate, glyphosate. Roundup in the diet can—that's why we're seeing probably increasing adverse reactions because we're being poisoned. Everywhere we look we're just being poisoned.

**Ty:** Glyphosate.

**Dr. Bark:** What did you say?

**Ty:** Glyphosate.

**Dr. Bark:** Yeah, glyphosate, yeah. Oh yeah. I mean, it's adding to the problem.

**Ty:** Talk about, Dr. Toni, talk about ketosis for not only cancer patients, we've talked about that a lot in the past with our cancer documentaries, but for autistic children.

**Dr. Bark:** As you know from work you've done ketosis and ketones are neuroprotective. The brain actually functions better. When you think about reactive oxygen species, when you're burning glucose a molecule of glucose has six molecules of oxygen. Six, yeah. You've got, for all the glucose you need you've got six molecules of oxygen that can become reactive oxygen species.

The mitochondria, it's always this delicate balancing act between reactive oxygen species and then creating antioxidants. But, what we know with brains that have been injured or people that have been injured. Mitochondria that have been injured from either too much fuel or heavy metals in the brain, or chemicals, what happens is that when you start burning ketones—

The brain actually prefers ketones. Fat molecules have half the amount of oxygen. There's less oxygen for reactive oxygen species. They have twice the amount of energy in terms of caloric energy so you're getting a lot more bang for your buck. That's one thing.

You automatically see inflammatory markers dissipate when you are in ketosis. There's a lot of reasons. I don't know all the reasons, all the science behind it, but I know that's a fact. I measure them on my patients and inflammatory markers are 0.0 something on these patients.

The brain likes ketones and it can use them readily. It doesn't have to do that much work, so it's neuroprotective and the inflammation is gone and if you throw cannabis onboard, especially if you've got something like a calcium channel that's working out of control. Cannabis is a down regulator, that's why it's so great. That and the fact that it promotes fat burning. Down regulator. Anything that's out of whack or out of control it helps down regulate it. These things are very helpful for kids with autism and so many other disease processes.

**Ty:** Right. How would you get someone into ketosis? What's the process?

**Dr. Bark:** I do a modified water fast. I know Thomas Seyfried had the luxury of admitting patients in the hospital to water fast them. I don't have that luxury. I'm not going to admit them. That's going to be ridiculous for my patients. They're not going to do it.

I water fast them for a few days, but I allow them to have MCT oil. Now, MCT oil can make you nauseated, especially on an empty stomach so it's in small amounts. I let them drink green tea if they're not stressed from caffeine from green tea, they can drink green tea. Caffeine from coffee is usually too stressful because there's not the theanine.

Coffee as you know can increase blood glucose because it's stressful for a lot of people. I let them do green tea, lots of water, organic broth. If they're really hungry they can have greens or especially salad like lettuce salad with MCT oil on it or little olive oil. I'll do this for a few days.

Now, a lot of patients, certainly patients with cancer are often insulin resistant. That's part of the issue. Sometimes it takes a few days. Theoretically, if they're not that insulin resistant and they're doing it right, by the third morning, their glucose is down to 65 and then we introduce their amount of carbs which is always under 50 grams for people unless you're an extreme athlete and you're burning 7,000 calories. But then you don't have cancer usually.

Then depending on their lean body weight and musculature I'll give them their protein intake which is moderate. It's just enough to keep your muscles. It's really what you should have but not more than that. This is not the Atkins diet and that's a big misconception.

Then the fat is depending on how many calories they need. Do they want to lose weight, do they need to lose weight? Do they want to maintain their weight, do they need to gain weight? Then we figure out how many grams of fat. It could be a 100 grams it could be 200 grams. It really depends on the person and the size.

**Ty:** What kinds of fat.

**Dr. Bark:** I like coconut oil and I like hemp oil and olive oil. I like to get the omega-3s with hemp. Either fish oil, hemp oil, flax, krill, chia seeds, and hemp seeds.

For my cancer patients I put them in a plant-based ketosis. My autistic patients don't have to be plant-based, but I do want them eating organically.

I do like them getting the saturated fat, especially in the beginning to get the ketones boosted. So they can do MCT oil or they can do lot of coconut or palm oil, but eventually really once they're in ketosis, they just need fat. Healthy fat. Avocados. Monounsaturates and some 3s and then coconut oil's great for many other reasons too. Those are usually the ones I rely on.

**Ty:** Good.

**Dr. Bark:** Lot of seeds and—

**Ty:** That's a good solution for people that may help autistic children.

**Dr. Bark:** It really is.

**Ty:** The diet does matter.

**Dr. Bark:** It does matter.

**Ty:** I don't know how many mothers that I've talked that said that, initially their pediatrician or whatever doctor they talked to about the autistic child said—

**Dr. Bark:** The diet doesn't matter.

**Ty:** It doesn't matter what you feed them.

**Dr. Bark:** They say it about everything. "Diet, oh if you have acne, diet doesn't matter. Oh you've cancer, diet doesn't matter. Eat milkshakes."

**Ty:** Yeah, crazy.

**Dr. Bark:** It's crazy.

**Ty:** Yeah. Dr. Toni, you mentioned something in an interview that I heard recently. I think it was on the Alex Jones show but I can't remember if that's what it was, about a Catholic priest mentioning that he knew about people—

**Dr. Bark:** Yes, yes.

**Ty:** Being vaccinated literally at gun point

**Dr. Bark:** At gun point.

**Ty:** Could you share that.

**Dr. Bark:** Yes. Oddly and ironically enough it was when I was in Florida meeting with the federal congresswoman who proposed the federal bill, the national bill that would be like, SB 277 but for the states. It would be a national bill. There's no national bills on mandating vaccines. It's usually state by state.

I was flown down there and I met with the Nation of Islam. We went to meet with her because it's her jurisdiction where this mosque is. While I was down there I was staying with friends that I know from Haiti, from doing disaster work, which got me into the grad school, which got me into vaccines, so it's all related.

**Ty:** Yeah.

**Dr. Bark:** They're friends with this fabulous Catholic priest. I mean, I loved him. Fabulous Catholic priest. They knew him through their Haiti connection and the head of the U.S. Army. Actually, that's how they knew him.

He's high up. He's a CEO of a business for them in Mexico. Really interesting. They're doing great work out in the field and they've got some great businesses that they make good money on. He's doing good work and he's been all over the world. This guy is an Oxford trained economist. Very international, very worldly.

When he asked me why I was there visiting my friends, his friends, our friends, I told him. He said, "I've literally seen people vaccinated at gun point in third world countries, specifically Africa." He said, "And, we know if you're a priest and you've worked in third world countries you know the WHO is not out for the people. We know what they're about."

When I told him about the CDC whistleblower and that's really what I was imploring this congresswoman and her staff to look into the CDC whistleblower, he had no idea. We spent a lot of time trying to get me to the Vatican and specifically also to invite people of the Vatican and their Department of Science and Ethics to a conference in Europe on aluminum adjuvants and autoimmunity.

That didn't happen. He tried. He made a valiant effort but he's not in the Vatican and he doesn't want to be and that didn't happen. That was very interesting for me to hear and not surprising really.

It is interesting. It reminds me of a story that I read about and actually Neil Miller mentioned. It was in the early 90s I think where they learned that the tetanus shots were laced with HcG.

**Ty:** HcG. Philippines in the late 90s.

**Dr. Bark:** In the Philippines. I heard about it. I mean, the people down there—I don't think this was Philippines, maybe I'm mixing stories but I read stories about—

**Dr. Bark:** Oh, it's in Kenya.

**Ty:** People just running.

**Dr. Bark:** Recently it's in Kenya.

**Ty:** Okay.

**Dr. Bark:** The reason you made that association I think is because it was, again, it was the Catholic nuns, at least in the case of the—I'm pretty sure it was in the Philippines in the 90s, the nuns were figuring this out and wrote about it and brought it to the attention of other people.

In Kenya, it was the Catholic Doctors Association and then the Catholic priests who were talking about it and bringing it to the Vatican. This priest actually heard about it.

**Ty:** That's probably what it was.

**Dr. Bark:** Yeah, it was the Catholic Church that got involved because they became suspicious they were targeting young girls of childbearing age and giving them boosters every few months. They were receiving five doses of tetanus shots which made no sense. That alerted people and then every batch that had been tested had HcG in it.

**Ty:** It was causing them to have spontaneous abortions.

**Dr. Bark:** Absolutely. Because if you create antibodies to HcG, every time you're pregnant you will miscarry.

**Ty:** Oh wow. That's pretty sick.

**Dr. Bark:** It's pretty effed up.

**Ty:** Yeah. If I remember the research correctly, initially with the Philippines in the 90s, the funding came from the Rockefeller Foundation.

**Dr. Bark:** I didn't know if it was Rockefeller or Gates.

**Ty:** Rockefeller.

**Dr. Bark:** It was Rockefeller.

**Ty:** Rockefeller Foundation and one other group that the foundation owned.

**Dr. Bark:** I think in Kenya, I think this was either a UN, like a UNICEF or a UN-funded program or was a WHO program. I don't remember which one but it was some big international—it was either UN or WHO.

**Ty:** Yeah. The stories that I heard was that the tribes would literally run when they saw the vans coming because they knew that they were going to be forced to inoculate.

**Dr. Bark:** Well, look at all the polio shots that—the oral polio shot which we don't give in this country since 2000 because every case of polio since the 60s was from the vaccine. The oral polio vaccine is a live vaccine and was shedding. People shed and get polio from it and give it to other people. We halted the use of it but it's what they use in third world countries because it's cheap.

**Ty:** We were having these polio outbreaks.

**Dr. Bark:** We were having polio outbreaks and people are like, “Oh we need to vaccinate, we need to vaccinate with more OPV.” The Gates foundation came to the Uttar Pradesh in India in 2010 or 2011 because there was like, on average 9 or 10 cases of wild polio every year out of millions of people. They had this polio campaign with the OPV. Within two years were 47,500 cases of flaccid paralysis or polio. They’re not calling it polio.

**Ty:** They changed the name, right?

**Dr. Bark:** They changed the name—it’s basically what you would call polio. These kids are paralyzed or they died from paralysis and Bill Gates, at least it’s said it was Bill Gates and the Huffington Post wrote an article, how, “Oh my God we’ve eradicated wild polio in India in Uttar Pradesh.”

Wild, he said “wild.” He couldn’t say “polio” because the vaccine strain is causing outbreaks. You can’t use live viruses in a vaccine in areas where there is no sewage and no clean water.

**Ty:** Because they’re already immunocompromised.

**Dr. Bark:** Not only that they’re spreading the disease and it’s in—if they’re stooling in the water and the river—I was in Haiti during the whole cholera outbreak.

The Artibonite River had the UN toilet just flushing into it. The outbreak started in the Artibonite River. As I drive up to the Artibonite to work in [indiscernible 1:00:35] there is people using it for their drinking water, washing their pots in it, washing their pans, using it or their cooking water. It was cholera-laden water.

This is the problem. If we spend money on vaccines there’s no money for sewage treatment and for water treatment.

**Ty:** Right, which should be number one, shouldn’t it?

**Dr. Bark:** Of course, it should be, but big contractors—

**Ty:** No money in that.

**Dr. Bark:** There’s no money in it so the big contractors—Haiti is one big f\*cking hot mess. I’m sorry I had to drop the F bomb on that one because it is one big f\*cking hot mess.

I had no idea what disaster response and third world funding is like until I went to Haiti. It is corrupted every level. Everyone’s gone and raped and pillaged. The state department gave money to Monsanto and to all these agricultural companies and brought over tons of GMO seeds, which the Haitians dumped in the water, in the ocean, because they don’t want our GMO soy and corn.

They don’t even eat soy and corn. They didn’t want it because they didn’t want to be beholden yet again to another nation. This is what goes on all the time.

I’ve been asked over the years, “Oh, you should join our group. We’re going to get funding to build a big hospital in Africa.” Well, when you talk to people on the ground, they’re like, “People can’t even get to those big hospitals. They need small clinics all over the place.”



But the money goes to contractors. It's all about the contractors getting the funding. They stand there empty and people can't get to them. It's all about the contractors pocketing money. I just found out this week that the only person who has the license to mine gold in Haiti is Hilary Clinton's brother.

**Ty:** Really?

**Dr. Bark:** Yeah. That's what I was told and I was told by a reliable source. I said, "I haven't it vetted that yet." They're like, "it's in the WikiLeaks." It's part of the emails. It's part of some of the documents that came out.

I knew for a fact that the Clinton foundation and Bill Clinton was holding the purse strings for Haiti. He was the UN envoy, right? I was there and he met with Sean Penn, and he met with the head of Haiti, the General U.S. Army and said, "Halliburton has to get the cleanup contract and they want \$80 or \$90 a square yard."

Sean Penn was doing it with his group, local Haitians and our volunteers for \$8 or \$9 a square yard. I know it's off topic but it's related because the point is—

**Ty:** It's the money, corruption.

**Dr. Bark:** It's the money corruption. We even had Paul Farmer saying, "Oh we should be using the cholera vaccine." He knows a billion doses of cholera vaccine, the vaccine is a piss-poor vaccine. Even the disaster responders weren't told to go get their vaccine before going to the cholera response.

If you get immunity it's very short lived. People living in a cholera endemic environment, it's ridiculous. They wanted to raise money for a million doses for all of Haiti, for the cholera outbreak. I mean, get IV fluids and bleach tablets.

**Ty:** Think of all the money the million doses would generate.

**Dr. Bark:** That would go into the pocket of some big pharmaceutical company. I mean, that's what it comes down to.

**Ty:** Yeah.

**Dr. Bark:** It's like the Zika thing. Zika by itself doesn't do anything, but then when you throw in either the whole cell—I sent you that email which we're allowed to talk about. Whole cell DPT was given to the women in that area. They were introduced to larvicide at the same time.

There were even genetically engineered mosquitoes in the mix and we're only seeing microcephaly in a small area of Brazil where there is microcephaly everywhere. All over Argentina, all over Brazil. It's positive.

We're saying, "Oh Zika's happening in the States." Well it maybe has been here for years. We weren't looking for it. There is no specific test for it to see that you've been infected because you cross vector with other fellow viruses. You can only do an RNA test when you're [indiscernible 01:04:27].

**Ty:** The CDC, we were talking about this earlier, all the CDC says, "If you have Zika, get some rest, drink plenty of water."

**Dr. Bark:** Right. When they made a big, all the smoke about, “Oh my God.” In the spring “Zika’s causing microcephaly.” There were 4,200 cases of microcephaly in Brazil and four were positive for Zika. Four out of 4,200. But, they were all positive for larvicide. I don’t know how many were positive for the whole cell DPT.

**Ty:** I didn’t know it was four out of 4,200. That’s insane.

**Dr. Bark:** Well, there is a medical group of—I don’t know if it was the Brazilian Medical Association, but there was a big association of Brazilian doctors who wrote a white paper saying, “We don’t believe it’s related.” Just recently a white paper came out of Argentina.

**Ty:** Four out of 4,200. I can’t believe it.

**Dr. Bark:** Even NPR.

**Ty:** I can’t even believe that they would see a correlation there.

**Dr. Bark:** Even NPR had it on one of their very small segment on a Saturday afternoon. It was on the website, but they can’t go against pharma. So much of their grants is tied to pharma funding.

**Ty:** It is.

**Dr. Bark:** Yeah. I’d like to, for people out there who are confronted. What the typical industry questions and I started talking about a little bit or industry speak is, “Aluminum it’s in breast milk. Formaldehyde is naturally occurring. We eat aluminum all the time. Ethyl mercury and methyl mercury are different.”

The answer is this. Thimerosal, first of all. There are studies to show that thimerosal is toxic, one. Depending on your gut flora your gut can change ethyl to methyl and back and forth. Your gut can change the mercury depending on which flora is there. It’s ridiculous. You get one form of mercury, it can easily, ethyl can go into methyl. That’s one thing.

I mentioned the aluminum issue which is that injecting aluminum is very different than ingesting aluminum, you can’t even compare it. It’s a contaminant. It’s not naturally occurring in breast milk. It’s because we have been poisoned with aluminum. Aluminum had zero interaction in any biological process. No animal or plant has any biological interaction with aluminum naturally. We mine bauxite and we contaminated our environment. That’s that thing.

Formaldehyde, yes, formaldehyde is naturally occurring in a lot of things. It’s like saying wood flooring. One is loaded with extra formaldehyde laden glue and one has the naturally occurring. The levels are very different. Formaldehyde is a carcinogen. It doesn’t belong—

**Ty:** It’s a known carcinogen.

**Dr. Bark:** It is a known carcinogen. It should not be injected into us.

The other thing is, “Oh things are such small doses.” Well, guess what, we have evidence and glyphosate is one of those things, that in small dose it’s more dangerous than in moderate dose. Large doses and small doses are both bad.

Because small doses, maybe like how homeopathy works but small doses, it’s hormesis. Your body picks it up and starts using it as like a hormone. We know that thyroid, you don’t need very much thyroid. We know that small doses can be very problematic.

**Ty:** Sayer Ji mentioned that.

**Dr. Bark:** Yeah. It's interesting. To think that, it's just such a small dose. Then you're giving Tween 80 or Polysorbate which opens—

We use Polysorbate, which the other name is Tween 80, to open the blood-brain barrier when giving chemotherapy for brain cancer. We know it opens tight junctions, desmosomes or the blood-brain barrier or the gut barrier. They're all the same, but the scientific or medical name for these things are tight junctions or desmosomes.

The industry speak that comes back at you, you need to know these answers because this is the stuff that doctors and lawyers are being spewed with if they're on the other side. I knock them down right away. They don't really know anything behind it. They just hear it. These are the things that you're told. Well these things are naturally occurring, therefore—

**Ty:** Well you've definitely knocked down this interview. I appreciate it.

**Dr. Bark:** I hope that's a good thing.

**Ty:** It's a great thing.

**Dr. Bark:** Like, I'm the bomb?

**Ty:** This is awesome. You are the bomb and you did a great job. Thank you for sharing and thank you for what you're doing just to help enlighten people and to make the world a better place.

**Dr. Bark:** Yeah.

**Ty:** That's all we want to do. And to stop hurting people.

**Dr. Bark:** Yeah.

**Ty:** Thanks for what you're doing.

**Dr. Bark:** You're welcome

**Ty:** That was an awesome interview.

**Dr. Bark:** Thank you for what you're doing.

**Ty:** You bet. God bless. All right.

[End of transcript]

# Chapter 3:

*Interview with*  
**Dr. Robert Scott Bell, D.A. Hom**



**Ty:** So, I'm here in Toronto, Canada with Robert Scott Bell. Dr. RSB, what's going on my friend?

**Dr. Bell:** What going on, Ty? good to see you here.

**Ty:** Good to be with you. I don't know about you but on the way in they didn't force vaccinate me or anything as I crossed the border.

**Dr. Bell:** I was a little nervous but Canada hasn't gone that far yet but is not that they won't try. We're dealing with an issue that is very serious and pretty severe the consequences if you don't know what you're getting into.

**Ty:** I mean we've seen that over the last couple of years with many different instances of forced vaccines. We look at California, a year back passed a forced vaccine bill SB 277. We looked last year at a documentary from Andy Wakefield, *Vaxxed*. Talk a little about that.

**Dr. Bell:** You know you're getting flak when you're over the target. Obviously, it hit a nerve that needed to be suppressed, if you will, the freedom of speech didn't matter.

*Vaxxed* documentary, of course, talked about the CDC whistleblower William Thompson. All of the attacks on the film were not about the content of the film they were literally about Andy Wakefield and his past. The smearing campaign that they did on him simply because as a gastroenterologist he observed in these pediatric population patients the novel form of gastrointestinal inflammation. In that inflammation, he found, "Oh my gosh, there is the virus that's from the specific measles, mumps, rubella vaccine." The measles virus is present.

So, from there, you say, "Okay, there's a problem here." Many of them exhibited autism-like features where they were diagnosed into the autism spectrum. The original article didn't say the MMR caused autism but the mere linkage was enough to say, "We've got to do something about this," if we're coming from a vaccine industrial complex scenario looking at, "Oh, will people stop believing in these vaccines?"

And that is what it is, it's a sacrament in the church of pharmaceutical mysticism. It is not a real scientific endeavor anymore. It's about the Holy Grail attempt, if you will, to achieve artificial antibody stimulation where they might claim that the antibodies are real but they're not the same thing and they don't provide the same level of immunity should you acquire and encounter the disease in the natural state. That's a big problem but they'd like us to believe that it isn't.

**Ty:** So, you mentioned the church of pharmaceutical mysticism. How did this church come about when it relates to vaccines?

**Dr. Bell:** If we go back to the dawn of this idea, Dr. Jenner was observing as a number of people had that the milkmaids that were milking the cows that had the cowpox didn't suffer from smallpox.

**Ty:** And this is a couple hundred years ago.

**Dr. Bell:** This is way back. So, some of them posited that I wonder if there's a reason that they're getting or encountering this cowpox that it might have something to do with preventing the smallpox.

So, they started taking the pustules and the material, the debris from the cows with cowpox and they would open up the arms of victims, I call them, and stuff that biological material, unknown material, into these arms of these people, these kids. There was a high-level sepsis, blood disease, there was amputations because of it, there was death and there



was smallpox as well. But the idea of vaccination, “vaca” meaning cow comes from that concept.

Now they had no idea of immunology at the time, it was an observation and I’m not against observing things but then to violate the way the natural order of the universe is and working and violate the skin and puncture it and put all these unknown materials in there, it’s a disaster, it’s horrible.

That’s where this all started and everybody that speaks in terms of a superficial history of Jenner and the cowpox, smallpox vaccines says, “Oh, Jenner is the greatest guy ever for developing it.” Yet many people despise Jenner, thought he was an absolute criminal for what he did and there are many people that were against vaccines and would throw out the vaccinators because they were spreading disease.

**Ty:** That’s interesting you say that. I interviewed Andy Wakefield and he went into the multiple cases of outbreaks of smallpox after they vaccinated for smallpox. It actually caused the outbreaks.

**Dr. Bell:** Right, the revisionist history says Jenner was a savior. The reality if you look into the history books, the vaccinators were loathed because they brought disease with them. Until they threw them out that’s when the diseases dropped again to pre-existing situations, if you will, lower levels or no levels at all.

So, the idea of vaccination if we come to a modern immunological perspective is the stimulation of the immune system to produce an antibody for a disease that they don’t want you to get or manifest and this is the idea and, of course, they inject it primarily a few exceptions to that.

But they’ve done it in a more high tech so-called scientific way so it sounds like, “Well, it’s in a syringe it’s got to be really scientific. It’s not the same as just gathering pus from a cow adder and cutting you open and putting it in.” But it’s really not that much different.

There are unknown biologics and contaminants that are coming in all the time. Many of these vaccines are now produced in China. I don’t know about you but when I buy something that I know is from China I’m a little suspicious, I’m a little concerned that I might not want to do that.

But there’s a bigger concept here in terms of immunology. Do we have the ability, even with an antibody, to totally prevent all disease or disease specific to that which you have an antibody? That’s a big question.

**Ty:** It is a big question. You mentioned the way that they’re produced today, talk about the way that vaccines are cultured, the substrates, go into the details about that because many people are unaware.

**Dr. Bell:** They’ll use chicken embryos, monkey kidney tissue, renal tissue, renal tissue from dogs or animals like this, aborted fetal tissue. They, of course, have to neutralize these things with toxic chemicals like formaldehyde which is embalming fluid. Sometimes some other forms of antibiotics are utilized in the production, heavy metals to create an adjuvant kind of thing to aggravate the immune system so that they can use smaller amounts of the antigen that would produce what they’re calling their Holy Grail, their antibody response.

But it’s an absolute nightmare because they haven’t analyzed how it impacts other body

systems in its entirety much less multiple shots, multiple vaccines all of the things that are in concert or the entire schedule.

So, there's lack of safety testing in reality and that's a big part of what the controversy was over the film *Vaxxed* that Andy Wakefield put together with Del Bigtree and others. They don't have the safety studies.

They haven't done the safety test and, in fact, they've suppressed data, thrown out data that would link these vaccines to neurological damage in autism even though the insets to certain vaccines acknowledge encephalopathy, different brain or neurological conditions, paralysis associated with the use of these vaccines.

**Ty:** So, you're saying that the modern mantra that they have been proven safe and effective is not true.

**Dr. Bell:** It's the one of the biggest lies in the history of medicine. Absolutely atrocious, it's a tragedy. And we're now just waking up as a culture although I've known about this for 25 plus years since my training in homeopathy looks at the body differently, the immune system differently but we don't want to attack and destroy or poison the body to make it well nor do we need to rely upon antibody production for prevention of disease.

**Ty:** You mentioned the immune system so that makes me go to the place now, in today's society, we almost use immunization synonymously with vaccination.

**Dr. Bell:** They're not the same thing.

**Ty:** That's my question, are they the same thing?

**Dr. Bell:** Not even close.

**Ty:** What's the difference?

**Dr. Bell:** Immunization means you're immune to something, you can't get it. Now, here let's take it out to the creation, spiritual perspective, that which created us all. If it were possible to stimulate an antibody into existence and we would never get the disease again then we would find some evidence of that in the natural world. I think that's a reasonable thing to posit.

Question, did you have chickenpox as a child? I did and we were told that we are now immune for life because we've had chickenpox. That's great. Natural acquired infection.

I've got my kids the chickenpox when I was around the neighborhood, I made sure they got early too. But the reality is we're seeing more and more adults and sometimes even younger adults and sometimes children suffering with a disease known as shingles.

Shingles happens to be caused by guess what? The varicella virus the very same chickenpox virus that we got chickenpox within in childhood and yet we have the antibodies for it.

So how is it possible if a naturally acquired infection, although it's better, and I would argue that, yes, there's some level of protection in fact there's more science looking into the protection against chronic disease and even cancer by acquiring these infections naturally as child.

**Ty:** Oh, you mean chickenpox parties, we had those.



**Dr. Bell:** And even measles now they're utilizing these measles viruses and chickenpox viruses against certain cancers. So there's a protective aspect in the development of the immune system, a maturation, very important that we don't want to deny children but we also want to carry them through it much more safely that's what we do as homeopaths or naturopaths more holistically oriented that we can look at these diseases as not, "Oh, every child that gets them is going to die."

That's another lie that they say, "Everybody dies of measles." That's how they get you convinced that if it happens in Disney we should put these people that are not vaccinating away they're criminals. It's not the case. It's those who are vaccinating are the criminals, in my opinion, based on their ignorance perhaps, certainly arrogance, but ignorance of the way the immune system really works.

The antibody is not sufficient to protect you from any given disease. The functioning of the immune system is everything not just the antibody. There's all kinds of levels of immunity, innate immunity etc. the gut, the microbiome that plays a huge role in this.

So, you may not have the antibody but you may successfully, let's say, acquire chickenpox and show very little evidence of having chickenpox because your immune system is so powerful it just knocked it down before it really had a chance to take hold. That's not taken into consideration.

**Ty:** Robert you mentioned the chickenpox but if you never got the chickenpox then they'll say you're probably going to get shingles but you can take the shingles vaccine and it will prevent it, right?

**Dr. Bell:** Yeah, of course. If you look at the shingles vaccine, it's actually precipitating an increase in the incidence of shingles as the chickenpox vaccine is because there is no longer a natural immunity, if you will, conferred from a real infection. It's a synthetic artificial induction. It doesn't have the same intensity in terms of the taking within the body.

And the shingles shot itself if you start looking and analyzing all the data around the shot—we were at a conference with Dr. David Brownstein a while back and he brought it out because he brings it to his students and other doctors that come to him about, "Hey I should get a shingle shot?" He's like, "Go look at the study and tell me how effective it is." It turns out it's about 1 percent effective.

**Ty:** 1 percent.

**Dr. Bell:** Excuse me? With all the adverse events associated with it and it's maybe one percent effective. The thing about this is manifesting a disease is a lot more complicated than—or the prevention of it—than just an antibody. The fact is if you're a marketer of vaccines and your vaccine doesn't work it's a simple, let's say, plot, if you will, to change the name of what manifests afterwards right.

Smallpox we've eradicated, well, now it's not smallpox it's something else so there's basically monkey pox or something like that. So just have the PR to control the of public relations campaigns around these vaccines so we all perceive and believe yes, they eradicated polio, with polio vaccines.

That's a whole other disastrous story because they don't even know what causes polio. It's really DDT, there's sugars and all kinds of things associated with the structure of the destruction of a lot of the terrain that manifested in neurological paralysis, heavy metals

etc. That's, again, a story that needs to be told but one day we'll look back at history and say we were lied to about that as well.

**Ty:** You just mentioned, there's like a big can of worms here, so you mentioned the monkey pox, you mentioned the polio vaccine, you mentioned changing the name of diseases.

So, let's combine all those into one and talk about the polio vaccine which we know some batches were contaminated with SV40, monkey pox, and the fact that that actually has been shown to have caused non-Hodgkin's lymphoma and talk about the way they changed the name of polio.

**Dr. Bell:** After the so-called eradication of polio, they couldn't know that any kind of paralysis that's named polio exist in the world, the western world, where they've used this vaccine even though Salk's said he wouldn't use it. The reality is they just called it post-polio paralytic scenario. Sometimes we can see Guillain-Barre as paralysis, if you will.

**Ty:** I think they also call it acute flaccid paralysis.

**Dr. Bell:** Acute flaccid paralysis is another one.

**Ty:** So, they basically invented the disease that was the same as polio.

**Dr. Bell:** Same symptoms, same disease exactly.

**Ty:** So, that way if look at the bar graph of polio it looks like they wiped it out.

**Dr. Bell:** Exactly. Once they stop using DDT, of course, that was a big influx to neurological damage and degradation. It was already coming down just like all the vaccines when they introduced them they were on the tail end because of improvements in sanitation, hygiene, nutrition etc.

That's real key to the terrain, the entire immune system, getting the Holy Grail of the antibody. I'm not opposed antibodies. I've got ways to address and sensitize the immune system much safer than the injection of toxic medicaments that if you put in a baby's bottle and had them drink it you could be arrested for attempted murder.

**Ty:** You should be arrested.

**Dr. Bell:** Yeah, and that's the thing.

**Ty:** That could kill a kid.

**Dr. Bell:** But they inject it and say, "Oh, it's fine." We utilize something called homeoprophylaxis at home. My kids have not been vaccinated and they've never even had an antibiotic because we have a different way to look at the body and support immunity.

And homeoprophylaxis uses homeopathic forms of diseases or disease processes. We call these things nosodes. This is a safe way you can take a killed form of pathogenic material, if you will, viruses, bacteria, fungal species, and safely address them via serial dilution into a homeopathic form and then administer them orally typically.

And you can sensitize the immune system without devastating it, gently, putting the signaling in. In this case, you can see prevention. There have been studies that have shown that

this is efficacious as diseases drop. I think it was leptospirosis in Cuba that they did the nosodes because they couldn't get the vaccine.

It was an inadvertent study analysis that kind of put a very embarrassing mark on the vaccine belief that it takes substances at toxic levels—albeit small but still toxic in my opinion—levels in the body. They were using nosodes and found it prevented the disease much more efficiently with no adverse effects.

**Ty:** That's interesting. That study showed that the nosodes worked. One of the things that you mentioned before that was the fact that these diseases were virtually wiped out before the introduction of the vaccines. Talk about that really quick.

**Dr. Bell:** Well, you think about the lies we've been sold, how efficiently they've sold them. They'll say, "Look the vaccines really wiped it out," and they'll take a graph and they'll eliminate 50 years prior and put it to about the year that it started. You'll see a downward graph and you'll say, "Oh, look, the vaccines did it."

What about that graph that goes up before that was going, that same chart going down the same way? If you enter it at that point and just blow up the chart from there and ignore history prior then you have a convincing argument to say look it was the vaccine that was responsible.

But you have context that's much larger and longer and broader that shows that indeed it's not the case and, of course, the adverse events associated with vaccines including autism, not really considered in that argument

**Ty:** That's true because I mention that because I've seen some of those graphs, I've seen whooping cough, I've seen measles graph and I've seen a couple of others. I can't remember the diseases but almost all of them they are almost completely wiped out before the introduction of the vaccine but the vaccine is credited as the savior when in reality you mentioned hygiene

**Dr. Bell:** It's great marketing.

**Ty:** They weren't drinking water that was contaminated with their own fecal material. Stuff like that is really important to look at in context.

**Dr. Bell:** Exactly. The nosodes we can use in a few ways. One of them I like is in place of—although a lot of folks get a little up in arms in saying that but I, again, the concept of vaccination as from Jenner's time forward has been applied is abhorrent the way they do it.

I'm not opposed to stimulating antibody production gently, safely. But I would do it homeopathically with the nosodes. You can also in some ways reduce the potential toxicity for those that feel like they're trapped and they've got no way out. Prepare their body perhaps to have a lesser incidence or intensity of an adverse event.

I'm not saying that I would guarantee that but if push came to shove I would have you use a nosode prior to a vaccine. The other way is to detoxify from previous vaccines. You can use nosodes or the actual vaccine material and convert it into a homeopathic form which is not technically a nosode in the same way but it can sensitize the system to start throwing out some of the damage, the initial insult and assault of the body even decades before to undo some of that damage after the fact.

I'd rather not have to undo damage that's caused, if you understand what I'm saying, but we have a lot of people that are damaged and injured. So, that's another protocol technique to help detoxify from the adverse impact that the vaccines initially unleashed.

**Ty:** Okay, last question. This time, I know we'll talk again about this topic later, shouldn't we all take the flu vaccine?

**Dr. Bell:** If you have a deficiency of mercury, of course, you need more mercury 25 micrograms per, although there are forms with lesser. But the point of the flu shot, it's a crapshoot. There's no real safety or efficacies studies done and they're adding more and more of adjuvants whether they be aluminum or otherwise to stimulate into production these so-called antibodies to the strains of the flu that they're guessing via a democratic vote or a dart board throw each year at CDC and elsewhere.

It's just an absolute nonsense. They don't even know what the flu really is and, of course, liver congestion can create the flu, digestive upset can create the flu. It isn't just one germ each time or one virus each time.

So, for me the flu shot is one of the worst examples of the marketing of something that is absolutely worthless and useless and dangerous into existence to be accepted every year. Have you gotten yours? As if it's mine. It's not mine. It's not yours. It's not anybody's but its marketing words. You didn't get your shot.

How they use this, it's very carefully selected words to make it seem like it's part of you. How would you reject what's yours? It's not yours. It's not mine. Stop it. No flu shots.

**Ty:** I have to disagree with one thing you just said. You said there had not been studies on the efficacy of the flu shot but I would say one word, Cochrane.

**Dr. Bell:** Oh, yeah, the Cochrane Collaboration.

**Ty:** I know you are aware of this.

**Dr. Bell:** Well, yeah. But I was thinking in terms of proving the efficacy right.

**Ty:** Yeah, you were mentioning their side.

**Dr. Bell:** Right but in terms of efficacy the Cochrane Collaboration just blew it out of the waters and this is a very respectable group. We've talked about that. They acknowledge that it just doesn't work. At best they said, kind of like we talked about shingles shot, 1 percent, what is their definition of success?

If they can measure an antibody through titer. Not that you got the flu or didn't because you could still get the flu but they won't call it the flu. Remember? They changed the names. You had a flu shot and you got the flu? No, you didn't get the flu. It's something else.

This is a word game. This is manipulation of our minds through language selection. It's very carefully done and we have to be smarter than they are. That's not hard to do but we have to wake up, detoxify our bodies and stay far far away from these things.

**Ty:** Yeah and we're going to continue to be smarter than they are through films like this, like "The Truth about Vaccines."

**Dr. Bell:** Absolutely.

**Ty:** Thanks for sharing. We'll talk again soon.

**Dr. Bell:** Ty, thanks so much.

[End of transcript]

# Chapter 4:

*Interview with*  
**Del Bigtree & Polly Tommey**





**Ty:** I really appreciate you being able to talk to us here today. I'm excited because we're here at AutismOne. So, it's like a perfect scenario, just to sit down and chat a little bit about what's been going on with *Vaxxed*.

But if you could, kind of share with me what was the impetus for *Vaxxed*? I know the storyline, but what really got you guys interested in producing a documentary about vaccines and about the CDC whistle blower?

**Del:** Well, for me, Andy and Polly had already—they'd been on this mission for obviously many, many years, and they had been working on *Vaxxed* for about six months or so before I got involved. I got into it because I was working on the daytime talk show, *The Doctors*, as a producer.

I spent six years celebrating the best medicine has to offer, cutting-edge techniques, less invasive surgeries. I was always into how do we do this better? Better medicine, better health. I was one of one of the more radical producers on the show in that I always went to stories where I thought corporations were getting involved or were overly involved in getting in the way of health.

I did a story about Monsanto when the WHO ruled that glyphosate was probably carcinogenic to humans, the herbicide that's on 90 percent of our crops. I was able to get a debate on our show between one of the heads of toxicology at Monsanto and Jeffrey Smith, a GMO activist.

I was able to pull things off like that. I've always been challenging the status quo and the corporate takeover of things that affect our health. So, when I got involved and ran into Andy, and this story came about, and I saw the data and I saw the proof, I saw we have a whistle blower from our most important health agency, Dr. William Thompson, when I saw what he was saying in four hours of recorded interviews.

And then not just making these statements but backing it up with 10,000 documents, including internal emails and data charts, I just sat there staring and thinking, "Oh my God, this is the biggest story of my lifetime. This is the greatest medical fraud in the history of the world."

**Ty:** It's huge.

**Del:** It's huge.

**Ty:** I mean it's hard to grasp the enormity of the fraud that was exposed through the conversations with Dr. Thompson and Brian Hooker, and things that have come out since then.

**Polly:** And thank God, Del did come along. Because we were certainly tearing our hair out. Andy's so academic that it was really hard to understand because he wanted all these scientific, everything going in all different directions. Del came along and just made it so that the average person could understand it.

**Ty:** That's so important.

**Polly:** Thank God.

**Del:** Yeah, it is a perfect match. Andy's brilliant, and the work he'd done, and the research and the science was all there. It's just I had the advantage of spending six years every week presenting scientific and medical information to millions of people every week.



So, you learn tricks. I learned how to speak science for the people. I really worked with Andy. It was a brilliant—it was a tug of war in ways because you had to understand the science had to stand up.

Andy was extremely passionate about the fact that we couldn't simplify it to the point where it couldn't stand up in court, that we're missing something. So, that's where we had to find that balance. I think when the movie was finally finished, I think we all sat there and thought, "Wow, who made that movie? That's better than all of us." Somehow, we all brought the best out of each other.

**Polly:** The harder thing for Del, really, was how to cut it down. It was a three-hour movie, and stuff had to go. So, that was hard, because everything's important. But the bits that we cut out we are going to be showing everybody at some point.

**Del:** On the website and the DVD, obviously, we'll have some of the extras and things. I think your approach in many ways, with *The Truth About Cancer*, vaccines will be the same way. You can just go on and on and on.

You could make 10 documentaries and still not get to the bottom of everything going on here. But this movie is specific to the fraud. Really what this movie proves is that we have been lied to. That's the most frustrating part is just trying to through to people.

It's really not that simple. We're not anti-vaccine. We're not anti-health. We're not anti-science. What we're saying is science is not taking place here. Fraud is taking place. And we've got to get back to science. We've got to get back to demanding science take place.

What I find fascinating when I question doctors and pediatricians that are involved in this, within a minute and a half, you realize that their entire understanding of vaccines is, "Just because." "Just because they told me so. Just because they said it was safe. It's safe because they told me it was." "Well, do you understand how a vaccine works?" "I know how to give a vaccine."

"But do you know how it works? Do you understand that it's not going through safety testing? Do you realize it's not categorized—a vaccine's not categorized like a pharmaceutical drug, that it doesn't have to go through the same safety tests, it's being rushed on the market?" "Well, no, but I mean it's safe."

They just keep repeating this line and you're like, "Oh, my God." These poor doctors really in a way have spent a fortune on an education that has robbed them of actual information. You realize this fraud and this mantra of, "Vaccines are safe. Vaccines are safe. They're safe. They're safe. They're efficacious."

It's just not true. It's why you keep seeing them add more and more boosters. You see Merck is in court right now over the efficacy of the mumps part of the MMR vaccine. We have whistle blowers stepping forward saying, "We put rabbit's blood in the test to try and show antibodies."

Just crazy stuff's happening, and the way that the medical, the institutions are handling it, and the pharmaceutical industry, is to threaten anybody that asks a question about it.

**Polly:** Any pro-vaccine person needs to come on tour with us with *Vaxxed*, because it is everywhere. I thought—doing this for 19 years, I thought I knew every story. There can't be any more to be told to me. I've seen it all.

Seen it, lived it, been there. But these stories, kids coming out in their wheelchairs, parents giving us pictures of their child that's died from seizures and different vaccines, the military. It's just everywhere.

Even a woman told us all her horses are completely gone, they all got shaking head syndrome from vaccines. It's so much bigger, so much bigger. I mean autism, vaccines, know that. But there's so many other disorders and deaths.

**Ty:** Talk about your son, because I think that's probably one of the main reasons that you're involved in this.

**Polly:** Completely. It's the main reason I work with Andy Wakeford, the main reason I'm here now, is because what happened to my son was so awful, so tragic and I was completely so pro-vaccine. I was so, "Follow the system." A very British upbringing of, "Do as you're told at all times."

And so, I didn't question. My daughter had all her vaccines. I didn't question it. I didn't think to even think what's in it. I just assumed that this doctor had my son's wellness and best interest at heart. In the morning he had the vaccine, by the evening he was having the most horrific seizure.

**Ty:** Really?

**Polly:** Yeah. The week after that—they said, the most important thing here is they said to us in hospital, "Oh, he's had the MMR." We didn't say it was the MMR. They said, "Oh, what's he had that day?" We said "He's had a vaccine in the morning." "Oh, that will be what it is. We see this. It's going to be okay. It's just a common reaction to this vaccine. Give him some antibiotics, let him sleep it off, he'll be good."

No. He did sleep. He slept and slept and slept. And to a degree he's still sleeping now, because he's not the kid that he should have been at 13 months when he had it. He's very, very sick. He's damaged. He's damaged badly.

He's going to need care for the rest of his life. So, it's no joke, this vaccine injury. People, they just don't understand that when they take that needle and they put in their child, we do not know if your child is going to be okay or whether it's going to be like Billy.

We don't know why this is happening. We can guess. We don't know why. But it is happening. So, my advice to parents right now is until they work it out, you've got to stay away.

**Ty:** How old is Billy now?

**Polly:** He's 20, and he's big. He's huge. You can see him in *Vaxxed*. He's hard work. He's beautiful. I love him to bits, but he can get aggressive and it's frightening. He doesn't mean to. He just doesn't understand. This is the result of a vaccine injury. This is what happens.

**Ty:** And they said in the hospital to you—that blows me away. You didn't even tell them that he had the MMR. They knew because that's common.

**Polly:** Yeah. "Tell us what's happened to this child. What have you done today?" "Oh, we went to the doctor. He had his MMR vaccine." "Oh, that will be it." No other conversation about it. "That will be it. We see this. It's common. He'll be fine."

**Del:** Can you imagine? Who's told that? "It's common." "Oh, seizures? Yeah, don't worry about it." A child having a seizure, we're just supposed to accept that as perfectly normal?

**Ty:** That's not normal.

**Del:** That's not normal.

**Polly:** No, it's not normal.

**Del:** It's astounding to me, this disconnect. I grew up a progressive liberal fighting for environment, getting GMOs labeled and just trying to keep organic food, just keep our food clean, our water clean. In California where I live, we've just passed SB 277, which is a mandated vaccine law.

My children can't go to school unless they're fully vaccinated, which at this point means 69 shots, 69 vaccinations. It's insane. But what is crazy to me, it's the same people that wanted GMOs labeled. It's liberal progressives and Democrats that are pushing this mandatory vaccine agenda.

I just I can't figure it out. I don't understand why you think Monsanto's a bad guy because they put chemicals and pesticides all over your food, but you don't mind that the government's just taking ownership of your child over your best interests and said, "We're going to inject your child with whatever we want, whenever we want, however we want."

And then you look at what's inside of these vaccines. You want GMOs labeled, they have to label what's inside of your vaccine if you request it, and you're not even looking at it. You're not looking at aluminum, we're talking about a neurotoxin, mercury, formaldehyde. These products get banned coming in from China because, "Oh my God, it's got formaldehyde in it." What do you care? Your doctor just injected a ton of that into your newborn baby.

So, I don't understand this disconnect, and that's what we're trying to work. I'm trying to work on—look, if you have—if you believe in environmental issues and you're trying to make your air clean and your water clean, this is an environmental issue.

These are the same toxins you're fighting to keep out of your air that are going—and that's something that will go through your nose, you eat it. That's an open system. You can purge that out of your body. We're talking about taking those toxins and putting it into your bloodstream, a closed system, where it has nowhere to go except ultimately into your brain.

**Ty:** Sure.

**Polly:** Here's the more scary thing that I had no idea about, is that when you take your child in and you say to your doctor, "Is it safe?" or you're assuming it's safe, and he goes, "Yeah, yeah, yeah." Because no one takes responsibility if your child's damaged.

So, that's what I want to get across to these parents today. They can say, "Yes, it's safe" all they like. They're protected. They can do whatever they like because they're not responsible for what is about to happen to your child.

**Del:** And the pharmaceutical industry's protected. I don't know if people realize it, but in 1986, they passed the Vaccine Injury Compensation Act. What this did was basically, the pharmaceutical industry said, "We're getting so many lawsuits, we have so many kids getting injured, and we're tired of getting sued. So, we're going to stop making vaccines unless the government protects us."

They blackmailed our government saying, “You have to protect us from liability.” And so, Ronald Reagan signed the Vaccine Injury Compensation Act, which ultimately says, “You cannot sue a vaccine manufacturer if their product injures your child.”

Then right after that, right after that, that’s when you see—we all got maybe 7, maybe 10 vaccines as kids. And we’re healthy, right? It’s working. I want to ask parents why would you change something that’s working? If it ain’t broke, don’t fix it.

Well, you can see right after the Vaccine Injury Compensation Act, we go from 10 to 69 vaccines all of a sudden, all these brand-new. More than 270 vaccines are in the pipeline right now. This is a perfect business model. They can’t be sued by a product—it’s like putting out cars that don’t have brakes. What do I care? You can’t sue me. What difference does it make?

**Ty:** Right. It’s not unlike—I love that analogy because it’s like owning a car company that makes cars without brakes and also owning the hospital that they can treat the people in there if they get injured.

**Del:** Right.

**Ty:** Isn’t it repeat business?

**Del:** Well, absolutely. So, you injure the child. Now they have to use the hospitals and medicines and medications the rest of their life. A lot of these autistic children are on like 18, 20 different medications.

**Polly:** Hardcore psychiatric drugs, mindless drugs, is what they put these poor kids on. And then they wonder why they’ve got—the ones that are high functioning, terrible suicidal tendencies, do crazy things, and it’s because they’re drugged up, and the parents. They might as well just drug the parents as well, because parents are so tired, they’re so exhausted, and they end up on the doctor for whatever reason.

I’ve been there, to the doctor, not for anything to do with me, to do with my child, and they say, “Oh my gosh, you look really tired. I’m going to give you something to sleep. I’m going to give you something to wake up. I’m going to give you something to deal with your depression, your anxiety, your sadness, everything. Here’s a pile of drugs for you. Oh, and your kids, your other kids that don’t—they look sad. The siblings look sad. Let’s give them some as well.”

We’ve got a drug for everything, everything now. You go to your doctor with the tiniest comment, and you will be given a piece of paper, a prescription for that.

**Del:** Which leads to really what people need to understand, is the future of the pharmaceutical industry is vaccines. It’s getting harder and harder for them to be able to make money off of drugs for several reasons. Too much competition, there’s five or six different versions of the drug going at the same disease from different companies competing with each other.

But even more so, one of the biggest problems you have is in order to test a drug, which has to go through very rigorous, long-term safety studies, that vaccines do not, in order to do that, you have to find people that aren’t already on a drug.

In a test group, they have to not already be on a drug. And we’re now at a place in America where 1 in 2 are on drugs, on one drug or another. So, just finding a test group is getting

extremely expensive. Now, on the other hand, you have vaccines which don't have to go through long-term safety studies.

You don't have to find test groups. You can just—the Hep-B vaccine that we put into a day-one-old baby spent four days being tested before it was put on the market. What are we talking about? Grandpa's Viagra went through multiple years of testing.

Does it cause cancer? Does it have other side effects? We don't do that with vaccines. We just go, "Oh hey, look. It creates the antibodies we're looking for. Stick it in there. Put it in a day-one-old baby."

And then you look at it, and I just found out five or six days ago, CBS just reported we have more infants die on the first day of life in the United States than all of the other industrial nations combined.

And then you ask yourself, why would that be? Well, we're one of the only countries that, on the very first day of life, "Hello, welcome to the world. You're gasping for your first breath and we're injecting you with a sexually transmitted disease. Welcome to the United States of America."

The injection not only is a sexually transmitted disease that you will not come in contact with until you are actually sexually active or you're sharing needles, but it's also packed with aluminum, a neurotoxin, in a baby that is literally gasping for its first breaths on this earth.

**Ty:** Wow. That is criminal.

**Del:** It is criminal. It's insane. And they know that this vaccine doesn't even last for more than six years, so it literally is never even going to protect against the thing that's being injected in this baby for.

**Polly:** And the saddest thing of all is the parents have no clue. Like the same as me, when I did it. No clue. Total trust. And that, for me, is the most worrying thing, because now the schedule is, in America's the schedule is ridiculous compared to the UK schedule and the UK schedule is ridiculous.

So, one of the things that I come on this tour with *Vaxxed* is because if I can just get through to one mother who doesn't know Billy's story, and they can just think about it. I'm not saying don't vaccinate. I, Polly Tommey, on my own, I probably would say that right now.

But I just want them to know what happened when we did it. And my other advice is go and find yourself a chiropractor. Hang out with the chiropractic community. They are great people. Look at their kids. They've got the healthiest, most beautiful, they're fit.

Everything about a chiropractic family is perfect. They say [indiscernible 0:16:51] as far as I'm concerned it's being done in that study. The chiropractic ones, they're the total unvaccinated kids. And our kids, how many do you want? How many do you want of the vaccinated kids? They're stuffed. And even if they haven't got autism, they've got something else. They've either got peanut allergy, I mean allergy, allergy, allergy.

**Del:** Asthma.

**Polly:** Asthma, bowel issues.

**Del:** ADD, ADHD, diabetes, psoriasis, autoimmune issues.

**Polly:** Eye issues, hearing issues.

**Del:** When I worked on *The Doctors*, we literally said, this is a medical fact, they are saying in medicine in this country, this will be the first generation of children that does not live to be as old as their parents. Why would we listen to this system?

Why would we listen to any of these doctors? Why would we trust them? We also know that the third leading cause of death now is hospitals themselves. Between 250 and 400,000 people every year in America are killed in hospitals, die for reasons other than they went into the hospital: medical mistakes, MRSA, getting bacterial infections that can't be stopped. The list goes on and on.

Put that in perspective. We had 65,000 people die in Vietnam, and the 60s erupted, and people were screaming and yelling and marching the streets. We have 250 to 400,000 people dying in hospitals for no reason and nobody even cares.

**Ty:** Every year.

**Del:** Every year.

**Ty:** That's amazing. I saw that. It was a story that broke a couple weeks ago. I saw it in mainstream, were covering that. My mouth hit the floor. Because I've been talking about that for 10 years, iatrogenic deaths. And now it's mainstream, that's happening.

So, I'm with you, Del. I don't understand, in a state like California that's crunchy granola to the core, and we've seen the push for GMO labeling and just a lot of good stuff coming from California. I was so shocked that SB 277 was passed.

And you said it's by the same people that were pushing—or the same groups, I don't get that. I know that there's a lot of money in vaccines. There's clearly a lot of money in vaccines. So, would that be one of the reasons maybe that this is going on from the same people that were pushing for GMO labeling? Maybe they've been bought off? I don't know.

**Del:** Well, my belief in looking at it now, as I said, I grew up a Democrat, a progressive liberal. I've always been about health. When you really look at this disconnect, what I really think it's coming down to is for some reason, it's science.

Democrats have labeled themselves, "We're the party of science." And Republicans are the party of religious fanaticism. I'm just saying that from a Democratic point of view, that's how my friends speak about it, right? They've got this idea that somehow consensus is science. We have consensus on environmental science, which I agree with. I can tell it's getting warmer. The storms are getting worse.

I'm out there saying I want to have cleaner air, all of that. But the consensus around vaccines is just like tobacco science. Would we have fought for tobacco science? There was a time when every doctor was saying, "Smoking cigarettes is good for you, or at least it's not bad for you."

That existed, and the industry was just paying for tons and tons of science to be done that supported that issue. That's what's happening in vaccines. I'm not anti-science. I'm pro-science. And that's why our movie, *Vaxxed*, is so important.

This is not a story that's anti-vaccine or saying anything about vaccines except that one

of our top scientists at the most important scientific health agency in the world, the CDC, the leader of all health in the world, this scientist has come forward and given us proof that they've committed fraud.

They've hidden the fact that one of these vaccines causes and can be causatively related to autism. That's a shocking discovery. If they're lying about that, what else are they lying about? People say, "Well, what about all the other studies?"

You can go ahead and start looking at all the other studies, and I'll do a documentary about them, too. But right now, what is important is this is the most important study ever done because it was the last study ever paid for by the United States.

Over 10 years ago, 2004, this study came out, this fraudulent study where they lied and covered up the fact that the vaccine was causing autism, and this paper, this study, was the one they used to say, "We're not paying for any more studies now. That's it. Case closed. Vaccines are safe. Do not cause autism." The United States government hasn't paid for another study since. Now you think, "Wow, this scientist is coming forward saying we lied?" We're 10 years behind now on the investigation of vaccines. We're 10 years behind.

We're in the dark ages. Then you look at the numbers, we've gone from 1 in 10,000 children with autism in the 1970s-80s to now we're at 1 in 45 children, based on a poll last year. And you talk to doctors that are directly involved in this, they're like, it looks like 1 in 25 children this year maybe end up on the autism spectrum.

In the film, we have an MIT mathematician scientist that just graphs out, just based on the CDC's numbers, where this is going. If this is not stopped, if this exponential rise does not stop, we'll be at 1 in 2 children by 2032. That's the end of a society.

**Ty:** That's amazing.

**Polly:** You will either have autism or you will be a carrier. Let's remember, autism is not Rain Man. It is not savants walking around doing amazing things. The kind of autism we're talking about, the vaccine-induced autism, horrific, horrific. So, most of these adults need 3 to 1. That's what we're talking about. So, we don't even have enough people to look after the adults with the vaccine—

**Ty:** Here's the thing that's just ironic to me, is that if you question vaccines, if you just ask, "Let's see the proof that they're safe and effective," you're called anti-vax, anti-science. But isn't the scientific method questioning?

**Del:** Yes.

**Ty:** Just a side note, the video of you chasing Dr. Pan down the hall, I can't believe the guy was instrumental in getting mandatory vaccines passed in California and he won't even answer questions.

**Del:** Right.

**Ty:** That's the thing that is so unscientific on their part, to me, is that they will not have a debate about it.

**Del:** Right.

**Ty:** We should be able to debate anything.



**Polly:** Right.

**Del:** Absolutely.

**Ty:** “Let’s talk about it.” And they won’t.

**Del:** And just as you pointed out, If you’ve ever taken a science class, the first day in science what they teach you is science is never settled, that you must always keep questioning. We wouldn’t have Einsteins. Where’s the new ideas come from? You wouldn’t have scientific breakthroughs—

**Ty:** The world would still be flat.

**Del:** Right. The world would still be flat. The earth would still be the center of the universe. It’s the constant question that keeps science advancing. When you hear this statement from almost every politician and every scientist, all the way down to Sanjay Gupta, who we all trust, “The science is settled.” That’s the least scientific statement you could ever make.

**Ty:** Right. It’s not settled.

**Del:** It’s not settled. It can’t be settled. That statement is anti-science by definition.

**Ty:** Yeah, it is.

**Del:** So, we have a major problem on our hands. We will be, this year alone, roughly 100,000 children born into this country will end up on the autism spectrum. We’re building cities of autistic children. They’re going to become autism adults.

If you think about it, the CDC says it costs \$5M to raise each one of those kids all the way through their life. This is going to bankrupt this nation. It’s going to bankrupt our school system. We’re seeing it in our schools.

People think, “Oh, I don’t have an autistic child. It didn’t affect me.” Oh really? All of the honors classes have disappeared in your public schools, and in your private schools the same thing’s going to happen. All that money’s trickling into the expansion of special needs classes, which are growing exponentially in every school.

Then you say “We’re causing this.” This scientist, this is what we say in *Vaxxed*. This is what a scientist from the CDC is telling us. We have a problem, and we’re creating it. This is a manmade disease.

**Polly:** Preventable.

**Ty:** Yeah. To me, this is a crime against humanity.

**Del:** It is.

**Ty:** So yeah, that’s why what you’re doing is so important. So, I just really appreciate what you’ve done with *Vaxxed*, and my thoughts are with you with your son.

**Polly:** Thank you.

**Ty:** Thank you for what you’re doing, because you’ve turned—this is your passion now. This

is your mission. Much the same with me losing my parents to cancer. This is your mission with autism. And it's really all one mission. It's a mission to make the world healthier.

**Del:** That's it.

**Polly:** We're saying the same thing, though, with the cancer and the autism. We're being lied to.

**Ty:** We are being lied to. And that's why *Vaxxed* is so important, because it uncovers the fact and brings to light the fact that there's not just mistakes, there's outright fraud going on at the levels of government, the highest levels.

**Del:** Highest level.

[End of transcript]

# Chapter 5:

*Interview with*  
**Edwin Black**



**Ty:** So, Edwin, thanks for joining me today. I really appreciate it.

**Edwin:** Oh, it's good to be here.

**Ty:** I would like to go through all your accolades, but we don't have the time. But award winning journalist and you've written a book want to talk about today, for you to give me your input on the *War Against the Weak*. So, the floor is yours. I'm fascinated by the topic. I've read—not read the book but I read some of the reviews on the book and I'm right in line with you.

**Edwin:** I think what you'll find interesting is that the *War Against the Weak* epitomized the height of scientific knowledge at a time when scientific knowledge was used for racism, for genocide, for oppression of people where it was not used to strengthen people but to attack the perceived weak and to attempt to subtract them from earth.

Meaning, the *War Against the Weak* is about Eugenics. And Eugenics was America's plan to create a white blonde, blue-eyed master race to have dominion over everyone else on planet Earth and in fact, to subtract everyone else 10 percent of the time.

So, in the United States they'd hoped to take away some 14 million people, what they called the bottom 10th. When they were done subtracting those people they want to take the remaining 10 percent bottom, and after that 10 percent, 10 percent until there was no one left except those who resembled themselves.

And who was it they want to get rid of? People, white people with brown hair. They want to get rid of Jews, Latinos, Negroes, Native Americans, mixed race, Southern Europeans, women who they believed smiled a lot but didn't say a lot which meant they were beguiling. People that they thought had a genetic predisposition toward prostitution, because they believe you are not thrown into prostitution, prostitution was thrown into you before you were born.

They wanted to get people who they thought had a genetic predisposition to poverty. It isn't that you're born into poverty, poverty was born into you. They actually believed in born criminals. I know you've heard that term, "born criminals," but that's because the legions of elite scientists from Harvard, Yale, Princeton, from all the corners of academia in the early 20th century, believed that people were predestined by a genetic content to be poor.

Even if a man was not poor they believed, according to Mendel's theory of inheritance and heredity like the peas, that somewhere along the way this man who had done nothing with bear progeny that one day would be a blight upon society. And so, they decided that they would subtract 10 percent of the population at a time.

They had a mass meeting of elites of intellectuals, geneticists, sociologists, demographers, scientists, political leaders many of them were breeders. And of course with breeders, farmers, ranchers, they believe that you could actually create a better herd of cattle and a better field of wheat by subtracting the lesser strains and accentuating the more desirable strains. So, they thought that by subtracting these people they would actually enhance humanity.

How they would want to do that? Well, they had this meeting as I said, and they thought, "Let's use gas chambers." They wanted public gas chambers. This is in 1912, decades before the Hitler regime. When they couldn't get gas chambers legislated into United States, not that they didn't try starting in 1906 with the first euthanasia bills in Ohio, when they couldn't get gas chambers they turned to forced surgical sterilization. They turned

to confinement in so called health sanitariums. They went into marriage prohibition, marriage vetoing, and marriage retraction where if they didn't like who you married they would un-marry you.

So this was the war against the weak. Eventually after proliferating in the United States right through World War I and the period after World War I, it was transplanted into Nazi Germany, and of course Hitler studied it and adopted his own fascist anti semitism into a new type of medicalized racism. And of course, he had a pursuit for the master race and the master race attempted to duplicate what American science or pseudoscience had begun but he would do it not with theories and with legislation, but with marching armies and with gas chambers.

**Ty:** When you mention that it was in the United States, the first thing I thought of was Hitler. But, what you were saying is that he just stole our ideas.

**Edwin:** Well, he didn't steal our ideas, he was handed them. The Rockefeller Foundation, the Carnegie Institution, the Harriman Railroad fortune spent millions of dollars to transplant the American notion of eugenics into Germany just before the Hitler regime took root in 1933.

So, you see it's even reflected in his book *Mein Kampf*, where he said the American states have solved the problem of the races. Of course, America was supporting the Hitler regime with pseudoscience, with dollars to promote, of course, pseudo-scientific congresses, conferences, institutions, journals and we know the rest.

**Ty:** Yeah, you know my question then immediately goes to on this topic that were here in Chicago in AutismOne. Could it be possible that vaccines could have something to do with the war on the weak?

**Edwin:** You're here in Chicago where the Municipal Court of the City of Chicago was a major player in the eugenics campaign from coast to coast, from California to Connecticut, where the Municipal Court of Chicago took it upon itself to interpose its theories, its scientific theories, and passed out legislative guides and handbooks for how to make model legislation. We're in Chicago.

Now, of course, I couldn't speculate about vaccinations because I'm not a chemist, I'm a historian. But I do know that one of Germany's most vicious eugenicists, Mengele, chose as a course of investigation vaccinating people with viruses. He would vaccinate to twins and then see how one twin responded as opposed to the other. He would again do live autopsies to attempt to make his clinical reports.

**Ty:** So, medical experimentation at the highest level, at least with Mengele, with vaccines?

**Edwin:** Well, Mengele was at the lowest level but he was spawned by the highest level. Because the Rockefeller Foundation was sponsoring his boss. His boss was at Otmar Verschuer and he was the chief Nazi, a doctor, the chief Nazi eugenicist in the third Reich, and he, of course, wanted to destroy the Jews.

He was virulently anti-Semitic. He was into genocide and the Rockefeller Foundation knowingly sponsored him. IT was his assistant, Mengele, who went into Auschwitz to continue the program of investigation into twins.

**Ty:** Hey, when you said they would do live autopsies, when they were alive they would begin to—?

**Edwin:** That's right. Live autopsies. And your name is Bollinger.

**Ty:** Yes.

**Edwin:** And we're in Chicago. But Baby Bollinger, do you know about Baby Bollinger?

**Ty:** No.

**Edwin:** Baby Bollinger was left on the table to die by one of the leading medical authorities in the United States and spawned an entire movement called the Black Stork. They made a movie out of it. They had a national tour. It was that if your baby has a defect, love it by letting it starve to death and sending it to heaven.

So when I knew I was speaking to the book Bollingers, I only went back in my mind to Baby Bollinger and the Black Stork, meaning, the stork that brings not life but death. This was epitomized by the scientific community at the time.

I have made a five decade career into investigating the false steps of established medicine and unfortunately, we see it yet again today in our society. Because I'm not a doctor and neither are you, we don't understand at this moment just how false some of the medicine is.

But we know that most medicine is influenced by corporate interest, by pharmaceuticals, by money. Research is sponsored by pharmaceuticals, by money. But none of us are in a position to evaluate, and that's exactly how the moneyed interest would like it done. I can't tell you the number of experts who look down on everyone and said, "You are wrong. We are right. They are born criminals. They should not exist."

They used to say that if a black man would put up a toga on and speak Latin he would not be a Roman. And remember, they were interested in future crime and that's what eugenics was. It was about a crime that was never committed, that was perceived as a crime, that was never to be a crime.

**Ty:** Minority Report, future crime. And the only really future crime was they weren't blonde-haired and blue-eyed.

**Edwin:** Well, blonde-haired and blue-eyed was the characteristic. But, what they wanted to avoid was a blight on society, a future criminal. You know, even Oliver Wendell Holmes in his famous eugenics ruling, Buck vs. Bell, said that it was better to eliminate three generations of imbeciles rather to see them hang for their criminality. He assumed that they would be criminals. And this was America's greatest jurist of this day, Oliver Wendell Holmes.

**Ty:** Not the America that we thought we grew up in.

**Edwin:** It's the America that we have. You know, America is a great country and there's a lot of shouting about it and I believe it's great. But, when the shouting dies down and you can listen, you hear a lot more.

[End of transcript]



# Chapter **6**:



*Interview with*  
**April Boden**





**Ty:** April, thank you so much for letting me and the crew come into your home here.

**April:** Yeah, you're welcome. Thanks for coming by. It's really a pleasure to meet you.

**Ty:** That's awesome. Well, we've been—we've known each other on Skype and social media for a long time.

**April:** Yeah.

**Ty:** Several years.

**April:** Yeah, I was telling the guys that I used to have a podcast. I had you on twice I think.

**Ty:** I remember coming on your show, but this was like five years ago, four or five years ago.

**April:** Yeah, it was a while ago.

**Ty:** A while ago. Awesome. Great to finally meet you.

**April:** Yes.

**Ty:** So, what's this little one's name?

**April:** This is Alice.

**Ty:** Alice?

**April:** Yeah.

**Ty:** And then what is the boy's name?

**April:** Aiden.

**Ty:** Aiden?

**April:** Yeah, Aiden.

**Ty:** Okay. And you've got one other child?

**April:** Yeah, and Avery. He's not here right now. So, we have 13, 11, and 2.

**Ty:** Okay.

**April:** We're all As, the whole family, all five of us.

**Ty:** Okay. What's your husband's name?

**April:** Aaron.

**Ty:** Okay. So, I want to hear about your story, I guess with Aiden specifically.

**April:** Yeah.

**Ty:** But let's go back even before that. Just talk about what do you do? What are you involved with before Aiden was injured with vaccines? What did you aspire that your life would hold before you had a vaccine-damaged child? It kind of changed directions for you?

**April:** Yeah. Well, I mean he was my second son, so at that time I was taking care of a two-year-old. So, I was just a stay-at-home mom at the time. I had aspired to be a writer and write movie scripts and be a screen writer. So, that's how I kind of morphed into writing the blog that I write about Aiden and our story, what happened to him when he was a baby. So, I mean where to begin?

**Ty:** What did happen to Aiden as a baby?

**April:** Well, I mean Aiden, I had a very healthy pregnancy, but we had a really very inconsiderate doctor. And so, it started off with that. He was really difficult on me, and he had to put—subjected us to a lot of ultrasounds. Because as you mentioned when you first saw Aiden, he's a big guy.

And I'm not. I'm petite. I'm 5'2" and he was a nine-pound baby. So, I was carrying kind of a heavy baby, so they had concerns for that reason, and they were putting us under a lot of ultrasounds, a lot of undue stress. And so, when he was born, he was a big guy, but he seemed to be developing okay.

He breastfed naturally and normally. And we kind of had a rough start with the birth, but then he seemed to get over it. And we were moving on with our lives, and he was developing quite well. He was crawling. He was very physical, crawling at four months, and then he started walking when he was about 10 months, and he was talking by a year.

He was already saying certain things like his body parts, his hands, his head. He was identifying characters on *Sesame Street*, like Elmo. And then a month later, we went in for his immunization shots at 13 months. He got the MMR, the pneumococcal, and the chicken pox vaccine, the varicella, on that one day.

And then he stopped. The words that he was learning stopped. And then he also started having this kind of bizarre behavior, this self-stimulatory behavior, and pounding on the floor, and lining things up. So, it was odd. He was still talking, but he had kind of erratic speech.

He would say one word one day and then not the next. And if you tried to get him to reproduce it, it was like he couldn't, like he forgot. And that went on for a while. Then the next time I went in to bring him into the doctor, several months later, she—I told her about it, and that I was concerned with his speech.

And he was doing kind of some babbling in the office, and she said "No, he's fine. He seems to be okay for his age." And she gave him some more shots, and then that was the end of the babbling, the little language that he did have still was gone.

**Ty:** Wow. You said she gave him more shots. What shots did she give him then?

**April:** I think that time he had the DPT and the polio. So, he went—so each round of shots that he received from 13 months—we stopped at the age of three. And each time he received a round of shots, he would regress a little bit more.

So, the 13 months was the big whammy, when we first started seeing the symptoms. We

brought him back, and as I said, he was talking a little, so she wasn't too concerned about his lack of speech at that time, and she gave him those extra shots.

And then as his language just disappeared completely, and some of the behaviors became bizarre, like he was hitting his head and doing things that were kind of weird and dangerous, then we took him back to the doctor and they diagnosed him with autism.

And this was around the age of two and a half. And so, then we went and did all the channels of trying to get him the traditional treatments, the mainstream treatments, the ADA therapy and all of that. And he started to receive speech and occupational therapy, and then these other things, and was making some progress.

Again, the way that they handle the treatments here in California, that once the child turns three, the school districts have to take them over. So then, we got him more shots in order to enter school.

**Ty:** Wow. So, at that point, did you suspect that he had been damaged from the original vaccines?

**April:** Yeah.

**Ty:** But you still had to get the shots to get him into school?

**April:** Well, I asked the doctor, but yeah, I wasn't aware at the time. There is no medical—or there are no exemptions here in California at present. And at the time, there were. You could receive religious or personal belief exemptions, but I wasn't aware of it.

**Ty:** You didn't know about it.

**April:** Yeah. And then when I asked the doctor about the vaccines, I said that I did suspect that he regressed after he received his vaccines, she really sloughed it off and she told me that it was—I'll never forget her response, was "That's too easy an answer." As if that somehow would negate it because it was too easy.

**Ty:** It's too obvious.

**April:** It's too obvious an explanation. So, that can't possibly be it.

**Ty:** I punched you in the face and you fell down. You fell down because I punched you in the face. That's too easy.

**April:** Exactly. So, she said it was too easy an answer and really wrote it off, and told me not to worry, and that it was really much more important that he receive these shots. And he continued to receive his immunizations, and that he needed them to go to school.

No one told me otherwise. And so, we did, and I was worried because as I said, he was making progress, and I thought "Well, if we don't continue with his treatments and in order to do that, we have to send him to school, then he'll lose the progress."

But then what happened when he got his last set of shots, when he was three, he regressed again, lost all his language, and then he became aggressive, violent, banging his head, biting his arm. So, it became really—it went from a situation that was moderate to severe.

And at that point, she couldn't pull up the Jedi mind trick anymore. I knew what had happened, and I was clear about it. I was certain that that's what it was, and we didn't want to vaccinate anymore. And so, they proceeded to stop taking our insurance and didn't—

**Ty:** Because you wouldn't vaccinate?

**April:** She never said that that was the reason, but I received a letter in the mail about a month later, after I told her that he was—that I believed he was vaccine-injured and we didn't want to vaccinate him anymore. And I had wanted her to run some allergy tests and to start helping me treat—to get referrals to treat him biomedically.

So then, they dropped us from the insurance. They dropped our insurance. And then they also proceeded to lose our medical record. So then once I went back to try and get a copy of everything that had happened—

**Ty:** They lost it? Okay.

**April:** Right. So, it's gone. I've tried to receive it from the storage unit. I've tried to send them letters of medical authorization, letters to release it. And they've said they just can't find it.

Isn't that convenient? Okay. So, when you talked to her after the second round, and you said you were clear you weren't going to—no Jedi mind trick anymore, at that point, what was her response?

She just backed off. She didn't really say much. She wasn't aggressive, like I said. At the moment, she wasn't. But then I just felt that she didn't want us as a client anymore. She wanted to just kind of make us go away. That's the impression I got, because it was pretty—just the timing of it was just it couldn't have been a month later that we received a letter that they were dropping us.

**Ty:** So, did she ever show any sort of regret? The pediatrician.

**April:** No, she never showed any responsibility. She never acted like there was any validity to what I was saying. She just kind of shrugged, "Well, if that's what you think. But we don't have any proof of that." She did say that she did believe there was something going on in his environment.

She didn't think it was just a better diagnosis, which is what a lot of people would claim. Having been a pediatrician for 15 years, she knew that that wasn't the case because she'd seen it increase. But she didn't think it was the vaccines and didn't really entertain my sort of crazy notions, as she thought.

**Ty:** So, that's why that's so bizarre to me, because we have—if you are—let's say you are an investigator. And there's—someone's dead, and there's four people there. You should investigate all four people. But what we do with vaccines is say "No, we're going to investigate three people. That fourth one couldn't have done it. You can go home."

**April:** Right.

**Ty:** That's the vaccines. They won't look at it. Why do you think that is?

**April:** I think because it's a huge disaster, it's a huge failure on the part of the medical establish-

ment. I mean once you start really digging into the history, it doesn't seem that it was ever really something that we needed or was necessary, and there's a big kind of—just they don't want to admit that they were wrong, ever.

And it's a big industry. The pharmaceutical companies make a lot of money from it, and make a lot of money from the damage that it's caused. Because there's so many people that are vaccine-injured today. And so, how can they let that go? So, they won't look at it because it doesn't serve their interests.

**Ty:** Right. They won't let it go because the alternative is unthinkable.

**April:** Mm-hmm.

**Ty:** That they damaged millions of children.

**April:** Right.

**Ty:** I see the way that Aiden behaves, and you can tell that he's got the sweetness that's trying to get through, but there's this shell that he can't get through.

**April:** Right. It's like being behind a wall, or being trapped in a prison cell in a way, in your own self. Because he's very sweet, as you guys mentioned. He's been loving to all of you since you've been here. And he's also a bright boy.

I have no doubt that he has a lot to offer, but just something happened with his vaccines that the body doesn't do what the brain wants it to do. And so, he's not as in control of his system. And he also has a lot of issues with his gastrointestinal, a lot of allergies, a lot of food sensitivities, very highly sensitive child, and his immune system is very fragile.

He can get sick and then has a really hard time getting over a cold. I mean it's pretty much—one of the doctors that I had spoken to about—because I've actually asked about vaccines with my oldest son. And they really jumped down my throat then.

My oldest son, when I first asked about it, the doctor said that this was based off of this British doctor who was a liar and he had—he told me the whole propaganda story that we always hear about Dr. Wakefield. And he—but I didn't know who he was at the time.

And he said that these doctors were liars, and they deserved to have their license removed. But what he wrote about in his paper, when you actually go back and read it, is actually what happened to Aiden, exactly. Because that's what started first.

I mean that was actually—then when I was talking about some of the stereotypical autistic behaviors, but I didn't mention that it was really like he was—he would get up in the middle of the night because he would have such severe gut problems, gut pain and he would have to fill his diaper before he went back to sleep.

Because he couldn't sleep like that. So, he would wake up at like 2:00 in the morning and be wandering around until he went to the bathroom and he would go back to bed. And this would go on all day long, and it wasn't like normal.

He was like explosive diarrhea, and it was like yellow and green, and not—and obviously, he wasn't tolerating foods. But he was fine before. He used to be able to eat yogurt, and

then all of a sudden, he would eat it and he would get sick. And so, he was also just physically ill for a really long time.

**Ty:** Last question. So, what would you tell a mother that's considering vaccinating her child?

**April:** Well, I mean to be honest, I don't really tote the fence on it any. I don't really have a neutral position anymore. I'm not one of these people who says "Well, just spread them out or do it once in a while." I really don't believe that they're necessary, and I really believe that they're very dangerous.

So, I would tell her before doing any, to really, really look into it and really to research it, and not to dismiss other parents when they're telling you that their child is vaccine-injured. Don't just write that off because of what you heard in the news. Because that is scientific evidence. It really is.

**Ty:** And parents know their kids.

**April:** Of course.

**Ty:** Parents know their kids.

**April:** Yeah. I mean right. We know exactly what happens. So, if you don't trust yourself, you're going to end up making mistakes about it. And then it's not something that you can undo easily, or you may not be able to undo it at all.

**Ty:** Yeah. April, you are my hero. Because I mean this is not easy, to take care of Aiden, but you do it because you love him, you're his mommy and you take care of him. And I'll tell you, you're doing a great job.

**April:** Thank you.

**Ty:** Thanks for sharing today. I really appreciate it.

**April:** Thanks so much, Ty.

**Ty:** Yeah.

[End of transcript]



# Chapter 7:

*Interview with*  
**Charlene Bollinger**





**Ty:** Alright, honey. It's our turn to talk about "The Truth About Vaccines," and our personal experience. What I want you to do is just share the story of when we lived up in Pittsburgh, and you went in—I wasn't with you—but you went in to the pediatrician's. Talk a little bit about what happened when you were questioning whether or not you wanted to have Brianna vaccinated.

**Charlene:** Yes. I think I'd back up a little bit before even that time. When we started climbing outside of the conventional box without any information or education on any side of this equation other than what we got from our pediatrician, was with Brianna, our first of four.

We started, as you remember, Ty, we started vaccinating her just according to the schedule. They told us to do this and to do that. I still remember signing the waivers, "If your baby has this and that, this and that," and death was on that. I just remember feeling so horrible as a mother. "Really? Is that? But that won't happen. Surely, it will never happen. It's just something you do. You just go through the—"

**Ty:** You signed a waiver that said one of the side effects of the vaccine might be death?

**Charlene:** Yeah. There were a lot of different things that could happen with these vaccines, and I remember saying, "Death?" And they said "Oh, that won't happen. You just have to sign it just to sign it." They just kind of brushed it to the side.

**Ty:** They just kind of brushed it to the side.

**Charlene:** It was shocking to see all of these things that could potentially be side effects. So, we vaccinated Brianna and at her nine-month visit, the well visit, I gave her over to the doctors to get her vaccinated, her routine vaccinations. This was back in 2001—she was born in 2000, of course. When they took her and vaccinated her, I took her home. And I just remember—you remember, she was covered from head to toe with a terrible rash, and it was just awful. I didn't know what was wrong with her.

I remember bringing her into the pediatrician asking, "Well, I don't know what's wrong." And they said, "Oh, no big deal. That's just eczema. It happens all the time. Just put some nice lotion on there and she'll be fine." Then shortly after that, I noticed she was just starting to be very verbal with "Ba-ba-ba," and that just stopped. I was so alarmed, and I was so in tune with her as her mother that I knew something went south, something was wrong.

I was so concerned and so—just being a natural researcher, God made you a researcher, me a researcher. We're a great couple because we both just want to know the truth. We've met so many amazing people now around the world that just want to know the truth, and that's what this is about.

But I remember you were at work, in Pittsburgh, as a CPA. I was at home all day taking care of her, of course. And when she was napping or at night time, I was on the internet researching. I found a mother chat thing with mothers of autistic children because that's where my research was leading to, autism. The link between vaccines and this age and the developmental delay and autism.

Even without the vaccines in the equation, the developmental delay, everything led to the spectrum. There's a full spectrum of symptoms, and she was on that spectrum at the time. So, I got in the chat group and got to be friends with a couple of the mothers. I just remember being sick to my stomach thinking, "What have I done? Did I cause this? What's going on with her?"

I didn't know. There was one mother in that group that said, "Well, so-and-so thinks it's vaccines, and we all know that it's not. But we just humor her and we just want to be here for her." So, there was a disagreement. There were a few people that thought it was vaccine-related, and at that time we really just didn't know. Most people didn't think it was. We were researching and realized it could be. There's a little bit of information out there that it could be.

**Ty:** This was about three years before the William Thompson/DiStefano study that came out that proved the link. So yeah, that was before that happened.

**Charlene:** Right. But there was still information out there that we were reading. I was telling the pediatrician my concerns in Pittsburgh. It was a woman and she was so sympathetic. I felt like she really cared, and she listened, and she would just be sympathetic to my concerns.

Then one day, she was just gone. She quit the practice. She had a family and she was going to take care of her family. A young man took over the practice. So, I just started—I continued the conversation with him just as I was with this nice woman. This man was completely different. When I told him my concern about the MMR specifically, because we were reading about the MMR—

**Ty:** This pediatrician?

**Charlene:** The pediatrician. I told the man that had taken over the practice my concern about the MMR coming up, because of the symptoms we were seeing with Brianna, her regression and her speech, and even her movements were regressing.

I just will never forget his smug, condescending attitude. I just assumed that he would be akin to this woman that was sympathetic, but he just put his nose in the air and said, "You can get more mercury from a fish stick than vaccines. We do not subscribe to that nonsense here. If you do not vaccinate, you are no longer welcomed at our practice."

Me, being a first-time mother, I believed that he knew more than I did, though it was a bit offensive, the way that he was treating me so condescending. I thought about that, and I thought, "He knows what he's talking about, and I certainly need a doctor." I look back at that time and think, "Really?" But I was easily intimidated at that point. So yes, I brought Brianna in and I handed that precious little baby over and allowed her to be vaccinated once again because of that intimidation tactic that that doctor used on me.

We read some things and there's so much information conflicting with what we were fearing, saying, "Oh, there's no correlation between vaccines and regression in behavior. There's no danger." We just got back in the box because that was easier. We continued to vaccinate. But we did continue to research and finally we did come to the conclusion a couple years later that vaccines were not worth it for our family.

We had seen this regression, and thankfully, Brianna is just one of the smartest 16-year-old beautiful young ladies I've ever known. She's so intelligent. She's so healthy, and she's doing everything she can, as you know: exercising, eating right, and all those things. She has a bright mind. I'm very grateful, because we did, for a little time, see her going south.

**Ty:** At that time, though, what you needed was not a pediatrician to intimidate you, of course. You needed someone in your corner, right?

**Charlene:** Right. And like I said, the first pediatrician seemed to be very sympathetic. And I'm wondering now, in hindsight, I just have to wonder, did she see this happening on a regular basis and she just couldn't allow herself to be a part of this system anymore, and so she just quit? Because there was something definitely different in her. She really cared. That meant so much and that's what we need more of. We need doctors that really care. Some of our best friends, as you know, are doctors that really care.

By God's grace, we are able to take great care of our children with nutrition. If we have an issue we have a whole team of doctors all over the world that we have access to now that are just superheroes doing the right thing. So yeah, we were bullied but we did the research and by the time we had our third child, Tabitha—I still remember, I was well-versed in truth at that point. We knew we were not going to vaccinate, for our family, that's what worked.

That's what we were confident in doing. We went to the pediatrician for her checkup, six weeks or something like that, and I let her know that we were not going to vaccinate. I remember that doctor telling me, "Well, you know, parents that do not vaccinate their children depend on other children being vaccinated so that their children are protected from disease." I said, "No, actually, we're depending on the immune system that God placed in our children, not other children being vaccinated." At that point, I was not—being a third-time mother, I was not going to be intimidated.

I had too much knowledge. I had educated myself. The night and day difference between Brianna and our third, Tabitha, and now our fourth, the last two are so healthy. They have such strong immune systems because they were able to build their immune systems without the assault of the different toxins that our two big kids had to endure. The vaccines just weren't safe.

We're very happy with the education that we have but it's not enough just for us to keep to ourself. The reason that we have to—and I'm so passionate about this project, "The Truth About Vaccines," because it's an opportunity for us to give to the world what we wish we had with Brianna, our first child. Before you even have children you should have the luxury of a full education.

What are vaccines? What are in them? And everything that you need to know about the individual vaccines, the ingredients, the potential side effects, and make up your own mind. I think that people out there are smart enough to make up their own mind.

If the modern vaccines in America and around the world are so effective they should be opened and transparent about them. If that were the case, I think maybe the ingredients would be different, the whole scene would be different.

**Ty:** So honey, what would you say to that pediatrician if you could talk to him again today? The one that bullied you.

**Charlene:** If I could talk to him, to his face, I'm looking at the camera now because I'm talking to that pediatrician. I would tell that pediatrician, "You knew more than I did and I am confident that you knew exactly what you were saying to me. And one day you will face God for intimidating innocent parents and assaulting little children's bodies. You were wrong but I take my comfort in knowing that our sovereign God, in our life, was over even that moment. And you will face that sovereign God one day. We all will face him." That's what I would say to that pediatrician.

**Ty:** Okay. What would your advice be to parents that are just learning about vaccines now, first-time parents maybe? What would your advice to them be?

**Charlene:** Educate yourself. Before you do anything, read everything, study everything, watch the entire “The Truth About Vaccines.” “The Truth About Vaccines” is what you need to know. We’re putting together everything we can from every angle that we can put it together for you, so that you can have the freedom to know you’re choosing what’s right for your family.

Do not take anyone’s word for it. Don’t take mine. Don’t take Ty’s. Don’t take one doctor. Take everything you can get. Educate yourself, read and pray. God gives wisdom. James 1:5 “Those who lack wisdom ask, and it shall be given.”

God is the one that gave us these precious children, and he’s given us everything we need to care for them including their own immune system and everything in nature, food, “Let thy food be thy medicine and medicine be thy food.”

So, just educate yourself, continue to detox your body. Mothers, before you even get pregnant, if you can, detoxify your body. Because your little baby is a little sponge. That baby’s going to take in everything that the mother has in her body.

Detoxify your body, cleanse it, so that your baby can have a nice, happy, toxin-free home to develop in and grow. Education, detoxify before you have the babies. But if you have the babies and you’re contemplating and you’re on the fence, “Should I or should I not vaccinate?”

Pray, educate yourself. You know what? When I was giving Brianna over that first time to be vaccinated, after I did research, I didn’t feel good about it. God gave mothers a special intuition. I knew in my heart that I was wrong but I did it because that doctor told me to do it.

I, in my ignorance, handed my precious little baby over. I’m not ignorant today and you don’t have to be either. Follow that instinct that God gave you. I should have but I didn’t. But I believe that God allowed that for you.

[End of transcript]



*Chapter* **8**:

*Interview with*  
**Heidi Bonaroti**



**Heidi:** My name is Heidi. My son, Ben, is vaccine injured and he now has autism. I just want to say how happy I am today to share my story with you. I'm just thrilled to know that the documentary, *The Truth About Cancer* is leading to *The Truth About Vaccines*. The more people that can hear this message the better. If you're out there and you think you're alone, you're not. It takes a village. Just keep watching.

**Interviewer:** What's that like as a mother? How soon after the vaccine did this happen?

**Heidi:** Ben was born right on time. Came right on his due date, and was a very, very healthy boy. I'm going to try and get through this without crying. He was very healthy up until about 15 months. It was at that time I thought, it was his well visit and I took him in for his—at that time, he was due for his MMR vaccine.

Thankfully, he had an ear infection so that delayed it three months. They didn't want to give him the vaccine when he was on an antibiotic for the ear infection. But, unfortunately, that at that point pushed his immune system down.

When he was 18 months, we went back for the MMR and right after the MMR, I wouldn't say right away, but it was a gradual, a few weeks after, we noticed a very significant decrease in eye contact. He had language that he had lost. He had lost significant amounts of language. He developed explosive diarrhea. He would play on the perimeter of the park, the playground, wherever we were. He just would isolate himself to the garden or on the outside of the playground.

There were a few scary moments where I thought, "Where is he?" I thought we had lost him. As a mother, your heart's pounding out of your chest thinking "Where is my boy?" He would just wander off and we couldn't keep track of him.

**Interviewer:** You have to deal with the challenge of feeling like or knowing that you put your son through a procedure that harmed him, really severely. How did you process that when you had to kind of go through something that was happening by virtue of that vaccine that you had helped to administer?

**Heidi:** Right, right. As a mother, as a parent, you believe what the doctors tell you and I thought—as an occupational therapist I had kids that were on the spectrum when I was in the school system. I had mothers tell me, "Oh, it was the vaccines. It was the vaccines." In the back of my mind, I put it in the way back of my mind. As a therapist, I thought, "Oh, they're just trying to blame something on autism."

Well, if I would have listened to my heart I would have listened to those mothers that were trying to warn me, which is, I've turned into that mom because I'm warning other mothers about the injury that could happen. Not to every child, but what works for one child won't work for another. One size doesn't fit all.

To answer your question, I have blamed myself for a long time. I remember one of my mentors and autism heroes, Jenny McCarthy, who I've met several times on this journey, she went through that as well. She blamed herself.

I remember Jim Carey telling her, "To heal it you need to feel it." I have embraced that because like Jenny and many other moms, we do blame ourselves because we put our child in danger without knowing it. I had to face that and really feel it and cry for a long time and start to heal because we didn't intend to hurt our babies.



**Interviewer:** Perhaps a lot of mothers get really crippled by feeling so upset at what's happening that it shuts them down from being able to take redemptive measures to go after how to help their child because it's so hard to deal with.

I don't know how much of the community is in denial that this autism that my child has was caused by the vaccine. I don't know how many people are in denial because I think that that would be the hardest thing ever to accept. But not accepting it would mean that the child can't get the help they need. Because if you don't know what did this how're you going to know what's going to take it away?

So tell me how your child digressed. You mentioned a few of the points. How did that manifest in later years of his life? How old is he now? Take us through the steps.

**Heidi:** Sure. Like a timeline?

**Interviewer:** Yeah, that'd be great. Stay with me on the challenges as they compounded and why you believe that they were directly tied to the vaccine.

**Heidi:** When he was three, I told you already, he was diagnosed with autism. I knew, thankfully, as an occupational therapist working in pediatrics, it was really a God thing that probably 80 percent of my caseload these kids had autism. I knew that the kids on a gluten free diet were doing the best.

I told my husband, "You know what? I know it's going to be a pain in the neck, but the kids that are on this specific diet are doing the best." He said, "Look, whatever you want to do, I fully support you." Shortly, right before the gluten free diet, that was the first intervention we did because I thought you have direct access to food.

I can certainly change my child's diet. We took away gluten first and then dairy next. I noticed just removing gluten, three weeks into the diet—okay, you have to remember, this kid had very little eye contact, had lost language and would isolate himself. Three weeks into the diet he put his hand on the door looked right at me and said, "Want to go outside." I was like, "We're doing this."

At age three we did the gluten free diet, probably for about a month, really strict. He went into sweats, night sweats. Would've wet the bed at night. Just complete detox. I remember my mom calling me saying, "You're not a doctor. What're you doing?" It was a scary time and I was like, "I know, but it's food. I'm just taking away food." I know I wasn't hurting him.

I knew right away, luckily from my clients about the gut-brain connection. I saw within three weeks that it was working for my son. After removing gluten, we decided, "Okay, now it's time to remove dairy." Even though he didn't eat a lot of dairy, I thought, "Let's just remove it entirely." That helped his constipation issues.

By just removing those two things you could see the decrease in inflammation because of his increased language, increased eye contact and because of his issues with his gut and not being so constipated.

That was from age three. Then, we continued till, let's see, when he was about four I went to my first DAN conference, Defeat Autism Now in Anaheim. That's when I met Dr. Jeff Bradstreet.

Again, I'm going to try not to cry because he's no longer with us. That man really put a dent in my child's microbiome. Not only were we on the diet. He helped us identify that Ben had



huge amounts of candida yeast in his gut that were at a very toxic level.

He also had a really bad virus called clostridia. Excuse me, bacteria, which is called clostridia. We went on an antibacterial medication and antifungals and doing routine liver function tests to make sure he was tolerating that okay.

We did that for about two years and then we tried hyperbaric oxygen therapy. From Bradstreet, we rented a soft chamber. Every night my husband went into the hyperbaric oxygen chamber with Ben, thankfully, because I'm claustrophobic. I couldn't do it. He went into this chamber which is probably about—if you guys aren't familiar, it's about the size of a conference table. A 3 foot by 9 foot, 8 foot, 9 foot in length. They call them dives. Every time you go in you go in for a dive.

We rented this from Bradstreet. He said, "Just try it. It's going to give him the oxygen he needs." Because we had healed his gut—you have to do that first, heal the gut through the diet and the medications that we did. Then you want to feed the good cells with the oxygen. That's the purpose of the hyperbaric.

I want to say maybe 10 dives, so 10 days into the hyperbarics he started interacting with this brother. They immediately started playing chase around the house. We were like, "Wow, he actually knows he has a brother and they're interacting." That was pretty amazing.

Let's see, diet, hyperbarics. We did intensive applied behavior analysis, which is the only research proven method to teach children with autism how to learn. We did that through CARD, Center for Autism and Related Disorders, where we had a tremendous team of therapists. They came to our house around the clock, 25 hours a week.

Let's see, going down the list. We've tried medical marijuana. It was a CBD oil that Bradstreet recommended. That actually helped decrease his stimming. He used to hand flap or do these kinds of things. That started to decrease with the CBD oil.

**Interviewer:** What does that mean? What was that about?

**Heidi:** Oh, it's a visual of stim. A lot of kids would look through the lines of their fingers and go.

**Interviewer:** Yeah. With autism? Specifically, that's like this.

**Heidi:** They call it a visual stim. He would kind of do, we call the growl. He would go, "Urgh." Who knows why but all of that melted away. So many things we did. Glutathione IV which is very powerful for the immune system. We did N-acetyl cysteine through IV.

**Interviewer:** What was the result that you got?

**Heidi:** By doing all of those things that I've mentioned it just kept bringing Ben closer to us. Better eye contact, more social interaction, less of the stimming, the hand flapping. The visual stims started to go down. More social interaction not just with us but with his peers. He would improve in those areas.

I felt like we had done so many things up until, let's see—that was age three when he was diagnosed. We were with Bradstreet from when he was age four until he was 11. We did so many things under his care.

Then, just two years, about a year and a half ago right after we, we gave up the—no, I'm

sorry. Two years ago, we had to let go of the CBD oil, the medical marijuana oil because we started, at Arizona State University, we did a fecal transplant with Dr. Jim Adams.

That was recommended by Jeff Bradstreet because he said, “Look, in spite of everything that you’re doing for his gut he still wins the award for the most wicked sick gut.” And I quote him, that’s what he said.

I said, “Okay, what do we do?” He said, “Well, Dr. Jim Adams is doing a study for fecal transplant.” Are you familiar with that? We did it. Ben turned out to be one of the best responders in the study. One of the biggest changes we saw in him was he stopped wetting the bed completely with the fecal transplant.

I think that has a lot to do with the inflammation that went down with lining the gut flora with the good bacteria. That was two years ago. One thing, and I’ve given Dr. Adams feedback with this, one thing he didn’t really stress which he’s going to stress in future studies was, “How do we feed the good microbes? How do we keep feeding the gut with all the good bacteria?”

That’s when I discovered the Bravo Probiotic Yogurt which was an amazing thing for Ben because right after the study, we weren’t getting anymore of the transplant into his body, he started wetting the bed again, which to me said, “Okay, we’ve got Candida or some type of inflammation is back.”

Once we started the Bravo, just three days of the Bravo Probiotic Yogurt, taking it orally, he stopped wetting the bed. His eye contact was getting better. His social interaction was improving.

That’s when I met Dr. Marco Ruggiero, who you met the other day. We learned very quickly that we just lived three miles from each other. Those emails led to phone calls, phone calls led to in-person meetings with he and I and his wife, Dr. Pacini. That’s when he asked me, almost one year ago, to share the stage with him at AutismOne.

Shortly before that we had started Rerum, R-E-R-U-M which is a vitamin D oral emulsion that targets bad cells of the immune system and builds up the immune system and kills the bad cells. We started on a protocol, kind of building on everything we had done. We moved from just being gluten free, dairy free to transitioning over to the ketogenic diet.

Then we added, we were already on the Bravo Probiotic Yogurt, then we started Rerum, the oral emulsion, the vitamin D emulsion. Then, also added in MyAmino, which was developed—it’s one of Dr. Reinwald’s, who I work for now, it’s one of the components of the amino acid chain that gives you eight essential amino acids that not only will it give you a perfect amount of protein by—it’s not a capsule.

It’s a very concentrated form in a tablet that gives you the eight essential amino acids that you need every day and won’t produce any extra glucose or nitrogenic waste and helps you build good muscle, lean muscle tissue and help the immune system.

**Interviewer:** Tell me about GcMAF versus Rerum and that relationship and what that means and who was involved even in the creation of GcMAF.

**Heidi:** Sure. GcMAF is vitamin D macrophage activating factor. It’s no longer available. When I first discovered it two years ago, that was right when Dr. Bradstreet had passed and we were actually getting ready to try it under his care.

When he was no longer with us, I thought, “How do I get my hands on this?” That’s when I

found Dr. Marco Ruggiero. He actually, before Dr. Bradstreet left us, he said to Marco, he said, “I need you to make something that is fully licensed, fully legal, fully certifiable and something like GcMAF but is not derived of any human blood protein.”

Being the genius that he is, he went right to work and did it, and invented what we call Rerum, which means, “of things” or “from the earth.” Rerum actually, is what we like to say, the evolution of GcMAF. It’s actually better because you don’t have to worry about it being contaminated by any human protein. It’s vitamin D2, vitamin D3, oleic acid, and chondroitin sulfate.

The really cool thing about that is, it comes in a vial very similar to what you would find in an essential oil bottle. Three, I don’t know, I forget how many mL it is, 3mL. With GcMAF, one of those vials would only last you a few weeks. With Rerum because it’s nano-sized you can stretch it. With a smaller amount, you can use it for over a period of months depending on your condition.

What happens, when the Rerum enters the bloodstream it releases what we call macrophages which I like to call the Pac-mans of the immune system. They are very smart. These macrophages go after cancer cells, viruses, nagalase, which is often found in vaccines.

That’s why cancer patients are improving, that’s why children with autism are improving because these macrophages go right to the source. They destroy the bad cells and they know how to multiply the good cells. That’s why it actually, they work together to rebuild the immune system.

**Interviewer:** What were the results you saw in your son Ben?

**Heidi:** Yes. Right after we started the Rerum, I would say—oh it’s so hard to remember. We’ve been on it for almost a year now but we started in very small doses. I would say within a week we noticed he stopped—because, he had started wetting the bed again when we stopped the fecal transplant. He actually stopped wetting the bed. His eye contact was consistent. He started new language.

He started asking—think about all the WH questions. Who, what, when, why. He started asking “Why,” why questions or “Where are we going?” or, “Who is that?” All this new language. I was like, “Who is this child? Wow.” He also blossomed into an amazing artist.

You’ve seen those adult coloring books, what he creates, it looks like an adult created. Now he’s doing water color canvas paintings on his own. He just turned 13. Before all of this treatment, he was much more in like a self-contained classroom. Now he’s fully mainstream in a typical regular gen-ed classroom.

**Interviewer:** How evident is it that—I mean, you mentioned he’s gone from being in a special class to being in mainstream, is that correct?

**Heidi:** Yes.

**Interviewer:** Then, how evident is it now that he has autism?

**Heidi:** If he were here today, kind of wandering around the conference you wouldn’t know that he had autism.

**Interviewer:** What if I was to speak to him?

**Heidi:** If you were to speak to him, you might pick up on well, maybe he's shy or something but that's one thing that we're working on, the social piece and the conversation piece.

He might come up to you and initiate and say, "Hi Jonathan." He might say, "Hi, my name is Ben. What's your name?" Then you would tell him, "I'm Jonathan." He might not know what to say next. But there's other times where he'll come up to me and go, "Hey Mom, that's a pretty dress." Things like that.

He's on the shy side so we're working on those—we always try to contrive situations, social situations. We use the social thinking curriculum, where it really, challenges his social skills. We feel really blessed. We're of course working on academics. I know he's not quite up to grade level at all with reading or math but as far his behavior is, he looks like a typical child.

**Interviewer:** That's awesome.

**Heidi:** Which we feel really blessed.

**Interviewer:** What kind of future do you foresee for him?

**Heidi:** Well, if you ask him what he wants to do he'll say, "I want to be a chef or a gardener or an artist." I see him, realistically, I could see him working at a—We go to a restaurant every Sunday after church. The owner just has a heart for kids with special needs. Her grandson has special needs. She's always told me, "If Ben ever wants to work here, I would love to have him."

I could see him working—it's called the Gilbert House in Gilbert. I could see him bussing tables or one day being a cashier at a grocery store or being a barista at a coffee shop, which I would be very pleased with. He's going to have a future and he's actually—my definition of autism recovery is making a friend on your own. He's starting to do that. Making friends on your own.

**Interviewer:** That's what he wants?

**Heidi:** Yeah. He does. He thrives around typical children and he just wants so part to be, part of a group, which is a huge obstacle for a lot of kids with autism. He notices, he's part of a group and he really wants to be part of the friends around him, which is a huge improvement for where we were.

**Interviewer:** Why do you believe wholeheartedly that your son was vaccine injured?

**Heidi:** Well, because I know, even though I didn't notice the next day I know that the lights in my baby's eye went out. He wasn't there anymore. As a mom that's my subjective opinion, but we've also done biomarkers and blood tests.

I even had Dr. Bradstreet—he wrote a letter of causation that said the constituents in his vaccines pushed him over into microencephalopathy and more than likely caused RNA/DNA damage to his mitochondria, because he did have mitochondrial dysfunction after those vaccines.

I myself, I'm vaccine injured. I know my immune system wasn't set up to provide him with immune system to start out with and then he probably would have done fine had he not received all those vaccines.

I think that's one thing that pediatricians and gynecologists really need to educate young

mothers that, “Gosh, I wish I would have nursed him longer.” Is your immune system ready to have this child? It’s all about the immune system. I hope that answers your question.

**Interviewer:** Yeah, it does.

**Heidi:** Yeah, I definitely, I know. We look back at pictures and videos that we can just see before the lights were on, and then afterwards the lights went out. I call it navigating through a dark warehouse called autism. The key is to always keep doing something.

What works for one child may not work for another, but I will tell you universally, we know from being at this conference and many other conferences and just reading research, almost every disease starts in the gut. If you start to heal the gut, you start to fix the problems.

**Interviewer:** Awesome.

**Heidi:** People say, “Wow you really saved Ben,” or, “You really helped Ben.” I say, “No, he saved me.” Because not only are these protocols working for autism, I’m also on the protocol for my own autoimmune disorder. I have Hashimoto’s and I’m starting to see a decrease in my symptoms by healing the gut.

**Interviewer:** It’s amazing. Well, thank you. It is incredible and just—

**Heidi:** Thank you.

**Interviewer:** You’re welcome. My last one for you is just as a mother, I can see how much you want the best for your child. You think about his future all the time. I could tell in the way that you spoke about it and to have gone through what you went through is too much to bear for most people.

If you could describe to me what it’s like to be a mother and to just to witness what you witnessed and experience that kind of trauma and what was—tell me.

**Heidi:** I’m sorry. Just that question you brought up reminds me of my last meeting with the *Vaxxed* team when they were in Phoenix. It’s overwhelming as a parent. Because you think something’s wrong with you and people think you’re crazy.

“How can it be the vaccine? My kid’s fine.” Until now, until all of this evidence’s come out, thank God, for Dr. Andrew Wakefield, and Polly Tommey and Del Bigtree and all these heroes and now Robert F. Kennedy Jr. and our president who’s fully supporting us, we just want to get the truth out there.

The truth is we don’t want any other baby to be part of our club. It’s not just autism, it’s the Gardasil vaccine and the Hep B vaccine. Babies are dying as we speak because we don’t have any vaccine safety program.

To answer your question, it’s been very hard as a mom because, like I said in the beginning, we did everything that the doctors told us and what western medicine believes is healthy. We’re not an anti-vaccine community.

We believe in vaccines, otherwise we would not have gotten the vaccine for our child but we just want to take the junk out. Let’s go back to 1983, like the Dutch in Holland when autism was 1 in 10,000. We just want it better, we want safety, we want safe vaccines. We want ones that work, that are proven safe and effective and ones that there aren’t any stockholders or people making money off of dead babies.

**Interviewer:** Thank you.

**Heidi:** My mantra is faith, hope, knowledge, recovery. Because, you know what? The powers that be out there want you to believe that this is your story, that you're stuck in this forever and that's not true. Our kids can get better. Some are more worse off than others, but the key is to start at the root, the root of your beautiful baby, your tree from the ground up.

I call it a yoga house. You build it from the ground up. It all starts in healing the gut because no matter what you do, no matter what supplements you're on, if you're aren't on a healthy diet nothing you do is going to prove itself effective.

We know today, in the research that shows that the immune system of a person with cancer is very similar to a child with autism. Why is that? Damage. Damage to the immune system. I've seen it in conference after conference, and so I was thrilled to hear you say that.

What a wonderful segue to say, look, *The Truth About Cancer*, *The Truth About Vaccines*, and you're putting it together. I think it's amazing. It's like a marriage between the heart and lungs, you know you're helping me breathe to see that again.

Because, you know what? When you come out with one documentary that will bring up so many other questions and that will lead to another and you just keep going because you're going to target one audience after another.

Because the people that have cancer are going to want to see *The Truth About Cancer*. The people, *Truth About Vaccines* are going to want to see that one. You know what? In the end we're going to figure out that it all comes back to the immune system. Right?

The gut-brain connection and the third brain that a lot of people don't know that we have which is the microbiome and we have to feed it in a healthy way.

[End of transcript]



# Chapter 9:

*Interview with*  
**Tom & Candice Bradstreet**





**Interviewer:** What kind of person was Jeffrey and is Jeffrey Bradstreet?

**Tom:** Well, like I said at the tribute today he was just a great person that really cared about people. I asked him one time what he wanted to do when we were talking about a TV show called *Star Trek*, right *Star Trek*?

**Candice:** Yes.

**Tom:** And he wanted to be all three of them. So, he wanted to be this captain, this leader of the ship, he wanted to be the science officer and he also wanted to be a medical officer. I think he was that to all people. He treated people not as patients, but as family. He gave to people selflessly, he selflessly gave his time, his money, his resources. Things like that.

He didn't always want to be a medical doctor. He really went to college, the University of South Florida to be a research scientist. So, a lot of that passion that fed what he did in autism was originally from that wanting to be a researcher. And then I think because he had his own child with autism he treated everybody like a parent. Like they were his own children. So, it was a great practice that he had, the way he treated people.

**Candice:** There's a bunch of fabulous doctors that treat autism, but he was known to always do the cutting edge and was always coming out with new treatments. I do believe as a parent first, his passion is what drove him to just continue and to continue to find a cure. But he was just, people adored him. He was a brilliant man.

**Tom:** Right, we were talking about that today, where would the world of autism be if Jeff was never in it? Because he spearheaded IVIG treatment, secretin treatment, minerals, enzymes, just about everything that was out there that came in the autism world first came through Jeff. So, I don't know where we'd be.

**Interviewer:** Why did he go after autism?

**Tom:** He has a child with autism.

**Candice:** Matthew. Matthew was diagnosed when he was three-and-a-half with autism and he already had a medical practice but that's when the Good News Doctor Foundation was formed.

We were living down there with him, and him and Tom opened that up and that's where we started seeing children. And actually at that time we would have people from all over the world because he was—again being a researcher at heart, he just dove right into it and he was doing treatments and having really good success. So, that's why it all started. It was for the love of his son.

**Tom:** Well, to back up a little bit, at 15 months a normal little boy that was rambunctious and full of life got the MMR and was significantly impacted from that point on. And he had several other vaccines after that. So, to answer your question, originally, he got into it because his own child was wounded from the MMR vaccine. I don't think one can ever recover from that. And it's even doubly difficult for a doctor because they should have known, right? He's a doctor.

**Candice:** That's what people think.

**Tom:** He's a medical doctor, it's his child, he should have read all the information that was out there. Instead he trusted the manufacturers of the vaccine.

**Interviewer:** Did you see him go through that time well?

**Tom:** Yeah.

**Candice:** Yeah, he definitely did. I mean it impacted the family significantly but I feel that instead of – I don't know if dwelling is the right word – he just turned passionately to right something that was wrong. To find the cure and to treat his son. So actually it turned into really good energy if you will that he was determined to do something about it. And all the parents that we meet, they're just so passionate and as any parent would be for their children, that that's where their determination and passion comes from.

**Tom:** Well, I think also as a medical doctor he knew that he had little time to react. So, he didn't have time to be sad about it or waste time and energy on the pain and suffering. I talked to him about it a lot early on and he was always focused on getting Matthew well.

**Interviewer:** And he believed that that was possible, that he could do that?

**Tom:** Absolutely.

**Candice:** His whole motto with his patients, like when you talk to his patients, is “never give up” and he truly he never did. He never gave up. It was always research, try the treatment, continue the treatment, but he was always going forward.

He never stayed—that's the big thing about Jeff at the conferences. Everybody knew every year he would have something new. It was never just the same old stuff. The amount he researched was amazing to me. He was definitely a huge researcher and he fulfilled his passion of what he really wanted to do.

**Tom:** Right, when you asked did he accomplish that. Matthew became well but he wasn't who he would have been if he didn't have the MMR. He's clearly a different person than he would have been without it, but he's functioning. He's in college. He graduated from high school. He's got a quick, unique sense of humor. He's doing very, very well.

You have to remember when we started this in 1996, there wasn't a whole lot of information out there. The internet was very obscure. So, it was very difficult to communicate to parents. And for parents that received the diagnosis it was extremely difficult for them because they were like in their own little world. Now, one of the blessings of the internet, there's so much data. I mean you can watch all of Jeff's videos all on You Tube, all of the series and classes.

**Candice:** And the papers he wrote.

**Tom:** All those papers. So, there's a lot of opportunity for people to react faster, quicker to their child's needs.

**Interviewer:** That's awesome. Now thinking about what you guys experienced and so then when your brother passed, tell me about the process that you guys went through. Like how did you find out the news, what happened?

**Tom:** Well I was at a camp, a Christian camp for our kids and my brother called me and said – my older brother David called me – and said that Jeffrey committed suicide, because that's what the initial report came in. That he had an altercation with the FDA, excuse me the—

**Candice:** The DEA.

**Tom:** The DEA and the CDC in Atlanta. They had come into his office and done an investigation. Inquiry into some of the medical practices and products that he was doing there. And that the following day that he had decided to take his own life.

My initial reaction was absolutely no way. I mean I knew my brother for 60 years, 59 at the time. We stayed in the same bedroom for 17 years. We were in ministry together through The Good News Doctor. I knew him very well and he would never—

Here's the interesting thing. In May of 2015 on the 22nd I think it was, he had a great talk of the future that we're close to getting to the end of this journey that had been on. So, he was excited that was very close and he was like this captain of the ship. And for him to stop that close and just go "you know what, I'm worried, I'm upset, I'm done with it" and commit suicide is just impossible to believe or accept.

So, we started our investigation into trying to find out exactly what happened and the things that happened the last week of his life. We found out many things that weren't true that we were told initially were true.

**Candice:** Right and particularly about the DEA investigation, as always it got blown out of proportion that it was like this huge raid so you picture these SWAT and all that. And it wasn't that at all and actually they've already posted online the warrant, and it was for a product called GcMAF.

Well, there was none in the office. He had stopped using it in February, confirmed that with several of his patients, and there was none in the office. Furthermore they didn't shut down his office, they didn't freeze bank accounts, they didn't take his license, because that was going around and actually even today I was asked about that.

That untruth is still out there and we want that cleared up because that isn't at all what happened. Yes, they did go in there and they found nothing. But there wasn't something so traumatic that would cause him to take his life and that's what people kept tying the two together. That his life was over and he just checked out. No, the Jeff Bradstreet we all know would not do that.

**Tom:** There was quite a campaign to make him out to be a quack.

**Candice:** Yes.

**Tom:** And those are people that never had him as a doctor or knew him personally or professionally for that matter.

**Candice:** Or read all of his documented medical research papers.

**Tom:** You know I think the first stage of what happened with Jeff they were trying to discredit him and his research because of the fact that he was actually getting damaged kids well.

**Candice:** And he was, and actually in his lecture last year he never used the word "cured," he liked to say "recovered" and he was having significant recovery rates with children with autism.

**Interviewer:** Very truly high.

**Candice:** Yes, they were, very high.

**Tom:** Yeah out of his own mouth I think he said there was 80 percent success rate. This was at the last AutismOne conference.

**Interviewer:** And I believe there was over a thousand as well?

**Candice:** There were, I believe it was 1100 actually, patients. The title of his lecture was “How close are we to a cure?” And we actually spoke to a gentleman that saw Jeff last year and he said in the hallway, Jeff had even said to him, he said, “we are so close, we are so close to a cure.”

So, to go from that and then people trying to say he just checked out at such a time where he was so close doesn't make sense. We're not just basing that off of our feelings or knowing Jeff, forensically through the investigation we also have that.

**Interviewer:** What was that?

**Candice:** That he did not commit suicide.

**Interviewer:** How was that suggested?

**Tom:** That he did commit suicide?

**Interviewer:** That he didn't, how did the forensics indicate that he didn't.

**Tom:** Unfortunately, we're going to have to keep some of this confidential, because there's still an ongoing investigation. But I can tell you that we had a private forensic scientist go down to North Carolina, met with a medical examiner that did the autopsy. Spent probably three or four hours with him and came back with a report that showed that it just didn't make any sense and it was impossible to add all the things that they were alluding to, that he could have done to commit suicide.

Just the way the body was, the way the bullet wound was, the fact that there was no tattooing on the body, there was no powder burns, there was none of that that would have been point blank range or an inch or two away.

It's not like it was some accident. Jeff was knowledgeable with weapons. He was a captain of the air force. His weapon of choice as a pilot would have been a handgun, it would have been in his survival vest. So he was well trained with a weapon. There wasn't anything that he would have just fumble out of his pocket and accidentally shot himself.

**Interviewer:** I understand that. I appreciate you sharing that. It's really great to get the truth out on this man. And again I want to come back to what it was like for him to say it was so close, and I see Candice with you, there's something about that where you saw his dream, his aspiration, and you saw him pushing towards that. And being so excited of being so close to that, and then to have that dream taken away, then his life as well. That hit you, didn't it?

**Candice:** Yeah, because we still are in contact with so many of his patients. And you feel helpless even though you know and what I mean by helpless is where do they go? And again, and there's a lot of tremendously wonderful doctors out there but Jeff's protocol was so specific and he was just so brilliant at individualizing the protocol that you can't duplicate that.

It's just very hard because autism has always been a part of our life. Jeff taught me so much and who I am as far as like naturopathically and researching, and who I am today is because of working with him. He taught me so much that I was able to pass on to others

and also for my family.

And it's hard because I can't just call up and say "what do we do for this and what about this?" because he was always there and he was always there for his patients. So, to not be able to direct them somewhere and to continue to help them is very hard.

It's very hard because we feel their pain. We don't have children with autism, but Matthew at the time when he was diagnosed, I helped take care of him a lot, and we didn't have children. And he is the sole reason I wanted children. He's just such a part of me.

**Tom:** We have three children that don't have autism that I'm sure would have, because of all the things that, you know, health reasons that would have attributed to the fact that had kids that were predisposed. Our son, I'm sure, would have had autism, but we don't have it.

**Candice:** Because of, there are the predispositions and things that he's talking about why he says that. So, Jeff just made a huge impact obviously on our life and our family and it's just it's a tragedy that he's gone for so many people. But the encouraging and great thing is, is that there are doctors that are going to carry on his legacy and we're so thankful for them.

**Tom:** Jeff worked really close with Andy Wakefield and it's exciting to see his movie *Vaxxed* come out. We're really excited to see and be a part of it and I think it's going to educate people and allow them to realize that their children are their biggest investment, and they need to take some time and they need to research it. They really need to invest in the knowledge and not just give your kids over to a doctor without knowing exactly what they're doing to them.

**Candice:** I'm glad you brought that up because that is the one thing that he would say to me, he would say "Candice, don't even just take my word for it, research it. Research it, understand it." He never just jumped into things and into doing treatments that weren't proven to be successful.

And he empowered parents to never give up and that is something that we want parents to know, to never give up, because there are his fellow colleagues that are determined to carry it on which is great.

**Interviewer:** It's wonderful, what a great response and I'm sure that he would have loved to have seen the victory of the movie *Vaxxed*.

**Tom:** Yeah, absolutely.

**Candice:** He absolutely would have and I'm really happy for Dr. Wakefield. Very happy because I feel he's been vindicated after years of what they did to that man. I'm just so happy for him. This clearly has caused a movement that I don't think is going to stop anytime soon. So, we're very excited.

**Tom:** There's no question it's all real now and it's pretty black and white and there's no middle ground anymore. I think that's exactly what the movie did. It definitely parted the ways for people to go "okay, there's some really systemic problems with the vaccine industry and we need to really take a look at it."

**Candice:** And people have that right. We should still have that right to ask questions to say "I want to know. I want to know what is in this vaccine that's going to go in my child." I think for too long we have been made to feel you can't ask that, you can't ask a doctor that. We just have

to trust. I'm sorry, as a parent I don't just freely give my trust about my children to anyone.

**Tom:** Except me.

**Candice:** Well we're parents together.

**Interviewer:** You guys are cute. That's great. You guys are a powerful team and you're doing great things.

**Candice:** Thank you, we're trying.

**Tom:** Well you know he was my older brother and so to me it's therapeutic to continue to work along the same lines. Not as a doctor, but in helping this ship to get to its final destination.

**Candice:** And loving people through it and encouraging people through it. Because it's a painful journey for these parents. They do feel, I think, many times abandoned and alone and frustrated and Jeff was just giving them hope.

**Tom:** I remember earlier on we were doing all these conferences in Holland and Hawaii. I'm really relational. I just love people and I was just so overwhelmed with the pain of moms with little three-year-old boys that they're just disappeared on, they're no longer their little boy. They don't even recognize them and I was just—I go home every night and cry and Jeff said “look you just can't do that, we've got to stay focused, we've got to keep going.”

It is extremely overwhelming. I don't know how much you've spent time with parents that have kids with autism. There are moms out there that sleep three or four hours every three days and they've got two or three kids with autism and there's 24 hours screaming and their kids won't eat and they have diarrhea and they paint the walls with it. And they're the whole time plugging away, going every second I have left I'm going to the internet and I'm going to find something that's going to help.

**Candice:** And when we started The Good News Doctor Foundation I would talk to the parents that came in. Got their information and their story. I can tell you every parent's story was pretty much the same and that was, their child was developing perfectly fine.

And at about 15, anywhere from 15 to 18 months old, they received a vaccine and their child was gone. And this was back when they still had videotapes, so they would show me their beautiful healthy baby and to see in their eyes, you can see it in their eyes and then the regression of their children was heartbreaking and the sad thing is it still goes on.

It's still going on and I've always said you cannot tell a parent they don't know when their child has been injured. You can't. A parent knows. A mother and a father knows. And so, that was over 15 years ago I saw that.

When people say “well, it's not just the vaccine,” I understand that. Because we said there's some other issues. But no, the vaccine, what I saw with these families took their child.

**Tom:** We used to take our two-year-old son to these conventions and he was vibrant, alive and healthy and parents would just look at him and cry.

**Candice:** One actually looked at me and she said to me – I didn't know her, she had been watching me with my son – and she looked at me and she said “he hasn't been vaccinated has he?” And I looked at her and I didn't understand how she knew that and I said “how did you know that?”

She said “it’s his eyes.” Her son had been vaccine injured, and that’s the first thing they notice. The blank stare, the no more listening to their name when they’re called. But she knew just looking at my son’s eyes that he hadn’t been injured or had vaccine.

**Interviewer:** Tom, I thought about that image that you just gave me of what it’s like to think about because I can see that you put yourself in the shoes, you have a gift in empathizing and being able to feel what people feel. Which is different to sympathy which is why it had such a bearing on your emotions. And your brother was trying to talk through it and all that which is just really cool.

You were talking about these mothers just spending a few hours a night every few days sleeping and then in that little window that they get they’re looking for answers. I could see that you feel—what’s it’s like inside you that desperation just looking for hope, looking for answers, and they’re actually looking for people like your brother. They’re looking for your brother, and now they’re looking for you guys, and they’re looking for us. They’re looking for answers. But just thinking about that pain and that struggle and how desperately these people need hope, how does it make you feel Tom?

**Tom:** I think there’s two emotions that really are difficult to process. One, and probably the most confusing is since I don’t have children with autism, it’s hard for me to say I get it. I understand because until you walk in their shoes you don’t get it.

You don’t have that feeling that your kid’s standing right in front of you but somebody’s kidnapped him. I was incredibly blessed, but to know that they spend every ounce of energy, every penny they have, and now without my brother being there to be that pacesetter, that guy that was knocking things out of the way so they can get to the finish line, it’s tragic. It’s terrible.

People come up to me “well, what should we do, where should we go, who should we see?” I don’t have an answer for them. I used to always say “go to my brother” and we don’t have that.

**Interviewer:** That breaks your heart, doesn’t it?

**Tom:** Absolutely. He was incredibly insightful, uniquely gifted to be able to look at a child, and go “this is what you need to do specifically for your child.” Because you can’t put a cookie cutter template treatment plan on children with autism. You just can’t.

**Candice:** They’re all so unique and so different.

**Tom:** There are some basic things that help all children, but it’s just not the case. Some respond very well to MRT, some respond very good to mineral treatments and gluten-free diets, and all the rest of the different programs. But you can’t say that without a doubt this will work for your child.

Now there is some great science out there and some great products that seem to be the one. I know we were always looking for that silver bullet to kill this monster. And it seems Jeff’s work with Dr. Ruggiero that is now just coming to completion, it could be that.

I mean I’m a dad, how can you have your kids so wounded that they don’t even know who you are and not give everything you have for that, how can you not? And then it’s so difficult on marriages that most of them end in divorce. I mean it’s just, how could you create something even worse than that?



**Candice:** It's mind boggling. Or taking for granted that your child can say I love you. Because I'll never forget that one mom who was down at the foundation, it was seven years until she heard her child say that. I can't even imagine.

**Tom:** Yeah, she was talking about how all the mothers around her were talking about their kids graduating from kindergarten and the big celebration, they're going on to first grade, and they know how to read and write. And all she wants to do is hear her child say "I love you mommy."

**Candice:** But she got it, she did get it, but some don't.

**Tom:** What's that worth?

**Candice:** And that's where when you were talking about all the treatments and stuff, that's where I think there's just this huge void. Because these moms are better researchers than the FBI. I mean they're amazing and Jeff would often say, he would say, "I learn from all of you."

But what was so great about Jeff was, you have thousands of different treatments, he could put it together and go this is what you need to be to doing. Because as parents you're going to do anything to try to cure your child so that means you're going to try every single thing that's out there. If you can.

**Tom:** And unfortunately, it's a lot of money.

**Interviewer:** You guys are talking to me, it's like one of the stories come up to my mind. A really close friend of mine back in Australia, your brother was like a hero to them. Because their second born son, autism, healthy baby, vaccine, and then they're never well again after that. So, they do believe it was a vaccine injury to my knowledge.

She was the first one to tell me about your brother and it was just like a tragedy. This is somebody you don't know on the other side of the world, but it's as if their granddad died or their brother or their father, because this person was the hope they had. They were using the protocols, they were learning, and they were listening or waiting for the next discovery, and she's so sad.

**Candice:** You're absolutely right. In fact I think that was also incredibly overwhelming after his death. It was overwhelming yet so encouraging and wonderful to hear from people, and we heard from people all over the world.

**Tom:** Right, we still do.

**Candice:** In the way that you just said it was like their grandfather died, it was exactly that. We knew he helped a lot of people but until you really start hearing all that come in month after month. It's amazing the impact that he had and the legacy that he's left, because he has. There are doctors, like Dr. Ruggiero, who is continuing his work and he's another just brilliant, brilliant doctor.

So that's where the hope is too. That it's not going to die because he was such an influential person. So passionate that you couldn't help but be around him and get that passion and that desire and he was just such an encourager too.

**Tom:** Well I think because he had a child with autism and he had been around since 96 when it really started to explode. Autism was out there before 1998, but in 1998 things just really changed radically. The percentages started to sky rocket.

**Candice:** The state of California had a 600 percent increase in 19—

**Tom:** 98 I think it was.

**Candice:** Not 98, actually it was 89. So, then it started impacting through then, so you're right.

**Tom:** So, he was believable and he was trustable because he was a parent that was trying to get his child well. He wasn't a salesman out there peddling false hope.

**Interviewer:** Yeah and it wasn't all about the money for him?

**Candice:** No, he was very giving. An incredibly giving person.

**Tom:** Yeah, he gave a lot away.

**Candice:** He did, a lot of treatments away, a lot of supplements, whatever they needed.

**Tom:** He operated on Christian faith principles and we're to pour ourselves out and to give ourselves away and he was a living example of that.

**Candice:** He was.

**Interviewer:** Do you miss him Tom?

**Tom:** Of course, but again like I said today, I knew in 1998 at a conference in Orlando that he was leaving because—I mean our relationship was changing. Two brothers working together in a foundation down in Florida was changing because he was becoming bigger than life.

**Candice:** He travelled a lot. He gave his life to autism and we understood it really was his calling and that's what he was here for. But in the same sense it was hard. We didn't get to see him very much, we would see him at conferences and stuff, but he was always researching and always traveling. I mean he lived it and breathed it.

**Tom:** His family sacrificed greatly. His son Mathew and Elizabeth, his son and daughter, sacrificed a lot. He was not around a lot but they understood that.

**Candice:** They do, they're amazing.

**Tom:** He took great time and care explaining to them what their daddy had to do and it was a sacrifice.

**Interviewer:** And now they've really sacrificed.

**Tom:** Yeah. What's amazing to me is that they're not angry and resentful and all that because they could, but again their father took a lot of time explaining to them why, that God had given the opportunity to do it and he was doing it, and he was on a mission to make sure that it was eradicated in his lifetime.

**Interviewer:** Did he believe that vaccines cause autism?

**Candice:** That's a tricky question because we never had that direct. But I know the things that he expressed to me is that there's obviously immune problems going on and there's predisposition, predisposed things, and the vaccines definitely don't help at all. And again, the

vaccines are this one-size-fits-all. We're not a one-size-fits-all people. We're all uniquely made differently. So, people react differently to them.

**Tom:** I can say this. Jeff never talked about his patients because of all the HIPAA regulations. But I can tell you that he told me that his son has autism because of the MMR, period.

So, I can only answer that about Matthew. I know that I have spent lots of time with him at conferences to know that yes, the MMR was directly responsible for causing a lot of children to have neurological responses. Or neurological responses that eventually manifested themselves in this autism diagnosis.

**Candice:** Even in his last lecture at AutismOne he does discuss it, with all the neural toxins that are in there and all of that. So, he definitely did discuss it. Again, like I told you just what I experienced with the parents, this wasn't just hearing their personal experience and testimony on it, this was actual video of seeing this is what happened and this is so many days after that it happened.

**Interviewer:** He was showing you that?

**Candice:** The parents were. The parents that came in we would do the intake and get all their information before treatment. Like I said, I had not one come in and say "no my child was never vaccinated but has autism." I'm not saying that can't or doesn't exist, but that was not the case back in 1999 and it was hundreds of parents.

**Tom:** There was a few that were born with autism or ASD but it was a different type.

**Candice:** It was a different neurological disorder.

**Tom:** You can tell the ones that were born with it versus the ones that were a reaction to something else from an environmental problem.

**Interviewer:** When you're talking about this instance with the tapes did he believe the parents?

**Candice:** Yeah.

**Interviewer:** The parents say "my child got vaccines" and he watched the footage and he believed them?

**Candice:** Oh, yeah, I would really question somebody if you hear all that happened and what I mean by that is again a lot of the similar stories, the high-pitched screaming, the site swelling, it was all very consistent. So, he did, he did believe them.

**Interviewer:** And would he be happy about the movie *Vaxxed* getting out?

**Candice:** Oh, I think so yeah for sure.

**Tom:** He'd be upset that he's not in it.

**Candice:** That is true. He wouldn't mind saying that. He'd say it himself. But I think he would be very happy also, like I said for Andy, because they did work together and he knows what he went through.

**Tom:** Yeah, he worked with Andy a lot and the pain and suffering and all the problems that Dr. Wakefield went through was just horrible.

**Candice:** He's such a good man, he's another just great, great man and that's why I'm happy, because I feel he's vindicated.

**Interviewer:** *The Power to Cure*, do you think that that little short film got the facts wrong?

**Tom:** Yeah absolutely.

**Candice:** It did, but I will say I do understand the gentleman's passion and his heart. Because I emailed him and I was just like "where did some of this come from?" And he just explained

**Tom:** just that was some of the stuff he had gone off of, and he does have a heart and a passion to get the truth out. They're kind of I think in a different direction, where it's more like a movie. Whereas we're more looking for a documentary type thing. So, it definitely got people's attention.

**Interviewer:** Yeah and that's the good side of it.

**Candice:** It is, it really is.

**Interviewer:** And bottom line is your brother helped to change a lot of people's lives for the better and will continue to every day, and honor God by doing so, and honoring his family and their sacrifice. And his family will forever be honored for their contribution including both of you. And then for your contribution, your individual contribution to this issue.

**Tom:** Well we do feel obligated. He gave his life for it. How can you not jump in and say it's our turn, so we'll be around.

**Interviewer:** You stepped in and took his place.

**Candice:** No.

**Tom:** I don't think anyone can take Jeff's place, but I understand what you're saying.

**Interviewer:** Thank you, but even though it was riddled with such a hard road and knowing that your brother's life was taken, you believe that?

**Tom:** Absolutely.

**Interviewer:** Tell me, was your brother's life taken?

**Tom:** Yes. I've looked at all the forensic information, the medical review. I've talked to the forensic scientists that went down there and spoke personally with the medical examiner. I believe without a shadow of doubt my brother did not commit suicide. That his life was taken.

**Interviewer:** He was murdered.

**Tom:** Yes.

**Interviewer:** Can you say those words?

**Tom:** He was murdered.

**Interviewer:** And then instead of just turning away from that and saying it's too hard a path, you decided that you were going to take a challenging path yourself. That must have been fearful for both of you?

**Tom:** Well, I think that he worked too hard for 20 years to have the last lap of his career tarnished like that. Discredited, said he was a quark, he was doing all these unethical things, and just decided it was too much and forget everybody else, and I don't care about all these parents and kids, and just take his own life. I couldn't let that happen. We talked about it at length, and there's just no way. He's my brother and we loved him.

**Interviewer:** You have to honor him, don't you Tom?

**Tom:** Absolutely. I think we have that sense of connection with the parents. We can't just abandon them either. They all know that Jeff wouldn't do that. I mean they know that emotionally, spiritually. But it was wonderful to sit down and talk to them and say listen, forensically, because Jeff was a man of science, forensically we were looking at what happened and it's you know you're right, you don't have to think that he left and he abandoned you and all he cared about was himself. It's not that black cloud that comes in the end of the fairytale movie. It was all real and he was passionate to his very last breath.

I think I stated it earlier, our children are our biggest investment and if you're going to do something like vaccinate your child that you really need to educate yourself. Look at the data, not just trust the doctors or at least come up with—there's bullet lists of information out there that you can ask your doctor.

Do they know what's in the vaccines? Make sure that your child wasn't sick. You need to educate yourself before you even think about vaccinating. And I would take that one step further and I would say don't vaccinate until we get to the place, if we ever get to that place, that vaccines are safe.

[End of transcript]





# Chapter 10:

*Interview with*  
**Dr. Rashid Buttar, D.O.**





**Ty:** So I'm really excited to be here in Houston, Texas, today. Beautiful, sunny day, with Dr. Rashid Buttar. Thanks for joining us, doc.

**Dr. Buttar:** Absolutely.

**Ty:** A pleasure as always. I think this is—I've interviewed you several times. This is probably the most pristine location that we've interviewed thus far.

**Dr. Buttar:** Pretty appropriate for detoxification.

**Ty:** It is, because we want our insides to be pristine, don't we?

**Dr. Buttar:** Exactly.

**Ty:** And they're not, right?

**Dr. Buttar:** They're not.

**Ty:** So let's talk about detoxification. To begin with, you're an expert at detox, and your whole medical protocol for treating death and diseases is revolving around detoxification. So let's kind of go through your different—you have different toxicities that you've written books on, that we're all toxic with. So let's talk about those to begin with and then we'll get into how to remedy it.

**Dr. Buttar:** Okay. Well in a nutshell, Ty, my philosophy's always been that the key to dealing with all disease processes is to eliminate those things that aren't supposed to be inside our body. So the key to all disease processes is detoxification. Unfortunately, the word detoxification, it's a cheap word.

It's kind of like "love." Everybody uses it, but people don't understand. If people really understood what love was, we wouldn't have such a high divorce rate in our country, right? So what exactly do we mean by detoxification? Well, when I'm talking about detoxification, I'm talking about the elimination of things that shouldn't be in the system that prevent us from achieving what they refer to in quantum physics as zero point.

Zero point is the maximum output with the minimum expenditure. If you have, like a car for example, it would be the highest rate of speed, the longest distance traveled with virtually no gasoline at all, or no energy source at all. If we can achieve zero point, that essentially means that we are at the maximum efficiency with zero expenditure of energy.

And I believe that if we can achieve zero point and get close to zero point, what happens is the cells inside our body have no other choice but to resonate at a frequency that eliminates everything that shouldn't be in there. So what are the toxicities? In my book, I explain *The Nine Steps to Keep the Doctor Away*, your favorite book, the one that you read for bedtime stories, right?

**Ty:** Well, I actually did write a recommendation for it.

**Dr. Buttar:** You did. In that book, actually, I talk about the 7 Toxicities. And those seven toxicities is my firm opinion, and I believe that we've proven it now, you've seen many of the patients yourself. But regardless of the disease process, regardless of the condition, if you can effectively remove those toxicities—the key operative word here is effective.

If you can effectively remove those toxicities, by definition, chronic disease cannot exist. So cancer, heart disease, it doesn't matter. Stroke, Alzheimer's, whatever the case is. If you can effectively remove things in the system that should not be present (I've got them broken down into these seven categories) then by definition the chronic disease cannot exist.

**Ty:** So what you're talking about when you say detox, right, we have to define the word, you're specifically talking about eliminating these seven toxicities that you've written about in your book?

**Dr. Buttar:** Exactly.

**Ty:** So what are the 7 Toxicities, and then how do we get rid of them?

**Dr. Buttar:** Well, the 7 toxicities, I've got them broken down into these seven main categories. It started out actually as three categories and then eventually became seven as I was able to start to see subtle differences. I had certain things categorized. So we'll go through them.

The first toxicity is heavy metals. Now, by the way, the order in which I'm talking about these is not correlating with the significance of them, meaning one is not more important than the other one. If any of them were to be put aside and said "This is more significant than one of the other ones," then I would have to say that it's the fifth one, and I'll come to that fifth one.

But the order in which they're numbered, one through seven, is how I discovered them basically. The first one is heavy metals. So when we talk about heavy metals, we're not only just talking about the lead, and the mercury, the arsenic, and the tin, antimony, those things that we know, but we're also talking about certain minerals that are imbalanced.

For example, iron or selenium or copper, if they're too high they can actually act as an oxidative stressor as well. By the way, the common mechanism of action for all these seven toxicities is the same, which is oxidative stress. And so all disease process, the mechanism that causes disease processes, is an acceleration of that oxidative stress, and as you know...

**Ty:** What is that?

**Dr. Buttar:** Oxidative stress is the rusting process. When you cut an apple and you see it turn brown, or you see a banana turn brown, that's actually oxidative stress, and it's like hurting our bodies all the time. When you exercise, you actually increase oxidative stress.

But those couch potatoes that say "Hey, that's why I don't exercise." It doesn't work that way. You want to increase that—your body, the more efficiently it's working, you may experience an increase in oxidative stress, but it's—the detoxification is to remove the substances that accelerate the oxidative stress beyond a normal range.

So yes, if you exercise to an extreme it can cause detrimental harm. You've heard of the marathon runners and athletes that will drop because they push themselves too hard. Oxidative stress is a natural process of life. Everybody's experiencing it. What we want to do is we want to reduce the oxidative stress, the rate of that oxidative stress.

So the first one is heavy metals, and as I've said, the heavy metals, the bad ones we all traditionally know, mercury, lead and those. But also the ones that are minerals that are important for life but in too high of a level they can cause an increase in oxidative stress. The second one is what I call POP, persistent organic pollutants. Those are the chemicals, the insecticides, the pesticides, the fluorinated hydrocarbons, the tallenes, the benzenes, the organophosphates, etcetera. So anything that is in the body that shouldn't be there

that's a chemical base, that's synthetic...

**Ty:** Which is a lot of stuff nowadays, isn't it?

**Dr. Buttar:** It is. It's in pretty much everything.

**Ty:** I mean it pretty much has a big umbrella.

**Dr. Buttar:** Exactly. So actually, like the chemicals in the plastics that act as xenoestrogens, it's pretty much in every aspect of life. One of the slides that I have in my cancer presentation that I did about 10 years ago, one of my cancer presentations had a slide about the introduction to some of these chemicals.

And there's over 100,000 new chemicals being introduced into the global economy every year, but there's millions that are being introduced that just never see the light of day, most of them experimental. But about 100,000 every year that get introduced into the global economy.

And the consequences of those—of the biological burden that this is creating, we really don't know because time hasn't shown. For example, DDT or dioxide, some of these things, they were used for 50 years before we realized how toxic they were and they were banned.

So we don't really know what the biological impact of some of these substances are. Now it's important to remember that not all synthetic things are bad. For example, DMPS, or EDT, ethylenediaminetetraacetic acid, or dimercapto propanesulfonic, they're mouthfuls, but they're chelators.

They're synthetic amino acids that are put together. They're not persistent organic pollutants, they are synthetic. But again, just because something is synthesized doesn't make it bad. It's the chemical aspect of how it affects our body. For example, benzene is highly, highly carcinogenic.

So just as a side note, when I met with the Centers for Disease Control, the second time I met with them in 2006, I was going through one of their manuals and I was with—I won't say who the person was, but it was a very high-level individual in the CDC, a MD/PhD, great guy.

Just to give you an idea, what was supposed to be a half-hour meeting ended up being a six-hour meeting. And when I left, we actually hugged because he was so appreciative that there were actually other people out there. He had no idea that there were people out there that were actually addressing some of these things.

So there are people at the CDC and the government that are actually well-versed and know the truth, and really want to do something if they have the right motivation. Not everybody's like that, but there are people out there. Just in case that people think "Oh, everybody's against us." Well, there are good people out there.

And during our conversation, I asked him, I said "What's your most significant—" I'm flipping through this catalog. It's a directory of all these different toxic materials. And so I expected him to tell me it was going to be one of the fluorinated hydrocarbons.

That's the biggest concern for the CDC from a level of toxicity aspect. And he said (this is why I can't say his name) "If you bring this up in public, I will deny it." He thought it was like a trick question. I'm looking at him and thinking "Well, what's the big deal?" His number one concern, it's not persistent organic pollutants, it's metal-related. Mercury is the number one concern.

*Ty:* Wow!

*Dr. Buttar:* Number one. So anyway, that was a side step. First toxicity, number one, is heavy metals. Second was persistent organic pollutants. By the way, the reason they're referred to as persistent organic pollutants is because they're persistent in the body. The body can't clear them.

So they have a tendency to stick in the body. Fat holds onto them. So that's one reason being obese is not good, because the chemicals get stored inside the fat. So we refer to them as persistent organic pollutants because of the fact that the body can't eliminate them, and that's one of the reasons that we do specific types of treatments. To help to break those persistent organic pollutants into smaller sub-components that are no longer persistent, so the body can eliminate them.

*Ty:* Okay.

*Dr. Buttar:* Then the third toxicity is what I call the opportunistics. The opportunistics are the bacteria, the viruses, the spirochetes, the microplasma, the yeast, the parasites. I call them opportunistic because they don't affect everybody. What do I mean by that?

The person has to be susceptible to these substances, to these organisms, in order for them to actually manifest a problem. So if a person's immune system's intact and they're healthy, then these opportunistics aren't really going to have that much of an effect. But some people are susceptible to them. Why are they susceptible? Because of the first and second toxicity; the heavy metals and the persistent organic pollutants suppress their immune system, thus rendering them more susceptible to the opportunistics.

Now these first three are pretty tangible. They're measurable, right? The next four are somewhat more esoteric. So the fourth toxicity is the energetics: electromagnetic radiation, and in cellphone radiation, microwaves. In fact, when we've done some energetic testing in cancer patients, the number one energetic toxicity that they have is microwave.

That's one reason I don't have a microwave in my house, I don't have a microwave in my clinic, we don't even have it even wired, we yanked it out. If you think about driving in a car, sometimes if you're listening to the radio and somebody's about to call you, have you experienced when the cellphone, before it rings, you'll hear the distortion in the radio?

Well that is a form of electromagnetic radiation that you're experiencing. So you know that if it's causing enough of a disruption in the radio signal, it is having an effect on your system. It's all about cell resonance. What things actually are promoting cell resonance and what things are actually causing a detrimental effect as far as cell resonance is concerned?

*Ty:* And that's kind of, you said, esoteric because you can't see it, right?

*Dr. Buttar:* You can't see it. You can't measure it. Right, exactly.

*Ty:* And then whereas the first three, you can measure, you can see—

*Dr. Buttar:* Right. You can measure them to a certain extent. Even though modern medicine may not recognize heavy metals, and when doctors do the testing on a non-excreter who's not going to show them, they don't see them so they say "Oh, it's not there." But yes, you can measure it because with serial testing you can see the increase in metals, especially when you start treating the person.

So you're absolutely right. That's why I refer to the first three as tangible and the last four are somewhat more esoteric because it's more difficult to measure them. You can get the Geiger counters and different types of things, but yes, they're more difficult.

**Ty:** You can also see the pictures of the brain after people have talked on cellphones, the inflammation of the brain and so forth, right?

**Dr. Buttar:** Exactly. So those are the SPECT scans and many of those things. Exactly. Alright. So now we're on the fifth toxicity. Now you remember when we first started talking about the seven toxicities, I said if there was one that was more significant than any other one, it would be the fifth one?

So it's not in the order, 1, 2, 3, 4, it does not delineate the emphasis on which one is more significant than the other one. They're all significant. For example, if somebody has number one and doesn't have any of the other ones, then for them number one's the most significant.

But if I did have to categorize any one being more significant that probably impacts the whole world's population, it would be number five. The fifth toxicity is the emotional/psychological aspect. Now why is the emotional toxicity, the psychological aspect, the emotional component so significant?

Why do I consider that, if any of them out of these seven toxicities, why do I consider that the most significant if any one's going to be placed more significant? It's because we as a species, as humans, we're all carrying baggage. We're not only carrying baggage that's conscious in our own minds, things that we've experienced that traumatize, but there are certain things that are repressed: from childhood, from even maybe before childhood, some people say from in utero.

But then there's also the energetic aspect from an emotional standpoint of what happens when we talk about miasms, and that might be a little foreign to some people. You know what a miasm is, I know. But for maybe—should I explain some of that?

**Ty:** Yeah, sure.

**Dr. Buttar:** So for the listener, think of a miasm as a genetic memory. And so the emotional aspect that's been carried from your mother and your father and your grandparents, transcends generations in your DNA and has a memory associated with it. The emotional aspect is so crucial that it affects, I believe, every human being on this planet, even though they may not be conscious of it.

So you've got the conscious mind, the subconscious mind. The conscious mind processes 2,000 bits of information per second. So think of it in relation of dollars, \$2,000 worth of information per second. The conscious mind, the one you can control. The subconscious mind controls 400 million data bits per second, or \$400 million worth. So which one do you think's going to win? Two million or 400 million?

**Ty:** Wow, that's a big difference, isn't it?

**Dr. Buttar:** Big difference.

**Ty:** Yeah, people don't understand the subconscious, do they?

**Dr. Buttar:** Exactly.

**Ty:** You hear about people that have been diagnosed with a terminal diagnosis for some disease, and then they end up dying. It shows that maybe in their subconscious, it was implanted a death sentence, right?

**Dr. Buttar:** You're absolutely right. It's what they believe. It comes down to what they believe. You're exactly right. So why is it—if you remember from the—when we did *The Truth About Cancer*, you interviewed some of my patients and you've seen the oncological nurse who had cancer that had spread from her breasts to her brain, her scalp, her spine, her lungs, her liver, her spleen.

And she had stage IV. She was in multi-organ system failure. They gave her three months to live. And she lived 11 years, right? And then you have, conversely, somebody that doesn't have multi-organ system failure, doesn't have metastasis, simple stage IIB cancer, and then it ended up developing into stage IV and dies.

Why is it that a minor cancer like that takes a person's life, and something that's really, really lethal doesn't? It's because of that thing: what they believe. It's that emotional toxicity they have. It's that fifth toxicity that is affecting. That's exactly right.

I believe that the 2,000 bits per second of data that our conscious mind's processing versus the 400 million bits of information that the subconscious is processing. The subconscious, by definition, controls everything and is dealing with a lot of baggage that we may not even be aware of.

Consciously you may not be aware of it. It may be a memory, a repressed memory. Sometimes people use regressional hypnosis to try to bring it up. Regardless of what that is, it's that emotional toxicity that is, if you're going to place any more emphasis on any one toxicity than any other ones, it is this fifth one, the emotional/psychological one, that I believe. In fact, in cancer, anybody who's addressing cancer, since we like talking about cancer I'm going to bring it up. In my opinion, if you're not addressing the emotional aspect of cancer, because cancer, it's an emotional disease. Its emotional aspect is the most paramount, and then of course they have a heavy metal and persistent organic pollutant.

It's actually toxicity and a malnourishment combined. But that emotional aspect, if it's not adequately addressed, by definition, that person's not going to make it. It's as simple as that.

**Ty:** Dr. Buttar, if somebody is emotionally toxic, let's say they have these toxicities, you're talking about potentially anger, resentment, some kind of a hurt that they're harboring—going to the remedy here, it's how do we get rid of an emotional toxicity?

It seems like it would be easier to get rid of something that's tangible, like you can chelate heavy metals out of your body. How do you chelate emotions?

**Dr. Buttar:** You know, that's the million-dollar question, Ty. And there are ways to do it, and we've been experimenting for probably the last 15 years. There are a couple techniques that we have, and they have worked very well. You can—I'm actually in the process of getting the newest one—I'm studying the newest one, from one of my mentors.

And I'm not comfortable enough yet to say it in public, what it is, but we believe that that emotional aspect has been the key factor in taking a stage IV cancer patient and allowing them to live.

Because they all go through the same treatment. We can chemically get rid of all the chemicals and the metals, and all that stuff. I can change the biochemistry of the body.

That's not a problem, using AARSOTA [Dr. Buttar's protocol system, which is an acronym for Autogenous Antigen Receptor Specific Oncogenic Target Acquisition] and all this stuff. We can do all that. We can get the immune system entrenched, repaired, all those things. What we haven't been able to do consistently was that emotional aspect, and I think we're getting very close to that. So to answer your question, for example, the different types of emotional toxicities that—a tool that could be used. One of the things that I tell patients on my first visit, before I've ever taken them on as a patient, in the event that I may not see them, I tell them to make a list of every single person that they feel has ever wronged them. This could even include the little kid that stole your milk money when you were in grade school or whatever, right, in kindergarten. It doesn't matter. Even if the person's dead, it doesn't matter. Put them down on that list, and then systematically forgive them, and I mean really forgive them, not forgive them and, oh, you've still got the crunch.

No, I mean like really forgive them. Let it go. Not because they deserve your forgiveness, but because you as a person, who renders that, harbors that negative energy, deserves to not carry that burden. So forgiveness is a very, very key component.

All the cancer patients that come to us, we have them make that list. We tell them to systematically eliminate. And when people say "I've already done that," I already know that they haven't done it. Why? Because when you really have done it effectively, you realize that that's an ongoing process for the rest of your life.

They've actually done studies where they've gone to people and asked them "Who do you feel has wronged you?" And then they'll make a list of those people that the person feels have wronged them. Then they'll go find those people and they'll interview those people, and 80 percent, right around 80 percent of the people that they interviewed that were listed down as having done something wrong didn't even realize they had somebody that created resentment.

In other words, they were walking around—this person's been walking around all their life thinking so and so—like I would be walking around thinking that you owed me an apology. But when they poll you and the other people that I feel have wronged me, 80 percent of them didn't even know that they'd done something to deserve an apology, that they owed somebody an apology.

So that's—we're walking around with all this baggage, and we don't even realize that the person that we feel has wronged us doesn't even realize that they've wronged us. So we're harboring all this negative, and that's where the emotional toxicity, that's one of the many things, right?

And it starts to form an abscess, and it festers and it rots, and it grows. So when we talk about cancer, that's what cancer is. Cancer is festering and it's growing inside us, it's rotting inside us. It's the same component. Energetically speaking, it's very similar.

Cancer and that fifth toxicity, the emotional, is almost analogous. And of course, there's many other things that can be done, but the point is, that has to be, in all toxicities, for all disease process, it has to be addressed. But in cancer, it's paramount.

That's the fifth toxicity. Then the sixth one is food. Food, it's not what we're eating that I'm talking about, because what's contained in the foods would actually be categorized in category one: metals, toxicity number one: metals, or toxicity number two: the persistent organic pollutants.

What I'm talking about in the sixth toxicity, when I talk about foods, is what's being done to



the food. The homogenization, the pasteurization, the irradiation, the genetic modification, all the things that we do to food to transfer the food, so it's not even a food source now. It's amazing that the body can even register it as food.

**Ty:** It's not.

**Dr. Buttar:** It's not. Exactly. And then the seventh toxicity used to be part of the fifth toxicity, and that's the spiritual toxicity. There was emotional, psychological, spiritual. So the emotional and psychological is now separate from the spiritual.

And in a nutshell, spiritual toxicity, there are more people that have died in the name of God than all disease processes and all wars put together. Right?

Now I don't know about you, but my God's a god of love, and it's all the same God. Your God's a god of love and forgiveness. The same God that all monotheistic religions believe in. And yet, Jews and Muslims and Christians will kill each other because they believe their opinion is more important.

That's where that spiritual toxicity comes in. The reason I separated them is because I saw a lot of people with emotional toxicity but not spiritual toxicity. And on the other hand, I saw people with spiritual toxicity but didn't have an emotional toxicity. So the spiritual toxicity, here's how you know how somebody has spiritual toxicity.

When they believe that their viewpoint on religion is so important that they feel the need to convert you to their belief system. I mean you and I have been friends for years. We both have two different faiths. You've never tried to convince me of your faith, and I've never tried to convince you of my faith.

But I know what a devout Christian you are, and you know what a devout Muslim I am. Yet, we're very, very close friends. That shows that we don't have a spiritual toxicity.

But on the counter point, if somebody were to feel that they had to convince you to convert to their faith, or you felt that you had to convert them to your faith, and it became the most paramount thing, you have a spiritual toxicity because you are not—you don't have the faith inside yourself to accept others for their belief system. You feel the need to project your own belief system onto somebody else. And that's where the seventh toxicity comes in.

**Ty:** Okay. So thank you. Great summation of the toxicities. Now let's get into the way that we would detox the toxins, right? And a couple things you said, first of all you mentioned somebody being a non-excreter. So let's talk about that, because I know that can go into toxicity number one, with heavy metals.

Let's talk about what a non-excreter is, and then get into—even if you want to get personal, I know that you've dealt with heavy metal toxicity on a personal level. If we could share the story about Avi, if you'd like to. But let's get into the ways that you can get rid of all these toxicities.

**Dr. Buttar:** So Ty, the question that you've asked is a loaded question. Because there's so many different ways of skinning a cat, as you know. Now a lot of people have agendas, and they'll have their own methods of detoxification, and they'll have buy this tea or buy this powder.

Some of these toxicities, it's a powder or pill, it's not going to work. Why? Because the body's genetic predisposition is going to vary from individual to individual. You've got biological individuality and genetic predispositions that are unique to individuals based on their DNA.

So where you might be able to eliminate on your own and you don't need any help to get rid of mercury, I may have a very massive problem to get rid of mercury. Whether I do or not, it doesn't really matter. In my case, because I do IV drips to get it out anyway. But you follow my point?

**Ty:** Yeah.

**Dr. Buttar:** Sometimes a relatively easy tool may work for one person but won't work for other people. Now mercury is ubiquitous. It's really difficult to get mercury out of the body anyway. But the ultimate engineer, the creator designed our systems to eliminate it for most of us.

But some of us have a genetic predisposition where detoxification pathways aren't quite as effective. It's a polymorphism, essentially. Just like one person may be more susceptible to getting sunburn because they have lighter color of skin, and another person doesn't.

Or one person may be taller or shorter, or whatever the case may be. So some people have those pathways that may be not optimized. Let's put it that way. So you've got the Methylene tetrahydrofolate reductase [MTHFR] enzyme deficiencies, for example, or a methylation issue, or a superoxide dismutase issue, or a glutathione S-transferase issue, or some of these other enzymatic pathways that have been disrupted.

For those people, then you have to get into the intravenous or some other form of chelator. Oil doesn't seem to work that well because it just doesn't really work because the body doesn't absorb them orally. You know about the transdermals. We use a lot of the transdermals and the intravenous processes. So that's what I use with the metals. Taking a powder or pill just doesn't seem to work.

**Ty:** You need an intravenous substance that binds to the heavy metals to get them out?

**Dr. Buttar:** That's correct.

**Ty:** And one of the things that you've said in the past is that when you look at something like autism, what you believe autism is, and correct me if I'm wrong, is that some people have more ability to excrete the mercury and the other things that can potentially cause autism, whereas some don't.

**Dr. Buttar:** Correct.

**Ty:** And you mentioned having a conversation with the CDC. Well the CDC, a couple years ago, they admitted that they knew 10-15 years ago that the—was it the MMR or DPT?

**Dr. Buttar:** MMR.

**Ty:** MMR was causing autism in young black boys to the tune of four times that it was in white children. Well they never mentioned it. So would that be a situation where potentially there's something genetic, where the black male children don't have the ability to excrete the mercury as well as the other children?

**Dr. Buttar:** Well, that could be a supposition you could start off with. That's actually not the reason. It's because they are lower socioeconomic group, so they were inundated with more vaccines, so their burden was greater. And in males compared to females, females have estrogen that protects them.

Males do not. Males are statistically prone to have autism four times as more than girls. So out of every—there will be four boys for every one girl, basically. That's an issue, and I think the reason they saw it in the black population more, this was an inner-city population, they were dealing in Atlanta.

And I think it's because the lower the socioeconomic group, the more inundation that they get with the vaccines. And so I think that's part of it. But yes, you're correct. There could be a genetic predisposition greater in a certain sub-population, absolutely. That's possible. I don't think they looked at that though, in that particular aspect, but you're absolutely right.

**Ty:** But isn't it odd though that they admitted that—the internal memos showed that they knew it was causing autism?

**Dr. Buttar:** Well they didn't admit it, but yes, you're right. They knew because the researchers that were behind all the vaccine stuff brought it up and showed them that there was a problem here, and knowing it, they went forward. So they didn't come out and admit it.

It was discovered that they were basically preventing information from being made aware to the general public. You're actually right. But you go all the way back to Simpsonwood, when they had all the six pharmaceutical companies, I believe it was, they got together. And the Institute of Medicine was there, and the president of the Institute of Medicine had just had his grandson or granddaughter born.

And they were talking to the epidemiologist, and basically they were talking about the incidence of thimerosal, incidence of autism in children that had been exposed to thimerosal in vaccines. And the epidemiologist said that there is not only a correlation but there is a high statistical correlation between autism and the use of thimerosal, and the Institute of Medicine said "Go back and reanalyze the data."

And the epidemiologist said "It doesn't matter how you manipulate this data, it's so significant, no matter what you do it's going to show up." And the president of the Institute of Medicine, at that time, made the comment, and this is part of the transcripts that have been discovered, part of the transcripts said he made the comment, he said "Well, my grandson (or my granddaughter, I can't remember what it was) is not going to get this."

It was just born. The child was just born. He said "My grandchild is not going to get this. However, we cannot let the general public know this information." Why? Because they knew it would cause mass chaos. I mean if there was going to be a motivation for the next civil war, that would be it.

**Ty:** Yeah. You're messing with our kids.

**Dr. Buttar:** That's right. That's exactly right.

**Ty:** Yeah.

**Dr. Buttar:** So the point that you're bringing up about the non-excreter phenomena, yes, it's a very important and crucial component. We just have to know that if a child has autism or a person that's in their 50s or 60s or 70s starts to have adult onset dementia, those people by definition we know can't excrete mercury.

Doesn't mean about the other metals or the persistent organic pollutants. There are certain pathways that may be more important for mercury elimination and not for lead, for example.

But if a person has Alzheimer's, a person has autism, you know those two sub-populations, by definition, come hell or high water, it doesn't matter how you want to spin the cat, no matter what happens, they have an inability to excrete mercury. That's it.

**Ty:** But isn't mercury supposed to be good for us?

**Dr. Buttar:** I don't know...

**Ty:** I've heard pundits on TV saying mercury's good for you.

**Dr. Buttar:** Then you know what? Tell them to take it.

**Ty:** Yeah.

**Dr. Buttar:** Tell them to take it in public forum. It's like that guy, remember? With the Monsanto, the Monsanto researcher that was talking about how—I can't remember what it was...

**Ty:** Oh yeah, he was saying glyphosate.

**Dr. Buttar:** Oh yeah, glyphosate.

**Ty:** Won't harm you if you drink your coffee.

**Dr. Buttar:** Exactly. And the researcher said "Yeah, of course." And then the news interviewer pulled out the "You happen to have some here. Can you drink it?" He's like "Oh, sure. No, I'm not going to drink it. Do you think I'm stupid?"

**Ty:** Yeah, exactly.

**Dr. Buttar:** So they'll say that kind of stuff because words are cheap. It's like saying "Oh yeah, I love you. I love you." Jump into bed and have a good time, and then the next day, "I don't know who you are." That type of thing. Anybody can say anything.

So the point is that they may say it's good for you, but the second most toxic substance known to man, according to the Centers for Disease Control, and the Environmental Protection Agency, is mercury. So how can the second most toxic substance known to man on this entire planet be good for you?

**Ty:** Right. So we're talking about mercury, and we're on vaccines a little bit here. Let's go down the rabbit hole just for a moment here on vaccines. Because we're told that they're safe and effective. We're told that they're safe and effective. So let's look at those two components and give me your take on vaccines being safe and effective.

**Dr. Buttar:** They're not safe and they're not effective.

**Ty:** Thank you.

**Dr. Buttar:** Next question? Well I mean what can you say about it? It's like saying "Well, the sky is blue." And some people come up and say "No, it's not blue. It's green. It's pink." I don't care how you spin it, the truth is the truth. It's blue. You can describe it as azure.

You can say it's sky blue. It's still blue. You can't say it's green. So a lot of people will say "Oh, well that's a controversial subject, Dr. Buttar." There's no controversy about the truth.

You can doubt the truth and say “Oh, it’s not the truth,” or “It’s controversial.”

But it still remains the truth. Just by labeling it something else doesn’t change the truth. The bottom line is this. Humans are like the cockroaches of the planet. They say that in New Jersey if a nuclear bomb went off, there would be two things that’d survive: humans and cockroaches. Now my question is what’s the difference between us and cockroaches? It’s not much.

**Ty:** We’re just a little bigger.

**Dr. Buttar:** We’re just a little bigger. Right. And we’re more destructive. We go and we—everywhere we go, we ruin things. We ruin the environment. We ruin the foods that we eat. We ruin everything. We have affected the planet in a negative way. Now you start looking at vaccines.

Well, we have survived—let’s say we go by the traditional religious belief that man was made from Adam and Eve, man started from Adam and Eve. Okay, 10,000 years ago, 20,000 years ago, whatever. Or we look at the evolutionary basis that we’ve been evolving for hundreds of millions of years.

In either case, all the way up to 100 years ago, nobody used vaccines and we still survived. So now you tell me suddenly we’ve become so important that we need to survive, so we need to take vaccines?

**Ty:** But didn’t vaccines wipe out all of the infectious diseases?

**Dr. Buttar:** Oh, I’m not sure how to say “Hell no,” so I’m just going to say “Hell no, it didn’t.” It had nothing to do with wiping out these diseases.

What’s really interesting is when you start looking at the incidence of usage of certain chemicals, for example, I wasn’t alive at that time and neither were you, but back in the 40s they used to say—and 50s they used to say, “I’m—” What is it? “I’ve had my DDT, so I’m insect free,” or something like that.

**Ty:** I’ve seen that, a cartoon, and there was a newspaper at that time that said “DDT is good for me.”

**Dr. Buttar:** That’s right. “DDT is good for me.” That’s right. And “Flies won’t bother me because I’ve had my DDT.” So those slogans like that.

Remember back in the 50s and 60s—again, not remember, because you and I weren’t alive then. We were in the 60s but not in the 50s. But they used to say cigarettes, “A cigarette a day will keep the doctor away.”

**Ty:** Yeah, “A pack a day keeps lung cancer away.” I’ve seen that one too.

**Dr. Buttar:** Yeah, exactly. So these are strange things that they believed back then. So now we’re talking about vaccines are important and they’ve stamped out all these diseases. Well look at Polio. Polio is supposed to have been stamped out because of vaccines. That’s BS.

You look at on a graph of the use of DDT, and you look at the incidence of Polio, and they are exactly the same graph except that Polio followed DDT by about six months. So as DDT peaked, six months later Polio peaked. As DDT comes down, six months later, Polio comes down. DDT flatlines, Polio flatlines.

It follows a contour. It's like taking the same graph and just displacing it by six months. So many of these disease—and this is not—I know you already know this. You have to act like you don't know it right now because you're interviewing me, but you know this stuff. In fact, some of the stuff, like the Flexner Report, I didn't realize how important that Flexner Report is. And if you're going to do this thing—these documentaries, Ty, I'm saying this officially on camera, make sure you talk about the Flexner Report.

You bring that up in the beginning, because then people start to understand really where this all started. The misinformation over the last 100 years, the organized misinformation, the strategic misinformation that's been placed in very key spots so that people become—So people go down one specific route, and not just the people, the medical professionals. The doctors, the healthcare providers that have been appointed to take care of them, to safeguard their health, are also misinformed because the educational process for those doctors has been misaligned and manipulated and bastardized a hundred years earlier so that this information can just be streamlined.

It's effortless. It's going downhill and everybody believes it. So there's an adage that actually my partner from my lab had once said and I thought it's a beautiful quote. "He who controls the narrative dictates history."

So if you can control the things that are being put in the books, then you can control what people remember 100 years from now.

And people forget the use of homeopathy and the use of natural remedies that were used in the Civil War and before then. So there is an organized, highly, highly suspect agenda/motivation behind the educational process in medicine worldwide, and it all started from the U.S.

And this is exactly why our forefathers had specific things in the constitution to safeguard our future generations by having statements where Thomas Jefferson said "When a people allow a government to dictate the foods they put in their mouths and the medicines they take into their body, their souls will soon be in the same sorry state as those who live under tyranny."

Now that was said 250 years ago. How did they know that? I guess they had better crystal balls back then than we have now. But we are, as a society, becoming more and more corrupt inside our biological system, corrupting the perfect engineered machine that the Creator created because of what we are doing and how we're masquerading under the pretense that these things that we're doing, like vaccines, are actually stamping out diseases. It's the viral hunters. It's the bacterial hunters. It's just not true.

**Ty:** If you don't mind, I'd like you to tell the story of what happened to Avi because it's a very powerful story, your own son, with being able to—because people are going to be watching this that have already been vaccinated or they have a kid that's been vaccinated that's showing autistic symptoms or whatever. And share with the viewers what you personally did with your own son.

**Dr. Buttar:** Well, you know the whole story pretty intimately. In fact, I think you even wrote about it in one of the chapters in your book. It's kind of cool, because you met Avi when he was just little. He's 17 now. I mean you saw him a couple years back when he was competing for the World Championships.

**Ty:** Oh, he can kick my butt.

**Dr. Buttar:** He could kick both of our butts together with both of us attacking him. In fact, the day that you were in there, when you watched that tournament—I mean that practice, that's the day that his master brought in people that were three or four degrees higher, 5-10 years older than him, and they didn't know how young he was because he was preparing for the World Championships.

But bottom line, nutshell, he was vaccine injured. He lost his ability to speak. And we basically got the mercury out, and because of what happened with Avi, we've treated over 2,500 kids now in our clinic over the last 20 years. And worldwide, almost 40,000 children have been treated using our protocol now, through other doctors that have been using our protocol.

There's a short video that people can watch on our website called "The Avi Story," and maybe we'll get that link to you guys. But it's—as a parent, you having four children yourself, you know that anything could happen to you, it doesn't matter.

To your wife, it would bother you and you'd do whatever you could to defend her. But in the greater scheme of things, you and your wife have lived a good life. If I was taken right now, I've lived a great life.

But your child, that's a different story. You've got to protect them at every aspect, no matter what the price is.

And there are so many parents after getting their children vaccinated have—I mean the baggage that they're carrying now, the guilt that they have because they had somebody that may have warned them. Some of them haven't, but some of them did, and they did it, they go in and get vaccinated and then the child was damaged and now they're beside themselves.

I'll tell you a personal story. After what happened with Avi, I was pretty adamant, pretty vocal among my family. And my brother had his first child, and I told him not to get her vaccinated. They did, and she stopped developing. Her speech stopped and she went to no words. And they panicked. Luckily, she was so young at that time, I just told them to relax. I took care of it. Her language came back.

**Ty:** You got rid of the metals?

**Dr. Buttar:** I got rid of the metals. We treated her. And now, of course, the fallout from that is now, anybody in that family, my brother's family, they stump a toe, they get a sniffly nose, they won't do anything unless they talk to me first. No matter what any doctor says, they won't do anything until they talk to me.

So that's a backlash of when people find out. But the point that I'm making is that there are so many people that regret having done what they did, and many of them didn't know because they were told "Oh, well this is what you're supposed to do. The doctors told me to do it."

And so sometimes doctors, 4, 5, 6, 10 of them will get together and intimidate the person, and almost make you feel like as a parent that you're negligent of not doing what you are supposed to do, which is get vaccinated. So when Avi was born, actually, my ex-wife and I decided we weren't going to get him vaccinated.

And I remember the day he was born, I wasn't in the room, but when I walked in the room there were two doctors talking to my ex-wife about the importance of vaccinations because she'd told them we weren't going to do it. And while I was there, six more doctors came in. And one of them I worked with in the ER. So there was a total of eight doctors in there. And



I had to get vocal with them and tell them “What the hell is the problem here? You haven’t understood what I’ve said? I said no vaccinations. None at all.” And they were trying to make her—I guess they got through to her, because unbeknownst to me after, she was trying to do the right thing in her world.

I was her husband, and so “How can my husband be right and eight doctors be wrong?” So she went back and got him vaccinated, and that’s what ended up happening. Now conversely, Rohan, my youngest, Rohan never got any vaccines. And I went to the hospital and talked to the neonatologist and I talked to the OB/GYN who had delivered Avi too, who is a friend of mine.

I talked to the hospital administrator. And basically I told them all that “When this child is born, he’s not to get any vaccines. And if he gets vaccinated, I will sue you personally. I will sue the hospital. And then I will find where you live and I will break your legs.

And if you think that this is an empty threat, you just try me.” And when my wife went into labor, we got to the hospital, and I’m not kidding you, we come in through the ER, and right there on the board it said “Buttar baby,” big blue marker, “\*no vaccines.”

We go to labor and delivery. “Buttar baby, no vaccines.” It was everywhere. Because I made sure. This was like a month before he was due. I went and talked to everybody because I didn’t want the same thing to happen to Rohan that had happened to Avi.

And with the grace of the Creator, Avi’s—people say “Is he normal?” There’s nothing normal about him. He’s as normal as Superman is without his cape.

Academically, he’s in 8th grade. He was scoring higher than college entry seniors. Scored high on his SATs, in the 99th percentile for all college entry seniors, in 8th grade mathematics.

World-ranked martial artist, top five tennis players in North Carolina, captain of his basketball and tennis teams, and cross-country and soccer player, all conference. So these children, I’ll tell you this thing. The children that are most susceptible to vaccine injury, they seem to be the ones that are cognitively superior to their peer group.

In other words, why did we make this leap in our last 100 years from horse and carry to planes, or from sending through Pony Express to now emails? It took three weeks to get a message, now instantaneously on the other side of the world. It was a certain class of individuals that allowed us to make these leaps.

And I believe it’s that cognitive superiority, this vaccine injury component—again you may think I’m paranoid, but I believe that this component was orchestrated against the most cognitively superior group to prevent mankind from continuing to evolve the way they are.

**Ty:** Dr. Buttar, it reminds me of a personal story with Charlene and me, and then the kids. When Brianna was little, I didn’t know what I know today about health and vaccines, and so forth. And so we were beginning to be concerned about the safety of vaccines.

So at that point, Charlene took Brianna to a well visit, which is an oxymoron, a well visit where they poison the kid, but to our pediatrician and said we did not want to have her vaccinated. And the pediatrician told Charlene—she said he had veins on his neck he was so adamant, that “If you do not vaccinate, you are not welcome in this practice.” And so she got Brianna vaccinated because she didn’t want to lose her doctor. In retrospect...

**Dr. Buttar:** That would have been the best thing that could happen.

**Ty:** In retrospect, I'd have a few words for the guy now. But at that time, we didn't know. So we got her vaccinated, and Brianna showed signs of severe regression for a long time. She's fine now. We've done some things between then and now that I think have helped her.

And she is superior intellectually. Brianna's very brilliant. But for a while, we didn't know if she was going to be full-blown autistic or just show signs of autism, whatever. But we saw definite regression in her immediately after the vaccine.

**Dr. Buttar:** Same thing with my brother's daughter. Very, very intelligent. So I believe that someone somewhere along the line knew that mercury, the pathways to excrete mercury and the gene that defines raw cognitive ability was according to the same allyl.

And so if you can hit one, then you're going to hit both. So the pathway for the inability to detoxify and the allyl that defines raw cognitive ability, it's on the same thing. Again, this hasn't been proven. This is what I believe, because every kid that I've been able to reverse, and we've got over 2,400, almost 2,500 in my clinic alone, every one of these kids are superior intellectually. I mean compared to their siblings, compared to their peer group, way, way up there.

**Ty:** Dr. Buttar, we've already covered the emotional toxicity, how to get rid of it. The forgiveness aspect.

**Dr. Buttar:** That's just one.

**Ty:** Right. And we've talked about the chelation, different ways to get rid of heavy metals. So what about the other toxicities? How can we detox those pollutants in our bodies?

**Dr. Buttar:** Great question. So heavy metals, again, chelating with IV, the right chelators. A lot of doctors—chelating is a word, like transportation. There's many different ways of getting transportation, from tricycles to a Lear jet. So you've got to make sure you're doing the right type of chelating with the right agent.

So that's for the metals. The second one, persistent organic pollutants, one thing that a person can do is use infrared sauna. Very effective at getting rid of chemicals. We do ozone autohemotherapy, where we basically put in ozonated blood. The biological impact of ozone, for those that have ever watched the Mango videos that you and I did, they can get more information there.

But basically, oxidative stress is—ozone creates a high oxidative stress. But ozone also, in the German literature from the 1940s, was shown to actually break down the persistent organic pollutants into subunits so the body could now deliver, could now excrete them. And that's one of the major reasons that I use ozone in our clinics. So that's another way.

**Ty:** Talk about infrared. You mentioned infrared. So there's far infrared, near infrared, two spectrums of light.

**Dr. Buttar:** Correct.

**Ty:** How can that help to detoxify?

**Dr. Buttar:** It's a very, very specific frequency that resonates in a way, it only affects the superficial aspect of the body, the first two or three centimeters. Some people say it may go as deep

as two inches. But regardless, you're getting the body to—the infrared is affecting the system in a manner that helps you break down the persistent organic pollutants and you sweat these things out.

And the organ of detoxification, there's five, our AHEAD MAP (Advanced Health Evaluation and Assessment for Detoxification, Medical Assessment Program) that we've developed over the last 12 years—13 years actually now, is all based upon the organs of detoxification. So you've got the liver, the gut, the kidneys and the fourth one, which is skin. The skin is actually the largest detox organ. So infrared helps to utilize that largest organ of detoxification.

**Ty:** By sweating.

**Dr. Buttar:** By sweating, that's right. But if you use regular sauna, it's not as effective.

**Ty:** You need a far infrared or near infrared.

**Dr. Buttar:** Correct.

**Ty:** What about—you mentioned the liver, the gut, the kidneys. How do you detoxify those organs?

**Dr. Buttar:** AHEAD MAP, and that's the only way I can summarize, because that's another hour-long, but this is something that you and I've talked about a couple years ago. It's a fantastic way of eliminating and optimizing your organs of detoxification that the Creator ultimately designed within our own systems.

So like the liver's the oil factory of the body. The kidneys, the gut. If you get those three things, and then you get the skin and the systemic pH balanced, you are so far ahead of the game.

And we've got a whole entire program that's remote, that we can use. We've got patients from 85 countries using it right now. And of course, we can talk about that later, but that's something that I know that your listeners are going to have...

**Ty:** That would be something specific to the person.

**Dr. Buttar:** That's specific to the person. That's correct. Specific based upon subjective SF-36 patient outcome-based research model where they give us the information, or the patient gives that information to a computer, and the computer will designate when or where the greatest impact is, and gives you a numerical value in how all these different organs are working, and then gives you an idea of how close you are to zero point, as we've talked about.

**Ty:** Okay.

**Dr. Buttar:** And I think that you said that your listeners are going to be able to have access to that anyway, if that's something that you...

**Ty:** Yeah.

**Dr. Buttar:** Okay. So that's the second toxicity, the persistent organic pollutants. Now the third one, the third one's actually easy to deal with. So modern medicine has done pretty good with the antibacterials and antivirals and they've come up with some good things, the antibiotics, antifungals.

They're actually not bad when you consider what they're designed for. But the way we use them in modern medicine, we indiscriminately prescribe them to everybody. So what's the best way of dealing with that? Make sure that the first and second toxicities are eliminated so your immune system is high up there, and you don't have to worry about the third one. And if there is...

**Ty:** What is the third again?

**Dr. Buttar:** The third one is opportunistic. Bacteria, virus, spirochetes, mycoplasma, yeast, parasites. So the best thing is to not let your body become susceptible to them by keeping your first toxicity, the metals, down, and the second toxicity, persistent organic pollutants down, so your immune system stays up, which then naturally takes care of everything.

And then on top of that, making sure you wash your hands. That's the most effective way of preventing picking up stuff. And then if none of that has been effective, then doing certain things like herbals and silver, that works fantastic.

But 95 percent of the third toxicity can be eliminated just by optimizing the first and second toxicities and getting rid of them from your body. You won't have to worry about the third one. Fourth toxicity, abstinence's the best way. I don't—I'm the obnoxious person on the plane when somebody wants to...

**Ty:** What's the fourth again?

**Dr. Buttar:** Sorry, energetics is the fourth toxicity. So when my phone rings, I'm the obnoxious person on the plane that hits the speaker and everybody can hear my conversation, because I'm not going to put it at my head. There's no way.

Get rid of your microwave. Abstinence's the best way, the fourth toxicity. Fifth one, emotional toxicity. Forgive. Start off with forgiveness. Whatever issue is bothering you, let it go.

**Ty:** I have to do that every time I listen to a radio show.

**Dr. Buttar:** You're exactly right, exactly. Especially media, right? When you watch news, regular news, it's all pushing the negative, negative, negative. What we're talking about with emotional toxicity that's so crucial to remember is that anything that you resist will persist.

And I will tell people—I'm not even going to look at you, Ty. I'm going to look right at the camera when I say this. If you can eliminate this one toxicity, the emotional toxicity, here are the words that I believe you should live by. There's two sets. The first is "The Serenity Prayer" that I talk about in my book.

The Serenity Prayer is "God, please give me the ability to change the things that I can, the serenity to accept the things that I cannot, and the wisdom to know the difference." That's the first thing you need to remember. And say it out loud. And the second thing is remember that where attention goes, energy flows.

So, if something's bothering you, if you've got an IRS audit, or you've got a neighbor that's just a pain in the rear end, or you've got a lawsuit that's pending or something. By you thinking about it all the time, you are putting your attention and feeding that, which is going to come back to you.

What's the best thing to do? I'm not saying burying your head in the sand. What I'm saying

is start thinking about something that gives you pleasure. Your children, your family, a mentor that helped you, whatever's positive. Put your attention there. So people always talk about, for example, becoming debt-free.

Where is the focus at? Debt, right? Put your focus on making more money or getting more educated, not towards becoming debt-free, because your attention's on debt. So my point is, again, where you put your attention is where your energy's going to flow. Where attention goes, energy flows. That's how you get rid of that fifth toxicity. Sixth toxicity, foods. Very simple, abstinence. Same thing.

**Ty:** Don't eat them.

**Dr. Buttar:** Don't eat them—well not...

**Ty:** The GMOs that you're talking about.

**Dr. Buttar:** Irradiated food, homogenized foods, pasteurized food, genetically modified food, don't eat them.

Grow your own produce. Become sustainable. Very simple. It's an easy one, actually. By the way, here's one of the things, if you put a piece of food out there and six months later, or six years later, it looks the same, and the bugs won't even eat and the yeast won't even grow in it, then you know what it is, right?

**Ty:** If it hasn't deteriorated, it's not going to digest very well.

**Dr. Buttar:** Exactly. That's what we should make our housing stuff out of, Quarter Pounders with Cheese and Big Macs, because we know they'll never be destroyed.

**Ty:** Indestructible.

**Dr. Buttar:** Indestructible. And then the last one, the spiritual toxicity, that's also a relatively easy one. And that is that if you have faith, you have belief, truly have faith and belief in your tradition, in your history, in your religion, in your belief system, then you should embrace that and carry it forward without having the need to project your inadequacy and your own belief unto others.

Meaning that I believe that when a person feels and is compelled to talk to somebody else, and pushes them and pushes them, it's really their own inadequacy that they're feeding, that they're trying to alleviate. Because if somebody really has true faith, their faith is going to—they're going to pray for that person in their own belief way.

They're not going to feel the necessity to impose their belief on that other person. And so this is just a cursory component off of each one of these seven toxicities, but hopefully it will give people enough to start on. And if they want more information, then we have a whole video series that's free online, on the 7 toxicities.

**Ty:** Yeah, and it's awesome, too. I've got it at the house.

**Dr. Buttar:** Thanks.

**Ty:** You gave it to me years and years ago.

**Dr. Buttar:** I did, yeah.

**Ty:** Yeah, like maybe eight years ago. But thank you for the interview, Dr. Buttar.

**Dr. Buttar:** Absolutely.

**Ty:** Very educational, and it's going to help a lot of people that are watching. So I appreciate it, brother.

[End of transcript]



# Chapter 11:



*Interview with*  
**Dr. Shawn Centers, D.O.**





**Ty:** Dr. Shawn Centers, thank you for joining me today. I appreciate you taking the time for an interview. I'm going to read a little bit of your bio here. You're the Medical Director at The Osteopathic Center for Children. You're a pediatrician, specializing in integrative medicine and osteopathic pediatrics.

Let's see. You are the founding president of the American Academy of Pediatric Osteopathy. You've also been named one of the top pediatricians in San Diego County, California by the International Association of Pediatricians.

You're a distinguished fellow of the American Pediatrics Council. I could keep reading. You've got quite an impressive bio. Again, thank you for taking the time to join us today. I want to get your perspective, as a pediatrician. And you also provide the CME for Autis-mOne, there's one in Chicago. You are the CME Director, is that correct?

**Dr. Centers:** I am.

**Ty:** Okay. I want to get your perspective, as a pediatrician, on vaccines. This interview will be part of what we call "The Truth About Vaccines." I would like to know, let me ask you a very, very general question, what's the truth about vaccines?

**Dr. Centers:** Well, I think you have to make the differentiation between vaccination and immunization. Vaccination is a procedure in which we put foreign particles into the body and expect the immune system to create an immunity against those foreign particles. But the question is, are we doing that at an age and at a time where the body can actually do that?

A number of studies show that children younger than 12 months, the immune system has a really difficult time dealing with those possibilities. The second thing is that when you put multiple components into the body there's no scientific research or evidence that shows what these vaccines do together, the polypharmacy as it's called.

So there are concerns. In my practice, I strongly believe the parents have a right to choose. There's no question that there are different opinions or different sides on the vaccine issue. In fact, in my opinion, we don't really know what the truth is.

We don't know absolutely that these vaccines are safe. However, we do know some of the vaccines are not as effective as they used to be. Then we have to weigh those choices. There's no question that it seems in times past these vaccines, these medical interventions, have helped to possibly decrease the amount of infection, it likely may have saved lives.

But we are dealing with the 21st century, 2016, and the question is, do the risks outweigh the benefits, and vice versa? For some children there is a great risk and a real problem. The real issue is that we don't know which children those are. And because we don't know, we are exposing those most vulnerable, most at-risk children to these immunological agents.

**Ty:** In other words, Dr. Centers, it's almost as if, to a certain extent, that vaccines are an experiment on the children, because we don't know what they're going to do.

**Dr. Centers:** Well, the problem is that there's so many of them. If you're talking about the vaccines from 20 years ago, we have data. But if you're talking about the most recent ones there's not long-term data as to what the outcomes are. We know that in the past there have been problems. This is not something that the people who are so pro-vaccine or advocate for vaccines are not unaware of.

Take something like the polio virus. The oral polio has had a number of issues. When I was a resident back in the late 1990s, we still gave an oral polio vaccine, which is you took a little liquid and you swallowed it. But because that was a live virus every year there were hundreds of children who were actually getting polio.

**Ty:** From the oral vaccine?

**Dr. Centers:** From the oral vaccine. So around '99-2000, they made the decision, because of this, to stop giving the oral polio. They now have it in inactivated form, which obviously is safer. But then there's also a question of even whether this vaccine is effective.

There are three types of wild polio 1, 2 and 3. Type 1 and 3 was highly protective with the oral polio vaccine. But type 2, with the inactivated polio, which is what we use now, it's not very effective. So you have hundreds of thousands of millions of parents who think that their child is protected from polio because they have this inactivated polio vaccine but in fact that may not be the case.

There is a potential for a widespread polio infection because they've changed the vaccine itself. The polio vaccine also had another problem. That problem was that they made the polio vaccine from passing the virus back and forth between monkey kidney cells. They used the kidney cells like a filter. There was a concept in medicine back in the 40s and 50s that if you have a virus that affects, for example, an animal, it can't affect a human. That was the prevailing concept or theory. What they did not know is that this really isn't true. I'm sure that you are probably aware of the problems that that created, right?

There is a virus called Simian virus 40, SV40. They have found that virus in the center of many types of cancer. That would include breast cancer, that would include a number of different types of cancer. That SV40—simian, it means monkey—that SV40 came from these monkey kidney cells that they were passing this virus through to make the vaccine. Millions of people were exposed to this virus that they didn't even know would affect humans. Many years later, they find it in the tissue of people with cancer.

**Ty:** There's an example of a vaccine that was not only not safe and effective but it actually was extremely damaging to the recipients, potentially causing cancer.

**Dr. Centers:** Potentially causing cancer. That's the prevailing thought. The polio vaccine has had a number of problems, and it's, I would say, one of the safer vaccines. In the very beginning there was a pharmaceutical company actually centered in California, near San Diego, who actually sent out large doses, I think about 100,000 doses of the Sabin vaccine, which had a live virus. It wasn't attenuated, it wasn't weakened. There were something like 50-60,000 kids that got polio because they were given the vaccine.

**Ty:** They were given the vaccine without a weakened virus?

**Dr. Centers:** Yes. This was back in the 50s. What happened with that is that initially, the company denied any problem even though they knew that there was a problem. The American Academy of Pediatrics, even though they knew that there was a big problem with this vaccine they did not pursue it until eventually there was such a massive outbreak of polio that they had to admit that this was indeed a problem and they stopped the company from producing it.

This same company, I'm blanking out on the name of the company at this moment, but this same company 25 years later, did the exact same thing with blood products that they were producing for hemophiliac children.

**Ty:** It was Bayer. It was Factor VIII, wasn't it?

**Dr. Centers:** Bayer owns that company, but that's not the name of the company. It's like—

**Ty:** Because you're talking about Factor VIII which is a hemophiliac product that was contaminated with HIV, correct?

**Dr. Centers:** Right.

**Ty:** Got it.

**Dr. Centers:** Back in the 80s, the same company that did this thing back in the 50s did the exact same thing. They had a blood product that was given to hemophiliacs, Factor VIII, and it was contaminated with HIV. People started saying, "Hey, something's going on here. My patients are developing HIV." Again, they were ignored. Eventually it was proven that, in fact, it was contaminated. So what did the pharmaceutical company do?

**Ty:** They should have destroyed it, destroyed the batches.

**Dr. Centers:** Absolutely not. They sold it to Africa. Now you have this introduction of hundreds of thousands of doses of this product into Africa, and they knew—and Asia, it was also in Asia. They knew, absolutely, that it was contaminated and they gave these children and adult hemophiliacs HIV. That's unconscionable.

**Ty:** It is unconscionable. How can you even begin to explain the reasoning that would go behind a decision like that?

**Dr. Centers:** Yeah, it's finances.

**Ty:** It's about money, isn't it?

**Dr. Centers:** It's finances.

**Ty:** They didn't want to lose the money on the hundreds of thousands of doses so they shipped it somewhere else where they didn't know.

**Dr. Centers:** And were not regulated by the U.S. federal government.

**Ty:** Wow! Dr. Centers, you mentioned the outbreak of polio, that it was directly related to the vaccine. Are you familiar with other outbreaks that have been caused by vaccines?

**Dr. Centers:** I think that it's a complicated issue because we don't have access to all the data. The pharmaceutical companies and the Centers for Disease Control and the federal government keep that data very closely within their system.

So, even the VAERS database, which is for reactions or complaints that happen as a result of vaccinations, they're not open to us. Yes, sure, there are thoughts that this is happening but we don't have pure data.

**Ty:** Got it. As a pediatrician, I'm sure that you have seen vaccine-damaged children?

**Dr. Centers:** I'm an integrative pediatrician and osteopath and we see many, many vaccine-injured chil-

dren. Because the question is another question that mainstream medicine hasn't really addressed and that is what do you do with these children who are vaccine-injured? What treatments are available? Well, there is no treatments available from the mainstream Western medicine. The approach that we have in integrative pediatrics and osteopathic pediatrics, there are techniques that we have that can aid these children that have been damaged.

Many of these side effects that occur from the vaccine-injured have to do with swelling and the contraction of the tissue within the brain and spinal cord, it's called dura. It's very similar to a child who has meningitis or some type of meningeal inflammation.

The membranes, the coverings around the brain and the spinal cord, they contract. Osteopaths can actually feel that with their hands. You know immediately when a child comes in and has been vaccine-injured. There are things that we can do and we can help some children but there is a certain portion, or part of that damage, that is not, in my opinion, repairable.

**Ty:** Okay, so what might it be that causes the swelling and the contraction? Do you have any idea?

**Dr. Centers:** Well, it's from the immunologic agents. It's almost like they actually get the disease.

**Ty:** When they're vaccinated then it actually gives them the disease.

**Dr. Centers:** It gives them the disease which affects the central nervous system. That's not something that I'm just coming up with from feeling patient's heads or stuff like that. It's a well-known side effect, it's encephalitis. If you go and you look on the manufacturer's label, and it says, "Side effect: encephalitis," or meningitis.

That's well known. Epilepsy, seizures are also a well-known side-effect. So, the question is, we need to really investigate how to make these vaccines safer and identify those children who would be at highest risk for a reaction.

**Ty:** I agree. We need to determine if any schedule makes sense, that the parents do what's right.

**Dr. Centers:** Absolutely.

**Ty:** You'd agree that the parents should be able to decide. I just interviewed a journalist from Colombia. Down there in 2013 they mandated the Gardasil vaccine and there was an outbreak, there was like 700 damaged girls, shortly thereafter they took it down there. In one small community, 700 girls that suffered damages that were listed on the package insert that it might cause these symptoms and they got it.

**Dr. Centers:** The Gardasil vaccine, although it's highly promoted, it's not in the general requirements in most states. There's a lot of side effects attributed to that particular vaccine. We've seen a lot of children come in with side effects.

First of all, the idea that we'd give it to a male child is, in my opinion, unsubstantiated. There's no evidence that it's going to decrease the number of female human papilloma virus cases. The second issue with the Gardasil is the timing of the vaccine. Most women who get cancer related to HPV get cancer in their 60s. There is a huge question whether this vaccine is even going to be effective.

The second question is—it's kind of the same concept with Hepatitis B—the question is,

you're vaccinating this large population and very few people within this population would even be at risk for HPV. So, sure, if you're going to be a prostitute or have many, many sexual partners, yeah, it's probably a good idea to get that.

The same thing with the Hepatitis B. Hepatitis B is a sexually transmitted disease, or it can be transmitted through blood contact. If you're going to share needles or have multiple sexual partners, then it probably is a good idea to get it. But that's not the majority of the children in the United States.

**Ty:** They mandate it in many states, on the first day of birth you get a Hep-B vaccine.

**Dr. Centers:** Why would they do that?

**Ty:** I have no idea. I don't know any one-day-olds that are sexually active or that use drugs.

**Dr. Centers:** Well, the thing is that there is a concept in Western medicine called epidemiology. The epidemiological idea is to vaccinate for the most severe condition with the total population. So when you sign up for your child to have a vaccine that doesn't guarantee that the vaccine is working. It doesn't guarantee, or it doesn't mean that that vaccine is going to work with your individual child.

If you read the disclaimer very closely it says that you are signing up for a vaccine program. That vaccine program is going to protect supposedly the mass population. So, you take Hepatitis B. Where did Hepatitis B come from? They initially did those studies in the Bronx, in New York, back in the 80s and 90s. At that time, there was this disproven theory, that Hepatitis B and HIV were related. So one of their primary study groups were teenagers, adolescents, who had become infected with HIV.

The question was, was this vaccine safe and effective? Well, so you have this HIV clinic of teenagers. What teenager is going to sign up for an experimental vaccine? Even though they were paying these kids like \$100 to get the vaccine.

The kids that signed up was just a very small percentage. So, when it came to the ACIP meeting, which is the American Academy of Infectious Disease Practices, which makes the decisions on which vaccine needs to be in the schedule, the company had written in their paper, "The only way to completely protect the children in the Bronx is to vaccinate these children at day one." They came and they gave them a piece of paper and the little piece of paper was yellow and highlighted so they would see, "day one." And that's how the vaccine schedule came to be.

So, yeah, if you think that child is going to be fooling around with the kid in the next bassinet, you might want to give them the Hepatitis B vaccine. But if that's not your child, then I think you want to be careful in considering these vaccines. When we look at the children in the Bronx, and those children in the inner cities of our country, they are a population that we should be concerned about.

However, that child in the Bronx is not the same as that child in San Diego, or in Salt Lake City, or in many of the other places across our country. Every child is not the same and that's the problem. That's what I think that's what the majority of the people who are highly promoting the immunizations really don't realize.

**Ty:** That not all children are the same. I interviewed an immunologist yesterday, Tetyana, and

one of the things she mentioned was that the only case that Rubella would be remotely close to dangerous was if the mother, a pregnant mother, gets Rubella. Other than that, Rubella, she said, it's never had a bad side effect. So, the only—

**Dr. Centers:** Absolutely. Rubella, it gives you a low-grade fever, maybe 101, a runny nose it lasts for three days and that's it.

**Ty:** She said, for her, the only even remotely plausible group that would need that would be pregnant moms. That rules out every male. So, she said it is unthinkable that we would be giving an MMR shot, Measles, Mumps, Rubella, to a male. Because it's never going to hurt them. You might have a runny nose for three days. She said, "Why don't you break them up and give them separately so that they have more of a chance to work better?"

**Dr. Centers:** Well, you know that has to do with marketing, right? Wouldn't you make more money if you're selling three vaccines in one, than just two vaccines? That's marketing and money and things like that. It's not medicine.

The same thing with the MMR. You have a schedule that says four to five doses. If you do titers, which titers are an analysis of the antibody reaction to the vaccine, if you do titers on children after the third dose, 75-80 percent of those children have sufficient titers.

However, they give a fourth and fifth dose because of a very small percentage that don't develop the titers. We could test every child for those antibody titers to see if they have developed the response but we don't. Why? Because it's more money to do the titers than just to give them the vaccines. Who makes money from that? Well, the vaccine company and that's, of course, who comes up with the recommendations.

**Ty:** Sure. They're part of a vaccine program for the collective good, this herd immunity concept. It's all part of this collectivism that it doesn't really matter if one child gets hurt because it's for the greater good to have this herd immunity, or whatever. Unless it's, of course, your child that has got the MMR and has autism. "Sorry about that." But it's still acceptable collateral damage because it's all for the greater good in the way that their thinking goes, correct?

**Dr. Centers:** Absolutely. The autism issue is really controversial among the mainstream community of physicians. I don't think that the vaccines alone are the only issue. It would be really simple to just say, "All autism is caused by vaccines." I don't necessarily think that that's the case. I think that there are many factors, including vaccines. I think that vaccines and other viruses may be triggers for what we see as being called autism.

**Ty:** That's a good point. Just like with cancer, multiple causes. It's really hard to point at any disease and say, "Here's one thing that causes one disease." It's really a collective accumulation of toxicity in many cases, isn't it?

**Dr. Centers:** Absolutely. In your field of cancer, we don't know what these vaccines are doing as far as development of cancer, 20, 30, 40 years from now because there's no studies being done. The mainstream infectious disease people—and to be somewhat in defense of these people, they're under a lot of pressure, and a lot of it's political. They're not really allowed to do the studies that they should be doing. So, we should be out there identifying who are those children that are going to be affected by these vaccines in a negative way? What can we do to protect them? What are the standards?

We're not doing that because people don't want to come out with a study that says, "Hey, this vaccine causes autism." Because they're scared that they're going to take all the vaccines away. That's their concern. That's their fear. A lot of this is just a fear-based response. They're really not doing the fundamental research that needs to be done.

**Ty:** Apparently, they're not doing the fundamental research if, you said, that we don't know that 20 or 30 years down the road, these vaccines are going to cause cancer. If they're not testing to see if these vaccines cause cancer then how can we say that they're safe?

**Dr. Centers:** We can't. The other issue is that these vaccines are what's called a biologic agent. And biologics don't have to have the same rigorous studies as many of the other drugs that we use. As you know, many of the drugs even though they go through rigorous studies still later, once they go out into the mass population, have problems. Vioxx, heparin, we could list hundreds of drugs like that.

**Ty:** Sure. With Vioxx, one of the men that did the studies on it, Dr. Scott Reuben, he later admitted that he'd falsified research to get it passed. Do we see a lot of research fraud or cherry-picking of the results to make it look like vaccines are safe and effective?

**Dr. Centers:** Well, I think that's a general problem within all of the medications that we use today. I think that certainly, in the 1950s, 60s, 70s, 80s there was this idea that the majority of the research with drugs, pharmaceuticals should be going on in the medical schools and should be going on in the universities across our country.

Up until about the 80s, 90 percent of all that research was done in medical institutions. Today, it's the exact opposite, 90 percent of the research is actually done by research firms. Companies that are hired by the pharmaceutical industry to develop the research. They will hand them, "I need a drug that does x, y and z. You do the research for that." That's not how research should be done.

**Ty:** It's not really an independent.

**Dr. Centers:** It's not really an independent and it's coming out with your results but were you actually doing the study?

**Ty:** It's working backwards.

**Dr. Centers:** It's absolutely backwards. And that's a serious issue. It's not an issue that's not unknown among the mainstream Western physicians.

**Ty:** I'm very familiar with the research fraud. I've read a lot of articles and reputable journals that are now admitting, yes, a lot of fraud going on out here. Not necessarily always fraud but just material misstatements of fact.

**Dr. Centers:** Right. Unfortunately, a lot of this is driven by the industry. There's a great amount of financial incentive to do this. It's really hard to come up with new drugs and new biologics, and they have to spend millions of dollars. When you spend millions of dollars and you come up with some data that says, "Oh, it doesn't work," or it has severe—

**Ty:** You toss the data and you find somebody that gives you the data that you want so you can sell it. Because you have to make a return on investment. Let's be fair. The pharmaceutical companies are publicly traded. So, their drugs make money. They do what they have to



do to make money. In another field maybe that's not so detrimental, if it's maybe just an increase on price on your yard guy that mows your lawn. He's got to make money, he's got to cover his costs. Not as big of an effect on the world at large.

But when you have pharmaceutical companies that are, like Vioxx, that's been implicated in over 60,000 deaths. The whole bottom line is they're trying to make more money. Then we have a problem, don't we?

**Dr. Centers:** We have a severe problem and it's affecting every aspect of our lives. It needs to change.

**Ty:** I agree, Dr. Centers. I appreciate what you do. I appreciate what you've done for AutismOne, and really appreciate you taking the time to share with us your input on this vitally important topic today.

**Dr. Centers:** Thank you.

[End of transcript]

# Chapter 12:

*Interview with*  
**Ian Clark**



**Ian:** One of the first red flags that scares me the most about vaccines is that they remove any potential for litigation against any damage from vaccines. What that tells you is that they don't have the science set up properly.

The original vaccinations, the toxins or whatever they wanted to call them do try to put a tiny little bit of a disease into you so that that would get your immune system to become aware of that and used to that and then therefore fight it off and be stronger, that principle is actually a fairly sound principle.

But, when it came to making money, and getting everyone to get vaccinated for all manner of things, when it wasn't required, it became a money scheme. What was thimerosal doing there? "Oh, we need that for preservative." "Oh really? You couldn't think of a better preservative than mercury? Wow, you guys are totally irresponsible. Was it going to cost too much money to do the research? What was the issue with that?"

Now you've got to put a super poisonous thing in there, knowing it's there, not telling us it's there? We had to find out on our own. There were no big warnings, "Oh by the way, did you know that we're putting this and this and this in your body? Is it okay with you?" That was never asked. As children, we were injected with all manner of poisons.

I remember, when I was a kid I couldn't figure out, one day my eye drooped. I remember my eye drooping. Directly related to a vaccination. My eye drooped permanently. This one. Wow. I thought that was weird. Couldn't control it.

But anyway, vaccinations are irresponsible the way that they're done. If they were responsible, if they made absolutely sure that there was no possibility of a negative side effect and that if they didn't do their due diligence properly then they could be litigated against. Fair's fair. They don't do those things.

There're so many red flags around vaccinations and then it's, "Oh you, you're a radical." No, no. They're the radicals. They're asking me to inject my children with stuff that I don't even know what's in there. That's not a responsible parent. I want to know.

We didn't give vaccinations for our children. We went and we used religious rights to not have our children vaccinated. Now they've outlawed that too. Anyway, they had to do the science and they didn't. That stinking dirty pool. That's playing dirty, below the belt. Not fair. If you want to play fair, let's play fair.

How would you like to be treated? How do people want to be treated the way that they want? I want to treat everybody the way I want to be treated. What am I going to come and tell you you got to take an injection that I would never dream of taking just because I said so? Right?

"Of course, it's safe would the government ever do anything that's not safe? No, never." There's no money motivation out there, is there? No, nothing is money motivated now. There's no industry that's money motivated are there?

Everybody is righteous. Everybody is just thinking about everybody's better being. What about all the cases of people that were completely devastated by vaccines, even dead? What about those ones? We're putting our children at risk, for what? It is not required, so play fair. They don't play fair. I'm not going to play then.

The only thing I know of the negative effects it has is people that I've known that were

negatively affected, that I saw a live time. Because you can hear stuff on the news, you can hear conspiracy theorists. I don't believe either one of them. I just believe in hardcore scientific data. Testimonies of people.

You can't say, "Well, 0.001 percent of the people had this happen when they had these vaccines." Those numbers are totally skewed. There's a very significant number of people that are affected. I personally believe that everyone is affected to one degree or another from a vaccination because of, it's not about vaccinating for a problem, that's not the issue. The issue is they put other crap into their vaccine that they don't tell you. There's no responsibility or accountability. That's the issue. Come clean. Do it right. Pay the extra money.

Everything from minor mental damage to massive paralysis, to little twitches in the face, to little things that happen to them that just came out of the blue. We've seen case after case after case. Now they blame autism.

Autism? I watched a guy in Toronto. He goes and children that are autistic, they come in. He says, "Well, I'll tell what it is. They had a vaccine and the thimerosal, the mercury, came into a restricted blood vessel in their head because the plates were off a little bit." This child can't look at his parents or read or do anything. He can barely talk.

He addressed the plates. Within a few days, all that thimerosal that was just frying that little part of their brain there, gets released and goes through and the child can look at his parents and talk. Interesting. Seen that live time. That's happening right now in Toronto, right here in this city.

The plates, when a child comes through the womb, the plate of their skull can be a little bit off depending on the pressure. He does cranial massage and he can tell when the plates are a little bit off. If you have a plate a little bit dipped down, you got blood vessels in that brain going through that area.

The thimerosal, the mercury that came from the vaccine got there and got trapped and is going, "Zzz," 24 hours a day causing a brain dysfunction. He moves the plate, lets it go through and then detoxes through the body, the child's brain works much, much better. What's that all about?

We've all had our plates pressured coming through the womb unless we were cesarean, but even then, they can be a little bit off, because a child's plates move and they might have a fall and bang their head or whatever it is. But you want to have that nice formation where the brain is sitting happily within the cavity of the skull. I saw that and went, "Wow." It's intense. Are you kidding? You see it live time. Two days later the child is looking at his parents and speaking.

**Interviewer:** That must have been beautiful.

**Ian:** It is beautiful. This is happening right now all the time. This is an ongoing thing. This is not a random, "Oh wow." This is ongoing. This guy's been doing it for years here.

The point is though, I would like the governmental institutions who take the responsibility to make these things and enforce them as law to also stand accountable and say, "We will absolutely make sure this stuff has nothing in it."

Is there an agenda behind it? Is there a money-making scheme behind it? I think so. That's

why I take exception to it. I don't want my kid to have rabies but I opted to not and we've never had any problems with our children.

My personal experience with cancer devastations in our family started when I was 19 years old when I first heard my Uncle Bob had liver cancer. I received a phone call out west and that he was going to be going into surgery and chemotherapy.

Over that next year, he fought for his life. At one point, they said they had it all. They took a grapefruit-sized tumor out of him. He did the surgery, they did the chemo and radiation. They felt they had it. I was very happy to hear that. I was working out west the whole year so I was apart from my family for that year.

Two months after that I get a call. "The cancer is back. It looks like he's not going to make it." The doctors basically gave him a terrible prognosis that he wasn't going to make it and that further surgery and chemo was not going to really help.

At the same time, unknown to the rest of the family, his brother who was 51 years old—my Uncle Bob was 54. I was 20. My uncle's 51. He got thyroid cancer but it was so fast and aggressive that it filled his whole abdomen. The way that it worked out is that my youngest uncle Don at 51 died on the funeral of my oldest uncle Bob, 54 years old, in 1978. That just kind of fried most of the circuits in our family when it came to that.

My grandparents were blown away because they had to read the obituary of their two sons in the newspaper. And they said, their sons should be reading their obituary. They never did get over that for the rest of their life. My grandfather cried for six months straight. Never got over it. Yeah. I think it took him earlier than he would have.

Then my uncle Don's second oldest daughter was the next one. She got lung cancer at 37 years old and was taken out within six months. No hope. Just down, down, down, down, dead.

Then, the last one was just recently when my oldest brother who was a medical doctor for 37 years had a herpes simplex virus that should have been in his lip going to his brain. He went through an intense thing, there down in Panama where they had to give him the meds.

Most people die in 48 hours, 90 percent of the people are dead in 48 hours when that happens. He made it through. Three weeks in intensive care. Came through. I went and I gave him a whole bunch of stuff that I knew that would mitigate that virus. He said, "No there's no double-blind placebo control studies behind it. I'm not taking that."

I said, "Doug, you almost died. What does it matter? I drink a gallon of that stuff. It helped me so much. Just take it." "No." He wouldn't take it. That happened November 4, 2010 when he got it hit, by December he was back in Canada. January 2, 2011 he gets a headache that doesn't go away. They do a CT scan, find a mass growing in his left upper, inside the brain.

They go, "Oh, oh." They do an MRI, validate it. Give him steroids to get the swelling down. Surgery to cut as much of it as possible. It was found it was a glioblastoma multiforme level 4 terminal cancer in the head. They said, "All we can do is do the surgery to dig it out. Do the radiation to kill as much as we can. Hope we get it. Otherwise, it's just chemotherapy and just hope for the best." He was dead March 28 2011. Just four months, five months after he had that first seizure from that infection.

When I saw that in the lack of care, and the lack of concern that was given, where he just

did everything the doctors said and landed in the casket right on time. The way my uncles went through landed in the casket.

When it was my turn to face my own health challenges, which was 12 years ago, now. I had to face the music and just get away from doctors and find a way to get around those things. I had a much longer list than they had of life threatening things.

The devastation is unacceptable because it cuts the person off before they hit maturity. Any time you're cut off by a disease prior to maturity, you've lost out and the families have lost out tremendously. That's not affordable.

Nobody can afford that. Because the rest of that life is priceless. It's so valuable, but it gets cut off and everybody loses. That person loses but everybody loses around them. The person who's cut off they're gone. It's the people that remain, they have the great loss. They'll never forget it and it'll affect them for the rest of their life.

It happened because of a lack of knowledge. It happened because there was an industry that was making money on that. That's why that happened. That's the only reason it happened because fixing that from ever happening is actually doable, affordable, simple.

Fixing it even if it does happen, if a person gets diagnosed is not difficult to fix. It's a lot harder than preventing it, though. The importance is, we've got to get real, take action now to make sure it doesn't happen. If it does happen and there's some genetic weakness there we've got to deal with it fast.

Take responsibility. Don't hand your life over to the doctor. You take the responsibility for your own situation at all times and find out the best way that you can get that thing so your life is healthy all the way through.

The work that Ty and his entire team are doing to bring awareness about the potential and the actual realities of dealing with cancer before it devastates families is amazing work. It's just a matter of somebody doing it. Somebody caring enough about themselves and about the people around them to take action and to put this documentary together, to put these series of stories together, to help people to wake up to what they can actually do, and there are real stories of people that are overcoming it.

They're not taking it for granted. They're not taking it at face value from some doctor that tells you what you've got. They're not repeating what the doctor told them. "Oh, I've lung cancer. I've got lung cancer."

They're bringing an awareness, bringing the vibrational energy way up as far as consciousness is concerned with the people of what can be done when these things are told to them and not to accept them laying down and fight. Fight. Right? That's exciting because it's encouraging. That's the most encouraging work that can be done is to get people inspired to know that there's a way out.

[End of transcript]



# Chapter 13:



*Interview with*  
**Erin Crawford**





**Ty:** So, Erin, share with us if you could, a little bit about your experience when you were at the University of Louisville.

**Erin:** Yeah. I worked in a student health center and they approached me and said, “Hey, there’s this vaccine that prevents cancer. It’ll stop you for getting cervical cancer. Would you like that?”

As someone who had just buried three family members in about a year and a half prior to that from cancer, I said, “Sure, whatever it takes.” So, I got up from my desk and followed the nurse into the exam room and got a shot and went back to work for the rest of the day and probably some classes in through there and went back to my dorm that night. Went to bed, woke up middle of the night that night vomiting.

That continued for a few days and then extreme fatigue, muscle pain. My limbs felt like they weighed a million pounds and they were too heavy to move. I couldn’t get out of bed and then I had tonsillitis out of nowhere. I had never had tonsillitis before which is where my tonsils swelled up and closed my airway shut.

I had to go to the hospital. I think I was given a steroid injection and some antibiotics and all of the stuff. And then couple of weeks later, it happens again. And the vomiting and the tiredness and the fatigue, it just never stopped after that point.

**Ty:** And so, then this was immediately after the vaccine.

**Erin:** It was within about 12 hours. Yeah.

**Ty:** So, it didn’t stop and continued. When you went to the physicians what did they tell you? What was causing this?

**Erin:** “Just some virus. You’ve just some virus.” No connection to the fact that I had just some viruses injected unto me.

**Ty:** Did you let them know that you just been injected the vaccine?

**Erin:** They asked if there anything different? And I said, “No, well I got this shot.” “Oh that’s not it. That’s not it.”

**Ty:** They just blew it off?

**Erin:** Yeah. Completely blew it off.

**Ty:** So, this continued for how long?

**Erin:** For weeks. Actually it continued for months and then about six months later my menstrual cycle completely stopped. And I knew I wasn’t pregnant so I went for some tests and I found out that I had neuroendocrine carcinoma of the cervix, stage III, stage III cervical cancer.

**Ty:** And that’s the disease that the vaccine’s supposed to prevent.

**Erin:** That’s the disease the vaccine is supposed to prevent. Yeah. And so, I went through some treatments, some laparoscopic treatments for that. And they said, “Oh, we’ve got it”. Then still during this whole time I was having tonsillitis probably monthly and it would last 7 to 14 days at a time.

**Ty:** So, lots of inflammation.

**Erin:** Yeah, lots of inflammation. My tonsils would swell. You could see out here. The lymph nodes at the back of my head were swollen. I looked like some sort of dinosaur with bumps at the back of my head. So whatever was going on was affecting my lymph system.

I just continue being sick, being sick, being sick. And finally, the tonsillitis, at one point got so bad, I went crying. I was just a mess in the emergency room and they brought in an ear, nose, throat doctor and he took one look and he said this need to be removed now.

I ended up having an emergency tonsillectomy which I did at that time request that the tonsils be saved and sent to a pathologist which is where they tested positive for the three strains of HPV that are in Gardasil.

**Ty:** So, the vaccine actually rather than preventing the disease and rather than stopping the viruses created the disease that appears and made the viruses more viral, I guess, for lack of a better term, in your body.

**Erin:** It did.

**Ty:** They took over your tonsils.

**Erin:** And then, again, I was having some female issues. And again, went in for some more tests, the neuroendocrine carcinoma in the cervix was back for the second time, went through another laparoscopic treatment where at this point about half of my cervix was removed and they said, “Oh, it’s good. We got it now.” And again, the fatigue continued this entire time. I just felt so tired.

**Ty:** And how old were you at that time?

**Erin:** I was 19.

**Ty:** Okay, so not a time when you’re—

**Erin:** Well, I think I got the shot when I was 19. I turned 20. So, I was 20.

**Ty:** So, you’re young.

**Erin:** I was 20. Yeah.

**Ty:** So, that’s not a typical age where we hear about people being fatigued.

**Erin:** No.

**Ty:** You weren’t 75. You were 19 and 20.

**Erin:** Right. And, not just you feel like tired because you stayed up all night, like you pulled an all-nighter. I couldn’t get out of bed. And almost failed out of school and almost lost my job just because I couldn’t make it to class. Walking to class, and Louisville campus isn’t that big, but walking to a class, I would just get sick.

I can’t tell you how many times I threw up walking across the campus. It was embarrassing. It just continued just the overall sickness, fatigue. At this point I was going in every 3

months to my OB/GYN for checkups. Tested positive again.

At this point, the rest of my cervix was removed and I was told that I wouldn't have children or I wouldn't be able to carry a child. They said you might be able to get pregnant but carrying it without cervix is very questionable.

**Ty:** So, where were you at emotionally at that point, were you—?

**Erin:** I was devastated. I've always wanted to be a mom. Not when I'm 20, but I wanted that one day. I wanted a family one day. And, then probably four or five months later, without even having a cervix I tested positive again.

And it was at this point that, and they said, "Okay, we've got to do radiation, we've got to do chemo, we've got to do this." The one thing I did learn from when my family members had cancer was that they went downhill fast with radiation and chemo. They didn't get better.

**Ty:** So, you don't want that.

**Erin:** I didn't want that. At this point, I've been following everything the doctor had just said. And at this point, I was only getting sicker. So, I said, "No more." And my oncologist looked at me and said, "You will die."

**Ty:** Really? If you don't do these treatments, you will die.

**Erin:** Yeah. And I said, "Well, so be it. If that's the plan then I guess that's the plan." And I left. That was a very hard time. My family wasn't very understanding. They're like from a very conventional family, "You do what the doctors say." I didn't really have a support system.

So, I just started studying. And started researching and studying and researching. I came across the Gerson protocol, and I did my own version of that. I'm not going to say I did it exactly how it's set-up to do. I did a 42-day juice fast. I started doing the coffee enemas, infrared saunas, float tanks, Methyl B12 injections.

And I started feeling better, I started feeling better, I started feeling better. And six months later, I went back to the OB/GYN for tests and I tested negative for cervical cancer.

**Ty:** Wow. I bet that was a great feeling?

**Erin:** That was the best feeling in the world.

**Ty:** What did the OB/GYN say at that point? Is this the one that told you you'll die?

**Erin:** That was the oncologist.

**Ty:** The oncologist.

**Erin:** But I did go back to the oncologist with these results and he said, "Oh, it's a miracle." And I said, "It's not miracle. I worked on this. I worked on myself. It's not a miracle. I did this and you didn't"

**Ty:** Yeah. This is what happens when you put the right things into the body. Your body heals.

**Erin:** Right. I learned a lot of nutrition in that time, about inflammation and the type of things

that caused inflammation—inflammation causing foods such as gluten, dairy, soy. I started slowly but surely cutting all these out. All over inflammation in my body just went down. I just became healthier, and healthier and healthier, luckily.

It wasn't until actually a couple of years later that I learned about the MTHFR gene mutation and I learned that I was positive for it. The C67770 MTHFR gene mutation which causes you do not be able to detox toxins out of your body.

So essentially, I have this gene that once these toxins were injected into me, they stayed until I did extreme lifestyle overhaul and detoxing, essentially.

**Ty:** That makes a lot of sense. You've seen *The Quest For The Cures*, so you remember Dr. Rashid Buttar, right? So, Dr. Buttar's theory is that most diseases are caused by the body's lack of ability to excrete toxins and so some people have a better propensity to excrete than others.

He calls them excreters and non-excreters. And people that are non-excreters are more prone to get autism, cancer, or whatever it might be because they can't get rid of toxins. It sounds like that gene mutation caused that in you.

**Erin:** That's exactly what happened. And all I was told is that, "Hey, do you want a shot? You won't get cancer." There was no informed consent. There was nothing. No doctor came in to talk to me about it. It's just, "I can give you this" and I followed the nurse and then I got it.

**Ty:** Did any of them ever seem to realize after that that it may have been the vaccine that caused it?

**Erin:** Never.

**Ty:** If they did, they didn't let you know?

**Erin:** If they did, and I don't think they did, they just denied, denied, denied. "No, that didn't have anything to do with it. No, no. That won't do this." Though when I had the last part of my cervix removed, I saved that just like I did with my tonsils and had it tested and it tested positive for HPV16 and 18 which I had actually tested negative to prior to getting the vaccine. And HPV 16 and 18 are in the vaccine. I don't know how you can deny that.

**Ty:** There's no other way you got that except through the vaccine?

**Erin:** Right. Yeah.

**Ty:** But it's such a brainwashing campaign that a physician has, let's face it, they're intelligent people to get through that kind of schooling, but that they can look at this amalgamation of toxic ingredients in a vaccine that any one alone could cause damage. You put it all together and inject it but then it's just out of the realm possibility that could have hurt.

**Erin:** Right. But I also think the problem is that they don't know those ingredients. They aren't taught those.

**Ty:** Talk about that. The physician doesn't typically know the ingredients?

**Erin:** At all. I have talked with some doctors that are more in the know on these things here recently and they say they got 30 minutes of education on vaccines in their entire medical college and that 30 minutes included how to give the shot. That was it.

**Ty:** So, they just take it on blind faith that it's going to do good.

**Erin:** The pharmaceutical reps come into their office and say, "Hey, you know if you give this to your patients, you're going to save your patients from cervical cancer." And that's it. That's all they know on it.

**Ty:** So, it's very similar to the education that a doctor gets on nutrition. Almost none. So, they get out of medical school and they don't know anything about nutrition. They don't understand what's in the vaccines.

**Erin:** Exactly. And they don't know how nutrition can heal.

**Ty:** And they don't understand how toxic the vaccines are. I guess if you were breakdown the ingredients and they looked at them, maybe at that point they'll say, "It's kind of odd that we're injecting these."

**Erin:** Exactly. If you were to say, "Hey, I'm going to put aluminum and formaldehyde and viruses and bacteria in this baby bottle and I'm not going to give it to my baby." You would be arrested. But to inject it, it's okay.

**Ty:** Yeah, true. Robert Scott Bell said something similar to that in *The Quest For The Cures*. We just saw this, I think one week ago, or two weeks ago. There was a lady on Facebook. They were doing like a prank. She was in a mom's group and she said, "Hey, I just heard from my pediatrician that I need to give my kid formaldehyde, a supplement of aborted fetal tissue and some aluminum, and some mercury and all these things. Should I do it?"

There was this big thread that started and there were other mothers that were going to report her to the police for saying that she's going to give her kids these ingredients. And at the end, she had to come clean and say, "You know what? This is just a big joke. I'm not going to do that but this is what's in the vaccines."

**Erin:** This is what's listed in the vaccine insert which the doctors don't read.

**Ty:** Yeah, they don't read. How many years ago, was it that you did the Gerson Therapy or your version of the Gerson and then you tested positive, tested negative for cancer, I mean?

**Erin:** All of this started right at 11 years ago. Well, I got the Gardasil 11 years ago. Got the first diagnosis 10 years ago, and I'm going on almost 9 years' cancer free now.

**Ty:** Oh, that's awesome. Congratulations.

**Erin:** Thank you. I appreciate it.

**Ty:** That's great. Yeah. So, then your whole lifestyle has changed since then?

**Erin:** Completely. Yeah. I will say there's something I do still struggle with, this is very interesting to me. Gardasil is the only vaccine on the market that contains L-histidine which is the precursor to histamine. Histamine works as a neurotransmitter in our body and regulates inflammation in our body.

I now have an extreme histamine intolerance so I have to be extremely careful about the things I eat. There are things that most people consider healthy that are high histamine that can cause me to get me to get very sick, avocados, bananas, strawberries. I can get

very sick off these things. Alcohol is extremely high in histamine. So, I just have to be very careful about what I put in my body now or I can get very sick.

**Ty:** Talk to us, Erin, about some of the websites that you're involved with now and some of the organizations in Middle Tennessee.

**Erin:** I help run Vax-Free Tennessee which was kind of a local support group for non-vaccinating families. We're up to 1100 families now in just a year of existing. And we grow by about 50 families a month and then we have just started the Tennessee Coalition for Vaccine Choice.

We hope to help educate the public on the very real dangers of vaccines, or at the very least, push informed consent. And then also to prevent any type of legislation that will take away our bodily rights.

**Ty:** So, what do you think about what's happening in California with forced vaccines? In the state that we would never dreamed it would happen.

**Erin:** It's a disgrace. It goes against our right to education, our right to decide what goes in our body. Everybody focuses on the SB 277 which if you're not vaccinated, you can't go to school now. But there are also simultaneously passed along with that that if you work with children or come into contact with children whatsoever in the state of California, you have to be up to date on your vaccines.

So, say, even if you work in HVAC and you get a contract at a hospital that sees children, you're going to have to be up to date on— It's ridiculous.

**Ty:** Logically, if the vaccines worked, we shouldn't be worried about the kids that had been vaccinated, right?

**Erin:** Absolutely. That's the catch.

**Ty:** If they worked, who cares what they encounter?

**Erin:** Right. Exactly.

**Ty:** But we've been misled in this concept of herd immunity, number one.

**Erin:** It's a myth.

**Ty:** That's part of the problem is this herd immunity and talk about that being a myth. What is herd immunity?

**Erin:** Herd immunity was based on natural immunity where you naturally acquired immunity from a mother's breast milk. So, you get the antibodies from the mother and then you build immunity against these diseases as you come into contact with them.

Injecting diseases, bacteria and viruses along with aluminum and thimerosal, and formaldehyde, and polysorbate 80, and all of these horribly toxic things that we were told not to inject by themselves but somehow, "Poof," They're magic when they're combined, putting all of that plus viruses and bacteria in your body.

That doesn't give you immunities. The very fact of boosters having to get a booster every three, five, six, seven years, where's the immunity? What herd immunity?



**Ty:** Yeah, if you the shot worked, there would be no need for a booster.

**Erin:** Right, especially, I mean, you're seeing babies right now get three DTaP in the first year?

**Ty:** I don't know that. Three?

**Erin:** Three in the first two years of life.

**Ty:** That's crazy.

**Erin:** Yeah. Or they get two flu shots in the first year of life now. That's on the CDC vaccine schedule right now, two in the first year. That's horrible. And then you want one every year?

**Ty:** And the thing is, I've mentioned this to other people that I interviewed with. These things are hidden in plain sight to us because I don't know that they're still using it but one of the DPT shots that was given to children, listed on the package insert that it causes autism.

**Erin:** Yes, that was actually recalled – or well, that specific one, Tripedia, was taken off the market in 2012. Pretty much it was just taken off the market, renamed, put back out on the market. And autism and SIDS was removed from the insert.

However, we do have reports of it being seen and still in use as late as early 2015. So, that might have been taken off the market but there are these doctors out there that they don't want to lose their profit and they bought this product to give their patients so they're going to give it to them.

**Ty:** The reality is it maybe just been renaming job too. We don't know if there's anything different in it.

**Erin:** Right. I'm going blank on what the one that came out after it is but it's essentially the exact same thing under a new name.

**Ty:** They just took that off the package insert. We actually read, they didn't know we could read.

**Erin:** Yes. Yeah. Funny.

**Ty:** But we're in this bizarre paradigm in the United States that if you do read and you communicate what you read with one of the medical powers that be, they'll tell you're nuts.

**Erin:** Right. Exactly.

**Ty:** "I mean the package insert here, Doc, says it might cause autisms. My kid's autistic. Could there be any link?" "No, you're nuts. Quit being a conspiracy theorist."

**Erin:** And a conspiracy theorist is exactly what you get called for being able to read what the manufacturer says is possible.

**Ty:** Even anti-vax, right? They couch the terms in such a negative light that, "No, I'm not a conspiracy theorist. I'm not anti-vax." People are afraid of being mocked or made fun of or whatever it is. There's this herd mentality that, "Hey, at least someone else is doing it."

**Erin:** Exactly.

**Ty:** “I’m safe. There’s safety with these numbers.” Unfortunately, these numbers are all leading to cancer and autism.

**Erin:** Right. And autoimmune conditions, they’re skyrocketing. I didn’t know of anyone with an autoimmune condition 10 years ago. No one. Now, probably 1 of every 3 of my friends has lupus, rheumatoid arthritis, on and on and on. What’s the common denominator here?

**Ty:** Good point. And I know for a fact that 15, 20 years ago, autoimmune diseases were almost non-existent.

**Erin:** It didn’t exist.

**Ty:** And now, everybody has one.

**Erin:** And it’s this simple again, is reading the insert. Rheumatoid arthritis is a listed side effect of Gardasil. Fibromyalgia, that kind of thing.

**Ty:** Hidden in plain sight.

**Erin:** Hidden in plain sight.

[End of transcript]

# Chapter 14:

## *Interview with* **Erin Elizabeth**



**Ty:** So, Erin Elizabeth. We meet again.

**Erin:** I know. Great to see you.

**Ty:** Good to see you again.

**Erin:** Thank you.

**Ty:** Yeah. Thank you so much for joining us today. Now, one of the things that you shared with me in the past is your story, your personal story of being injured by vaccines. And so, I'd like to kind of delve into that story a little bit more today and get some details going all the way back to the time when you were three months old so.

**Erin:** Sure. Yeah, it was 1971 in January and I had a cold but the doctor, of course, the pediatrician back then said that was not a problem at all and it was at least the DTaP shot that we did then.

Just to give you a quick back history, I was adopted. My parents had adopted me just a month before that and I had been born very sick with thrush and actually had to stay in a hospital for two months. So, I'm sure things like that don't help. My birth mother had given me up. She'd actually had—it was just before Roe vs. Wade, so it was still illegal for abortion.

My birth father sent her to have an abortion and she did and I had survived. Whatever they did, they put her under general, I survived the procedure. So it was a miracle that then she found out on Easter Sunday that she was still pregnant and still could have gone through with it but decided this was meant to be.

So, she had me and placed me for adoption. My parents are wonderful, still married. Back in '71 they took me in for my DPT and we think that's the main shot that I had at that time. And within hours I began seizing. My fever was 104, which lasted a week.

What the doctors were thinking was they were worried about encephalitis but looking back we probably think that I did have encephalitis. I was brought into the hospital and they had to restrain me. There's different—I'm never sure, I've heard straight jacket or restrains or different measures that they used in order to do that spinal tap because they were checking for spinal meningitis. That was the initial thought. Because, of course, at the beginning they don't want to connect it with the vaccines I just had hours ago. It must be spinal meningitis.

**Ty:** So, they look every other place other than the obvious.

**Erin:** Yeah, right. Yes. But even eventually the pediatrician then would check for my neck because he said, "I think she might have that rare bad reaction." And it looks like I did. I was really fortunate. After a week, I believe they've even been bringing the priest in because the fever didn't break and they were concerned I vomiting along with the seizing and when you go a week that long with that high of a fever I don't think that can be beneficial for the brain. It's going to be real—

**Ty:** I was wondering about that. Yeah, that's going to be bad.

**Erin:** That's real detrimental. So, after a week it was really kind of like another miracle like just a few months before where the fever, I was vomiting, seizing, hospitalized. They did a spinal tap, it was normal but then suddenly the fever broke and the vomiting stopped and it was just, I was really one of the lucky ones.

**Ty:** You're a miracle baby.

**Erin:** Yeah. That's what they said back then. I was so fortunate that I really consider myself one of the lucky ones even though I had an array of allergies and was on antibiotics so much of my life I think because they mistook the allergies for upper respiratory infection. I was allergic to so much and my immune system wasn't as strong as some of my peers around me or maybe stronger kids.

Or maybe they have fewer vaccinations. Growing up in the seventies we actually had some of the hippies who didn't really vaccinate back then. That was kind of that mentality or some didn't and the few friends I had who weren't vaccinated were the healthiest of all. They didn't have colds, there weren't sick. They're eating their organic granola, healthy as can be.

I don't want my parents to feel guilty. They are still pro-vaccine, although I think they're opening their eyes to these things. I think that they—but I never want them to feel any kind of guilt or anything. It's just they were doing what the pediatrician told them.

I probably have a little ADHD. We've talked with Barbara Loe Fisher from NVIC and she says that with her son also having the DTaP vaccine injury that's kind of some of the things he experiences. But honestly, I'm probably one of the more fortunate ones compared to some children who are left nonverbal or in a lot worse, in worse shape.

**Ty:** Now you mentioned something, Erin. You said that maybe it was that rare bad reaction. Isn't it odd though that probably everybody that's watching this knows somebody that has a kid that had that rare bad reaction. It's not really all that rare, is it?

**Erin:** No, it's not. I have, every day, I will receive emails because I will be outspoken like you guys on vaccinations and they'll say, "My child had this," whether it be, of course, we see predominantly Gardasil or we'll see even MMR, or a flu shot. But even some of the shots like DPT or ones that you wouldn't think would be as controversial, we will see those very bad reactions or sometimes the child doesn't make it at all.

Like we talked about with SIDS where they had the shots 13 hours before and then they died, but that's SIDS and if they're injured then that's rare. Yet, like you said it's really a lot more prevalent than people realize.

**Ty:** Right. I think it's very pervasive and even if it were rare, which it's not, but if it were, if that's your kid, does it really matter? If your kid is injured it doesn't matter if it's rare or not, that's your child. I think a lot of time that's overlooked in the mix. These are people.

**Erin:** Oh, yeah. That's right.

**Ty:** They're not statistics.

**Erin:** Yes, that's what's so important to remember and I think it's, again, Barbara Loe Fisher NVIC or one of those who said the vaccine injury, you can say it's rare but when it's your child it's a 100 percent.

**Ty:** It's a 100 percent.

**Erin:** And that's what I think more and more people are realizing. I've even seen some of the skeptics say, "Oh my gosh." They say, "All you vaccine—" or they call them anti-vaxxers, it seems like, "Oh, you think you've had some vaccine injury."

Well, yeah. Hello? Nobody just woke up really one day and said, “You know, I’m—?” Most people, some have done their research but say, “I’m anti-vax today.” Usually, they’ve had a personal experience where—There’re so many parents out there and children that are hurting as a result of this.

**Ty:** It’s strange the way that if you actually do begin to just question vaccines, want to read more research, that you’re immediately labeled as anti-science, anti-vaxxer, all kinds of pejorative names when the reality is when you mention the DPT vaccine, if you look at the tripedia vaccine which is the Sanofi Pasteur version of the DPT, on the actual package inserts, it lists possible side effects as autism and anaphylactic shock.

It listed on the insert that it may cause autism, anaphylactic shock and another dozen side effects. But if you actually say, “My kid got anaphylactic shock,” then you’re somehow a conspiracy theorist now, but it’s on the insert.

**Erin:** Yeah, I know. On those inserts, yeah. We see VAERS or the courts paying since we can’t sue the vaccine manufacturer, of course. That was passed, what, in the 80s, ‘86? Then you have people that are able to go to the courts and uses our tax dollars, which is understandable, so they can get some kind of recourse for their child being injured.

And they say right then. Okay, the child—they won’t even use the word autism but they’ll say they were brain damaged. Yet people will say things like that, “We’re anti-science.”

**Ty:** We’re quack.

**Erin:** Quacks. Yeah, sure.

**Ty:** It’s odd. It really is odd that that’s the case. The reality is that the popular mantra is that vaccines are safe and effective. Most people on the street, “Yeah, they’re safe and effective. Right.” Pediatrician used them, must be safe and effective. But we’ve seen over three billion dollars paid out from that fund for damage that was caused by the vaccines. So, they’re not all that safe.

**Erin:** Yes. The scientific proof is there when these courts are awarding that money and not to mention, like you said, the vaccine inserts. So, it’s hard. I think more and more people are coming around. Unfortunately, with the vaccine schedule being so much more than when we were kids.

Now it’s outrageous, they have vaccine for everything. I think more and more parents open their eyes because they’re doing more and more vaccines on these rigorous schedules and they’re seeing injuries in their children and coming around to see that, “Wow, my child can’t eat this, this or this or this or they got asthma or ADHD or even worse.” Parents are coming around so that’s a good thing.

**Ty:** I think it is. I think the things that we’re doing, the truth we’re spreading, these initiatives that we’re involved with to just get the word out to people I think we are making a difference. I think that people’s minds are being changed. People are being educated. I think that’s very important. We have a lot more work to do but we’re getting there.

**Erin:** It’s a long road but look at so many other things, even with smoking, how many years that took and you still see smokers but there’s not that many years ago, where doctors said it was safe or maybe even helped you relax, right?

**Ty:** I’ve seen the pictures of the old magazine that said, “A pack a day keeps lung cancer



away.” It was insane. It was absurd.

**Erin:** It wasn't that long ago, really. So, it's amazing. I hope, I like to be optimistic and think that since we had such huge changes since then that perhaps in 50 years everything will be changed and hopefully people will look back and say, "Wow. What we were doing but now we've changed it."

**Ty:** Yeah. "Can you believe we used to inject children with mercury, formaldehyde and aluminum? Isn't that insane?" That would be nice to be able to look back and say, "Wow, we're out of that era."

**Erin:** Yes, "That was a dark era and we've moved, moved forward and changed our thinking." So, I hope so.

**Ty:** Yeah, me too. Now if you have an infant child, would you ever vaccinate?

**Erin:** I can't imagine that I would, especially with the fact that I was vaccine-injured and I know my birth mother now. I found her and we're close. I'm very fortunate I think that you can be more predisposed to it so she may have been more predisposed to some of these things.

So, if I were to have a child, even if I were healthy as a horse and had a child I just can't imagine doing so. I think there may be some of the homeopathic vaccination but all I know is that the people, time and time again who I see who do not vaccinate their children are some of the healthiest kids I meet. They are not vaccinated. They're as healthy as can be. So yeah, just only makes sense that I would not do it.

**Ty:** Right. We do what we know to that level of education. I shared with Dr. Mercola. We vaccinated Brianna and Bryce. We didn't know. Once we learned, we stopped. You can't look back and have regrets on what happened at that time.

You make decisions based upon your level of knowledge. Now that's why I think what we're doing here so important because now we're going to be empowering people with more knowledge about vaccines so they can make a better choice.

**Erin:** Oh, yeah. Also, it's interesting I saw today just on the newsfeed for two seconds they had it on front page of the newspaper saying, "It's time for you adults to get vaccinated" and that's a good point you make. But they're saying it's time that adults get re-vaccinated because the problem is those shots that we had when we were kids wear off. Whereas my mom or my birth mom or my dad he forgot having the measles but his sister confirmed it.

They all had the measles. My mom even had scarlet fever but they're so healthy because they build up this natural immunity and they all survived it. My parents, my grandparents. It's amazing. It's not like it's a lifetime. Not only are the vaccines can be, and found to be dangerous or can be deadly, but then they wear off. I wonder what's going to happen with this next generation? Will people at 50 or 60 then if they get the measles what happens?

I think that nature, God or however you want to look at it intended that was supposed to happen when to a child like chickenpox. I can't believe the fear out there of chickenpox. We all had chickenpox but—

**Ty:** We had chicken pox parties where they would take kids and expose them all to a chicken-pox so then they would develop a natural immunity to it.



**Erin:** I can't believe that I see people on there saying, "I will sue if they come near a child that has a chickenpox. I'm deathly afraid of chicken pox. I don't want my child to die." I mean this has become like this mass hysteria.

**Ty:** It really is hysteria.

**Erin:** Even chickenpox. It's crazy.

**Ty:** It really is. Well, Erin, it's so good to talk to you today. Thank you for sharing your personal story and thank you for what you're doing. Keep spreading the truth. We'll do the same.

**Erin:** Thank you. You, too, thank you. Please do it again. Honored to be here.

[End of transcript]

# Chapter 15:

## *Interview with* **Barbara Loe Fisher**



**Ty:** And so, Barbara, thank you so much for opening up your office today.

**Barbara:** Thank you for coming all this way.

**Ty:** Yeah, really a pleasure to be here. I just want to get your take on, of course vaccine, so start us off, let us know, how did you get involved with vaccines? What's your background, education, and so forth?

**Barbara:** Well, I was a first-time mom. Little boy, in 1980, when I took him in for a fourth DPT shot, and back then, parents haven't been told anything about vaccines, the fact that they could cause reactions, injuries, deaths. So, when he actually had DPT and oral polio vaccine that day, and within hours of that fourth DPT shot in 1980, at age two and a half, I witnessed reactions and I didn't know they were reactions.

He had a convulsion, a collapse shock, and a brain inflammation. But because I have been told nothing by my pediatrician about how to recognize vaccine reactions, I didn't understand what I was witnessing. And I know he could have died in his bed that night. I know that if I hadn't awakened him – my mother was a nurse – in the middle of this reaction, which I didn't understand was a reaction, I think he would have been catastrophically brain-injured.

What happened after that shot was he regressed physically, mentally, and emotionally, and became a totally different child. He no longer could recognize the alphabet, which he had known. He couldn't recite numbers up to 20.

He became emotionally fragile, could not concentrate for more than a few seconds at a time. He became very angry at the slightest frustration. It was like I had a different child and I didn't understand what had happened, so my family didn't understand.

He had constant diarrhea, respiratory infections, ear infections until in the spring of 1982, about 18 months later, I saw the documentary, *DPT Vaccine Roulette*. It was produced out of the NBC affiliate here; Lee Thomson was the producer, and that documentary was the first time that American parents have been told that vaccines can brain injure children.

And I stood in my kitchen and I said—I was stunned. I called the station, I went down, and said, "I'd like to look at the medical literature," because I graduated with a degree in English. I came from a medical family full of doctors and nurses.

My mother was a nurse. And I had worked at a teaching hospital before I became a mom and I understood how to read scientific and medical information and how to write about it. And so I asked for copies of the studies that NBC affiliate WRC had used to produce *DPT Vaccine Roulette* and they gave me copies.

I went home and I will never forget sitting in my living room and reading the *New England Journal of Medicine*, *Pediatrics*, the *British Medical Journal*. These studies and the descriptions of DPT vaccine reactions that completely matched the symptoms that I had seen my son suffer that day.

And I thought, here we have doctors talking to medical journalists about how DPT vaccine can brain injure children, and they haven't told the parents. They never told the mothers like me, so that we could monitor our children, so that we could understand, so we could report it, so we could take our children to an emergency room.

So, after looking at those studies that I realized what had happened to my son, I decided to

research pertussis and pertussis vaccine, but eight months into the research I got a phone call from Harris Coulter, medical historian.

And he and I had a conversation. At the end of the conversation I said, “Harris, would you like to co-author a book with me?” And he said “sure.” And we spent two and a half years researching for what would be the book, *DPT: A Shot in The Dark*, published in 1985 by Harcourt Brace Jovanovich and it was really the first book that documented what is wrong with the mandatory vaccination system in this country.

So, from that point on, I also joined with other parents, back in 1982, to found a non-profit charity. At the time, we would call ourselves dissatisfied parents together, DPT, and then several years later, we opened up the National Vaccine Information Center and that’s what this organization’s been known—the name we’ve been operating on the system.

**Ty:** And that’s where we sit today.

**Barbara:** That’s where we sit today. 35 years later.

**Ty:** How long have you been in this physical office?

**Barbara:** This office, we’ve only been here for a couple of years. We’ve been in people’s basements, in people’s back of companies and stuff, a little one-room and then we finally have a little few rooms here.

This is nice. So, you mentioned something, Barbara, that you were never told these dangers from your pediatrician. Why do you think that you were never given informed consent?

**Barbara:** Yes, well, I think after three decades of looking at the way the mandatory vaccination system operates, it has become very clear to me that pediatricians and all the other doctors who are now giving vaccines to children and adults at this point are really denying—in tremendous denial about the harm that’s caused by vaccines.

Every time something bad happens after vaccination, after a doctor has given a vaccine to a child or an adult, it’s always written off as a coincidence, with absolutely no evidence. That in every case it is a coincidence.

And certainly the Centers of Disease Control, and the American Academy of Pediatrics, the medical trade associations, with the enthusiastic endorsement of the pharmaceutical companies who make a lot of money from mandatory vaccinations, are very reluctant to do the scientific research that confirms that many more people than they have told the public are being harmed by vaccines.

When I speak, I always say, “today, everybody knows somebody who was healthy, got vaccinated, and was never healthy again.” And this experience is being repeated over and over again, all over this country. A recent poll that was conducted by a scientific organization showed that 30 percent of U.S. adults believe that parents should be allowed to make vaccine choices.

That they shouldn’t be forced to vaccinate their children with—what we have now is 69 doses of 16 vaccines that the federal government is saying everybody should—all the children should use from day of birth to age 18. Back when my children were receiving vaccines in the late 70s and 80s, it was 23 doses of 7 vaccines. So, we’ve had a tripling of the numbers of doses of vaccines that children are now getting.

And in that time period, as this dramatic escalation of the child vaccination schedule has

occurred, what have we seen? Have we seen children be healthier? Just the opposite. We have an epidemic of chronic disease and disability.

One child in six in America, now learning disabled. One in nine with asthma. One in 50 with autism. One in 400 developing diabetes. Millions more with inflammatory bowel disorders. Rheumatoid arthritis. Epilepsy. Epilepsy is on the rise.

We have children—30 percent now of young adults have been diagnosed as having a mental illness, anxiety disorder, schizophrenia. This is the worst public health report card in the history of this country. And it has coincided perfectly with the tripling of the numbers of vaccines.

The children are now being given from day of birth, with a hepatitis B shot given in the newborn nursery of hospitals, all the way up through—by age six, they receive 49 doses of 14 vaccines. And by the time they graduate from high school, 69 doses of 16 vaccines. This is a completely different way that children are maturing.

Their brains and immune systems are maturing in a critical period as they're growing up, so I think it's a legitimate question for parents to be asking. Is there an association between so much vaccination and so much chronic disease and disability?

And in fact, just this week, there has been a report that 89 percent of pediatricians in this country have experienced a parent asking for either vaccination to be delayed or for fewer vaccines to be given. So if you have 30 percent of adults in this country believing that parents should not be forced to vaccinate their children.

And you have 89 percent of pediatricians now having parents say, "I either want an alternative schedule or I want fewer vaccines," that means that the majority of adults in this country have a lot of questions about vaccine safety, effectiveness, and necessity.

**Ty:** But at the same time, the problem is that we have these questions now and if we question vaccines, we're called anti-science. It's like a Catch 22. The scientific method says that you question, but if you question vaccines you're called anti-science, because the science apparently is settled with vaccines being safe and effective. It's kind of a conundrum that we're in, isn't it?

**Barbara:** Well, you know, when people don't want you to think, when they only want you to believe and trust what they say and obey the orders that they give, they're not going to want you to be educated. They're not going to want you to ask questions.

They're not going to want to have to answer the questions that you ask. This is a very authoritarian, paternalistic attitude that pediatricians and all of those who are giving vaccines, those who are making policy for vaccines are trying to voice upon us and America. In America we don't have a tradition of particularly liking an authoritarian type approach.

In America, we're used to having the freedom, freedom of speech, freedom of thought, the ability to follow our conscience, the ability to hold religious beliefs. We're not a society that is used to being told what we can think and what we can do.

**Ty:** So, these mandatory vaccines that we've seen, they've been implemented in California and other states you're looking at, goes directly against the constitution that we are brought up believing this is the law of the land, right?

**Barbara:** Mandatory vaccination, forced vaccination, no exceptions, no exemptions, vaccine pol-

icies and laws are completely contrary to the founding principles of the United States of America. This country was founded by—our founding fathers believed in civil liberties, individual rights.

That's what the bill of rights in the U.S. Constitution is about. That's what in Virginia, The Act for Religious Freedom, authored by Thomas Jefferson, is about.

Our country believes that there has to be a balance between public health policies that are directed toward population-based health, and those that protect from the fundamental civil liberties. And I think the mandatory vaccination system is completely out of control.

And part of the reason it's out of control is that doctors are unwilling to admit that vaccines cause far more harm than they were taught in medical school to believe, and that certainly the pharmaceutical companies want them to believe, and the government wants them to believe.

And when we have a situation where we have a public-private partnership, that has business partnership, that has been created since 2001, where the pharmaceutical companies are now collaborating with federal regulators and policy makers, and research scientists at NIH are sharing in patent profits with the vaccine companies.

When you've got a business partnership between the pharmaceutical companies and the government, the government is not going to regulate vaccines the way they should, make sure that they are safe and effective as the companies claim that they are.

They're not going to do the scientific research, really unbiased scientific research that will really get us the answers to these outstanding questions about whether there's an association between so much vaccination and chronic disease and disability increases.

You have conflicts of interest that prevent us from really understanding the whole truth and nothing but the truth about vaccines and what they can do to our health.

**Ty:** You mentioned—we see these—all these coincidences. We have these tens of thousands of injured children that manifested their symptoms right after their vaccines. If you were in a court of law, in order to prove the preponderance of the evidence, burden of proof, we would definitely have preponderance of the evidence if we see tens of thousands of these things happening.

If we see the fact that the vaccine injury has risen as the vaccine schedule has increased, you see all of these correlations. In a court of law, that would almost be enough to prove preponderance of the evidence, wouldn't it?

**Barbara:** You're absolutely right. But now, in the United States, we can't go in to a court of law in front of a jury of our peers and sue a vaccine manufacturer, or sue a negligent physician for harm that's caused to our children or to ourselves by vaccines. Because in 1986, the pharmaceutical industry had successfully lobbied Congress to give them a liability shield from vaccine injury lawsuits in civil court.

They said that if Congress didn't give them that liability shield, they were going to leave the country with no childhood vaccines. Congress said "We can't have that happen, we're going to give you liability protection." Our organization of young parents, and bear in mind, there was no internet, there were no cellphones.

Most people didn't have any personal computers. We had phones and snail mail. That's how we had to try to organize, okay? It's a totally different time.



We did everything we could to preserve liability, some liability for these companies, and those people, and people who give vaccines, doctors who give vaccines.

We were able to get—had only to be partial liability protection in that law, so that you could still sue a manufacturer if you could show the manufacturer could have made a safer vaccine. In 2011, a case went to the Supreme Court. *Bruesewitz versus Wyeth*. It was a DPT vaccine injury case.

And the lawyers representing the pharmaceutical industry, government, and medical trade convinced the Supreme Court that there should be no liability at all for the pharmaceutical industry when it comes to vaccines that are licensed by the FDA as safe and effective. The Supreme Court majority, with two dissents—two dissenting—there were Sotomayor, Justices Sotomayor and Ginsberg dissented.

The Supreme Court said, “Vaccines are unavoidably unsafe and there shall be no more lawsuits against any vaccine company that sells a FDA-licensed and CDC-recommended vaccine in this country.” So, today, if you or your child are injured by vaccine or if your child dies from vaccine, you cannot hold anyone accountable in a civil court of law.

Anyone who makes or sells the vaccine, who regulates the vaccine and who makes policy for the vaccine, who votes to mandate for the vaccine, or who gives the vaccine. The only one who’s left with any responsibility for what happens to a child, after that child’s injured by vaccine, is the parent.

Now we have the same pharmaceutical companies, medical trade associations, and public health officials who did that, coming around and saying “We have to eliminate all vaccine exemptions except medical vaccine exemptions in this country.”

No religious exemptions, no conscientious belief exemptions, only medical. Here’s what they’ve done to the medical vaccine exemption. The CDC has narrowed the medical reasons for not giving a vaccine to a child or an adult so that almost nothing qualifies. 99.99 percent of Americans do not qualify for a medical vaccine exemption under federal guidelines.

So, if this lobby, first the vaccination lobby succeeds, and eliminates all religious and personal belief exemptions, leaving only a medical exemption that has to be conformed to medical guidelines, in this country, we will have forced vaccination. No ability to go into court to hold anyone accountable, and you will have—it’s basically tyranny. There’s no other word for it but tyranny.

I do not believe Americans, if they really understand what is happening here, will stand for it. I believe that Americans who understand the truth about how many people are being hurt by vaccines will stand up and fight for their freedom.

And that’s what the National Vaccine Information Center is focusing on and that is helping parents in the States protect the laws, the vaccine laws, protect the exemptions that are in vaccine laws.

This is critical because vaccine laws are state laws. They’re not federal laws. The federal government makes recommendations, the states can either mandate or not mandate vaccines. They can include exemptions in those laws. It’s a state activity. So, we need to organize and we need to make sure that we’re going to protect our freedom to make informed decisions about vaccinations.



**Ty:** So, the statutory thing, it's a state by state issue, it's not a federal, it's 10th Amendment.

**Barbara:** Right, whatever was not defined in the constitution as a matter for the federal government defaults to the states. Public health laws are state laws. Vaccine laws are state laws. Now, the federal government has to protect the borders, so they can make laws about people coming into the country who have infectious diseases or who are not vaccinated.

But, in our country, it's the states. That's why you have different vaccine laws in different states. Different states have different exemptions. Right now, 50 states have medical vaccine exemptions. 47 states have a religious belief. Vaccine exemptions in 16 states have medical, religious belief, and a third exemption that's worded as either a conscientious belief, philosophical belief, or personal belief exemption.

**Ty:** So, we do currently have exemptions in most of the states. Different types of exemptions. Are you saying that the way that we're heading right now, those are potentially going to be eliminated in all the states or—what are the—are there specific states like California that they're going to be kind of on the cutting edge of this?

**Barbara:** Since about 2006, but especially after 2011, when the U.S. Supreme Court completely indemnified the pharmaceutical industry from any accountability in a civil court of law for vaccinations and debts. We have seen this forced vaccination lobby that consist of public health officials, pharmaceutical companies, and medical trade associations go into the States' legislatures and try to persuade the legislators to vote for repeal of vaccine exemptions.

Now, NVIC has something called the NVIC Advocacy Portal that we have been educating parents to actually interface with their legislators and try to have a dialogue with them to convince them that they should retain these exemptions.

We've succeeded in beating back the efforts of these forced vaccination lobbyists in 11 states. We lost in California in 2015. The personal belief exemption in California that was repealed in 2015 include both religious and the conscience or philosophical belief exemption. That's the only state that had it wrapped into one. So, that when they repealed that, all that was left was the medical exemption.

Now, in Vermont in 2015, they repealed the philosophical belief exemption but left the religious exemption. So, Vermont still has a religious and medical. They attacked Virginia. Right now, we are trying to save Virginia.

They want to eliminate the religious and medical exemption and have a medical exemption that conforms to the medical guidelines. It would make Virginia the most oppressive state in the whole country. The state where religious freedom was first codified into U.S. law.

Prior to the U.S. Constitution, Thomas Jefferson and The Act of Religious Freedom, an incredible, incredible document that became law in Virginia, defending freedom of thought, conscience, and religious belief. So, in Virginia, we have a very strong history to stand on. That's why they want Virginia. If they can take out Virginia, they can easily take out most of the other states that don't have as strong protection as we do in this state.

So, it's serious. I think a lot of people have been asleep. I don't think they have really understood what has been happening over the last 30 years. As more people have become aware that vaccines can cause brain and immune system dysfunction, as more children are born healthy, they get vaccinated and are never healthy again.

We have seen the infrastructure instead of doing what they should do, and that is doing the proper science, being partners with parents in preventing vaccine injury and death, they've taken a hardline approach. "It's either my way or the highway. You either do it or we're going to punish you. If you don't do it the way we say you should do it, we're going to punish you."

With societal sanctions, like "No shots, no school. No shots, no medical care. No shots, no health insurance. No shots, no job." This is a very serious situation. And if we don't stand up now and fight for our freedom, we're going to find ourselves in chains for the next century.

**Ty:** I can see that it visibly affects you. It does me too, because the country that we grew up believing that we lived in is vanishing.

**Barbara:** It is and it's happening in a lot of areas and it's happening especially in this area. Individual autonomy, the right to protect bodily integrity, the human right to informed consent to medical risk-taking, the human right to follow our conscience, to follow our religious beliefs, these are fundamental rights that define what freedom really means.

So, if the government takes that away from us, we're no better than slaves. We're no better than people who can be used—we have to have the right to have control over what goes into our bodies and the bodies of our minor children that we are responsible for legally and morally.

When something happens to our children, there is no one who loves our children like we do. The parents, the mothers and fathers, we have a moral duty to fight for these rights.

**Ty:** I agree. I agree with you, Barbara. 100 percent. It is our moral duty. It is so hard for me to grasp the contradictions that we have today because in 2011, you just mentioned that the Supreme Court ruled that vaccines are unavoidably unsafe.

But we're told that they're safe. "Give your child shots because they are safe." The Supreme Court said, "No they're not safe, they're unavoidably unsafe," so by definition, every time that you give a vaccine, it really is medical experimentation.

**Barbara:** It's vaccine roulette.

**Ty:** It is. So, doesn't the fact that the Supreme Court ruled that they're unavoidably unsafe, you couple that with the fact that we are forcing—California force-injecting children before they can go to school, doesn't that violate the Geneva convention? Doesn't that violate the Nuremberg Code? I mean as far as forced medical experimentation.

**Barbara:** It does open up the question of how much power are we going to give to government health officials? In 1905, the Supreme Court, in *Jacobson versus Massachusetts*, said that the states have the constitutional authority to use police powers to mandate smallpox vaccine.

That was what that decision was about, smallpox vaccination. That was a very utilitarian decision because the man, Jacobson, who was actually, I think he was a Lutheran pastor, had objected to the law because he said that he believed that there was genetic predisposition way back then—his son and him because they both had had severe reactions to previous smallpox vaccinations.

In a very utilitarian position, and again, utilitarianism was not the principle upon which the United States of America was founded. This country was founded on very different principles. Utilitarianism means the greatest happiness for the greatest number of people.

And when you use utilitarianism to basically buttress public health policy, you can create what is known as the tyranny of the majority, where minorities and individuals who are susceptible for example to vaccination, for biological and genetic and other reasons, are basically considered expendable – sacrificed for the happiness of the rest.

This is why I have great issue with both utilitarianism and with that utilitarianism decision in Jacobson versus Massachusetts which has laid the groundwork for the incredible power that has been appropriated by the mandatory vaccination system in this country for the last century.

Interesting thing about Jacobson versus Massachusetts. It paved the way for a decision in 1927, Buck versus Bell. Oliver Wendell Holmes was a Supreme Court justice that articulated the majority position in Buck versus Bell, 1927. And what that decision was is Buck versus Bell basically said it was okay for the U.S. states to pass eugenics laws.

Carrie Buck, they said was mentally retarded, just like her mother and her child. She was an unmarried mother in Virginia. They incorrectly judged her to be mentally retarded and also that her child was mentally retarded, and Holmes said three generations of imbeciles are enough. The principle that sustains compulsory vaccination is broad enough to cover the cutting of the fallopian tubes.

That decision gave the green light to Virginia and other states to pass eugenics laws that forcibly sterilized over 60,000 Americans between 1927 and the mid-1940s, when finally, they abandoned the routine sterilization of people they thought were genetically defective or in some way affected the health of the state.

Now, I think we really need to think about it. When you adopt a utilitarian rationale to forward public policy in vaccine mandates, it's a very slippery slope. And who's to say one child is expendable for another?

**Ty:** Rather that's exactly what they said with applying that decision to the Buck versus Bell. They said because these children are not going to be as intelligent as the others, let's sterilize the mother, forcibly.

**Barbara:** That's exactly the problem with this idea, that individuals don't matter. It's a devaluation of the respect for individual human life. And once you say as a society that individual human life doesn't matter, that minorities who are susceptible to having reactions or being injured by a pharmaceutical product like a vaccine, then where does it end? How many are too many to sacrifice? Is it 500? 5,000? 5 million? How many is too many to sacrifice in the name of the greater good?

**Ty:** Isn't that exactly what the CDC said when they did not release the findings of Dr. William Thomson, that they show that the minority black baby boys were getting autistic 3 to 4 times the normal rate, and they didn't release those findings?

**Barbara:** Actually, what they found was that all of the children, all of the children were having problems after MMR, but particularly the African-American boys were having a problem. It wasn't as if it was just the African American boys, it was a problem after MMR vaccination, an association with a constellation of symptoms that are diagnosed as autism.

And there has been so much controversy about the purported connection between vaccination and autism, and a lot of it has to do with that word, autism.

Because when you take a step back and take that word away, what you have is brain and

an immune system dysfunction occurring after vaccination and that has occurred since the first vaccine for smallpox. Smallpox vaccine was notorious for causing brain inflammation, for causing immune system dysfunction.

Every vaccine has a capability of doing that, but when doctors put labels on a constellation of symptoms, it's very easy then to create studies which will dismiss a particular label that they put on that constellation of symptoms. And that's what's happened with the association between autism and vaccination.

**Ty:** One of the things that you mentioned earlier, Barbara, was that the NIH—if I have this correctly, that the NIH have teamed up with big pharma and they share in patent profits. What exactly is going on?

**Barbara:** After September 11, 2001, Congress directed the federal agencies to create a public-private business partnership with the pharmaceutical industry that is developing vaccines. They did this under the umbrella of bioterrorism, creating vaccines to counteract bioterrorism, but it soon morphed into pandemic influenza, also.

Pretty soon you had this creation of this business partnership with the pharmaceutical industry. Now, NIH co-develops with the pharmaceutical industry new vaccines. And they share in the profits.

So, if you have agencies which are sharing in the profits of the development of new vaccines, and you have taxpayer money that is being paid to companies to create vaccine manufacturing plants for flu vaccine, you are not going to have those officials, or those scientists sitting at NIH and the officials at the FDA that are supposed to be regulating vaccines for safety and effectiveness, and the officials at CDC who make policy for vaccination, do everything they can when they find that there may be a problem with the safety or effectiveness of a vaccine.

You can't have all responsibility for developing vaccines, researching vaccines, regulating vaccines, making policy for vaccines, promoting vaccine use and also have these same agencies have oversight on vaccine safety.

But that's what's happened because they have a business partnership. You're not going to say to your business partner, "Well, there's something wrong with your product," because you're all sharing in the profits.

**Ty:** So instead of being transparent and trying to fix the problem, oftentimes, we see them try to bury a problem.

**Barbara:** That's right. What must not be cannot be, is what a lot of physicians who are giving vaccines really say when they see something bad happen after vaccination. And as far as the government is concerned, "We can't concern the public because we're going to lose prestige, we're going to lose money, we're going to lose authority, we're going to lose the trust."

The thing that's happened is there is a crisis of trust because they haven't been transparent, because they haven't done the good studies, because they have vilified anyone who criticizes the safety or effectiveness of vaccines.

They have made it an us and them situation, and the people feel it acutely. They feel as if they're being oppressed by the government health officials, by the doctors who are forcing them or denying them medical care if they don't obey orders to get all the federally

recommended vaccines, and by the legislators who were passing these oppressive laws.

**Ty:** I was forwarded a PDF file from Blue Cross that shows the way that pediatricians are compensated if they have, I think it was at least 63 percent of their patients fully vaccinated, their children, fully vaccinated, they get a \$400 bonus. Have you seen that document?

**Barbara:** I have heard about it but I haven't seen it.

**Ty:** I had a medical doctor forward it to me and say "You're not supposed to get this but here it is."

**Barbara:** Well, there you go. There's financial incentives all along the way for doctors to not have patients decline one or more federally recommended vaccines.

And there's all kinds of incentives at the legislative level because pharmaceutical companies spend a lot of money donating to campaigns, and medical trade associations do as well. And medical trade associations are often funded by pharmaceutical companies. So, in this country, we need to really build a firewall between the pharmaceutical industry and government.

**Ty:** It's a huge conflict of interest. I live in Tennessee and I went to—this year I went to AutismOne in Chicago, and I interviewed some doctors out there. Our personal physician in Tennessee, which we don't really go there, in case of an emergency we have a medical doctor there.

He came back—he went to AutismOne and he came back and he never knew these things about vaccines, and he came back and he posted on his website, "We will no longer be giving vaccines in this office," and he's been attacked.

Now the Tennessee board is now going after his medical license. I mean, it's terrible what's happened to him, just for being honest. That's what medical doctors should do, I think, once they see the dangers, they should be transparent. "We've got to look at this further." But he was convinced enough to say "We will no longer be giving vaccines at this office."

All that to say in this state of Tennessee for medical doctors, it's a great place to live for me as a non-doctor. But if you're a medical doctor, Tennessee is really bad. They don't have a lot of medical freedom for doctors there.

And so, this leads me the question back in the late 70s, there's a DPT vaccine in Tennessee that killed 11 babies in eight days. It was a hot lot, apparently. Can you address what happened regarding the DPT vaccine back then in late 70s in Tennessee?

**Barbara:** In 1978-79, there were 11 babies who died within a week of receiving DPT shots. The majority of them had received vaccine from a single lot, a single manufacturer. When the health authorities looked into it, the state health authorities, they realized that statistically, the probability of that cluster occurring by chance alone was very low.

The CDC got involved and they held a meeting, and they didn't want to alarm the public, so they didn't withdraw the lot. Eventually, the lot was withdrawn but the upshot of it was that the companies no longer would distribute a single lot of vaccine to a single location. They would take a lot and they would just distribute it all over the country so there could never again be a cluster report.

**Ty:** I remember reading something about that, and I can't remember the pharmaceutical company, but I remember reading internal documents that they sent that said, "Let's make sure

that we break up the lots and ship them all over the country,” for that very purpose.

It was an internal memo that said, “That way there won’t be any more clusters. It will happen all over the United States and no one will trace it back to the hot lot.” And what exactly, Barbara, is a hot lot?

**Barbara:** A hot lot of vaccine is a vaccine—it was usually associated with DPT vaccine—they don’t like to talk about hot lots—where an unusual number of children who received the vaccine from a single lot would have seizures, deaths, any serious adverse event. And so, they’re now no longer distributing lots into a specific part of the country so that there can’t be an association seen.

**Ty:** I see. So instead of having a dozen children in Nashville that have seizures, now there’s one in Nashville, one in Seattle, one in LA, one in Europe, because they spread—they shipped it everywhere.

**Barbara:** And you can’t make a connection because it’s been dispersed.

**Ty:** Wow, talk about dirty. Talk about dirty politics. Wow.

**Barbara:** But a great sales tool.

**Ty:** It is a great sales tool. I’ve often said that pharmaceutical companies, the vaccine manufacturers, they have a great business model for someone who has no conscience. Because they’re creating business. It’s not healthcare. It’s sickness perpetuation and sickness disease creation. Talk about the viruses that are being found in vaccines, like the PCV1 pig virus is being found in Merck’s RotaTeq.

**Barbara:** In 2010, actually, FDA officials did acknowledge that there was porcine circle virus, that’s a pig virus, PCV1, in GlaxoSmithKline’s rotavirus vaccine. That is a rotavirus vaccine given to young infants to prevent diarrhea.

They also found PCV2, which is another porcine pig virus that is actually lethal to infant pigs, it causes a wasting disease in DNA. This is DNA from these two pig viruses they found in the rotavirus vaccines. There was a temporary suspension of GlaxoSmithKline’s rotavirus vaccine; there never was a suspension of RotaTeq.

The upshot of it was after several meetings, basically nothing. I think a lot of people don’t realize that there is adventitious agent contamination in vaccines. There are a lot of limits of adventitious agent contamination, including DNA contamination from the cells that are used to make vaccines.

So, I was astonished when I realized that. And now, they’re actually boldly, in some vaccines, actually saying, adventitious agents, other adventitious agents in the vaccines. The regulation of vaccines, much higher standards, to ensure the public that these vaccines are not contaminated with adventitious agents.

**Ty:** They almost hide it in plain sight sometimes, don’t they? I remember, this is not a vaccine that’s used anymore but the Tripedia vaccine [indiscernible 00:46:14] until 2012, I think, it literally listed on the package insert that one of the known side effects was autism and anaphylactic shock.

It’s like, they put it on the package insert and they tell you you’re crazy when that happens



and you connect the dots. Anyway, here at the NVIC, you have 8 questions that you tell mothers and fathers to ask before they vaccinate. Can you go over those briefly?

**Barbara:** Right. Okay, we do. We have a brochure, “Before you vaccinate, ask 8.” It’s an educational tool really. Ask questions before you’re taking your child in, things like—we’ve kind of broadened it to adults as well, but for children: “Is my child sick right now at the time of vaccination?”

Because if your child is sick with a viral or bacterial infection, and you give a vaccine and the child has a bad reaction, you’re not going to know whether or not what happened to that child was influenced by the fact that the child was sick at the time of vaccination. The immune system was already trying to deal with an infection.

“Have I or my child have a bad reaction to a vaccine before?” This is like hugely important because children who have already had, like my son, had a bad reaction and regress after vaccination, if they are revaccinated, they could have a worse reaction and the worst thing in hell.

“Do I or my child have a personal history of vaccine reactions, neurological disorders, severe allergies, or immune system problems?” Again, we’re talking about genetic predisposition, biological predisposition. These are the children that are completely being ignored in one-size-fits-all vaccine policies.

But you as a parent can help protect your child if you understand what a vaccine reaction looks like, but I didn’t understand. In a deterioration, you should just write it off as not being associated when these doctors and these health officials don’t know that. So, you have to be your child’s advocate.

“Do I know the disease and vaccine risk for myself or my child?” The product manufacturer inserts are great pieces of information because it is a federal requirement for the vaccine manufacturers to list what happened in clinical trials pre-licensure.

“What are the reported post-marketing reactions or health effects that have been reported?” The ingredients in vaccines are on the manufacturer product insert. On NVIC.org, you can get those manufacturer products insert in one place, so I recommend you do that.

“Do I have full information about the vaccine side effects?” That goes back to recognizing a vaccine reaction. Things like high-pitched screaming, a shrieking that you’ve never heard your child do before can be the encephalitic cry that can indicate brain inflammation.

Children will cry for hours and hours, normal cry for hours and hours. That could be cerebral irritability also. Collapse shock, if the child goes limp. That happened to my child. Goes limp, appears to be unconscious then comes awake again. You need to be sure the child’s not having a brain inflammation if the child’s out for hours, and you say like I did, “Oh, he’s just taking a long nap.”

As a mother, you don’t want to overreact. So, you sometimes justify what’s happening by trying not to be too upset. That’s what I did, I didn’t understand.

“Do I need to keep a written record including the vaccine manufacturer’s name, and lot number for all vaccinations?” That is a federal requirement. The National Childhood Vaccine Injury Act that our organization worked on to try to get safety provisions in that law, says that your doctor is supposed to keep a permanent record of every vaccine and lot number given.

Your doctor is supposed to write down in the child's permanent medical record if there is a health problem that occurs, that's serious, hospitalization and injury, and report it to the federal vaccine adverse event reporting system.

Only between one and ten percent of all serious vaccine reactions are ever reported to the government. The vaccine adverse event reporting system, VAERS, was supposed to be a sentinel system for postmarketing surveillance to find out what's going on out there after a vaccine is distributed for millions of people to use.

Because these clinical trials are very small, relatively small. And they're also cleansed, in that the participants in vaccine trials often do not reflect the population that gets the vaccine after it's licensed. They whitewash it. How?

Well, children who are sick at the time of vaccination don't get vaccinated. Lots of kids get vaccinated when they're sick in this country. Children who have severe allergies, who have brain immune system disorders, they aren't in those trials, but a lot of kids like that get vaccines, all of them do.

In these clinical trials, they'll often use an active placebo instead of an inactive placebo. I was a consumer member of the FDA Vaccines and Related Biological Products advisory committee when the Prevnar vaccine came through, the original one, the Prevnar 7.

**Ty:** What's Prevnar for?

**Barbara:** That's pneumococcal vaccine. I sat there, I looked at the information, and I said, "Wait a minute, the control vaccine for this was an experimental meningococcal vaccine." They didn't know the reaction profile of the meningococcal vaccine, and they have an experimental pneumococcal vaccine, Prevnar.

They didn't know the reaction profile of that vaccine. They gave the children both arms DPT vaccine. Every time a seizure occurred, they wrote it off as DPT, not as the vaccines they're trying to license in the experimental vaccine. That was a control.

**Ty:** So, there was no control?

**Barbara:** How can you figure out if you're not in a science experiment—in eighth grade, you're taught that when you're in a science experiment and try to figure out what's happening, you have to have the experimental arm and you have to have a control that is not active, otherwise, how do you understand what the reaction profile is?

**Ty:** I read something recently about the HPV vaccine that they—I think it may have been Gardasil, that when they were doing some trials on there that they gave the control group injections of polysorbate 80.

**Barbara:** Aluminum. I was actually on the committee when Gardasil came through for the first time as well, and I looked at this and I said, "Okay," first of all, they use surrogate markers for showing it, that it was effective. They said, "Okay," they didn't really show that it prevented cancer.

They showed that it prevented pre-cervical cancer, like changes in the cervix. I said, "You want to really prove that this vaccine works, you've got to show that it prevents cancer." They didn't show that. They cut the trials off. I think adult women was about 10 years, but here's the thing.

Gardasil vaccine was licensed after only having studied about 1,100 girls under the age of 16 before it was recommended for all 11 and 12-year-old girls. 1,100 girls followed up for 2 years. That is not a database. That's not a scientific proof that that vaccine is safe for all 11 and 12-year-old girls. And now it's being given to 11 and 12-year-old boys as well.

That vaccine was fast-tracked. Gardasil was fast-tracked. It was a genetically engineered vaccine using virus-like protein particles the first time that it had been done and they used an aluminum placebo, aluminum-containing placebo as a control for Gardasil in those trials, and aluminums in Gardasil, and aluminum is bioactive and neurotoxic.

So, when you take Gardasil with aluminum in it, and you have an aluminum-containing placebo that's bioactive, how are you really going to truly understand the reaction profile of Gardasil?

**Ty:** You can't. That's why they designed it that way, right?

**Barbara:** I think, yes, I think they tried to mask the reactivity.

**Ty:** A third-grader can look at that. I could sit down and explain this to my six-year-old and she would understand that that's dishonest. That's dishonest to do the trial that way because you've rigged the results.

**Barbara:** It would fail an eighth-grade science class. It would fail. F on your paper. You didn't properly design the experiment.

**Ty:** But that's the test that's been used to show that Gardasil should be used for all young girls and boys now. That's unbelievable.

**Barbara:** As I said many times, that's not science, that's politics.

**Ty:** It is politics.

**Barbara:** And business.

**Ty:** It's mostly business, isn't it? It's actually more evil than that. We won't go there. You talk about eugenics.

**Barbara:** We'll let the audience come to their own conclusions.

**Ty:** We'll let them come to their own conclusions, but when you talk about the eugenics aspect and yeah, it's a lot deeper than many people realize. Can you talk about pertussis vaccine failures particularly in light of the fact that we don't have herd immunity with pertussis?

**Barbara:** I started looking at pertussis and pertussis vaccine back in 1982, and really the story has come full circle in the 21st century because what we know now is that DPT vaccine, the wholesale vaccine that hurt my son, that was introduced in the late 1940s in this country and used on a mass basis, and the DTaP vaccine that replaced DPT in the late 90s, neither of those vaccines could prevent infection, and transmission of infection by vaccinated persons.

What you have is a lot of people who have been vaccinated, who have mild symptoms or asymptomatic, no symptoms at all, who can become infected and transmit to both vaccinated and unvaccinated people.

So, it's an illusion that there is vaccine-acquired herd immunity. And it's always been an illusion because the microbe has responded to the mass vaccination and has evolved, created strains that are not covered in the vaccine, that's one thing. The other thing is that immunity, vaccine-acquired immunity is extremely temporary, if at all, perhaps less than two years.

So, you have a lot of pertussis in our country but it's not being identified and it's not being reported. You're seeing a rise in pertussis now, reports, because there are cases that are symptomatic are being diagnosed but you cannot say that pertussis vaccine is preventing pertussis in this country, and therefore, you cannot claim that there is herd immunity from pertussis vaccine.

**Ty:** What do you know, Barbara, about the Salk and Sabin versions of the polio vaccine?

**Barbara:** Well we know that the original Salk inactivated vaccines, polio vaccines, that were given to over a hundred million children, including me, I got several Salk polio shots, were contaminated with Simian virus 40, because those vaccines used rhesus monkey kidney tissue cells to produce the vaccine.

In 1960, an NIH scientist, Bernice Eddy, found that rhesus monkey kidney cells that were used to produce the inactivated Salk vaccine caused cancer when they were injected into hamsters. That was 1960. The authorities knew there was a potential cancer problem with the Salk polio vaccine. They didn't tell the public.

The Salk vaccine was then replaced by the Sabin oral polio vaccine in the early 60s. The Sabin vaccine moved away from rhesus monkeys and used African green monkeys, but the seed stocks of the Sabin polio vaccine were contaminated with SV40.

That is not understood by the public, they think it was only the Salk vaccine. Fast forward to the 1990s, researchers began to culture out SV40 DNA, from the tumors, the cancer's tumors, of children and adults, suffering from bone, brain, and lung cancer. SV40 DNA.

They made an association between the contaminated polio vaccines and the SV40 DNA that they're culturing now. And different labs across the world confirmed SV40 DNA in these cancers.

Not only adults that got the vaccines, but children. The government, the federal government said "no association. There's no association between SV40 DNA in these tumors and the cancers." It continues to be an outstanding question about whether the people like me and others who got contaminated vaccines, contaminated with a Simian virus, a monkey virus, potentially passed down to their children the SV40 DNA that then caused brain, bone, and lung cancers in these children as well as the adults who got them.

This is still an outstanding question. Nobody wants to talk about it. You won't find anybody talking about it because the scientists in the 90s who tried to look into this and say something about it, were vilified. And these were scientists from very prestigious universities.

Whenever doctors and scientists try to do the right thing when it comes to vaccine risk issues, they are punished. They are punished by the government, they lose government grants, they are vilified in the media. It's the same with a physician who steps forward and tries to be honest and recognize and have a conscience and say "We need to do something different. We need to care about these children."

Demonized, vilified, as if trying to drum these people out of society, because they were

honest. This is not the way that science should be conducted. It's not the way that—we should be rewarding people who are trying to do the right thing, but that's what's happening now.

It's happening to parents who talk about it, it's happening to organizations who talk about it, and it's something that makes me very sad because a lot of people are being hurt because they refuse to allow people—they refuse to deal with the problem.

**Ty:** Yes, it makes me sad as well. It does, because these are not numbers, these are people, children, that are being permanently damaged, oftentimes because this information is being embargoed. That's what they called it at Simpsonwood. They embargoed the data, they didn't release it, didn't want to tell people.

You mentioned that the government said there's no correlation between the SV40 and cancer even though independent study showed there was. I remember reading a study published in the *Lancet* in 2002 that showed that there was a correlation between the SV40, the polio-contaminated vaccine, and cancer. So, the government said there's no correlation because there can't be.

You said that earlier. There's no correlation because there can't be a correlation. So, that's sad because it's not science. Science says, "Look, here's the test. The end result is what it is and whatever it is we share because this is what science is supposed to do," supposed to tell the truth, it's not supposed to have a pre-ordained conclusion and back end to it. So, what's the untold story about the Hepatitis B vaccine, Barbara?

**Barbara:** Well, I remember in 1991 when the CDC said every newborn baby in the newborn nursery must get a Hepatitis B shot before leaving that nursery. Hepatitis B vaccine was a vaccine for a disease that had a very low incidence in the United States.

Hepatitis B has been endemic in certain parts of Asia and Africa, but it's never been a problem in the United States, Europe, or Canada. However, they said, "Oh, got to give all these babies the Hepatitis B shot at birth, even though the high-risk groups are adult groups."

IV drug users being the leading group. 80 percent of IV drug users have hepatitis B. But there was almost—in 1991, less than one half of 1 percent of mothers had hepatitis B who could possibly give their newborns hepatitis B.

And when that policy came out, I remembered going to a meeting in the 1980s at the CDC. I was there with the mother reporting the death of her son from DPT vaccine.

And as we waited to talk, there was a presentation on hepatitis B vaccine by a manufacturer who said, "Look, if you can't get the high-risk groups in this country, the IV drug users, people with multiple sexual partners, to use this vaccine, you're going to just have to pass laws to shoot it into the arms of every high school kid in this country because we're not going to have an orphan drug on our hands."

And instead of shooting it into every high school kid, although they're doing that too, they decided to get the babies, the little babies at 12 hours of age in the newborn nursery when you have absolutely no idea, the immune status of that child, the neurological status of that child, when that baby has just emerged from the womb and you are going to stick a Hepatitis B shot in that child, when most mothers, 99.99 percent of mothers are not Hepatitis B positive and there's no risk to that baby for Hepatitis B?

And then you know that the Hepatitis B antibodies wear off and when the child becomes a teenager and may become a drug user or sexually active or multiple partners, may not be protected? This was a policy that had absolutely no science behind it.

One meeting I went to said that that vaccine was only tested on a couple hundred of women who had Hepatitis B, only tested on a couple hundred of children born to women who had Hepatitis B before it was licensed. So, why are we injecting every newborn child with Hepatitis B vaccine when there's virtually almost no risk for them to get that disease which is primarily an adult disease?

**Ty:** It makes no sense at all. They do the same in Panama. My youngest daughter was born in Panama and they do Hepatitis B at birth there. We had a home birth but they almost wouldn't let us get her passport to get out of the country. They wouldn't give us a birth certificate until we got her injected with Hepatitis B.

We didn't. It took three days of holding out, two to three days, three days of holding out, two days of arguing with the medical person down there before they finally agreed to give us a birth certificate. All we asked for was a birth certificate. But they do it in Panama as well. It makes no sense at all.

**Barbara:** And I've had mothers call, parents call from the hospital in tears saying "They will not let me leave the hospital with my newborn baby unless my baby gets Hepatitis B vaccination." And I say, "There is no law. There is no law that I know of yet that says you cannot leave that hospital without a Hepatitis B shot. Are you Hepatitis B positive?" "No." "No? Well, leave."

**Ty:** Then leave. Take your baby and go. Let them try to stop you, right? So, last question, Barbara. Every October, flu season gets here. Get your flu shot, right? I was just at Alan's house, behind camera here, behind the set, and it was his birthday party. Happy birthday, belated birthday AI, but I was at his birthday party a couple of weeks ago, it was in Austin, Texas, I drove away and I sent you the video.

I said, I sent Alan and Travis, too, the video. I pulled up next to a Walgreens, and literally—I filmed this because I want to put this in the documentary, I got it on my camera right here.

"Coca Cola, 2 pack for \$8.99. Twinkies on sale. Get your flu vaccine." It's just like we're being conditioned that getting the flu vaccines is just as normal as going to buy a 6-pack of Coke and getting a box of Twinkies. "Get your Coke, get your Twinkies, get your shot on the way out."

**Barbara:** It's all about marketing. What people don't know is that CDC, on their own website, have now admitted that in the last 10 years, the flu shot doesn't work half the time and in some years, it doesn't work at all, and that's the wrong information, okay.

About 75 percent of people who get vaccinated can still get infected with the flu, they can still pass the flu on, influenza, on to other people. But you know? In this country, most of the symptoms that we have during the winter that they call the flu season, coughing, runny nose, fever, are not due to type A or type B influenza.

Only about 20 percent of those symptoms actually are type A or type B influenza. And every year, the government tries to guess which strains of influenza are going to be circulating. Lots of times they don't guess right. But you still take a risk when you get that flu vaccination. There also were studies that show that children who had seasonal influenza shots actually are more likely to get infected when a pandemic flu strain comes around. That occurred in 2009.



So, the take-home message is the flu vaccine doesn't work most of the time. A lot of what's going around out there is not actually influenza, it's other things, and so the shots are not going to protect you against those other things. And there's a big question about whether—if you get a flu shot every year, whether or not you're more susceptible to other strains of influenza that come around.

So, I think people again need to do due diligence. So many people will do due diligence and research when they go to buy a car, when they go to buy a house, but when someone's going to inject something into you or your child, you don't do that same diligence, and yet, the vaccine you get could harm you.

Unpredictably, you can be healthy and still get harmed. Or you can be somebody who's genetically or biologically more susceptible than other people and your risk are much greater. So, the message is buyer beware. Patient beware. Become educated about infectious diseases and vaccines and make the very best decision that you can for yourself and your child before you get vaccinated.

**Ty:** That's good advice, Barbara. That's why the work that you're doing here at the NVIC is so important because you are giving the buyer, the parents, information so that they can make an informed decision. So, I really appreciate all that you do and continue doing.

**Barbara:** Thank you so much.

**Ty:** You bet.

[End of transcript]

# Chapter 16:

## *Interview with* **Allison Folmar**



**Ty:** Well, Allison, thank you for joining me today. I really appreciate you taking the time out of your busy schedule here.

**Allison:** Thank you for having me. This is a very important issue.

**Ty:** Yeah, it is. So, tell our viewers a little bit about what you do. You're an attorney?

**Allison:** I'm an attorney. I practice in the Detroit metropolitan area, but I represent parents actually from all over the country who have had to fight this very unfair, unfortunate fight against Child Protective Services when they assert the authority that they are given by the state and they remove children who have disabilities and/or autism, and I get their children back for the parents.

**Ty:** Wow!

**Allison:** Yeah.

**Ty:** What a noble job, yeah.

**Allison:** It is a noble job. It's a tireless work, because unfortunately, gradually there's a trend, a very aggressive trend to supersede and usurp the authority that parents have, given by the Constitution, to be able to make those choices in the upbringing or rearing of medical health decisions of their children.

Parents know what's best for their children. There's a presumption in the law, in the federal law, that parents are acting in the best interests of their children. And the standard is a very high standard for the court to intervene.

It is an immediate threat. It is a compelling state interest, yes. But yet at the same time, when a parent is choosing a course of medical treatment, one course of medical treatment over another course of medical treatment, that is not neglect.

Neglect is in the face of having to do something medically, you do nothing. The difference here is that when a parent chooses an alternative method, that parent is to be given deference. And that deference is where the slippery slope is really spinning out of control here.

Because—and that's why more and more children are being taken from their parents, family's rights are being evaded. And what's more important than evading someone's rights is that you are intervening in the health or welfare of a child when it is unwarranted.

These children are on healthy, progressive paths that their parents are putting them on with certain courses of treatment. So, it's a very fine line. Judges are somewhat intimidated, quite honestly, because they don't know enough.

They don't want to play God and say "Well, I will make that decision about what course of treatment is best." So, that's where you need skilled lawyers and litigation to be able to bring out and cross-examine doctors in terms of their medical opinion.

Because it is actually just that. It's just another course of treatment. And when the parent knows what's best for their child, that parent is the one knowing that their child doesn't respond to certain medications or drugs that doctors want to prescribe.

Their child may not be a child that can take certain anti-psychotic drugs. That's not what the parent wants to give to the child because that's not what's best for the child. And that,

absent any abuse or neglect, that parent's choice of treatment has to have careful consideration and deference in a court, and that's what's not happening.

**Ty:** That's really interesting information. I didn't know that. You mentioned that there's a presumption in favor of the parents.

**Allison:** From the beginning, from 1925, there's a case—

**Ty:** We don't see that, typically.

**Allison:** Exactly. Well, the founders came upon all the—our fundamental rights. You have a fundamental right to act in the best interest of your child, raising and rearing your child, being able to choose what school your child goes to, what religion you want to be, and what medical choices.

There are some people who choose a holistic path, and there are some families who don't. But whatever that parent feels is best for that child, and there is no level of immediate risk of harm to that child, that parent, the law says that that parent is to be given deference to their choice of treatment, and that's what's not happening.

**Ty:** And so, you've seen personal choices where that preference to the parents has not been—

**Allison:** It's done over and over again. Unfortunately, it's the complete opposite. When a parent—when Child Protective Services involves—for example, you can have someone to just make an anonymous call and say “Hey, I think that child over there, their parent is...”

They can say anything. “...is having some whack type of treatment for the child. I don't think it's right.” And now Child Protective Services is knocking on your door to investigate how you parent, how you live. And the burden has to shift.

It's a burden, a preponderance of evidence that the state has to show, and a compelling state interest. What, if so, is there any immediate risk of harm? I may not want my child to have gluten. Okay? And you can't come in and say “Well, no. We choose to have graham crackers and all kinds of sweet things that's offered at school, and your child has to partake of that.”

I mean it's something that simple. And what happens is that things just spiral out of control to a point where now, the child is being—there's a presumption against the parents before they ever have due process, before they ever walk into court, before they can ever hire a skilled lawyer.

You shouldn't have to hire a skilled lawyer to protect a fundamental right of interest when you're being accused. Because the burden is not on you. It's on the state.

**Ty:** Right.

**Allison:** The case log gives parents wide access to being able to raise their children. Not only in areas of their physical health, but their mental health as well. The courts have recognized, just historically, that a psychiatrist can be absolutely wrong about their opinion about the course of treatment for a child.

Now that is one of the biggest issues right now. Every child has ADD, ADHD. There are all types of labels that are being given to a child. Well unfortunately, along with that label is also a prescription for some type of anti-psychotic drug.

That parent has an affluent right to say “I’m not going to alter the course of my child’s brain forever by temporarily giving my child this drug that we don’t know the side effects. And even when you do know the side effects, they’re so horrible that I don’t want my child going through the side effects of this medication. Let’s go through this therapy. Let’s go through this treatment.”

And the state comes in and says “No, no, no. Your child is way too far.” Well, who’s determining too far gone? Who’s determining these behavioral issues? Teachers or other unqualified administrative staff? So, the system has to be able to work.

Back way in the day, social workers were truly social workers and not little mini police officers trying to step into the lives of families and regulate what a family does. But there is this push, this very aggressive push now, for children to be in foster care.

So, why is that? Well, at least in Michigan, for every child that is signed up to be in foster care, the state receives \$12,000 from the federal government for every time a child is removed from their home and put into some type of placement. \$12,000.

**Ty:** Wow!

**Allison:** That’s not even to mention if they claim the child has some diagnosis, or some mental health issue. Well, what child wouldn’t have some emotional mental health issue when you rip him from his family, the only stability and family that he’s ever known?

**Ty:** Right. You just created it.

**Allison:** You just created an emotional storm by removing a child. And so, I’m working with a number of organizations to say “Hey, wait a minute. Families first.” That’s how it used to be. Families first. Let’s go back to how we used to do things.

It’s not a teacher trying to designate that a child is supposed to be—the form of what a child is supposed to be. Every child is different. There are some children who are very rambunctious. Okay? Well, we don’t want to necessarily label those children, because those are geniuses. Those are our microbiologists. Okay? But instead of seeing that, what they see is a little rambunctious kid.

**Ty:** So, let’s drug them.

**Allison:** Let’s drug them. Let’s dumb them down. So instead of Johnny being rambunctious and running around because he finished his work an hour ago, and the rest of the kids are still working on theirs, we’re going to give him this drug, and [slurring] he’ll be like this.

That’s not life. And it’s not quality of life. And a parent has a right to say no, whether it’s to an anti-psychotic drug, whether it’s to choose whether or not to vaccinate their children. That’s what this whole conference is about: children and the vaccinations, and what do we know about autism.

That is that parent’s choice, to raise their child in accordance to their beliefs. These parents are not doing nothing. They’re doing something. And because there’s an alternative treatment methodology that they choose to take, that’s not medical neglect.

And therefore, the state cannot interfere, because “I choose to believe something different about a course of treatment.” And whether it’s diet, no matter what it is. So, that’s a major issue now that parents are dealing with.

**Ty:** It is. Have you seen the government, or the CPS try to step in to parents that would not vaccinate?

**Allison:** Oh, absolutely. There have been forced vaccinations. I mean, downright, forced vaccinations, where they will come and remove the child and take custody of the child legally, and bring that child so-called up to standard or code of where that child is supposed to be.

And it's mandated by the state under the guise of the child is in a public school. Well, guess what? You can't—a child has a fundamental right to a free public education. So, you can't take one fundamental right, which is the right not to be vaccinated, and conjoin and take away another fundamental right, which is to a free public education.

But that's what's happening. The state is saying "If you're going to have your child in not only a public school, a private school..." Well, what's going on with that? So, the medical exemptions, the religious exemptions, the personal belief exemptions, that's all going out the window.

So, there is a push to have a one set frame of mind of how all children need to be, based on scientific data that is not conclusive. Okay? And I'm not a doctor. I'm not going to argue that position. What I do know is that it is assault and battery to mandatorily give a child a permanent vaccination that will change the course of his or her life on a basis where the court takes the child over for a temporary period of time.

And now "Here you are. I'm going to give you back now a damaged child. You gave me a whole child. I'm going to give you back a damaged child." And then they say "Oh, hands off." "Oh, your child is thrown into autism? Oh well."

**Ty:** "Sorry about that."

**Allison:** Exactly.

**Ty:** Well, I appreciate what you said. You're not a doctor, but you are an attorney.

**Allison:** Absolutely.

**Ty:** You know the law—

**Allison:** The legal ramifications of it.

**Ty:** And you said, and I did not know that there were—the idea of forced vaccinations, you're forced to get a vaccination. But what you're saying is they've actually taken children and taken them to the doctor's office and caught them up.

**Allison:** Well, essentially what they do is take custody, temporary physical custody of the child, and place the child in foster care.

**Ty:** And then they catch them up?

**Allison:** Then they catch them up.

**Ty:** And the reality is, when you—let's say they're 20 shots behind. They catch them up. We don't know the ramifications.



**Allison:** That's what has caused so many vaccine injuries to our children over the years, and that's one of the cases that I have right now, with the Ariana [indiscernible 0:13:35] case. Ariana needed to be—well she—many parents subscribe to even a graduated schedule of vaccines. Again, that is that parent's choice based on the research and the knowledge that that parent has in terms of what their child's reaction would be.

**Ty:** That's their right.

**Allison:** That's their absolute right. Absolutely. And so, yeah, that's what we're dealing with, unfortunately.

**Ty:** Well, you said that many parents agree to a graduated schedule. What—that's the parent's choice, right?

**Allison:** That's the parent's choice. And not just that, many parents they're right. These are not just parents who said "Oh, well I'm going to wake up and just decide to do that." They've done the research. They know. They have other children who have been vaccine injured and said "You know what? This is not for my child. They go into seizures immediately after being vaccinated. What else can you relate it to?"

So, there are legal ramifications, and that's what we're trying to enlighten the legal profession, the judiciary, about. Because ultimately, these cases are going to court. You can deal with the social worker or CPS, but ultimately a judge has the final word on whether or not a parent has a constitutional and fundamental liberty interest in the upbringing of their child, as long as there is no abuse or neglect present.

**Ty:** As an attorney, Allison, you did say that's assault and battery.

**Allison:** It is assault and battery.

**Ty:** When they take your child, and force a vaccine.

**Allison:** Against parent's will, against a child's will. You are physically—it's a physical touching of another without their consent. That's assault—that's battery. The anticipation of that battery is actually assault.

**Ty:** Okay. So, it's assault and battery.

**Allison:** It's assault that I know is coming because now I am afraid of an immediate—I have apprehension about immediate physical unconsensual touching. So, the assault is my apprehension of what is to come, which is the physical touching without my consent.

**Ty:** Okay. So, it most clearly is assault and battery.

**Allison:** Absolutely. All day long.

**Ty:** And that's not even to mention what's in the needle.

**Allison:** Exactly. Having permanent, lifelong, lasting effects. And so, you have to respect the parent's position. You have to respect the parent's fundamental right and the case law, the statutes that go along with those rights all throughout history.

**Ty:** And so, you're right. You do. It seems like we've lost our context of history of what's hap-



pened in the past.

**Allison:** And our rights have been watered down over time. And there's an erosion of your parental rights as it pertains to making those core educational decisions, making those core societal decisions. What you want your child to see on television, what you want your child exposed to hearing in school, certain teachings about sexual education, etcetera.

What might be acceptable for one child at one age is completely not acceptable for another child at another age. Where a parent can't be able to step in and intervene and say "Wait a minute. My child has had a different experience. I don't want my child to have that course of education."

**Ty:** They've taken away individuality and put us all into a collectivism.

**Allison:** That's exactly right. And no parent should have to go through a court system to assert something that they have a fundamental right in having, just by being a mere American citizen. This is still America.

**Ty:** Yes, it is.

**Allison:** Absolutely.

**Ty:** It is. And that's why what you're doing is so important.

**Allison:** Yes.

**Ty:** Last question for you. This is something that strikes me as odd, that you have seen children that have been taken, forced vaccinated, and you said caught up. So, they've done multiple doses to catch that child up. This is so unmedical, for lack of a better term. I mean you can't take a prescription drug unlimited. You can't take a whole bottle of Xanax, or you'll die.

**Allison:** That's exactly right.

**Ty:** You can't even take a gallon of water and drink it all at the same time. If you're a child, it will drown the child. But you can sip it over the course of a day. But then when it comes to vaccines, they just go inject them with 10-20, whatever it takes to catch up. And they say there's no harm in that.

**Allison:** Exactly.

**Ty:** That is intellectual dishonesty.

**Allison:** Well, and it's just beyond human comprehension that no one is fighting against these vaccine companies against this. I mean this is a federal issue that this big pharmaceutical company versus the everyday Joe and Jane Parent. You see?

And so, that's the fight we're in that no one is caring about that, that these children, the course of their lives are changed forever. And I have to go and sue in federal court to try to get compensation for my child when they're vaccine injured? This child is damaged, damaged for life, because of something I knew would harm my child, and I said no to it.

And by exercising my right, and now this is where we are. Because they're saying that the common good of society is benefited by each and every child being vaccinated, and

nothing could be further from the truth.

**Ty:** So, Allison, what's your experience with parents that try to avoid—in California, we had mandatory exemptions. I know you're in Detroit, but in California, mandatory vaccines.

**Allison:** Fight against the SB 277.

**Ty:** You did?

**Allison:** Oh yeah. So, I was there, yes.

**Ty:** So, you're against it? I knew you would be.

**Allison:** Yeah.

**Ty:** What's the experience now? Can parents home school to get out of that?

**Allison:** You can home school, but you've got to remember, not every family's able to home school.

**Ty:** True.

**Allison:** There are parents who actually have to get out and work and sustain their families. So, it doesn't work for every parent to be able to home school your child. That's a certain talent and gift that many parents are blessed with, but many parents are not.

**Ty:** Yeah.

**Allison:** So, what about those parents?

**Ty:** Yeah. And many of the parents that are—that have kids, may be a single parent, right?

**Allison:** Exactly.

**Ty:** And let's say they're low income.

**Allison:** Exactly.

**Ty:** They have to work. They're not financially independent.

**Allison:** And that's what we say. It's not a one size fits all.

**Ty:** Yeah, this is—in a way, that law, the SB 277, is really discriminatory against the lower class.

**Allison:** Exactly.

**Ty:** It is.

**Allison:** Absolutely. And see, that's where we're making awareness to even African-Americans community, because the pervasive thought is "Oh, well black people vaccinate their children." Many African-American people are not aware of the full extent of how these vaccines are impacting their autistic child and how that damage even occurred.

Because we're busy trying to pay the bills and work and being single parents, that things

that other races of people have long realized and they're working to prevent and avoid, and we're falling into that loop. So, right now it's a major movement of education. And that's what this whole conference is about. That's why I'm so honored to be here.

**Ty:** It is. Thank you so much. One more question, because you just mentioned the African-American community. As an African-American, how does it make you feel about the CDC whistle blower story, that the CDC knew that the MMR vaccine was causing autism at something like three to four times the rate in black babies?

**Allison:** It's unconscionable. And there has to be an awakening in the African-American community. We have got to reach out to our churches to—our legislators, and have a voice in this.

Black boys are three times more—well no, I'm sorry, 296 percent more likely to become autistic than those children of other races as a direct link to the MMR vaccine. So, tests say that there is not that connection. It just does not make actual sense. It does not make legal sense.

**Ty:** And the CDC knew, and they had a good old book burning, or document burning party.

**Allison:** Exactly. So, that's why every parent needs to get out and see *Vaxxed*.

**Ty:** Wow, well you know what, Allison? What you're doing is so important.

**Allison:** Thank you.

**Ty:** I really appreciate that mission to help these parents and these children.

**Allison:** Absolutely. Thank you.

**Ty:** Thank you so much for your time today.

**Allison:** Absolutely. Thank you for having me.

**Ty:** You bet.

[End of transcript]

# Chapter 17:

*Interview with*  
**Dr. Srinivasulu Gadugu, M.D.**



**Robert:** So, we're here at the homeoprophylaxis conference in Florida and we're visited by a doctor, medical doctor, homeopath, all the way from India to talk to us about the alternatives to what has become known as traditional vaccinations as we move into something called homeoprophylaxis, prevention via homeopathic medicine. The use of nosodes and in particular we're going to talk about something known as Japanese encephalitis and how in India they've had success in utilizing homeopathy and its prevention in place of vaccination. This is extraordinary.

We're here with the Dr. Srinivasulu Gadugu. It's such an honor to have you traveling all the way around the world to be with us. And as an MD and homeopath, people should know in India that is more of an accepted type of medicine.

**Dr. Gadugu:** Yes.

**Robert:** Did they utilize traditional medical schools for training?

**Dr. Gadugu:** Yes.

**Robert:** When you work in the government with nosodes, as we talked about in homeopathy, the homeoprophylaxis, is this with the blessing of the government or is this having to, "Don't tell anybody, we're going to sneak the homeopathy in." How have you been able to interact?

**Dr. Gadugu:** It is the necessity of the government and the one from the people which have forced the government to take the help of homeopathy.

**Robert:** So, the government now is accepting the use because of the demand of the people or the doctors?

**Dr. Gadugu:** There was a situation with several thousands of children were affected with the Japanese encephalitis and homeopathy addressed, quite effective. Then people started demanding for more homeopathic clinics to be started by the government.

So, all the people's representatives they met the Chief Minister of that particular state and they say that we want more homeopathic doctors to be made available in our state. That's how there was an epidemic and people realize the potentiality of homeopathy then the government came down and said, "Yes, this is the time. We are here for the people's requirements." Then they immediately open 180 dispensaries of homeopathy in 24 hours. That was the demand from the people and that was the commitment of the government.

**Robert:** So, the people experienced a great benefit from the use of homeoprophylaxis with Japanese encephalitis, they approached the government and said, "We want more of this" and the government responded because it worked.

**Dr. Gadugu:** That's right. That was an emergency life situation when there was no vaccine, there was no other alternative for the people and homeopaths have gone to the grassroots of the villages and they started distributing homeopathic medicines.

In India, as you all know, it's almost a hundred-years-old system of medicine and the people, especially the children, they started liking this small pills. And within few hours the fever, the symptoms of Japanese encephalitis started coming down. They were wondering how so effective this particular medicine, why can't we distribute it to a large number of people?

And also, it was way back in 1979 and the part of [indiscernible 0:03:30] where the epidemic started surfacing and several children were dying. So, homeopathic doctors there, they

started giving Belladonna, the most effective drug used in homeopathy, and they started getting responses. That epidemic started coming down.

Subsequently, every year it started reappearing. In 1999 there was a very big epidemic, very big epidemic. The efforts of the homeopaths where required in large number. Then the government, the allopathic modern medicine department, they said that we are helpless in this particular situation.

So, the government had given order that all allopathic network has to cooperate with homeopaths in distributing this medicine. The government brought in an order and the health minister of that particular state was a medical doctor. She was a gynecologist. The Chief Minister said, "If you want to continue as a health minister, you have to control this disease."

Then she called for a meeting of all allopaths and homeopaths and they say, "Allopaths, we have to import the vaccine from China or Korea. It takes a long time. Even if we import also, we can't say whether this vaccine will be effective in controlling this particular episode of Japanese encephalitis." Then homeopaths were asked, "Can you do anything?"

That was the time I was also present in the meeting. Already, I have an experience for treating the cases. Then I have shown a particular case how effective this particular medicine like say evidence-based medicine. I have treated few cases, one case I have video recorded which I will be presenting in this conference tomorrow and one after having seen that particular case the minister said, "Yes, we have a substantial evidence of homeopaths to contain this particular disorder."

She gave a green signal. That's how almost 20 million children were covered with homeopathic medicines. That was the time my teacher, Dr. [indiscernible 0:05:50] who is a pioneer of this public health homeoprophylaxis. He was the one co-introduced the concept of homeoprophylaxis in India way back in 1950s.

**Robert:** Wow. You mentioned the use of Belladonna which is a remedy that in a mother form it can be toxic but in a homeopathic form it is completely safe.

**Dr. Gadugu:** That's true.

**Robert:** I will add here, in 2010 the FDA in the United States warned against teething tablets for children, homeopathic because it had Belladonna in it. Yet no toxicity. And it happens to be that the teething tablets are used in America during the teething cycle when they're also getting a lot of vaccinations at the same time.

They were trying to claim that the homeopathic medicine was creating adverse events like seizures disorders ignoring the fact that it was the vaccines that were being administered at the time of teething and they also happened to be using homeopathic Belladonna.

So, it's kind of interesting how the allopathic community often doesn't want to acknowledge the benefit and safety of the homeopathy here. Did you have any trouble with that or because they couldn't get the vaccines so they had no choice?

**Dr. Gadugu:** Yes. There was a blame game. There were in some children they developed diseases and some children they developed sort of ophthalmic problems. Always more than medicine for everything good outcome they say that is the success of their medicine. If something goes wrong, they find a scapegoat and that scapegoat has become your homeopathy.



But fortunately, from the official side and the health minister said that these problems cannot be attributed to the particular drug of Belladonna, you can go ahead. So initially there was a protest and resistance from allopathic faculty but subsequently they also realized that we are for people, the primary health centers which accounts to millions of people, they started stocking the homeopathic medicine in allopathic network. That was sort of teamwork, the allopaths and homeopaths have –

**Robert:** They come together.

**Dr. Gadugu:** Yes.

**Robert:** Now you said the number 20 million? Is that an accurate number?

**Dr. Gadugu:** Yes.

**Robert:** That is astonishing because we hear studies with ten people, or hundred people, or thousand. Now you're talking 20 million, in children with the use of nosodes as well? The Japanese encephalitis nosodes or just Belladonna?

**Dr. Gadugu:** I'll tell you, that was a strategy. Belladonna, as we all know it's a very short acting drug and the protocol which we have followed was every year August is a season for this Japanese encephalitis cases to surface. Then, we have drawn a strategy that is called, popularly called BCT, belladonna, calcarea carb and tuberculinum.

It's a vegetable drug and followed by a mineral drug, followed by a nosode. The strategy behind that is very, very interesting. The action of belladonna is only seven days. Since we are giving it as a preventive medicine, it has stimulated the immunity.

So, we thought that if we add calcarea carb, a natural complementary of belladonna, the action will be long lasting. And as you all know, that a tuberculinum is one drug which has got an immunomodulator and if you look at the literature, American literature especially, Dr. JT Kent. He writes his book *Materia Medica Diet* that children should be given tuberculinum once in three months and once in six months. This gives you long-term immunity.

But a very few people have implemented or verified at the field level. This was a great opportunity for Indian homeopaths to use or to experiment that particular statement given by Kent, at the field level. We found enormous results.

This is called the one month strategy of BCT on day one, two, and three we give do three doses of belladonna, 200 potency. On 10th day, we gave calcarea carb of 200, one single dose. Then, on the 21st day, we give tuberculinum 1M, and these three medicines which give immunity for almost a year.

I will be showing you these statistics. The next year 1999 we implemented this strategy. By 2000, the cases were almost one fourth. In 2002, 2003 and most cases started coming down from three districts to new disease. By 2004, there was neither mortality nor morbidity out of this particular one.

**Robert:** Through homeopathy?

**Dr. Gadugu:** Yes.

**Robert:** Now, what he described is the use of three different remedies, belladonna which is often

used for fever in children and it can stimulate the action of the immune system, calcarea carbonica, another homeopathic remedy along the way that strengthen or lengthen the activity and then tuberculinum, or tuberculinum depending on where you are and how you pronounce it, as the nosode in this case.

**Dr. Gadugu:** Yes.

**Robert:** With the extraordinary results that you've seen. Now, were there also Japanese encephalitis vaccines you used at that time? Or not?

**Dr. Gadugu:** No, during 1999 through 2004 there was no vaccine implementation. After it started coming down, the allopaths, they started importing some more vaccines and as you all know that we have discussed the interest of the vaccine manufacturers, especially there is an organization called the PAT and they started taking up the vaccination program math. Then we told them when it isn't in the waiting period, what is the use for—

**Robert:** Why the vaccine at this point? We're already succeeding, yes?

**Dr. Gadugu:** After crisis was over they came and they say that on the presentation because of vaccination for JE it has come down. In fact, the work was done by homeopath, the credit was taken by those people.

**Robert:** The credit was taken by the allopaths. This has historically what happens right?

**Dr. Gadugu:** Yes.

**Robert:** But it's 20 million people, there were no vaccines and utilizing this over time you see a complete eradication.

**Dr. Gadugu:** I have all these statistics for those years and before. One very interesting feature is only this [indiscernible 0:12:44] now, the state has been split into two [indiscernible 0:12:48] that was united one. Almost 8 growths of population, growths of population and almost 13 districts we have distributed this particular medication.

We have a huge network of around 500 homeopathic government dispensaries, it means clinics. All of them. Apart from that, 1500 primary health centers of allopathic network. Everybody provided this particular one. That's so we could reach out to 20 million of children in a short span. Otherwise it would not have been possible.

**Robert:** This is extraordinary. It should be front page news around the world of course.

**Dr. Gadugu:** Yes, yes.

**Robert:** Has there been a peer-reviewed publication on this observation, the overview like you're describing?

**Dr. Gadugu:** I made a presentation in conferences. There were abstracts were published. We are going for a full text to publication in the coming years with Dr. Isaac.

**Robert:** Dr. Isaac Goldman?

**Dr. Gadugu:** Dr. Isaac Goldman also visited our place. He interviewed me at Hyderabad. He spent three days and he had gone through all the records and he said, "It's a good time. We have to

go ahead with the full text publication. We are looking for some more inputs here. Very interesting point is only the state of Andhra Pradesh gave this BCT whereas other states, neighboring states, like Karnataka, Tamil Nadu, Madhya Pradesh. They were also equally affected by this Japanese encephalitis. Still the mortality is very high in those states. Only in Andhra Pradesh it has come down.

**Robert:** So, where the homeoprophylaxis was utilized, the morbidity, mortality went down, the manifestation of a disease almost disappeared and in neighboring states still happening.

**Dr. Gadugu:** Still it is present.

**Robert:** So it wasn't that it was wiped out everywhere. So, there's strong evidence here that homeoprophylaxis is an evidence-based medicine for prevention.

**Dr. Gadugu:** The government of India now it has taken up a massive project of implementing the same strategy in other states. But in other states the governments are resisting because vaccine JE, there is domestic production and there is also an import. They were wondering whether this particular vaccine can match this thing of this particular epidemic.

They're now using G6, there is one particular strain they're using. But the present [indiscernible 0:15:25] for JE is a different strain.

**Robert:** That is interesting you mention that because with the vaccination if you don't get the identical strain you do not get the benefit. In homeopathy because we have the law of similars, all you need is to be in that family and that energy facilitates the recovery.

Dr. Srinivasulu, it's such an honor to have you here and I appreciate your communication of great, great news for the people around planet earth that there's another way to go.

**Dr. Gadugu:** Thank you

**Robert:** Thank you.

[End of transcript]

A microscopic view of a cell, possibly a sperm cell, with a blue pipette tip positioned near it. The background is a light blue gradient with bokeh effects.

# Chapter 18:

*Interview with*  
**Dr. Debra Gambrell, D.O.**



**Robert:** This is Robert Scott Bell filling in for Ty Bollinger here with “The Truth About Vaccines.” There are a lot of places that he can be but not all at the same time so we’re going to continue on with some fascinating, fascinating interviews here that will help us understand not only the truth about vaccines but the options that you have to undo the damage or injury from it.

And also the fact that maybe the whole concept of vaccination at the starting point may not be a good one and we might need to look completely differently back to our history to understand what is a strong child, what is a strong adult and how do we develop through those childhood infections and how they may be beneficial for us rather than detrimental and scary.

Right now we got Dr. Debra Gambrell from the San Francisco Bay Area, practicing physician. She was here speaking at the Homeoprophylaxis Conference: A Worldwide Choice and presented on some things that, I’ve been involved in this long time, I hadn’t heard it communicated the way you did. Debra, welcome.

**Dr. Gambrell:** Thank you, thank you. It’s nice to be here.

**Robert:** So what is it that you do in your San Francisco Bay Area clinic as a physician?

**Dr. Gambrell:** I have two practices. I’m a pediatric anaesthesiologist and I also do immune recovery work with my osteopathic practice. Both are strictly pediatric.

**Robert:** Okay, so working with children, obviously, the pediatric community and that’s a real key here. Because observationally, as a homeopath, and other doctors we talked to have said, “The healthiest children we see are the ones that are not vaccinated or the least vaccinated.” I wonder if you’ve had a similar experience.

**Dr. Gambrell:** Yes, working in the operating room, I’ll have children that look healthy on paper and can have two very different responses. Over a few years, watching these children go to sleep under anaesthesia, I saw that the children that weren’t vaccinated or the ones that were delayed later did better under anaesthesia. By better I mean they had a better vagal response.

**Robert:** Vagal response? That’s something that a lot of people have heard about. What is a vagal response?

**Dr. Gambrell:** What that is is when you have a stimulation within the body your heart rate can go down and then it recovers and goes back up. That’s normal. That’s what you want. A healthy child will have that response. When you are stimulating certain areas of the body, whether it’s the trachea or the stomach or the eyes, you want that vagal response.

What I’ve seen is children that are heavily vaccinated from birth, they don’t have that vagal response, it’s just a lack of their heart rate variability that we see even in babies in utero. That’s what we’re looking for. That beat to beat heart rate variability is important and a sign of health.

**Robert:** Dr. Gambrell, you’re saying that if children are coming to you and they’re having a surgical procedure that requires some form of anaesthesia, that the response of those children is different than someone who hasn’t been vaccinated. Again, that’s something I don’t think I had ever heard. It’s a stunning observation.

**Dr. Gambrell:** Yes, it’s interesting. We have a high amount of unvaccinated children in Northern California. I don’t think I would have seen that had I’ve been practicing in an urban area.

**Robert:** When we look at the interesting concept of vaccination that says, “It’s better to prevent

diseases by artificially stimulating an antibody.” Would you agree that these childhood diseases need to be prevented at all costs?

**Dr. Gambrell:** What I’m seeing is what I call fever drought. Children today need to be getting fevers. All children, historically, need to have fevers every six to twelve months, as they’re developing. These are fevers that bring them into their body, these are fevers that clear the gut from anything, viral proteins that aren’t digested, food proteins that aren’t digested.

We expect the children should have roseola at six months, chickenpox between 12 and 18 months, measles, mumps, rubella. These are the normal things that our body has been evolutionarily been designed to take in, to process anything that’s undigested.

Right now, like I said, we’re in a fever drought. So we’re lucky if a child gets a fever of 102 or higher. Some children still get roseola, some children still get maybe hand-foot-and-mouth, which is relatively new. But we’re not seeing enough fevers.

Without these gut reset fevers we’re seeing an increase in asthma, ADHD, sensory disorder. The children are not in their body. You can see this when you go out in the grocery store. You can see children that are not able to walk down the grocery aisle and be aware of where they are in space. One out of two children is what I see are affected.

**Robert:** Some of these children are not being diagnosed necessarily in the autism spectrum but you’re seeing this disconnect with their body. They’re like not in their body.

**Dr. Gambrell:** They’re not in their body.

**Robert:** You said something very interesting here in that last grouping of sentences. The gut fever reset, is that the way to say it? Or gut reset fever.

**Dr. Gambrell:** Yes, gut fever reset. It’s a term that I coined. That is the clearance of whatever has been accumulating in the gut over time that usually gets cleared every six to twelve months with a fever. What that looks like, clinically, or developmentally, when a child has a nice high fever and it does affect the gut and clear it, you see a developmental leap.

So maybe a child that couldn’t ride a bike can now ride a bike. The child that couldn’t skip can now skip. This is commonly seen and is appreciated in developmental pediatrics. Without these fevers, without these gut resets, we’re not seeing these developmental leaps.

**Robert:** Our culture in the West has been told that fevers are dangerous, they’re scary, you want to reduce them at all costs, and the cost may be the price of their health in the future.

**Dr. Gambrell:** We’ve been losing our heat for three generations now. We know that in 1922, Sears Roebuck had their first razor for women. That was the year that they had the sleeveless dresses for women. The clothes became less natural fibers, less wool, cotton, linen, and now they’re replaced with polyester and synthetics.

In the 40s and 50s we started with the antibiotics, 1959, Tylenol was introduced. It was heavily pushed as a replacement for aspirin. I grew up on Tylenol, every time I had a sniffle, I had Tylenol.

And 80s, 90s, we started with the increase in vaccination. For 3 generations, we’re seeing children are losing their sense of heat. What we’re seeing is each generation goes by, we’re seeing an increased amount of dysfunctions that I say are all related to a lack of



heat. That's everything from stillbirths, to SIDS, to autism, to ADHD, asthma. These are all diseases from lack of heat.

**Robert:** In Chinese medicine they talk about heat. When you talk about heat I understand it in terms of the fear of fever, the reduction of any kind of elevation of temperature which is designed, I believe, by God for the immune system to overcome certain things but also seemingly developmentally. When we have these childhood eruptive diseases for instance the measles, how it seems to be preventing future cancers even.

**Dr. Gambrell:** There's some data with mumps and cancer and chickenpox and brain cancer, there's certainly data out there that speaks to just that. There's also a bunch of data right now in the literature about pregnant women that use acetaminophen while they are pregnant or shortly after. Their children do have increased asthma, ADHD, behavioral disorders, sensory disorders. This is not unknown. And also, giving asthma treatments are also fueling that.

**Robert:** That's become the norm, chronic disease in children.

**Dr. Gambrell:** It sure is. Just a few weeks ago I had a child that I saw, a one-year-old child, had a diagnosis of asthma and they were already written three prescription refills for their inhaler. The child's only been alive for 12 months. The expectation is this child is not going to get better. The expectation is this is a sick child, the child will always be sick.

**Robert:** Where is the discussion within the medical community as to whether it's even advisable and a good idea to suppress these childhood diseases?

**Dr. Gambrell:** I'm seeing a little bit of a trend of reversal. Within the last five years I know within the anaesthesia world we have decreased the amount of Tylenol and the incidence of where we're going to use it right away. So maybe they might hold off a little bit.

We've seen that pediatricians now, the standard of care is to not give predosing Tylenol for vaccinations. There's still a lot of pediatricians that are recommending that but the standard of care based on studies is to not give Tylenol before or after a vaccine because that is proven scientifically, NIH study, to increase the risk of autism.

**Robert:** Your experience as a practicing physician also now encompasses what we're here to talk about, homeopathy, a little bit of homeoprophylaxis. Have you seen evidence of utilizing homeopathy in place of, for instance, the idea of Tylenol reduce a fever. If somebody is scared of a high, high fever is there a way to manage it without suppressing and squashing that heat that you feel and you've seen is so important.

**Dr. Gambrell:** Yes. I work really closely with my families. My patient's fever is an emergency, that is when they call me. They have my cellphone number, they call me right away as soon as their child gets their first fever. I walk them through homeopathic treatment of fever so that we can take the fever from their head.

Children are complaining of headaches now with fevers which is unusual. This is a new clinical presentation of fevers and we are trying to get the fever down into a metabolic system. I work with the family to put Tylenol on the shelf and try this homeopathic. I watch the child very closely. If there's any sign that there's any issue, of course, that child is going to get advanced medical care but working very closely with this family so that they can develop an intuition and a trust in their ability to treat their child I think is really important.

**Robert:** Another aspect we're becoming aware of, the danger of vaccines. Of course, mercury has

now been sort of commonly known as a toxic metal, right? But aluminum is a newer thing that they've added in as an adjuvant and not as much study has been done. You have looked at this issue and see it relates to this heat, cold, how you described it.

**Dr. Gambrell:** It sure does, it sure does. Dr. Christopher Exley, who has been studying alone for over 30 years, he's a specialist in the ecotoxicity of aluminum, has shown that aluminum can lead to food sensitivities so we're now reacting to foods that we wouldn't normally be reacting to.

There are mouth studies that show this. Dr. Shaw has a study that shows when you inject the mouth with aluminum, and now they can't tolerate that next bite of food that they eat. They develop IGG antibodies to it.

We also know Dr. Schoenfeld has been studying autoimmune disease. He's in Tel Aviv. He's published over 1600 papers, he's been cited over 20,000 times on PubMed, he's written books. He wrote the book, *Vaccines and Autoimmunity*, talking specifically about aluminum and how it cools the body. Meaning, there's increased food sensitivity, there's increased autoimmune disease. We're talking multiple sclerosis, lupus, rheumatoid arthritis, Alzheimer's, all these things are directly related to aluminum that's being injected.

**Robert:** Absolutely fascinating what is being uncovered. You spend the time to study what's being put out there in the peer reviewed literature and then you also have the clinical knowledge to apply it or observe it and invalidate it in this way.

**Dr. Gambrell:** Yes, I think it's important to see what we're seeing. To actually look at the patients and change our mind when new information comes in. We had an idea of what vaccines were over the last few decades. We have an idea. But in the last year, we found out that aluminum is neurotoxic, it's got these autoimmune issues, we found out that there's glyphosates in the vaccine. Dr. Anthony Samsel and Stephanie Seneff at MIT just discovered that.

We're finding out all these new information. I think any good scientist should take this new information and look at the picture again. We do that with anaesthesia. We previously weren't testing our anaesthetics on children under two because there's an FDA issue with trying to get children into studies. That's understandable.

But then when we saw that there was a correlation, that children were getting injured under age two—they were looking at when children got anaesthesia for ear tube placement, but they are having memory problems years later. So they are able to tease that out—there's a program called SmartTots with anaesthesia—they were able to tease that out with anaesthesia. I think we should do the same thing with vaccines.

Now that we're coming with new data, new information about what vaccines are or aren't doing, I think we should take a critical look, scientifically. What is happening? I think it's an important question.

**Robert:** Dr. Gambrell, you're not only a doctor but you're a mother. If you speak—put on your mother half, for a moment—and you speak to other parents, off the record, you're not a doctor at the moment. How do you communicate what you have observed from one mom to another?

**Dr. Gambrell:** I just tell them to watch their child. Before and after a vaccine, take a picture. Take a picture of a child's face. Take a picture of all the rashes. Watch your child closely, stay close to your child when they're sick. Don't push the child back into school right away.

Trying to rewrite the paradigm of what it is. As mothers, we are expected to do it all. We're expected to work, we're expected to raise the kid, to clean the house, to do everything. I think that it is vital that the mothers take an active role when their kid gets sick.

Have somebody else cook dinner, take a day off work and be with your child. It is vitally important, and that's another big source of warmth. It's directly from the mother, to be able to warm the child's environment to help the child digest the things that they cannot otherwise digest.

**Robert:** We've lost generations now tribal knowledge of these things. The fever, the importance of fever, the transition through childhood through these diseases that really don't largely kill anyone that's basically healthy, that has basic nutrition, sanitation, hygiene. We see in the west these improvements that happened over the 20th century. How do we regain that tribal knowledge because so few people even know the things you're talking about, not only from the scientific way but from the mom way?

**Dr. Gambrell:** I would say it's just staying connected. There's a bunch of mom groups, there's Facebook, there's a lot of vaccine awareness groups. It's about information, it's about vaccine information. I think that's the way we go.

What is truly happening? How can we manage disease? I think these groups are vitally important. A source I always recommend to my patients is a book called *Vaccine Primer* by Elliott Freed. It's a book that explains where vaccines came from, the history of vaccines, and the importance of the immune system, and that community. There's a community piece in there and how to achieve that piece.

**Robert:** Dr. Gambrell, I certainly appreciate your scientific integrity, your willingness to communicate in a clear fashion and very important series of issues here. Not only the issues of the dangers of vaccines but also how to observe and care for the children that may need to go through these things in a healthier way and what to do about them.

**Dr. Gambrell:** Thank you.

[End of transcript]

# Chapter 19:

*Interview with*  
**Dr. Edward Group, D.C.**



**Ty:** Well, I'm here in Houston, Texas, again, with Dr. Edward Group. Thank you so much, Dr. Group, for joining me today. And you were kind enough to give us a great interview last year for *The Truth About Cancer: A Global Quest*. And you're an expert at detox. We are living in a toxic world, right?

**Dr. Group:** Yes, we are.

**Ty:** I mean you've got a good sense of the toxicity here in Houston, right?

**Dr. Group:** I definitely do. I try not to have to breathe the air and drink the water and everything, but there's always solutions for every situation. And it's detoxification that really, I've seen the most successful results utilizing over the years, focusing on the root cause of disease.

That's how I really got started in this is looking at, instead of the symptoms, whether it's allopathically-trained medical doctors or chiropractically doctors or naturopathically trained doctors. I went through the chiropractic and the naturopathic training myself, and one of the things I noticed was they were still addressing the symptoms, and I kind of matched that up with allopathic, which they addressed the symptoms.

And we just prescribe something for the condition that the individual patient walks in with. And my background was really started in alternative oncology, just like all of the doctors that you've been interviewing, and focusing on what is the root cause of cancer.

What is the root cause of disease? If we can figure that out, then we can trace how disease manifests in the body and then just work backwards. Really, it's everything is in simplicity, is my philosophy. And what I found during that time was information about the body and information that's been hidden for centuries about how to properly reactivate the body's self-healing mechanism.

I mean that wasn't taught at any school that we had a self-healing mechanism, that we can heal anything known to man that we get. And the problem is what reactivates the self-healing mechanism. How do we reactivate the self-healing mechanism?

People aren't taught that they have the most powerful healing mechanism right inside their body. What they're taught is they have to look outside of their body. They have to rely on somebody else to heal them instead of taking that power in themselves and focusing on what they can do to heal themselves naturally.

**Ty:** Yeah. It reminds me of a favorite phrase of a good buddy of mine, Robert Scott Bell. He has a radio show every day and he ends it with "The power to heal is yours." And people have not been empowered to know that. And you mentioned that there's things that have been hidden, right?

So talk about some of these—some detoxification methods that we were just talking about on the elevator coming down here that have been known for millennia that many people today don't even know about.

**Dr. Group:** Right. So in our quest, we wanted to find out what the root cause of all disease is. I mean why do you need to cleanse? Why do you need to detox? Well, first of all, we found out that the root cause of all disease, cancer, it doesn't matter, is a combination of toxins and chemicals that are accumulating inside your body, and that's from the food that you're eating, the air that you're breathing, the parasites that you're exposed to, the amount of stress that you're under on a daily basis.



It all accumulates in the system, and we have natural ways to eliminate chemicals and toxins, through urination, through defecation, through sweating of the skin, through respiration. And women have five elimination routes. They have their menses, their menstrual cycles.

So, what we've found was all of these natural cycles that the body goes through to eliminate toxins and chemicals naturally were being blocked and we were looking at different individuals and different diseases and different chemicals that initiate different disease processes in the body. And we found that if someone is taking in

two million chemicals or toxins, and you might think that's a lot, but just one bag of NutraSweet or aspartame might contain 10,000 toxic chemicals.

So these are small. Even endocrine disrupting chemicals are parts per billion that can affect you and have a negative effect on your system. And what it boils down to is an alteration in all your systems. The endocrine system shuts down. The digestive system shuts down.

The neurological system shuts down. And so what I always try to do is find the easiest, simplest solution to reactivate the body's self-healing mechanisms. I started saying "Alright, we know that chemicals and toxins are causing every single disease.

So what's the easiest way to get rid of those, and what's the easiest way to reopen the body's elimination routes so the body can naturally get rid of all these things, and what's the easiest way to reactivate the body's self-healing mechanism?" So that's what got me on the quest of looking for solutions and finding out that from the beginning of time, I mean 2,700 B.C., there's records of fasting.

That's even before Christ. There's colonics, date back to 1,700 B.C. The earth has always cleansed itself. Animals continue to cleanse themselves. It's the body's natural way to eliminate chemicals and toxins and give the body the ability to heal itself by purging itself of all these things.

Every religious text that's ever been written talks about 40 days of fasting, or some sort of fasting or cleansing process that takes place in the body. That's what led us to start looking at not only using nutraceuticals – high-end supplements and formulas that can assist the body in repairing itself – but also, we did studies on working with detoxification with people first, before we put them on any type of nutraceuticals.

And then we also did studies when people came in and just put them on nutraceuticals. And what we found was if we ran people through an intestinal cleanse, multiple liver and gallbladder cleansing, parasite cleansing, heavy metal, chemical cleansing from their body, and then at that point in time reevaluated them, we found that the majority of their symptoms had gone away.

**Ty:** Just from the cleansing?

**Dr. Group:** Just from the cleansing itself. Just from the cleansing itself. And so that's when we realized how powerful the body is and what it can do to repair itself with just cleansing. Now I think that you need a lot of other nutraceuticals these days, because we are exposed to so many chemicals and everything. But I also am a firm believer in keeping the body clean on a regular basis.

**Ty:** Right. So what you found then was that the body has this innate ability to cleanse itself, but



these toxins are impairing that ability?

**Dr. Group:** Exactly.

**Ty:** They're impairing the ability of the body's—what you call natural healing mechanism?

**Dr. Group:** Right. So what we have just alone in the water with the fluoride and the chlorine and the arsenic and all those chemicals that are damaging all the different systems in the body, what we really have is an attack on the endocrine system going on right now. And the endocrine system is your pituitary, your pineal, your pancreas, and the largest endocrine gland, your thyroid, your parathyroid.

That's why we have so many people with thyroid problems because we have a serious iodine deficiency going on in the world. We have a serious vitamin D deficiency going on, B12 deficiency going on. Those are some of the things that we're deficient in that help regulate the cleansing process. But this attack on the endocrine system, the endocrine system is responsible for all of our hormone production.

**Ty:** That was my next question. Could you explain what is the endocrine system?

**Dr. Group:** So the endocrine system is glands that produce and regulate hormones. We talked about some of them. But the liver is responsible for filtering and detoxifying all these chemicals. And when we look at the majority of chemicals, with the phthalates, the plastics, the bromine, chlorine—I say bromine, chlorine, and fluoride because those are really damaging to the thyroid gland.

**Ty:** And those are the halogens.

**Dr. Group:** And those are going to be your toxic halogens, and that's why it's so important to have iodine. But the biggest endocrine gland is the gut, and that's why you see so much attention being made...

**Ty:** You don't hear about it.

**Dr. Group:** ...on the gut right now.

**Ty:** You don't hear that the gut is part of the endocrine system, though, typically.

**Dr. Group:** Right, you don't. And the fact that the appendix is the brain in the body, not the brain up here, but your appendix is the brain in the body. Because we have 35 feet of intestinal tract, and that 35 feet is the first exposure point to all of the chemicals and toxins that are coming into your body.

Whether you breathe them in, they're going to be in your mucus membranes. They're going to leak down into your stomach. Whether you drink them in, you eat them in, all of that stuff, most likely, is going to be going down into your gut. And that's what we found.

What we really have going on, even though the intestinal tract and the gut is the largest endocrine system, is we have an attack on our gut. And when our gut is out of balance with all the chemicals, the toxins, genetically modified foods, pesticides, herbicides...

**Ty:** Antibiotics.

**Dr. Group:** Antibiotics, prescription medications that people are on, vaccines, flu shots. I mean you name it. There's millions of different chemicals out there that we're dealing with. All of those have a negative effect on the gut and they burn holes through the gut lining causing leaky gut syndrome.

They kill all the good bacteria, the good probiotics we have, which when we have a good, working biodome in our gut, it's the first step to becoming healthy. And it really is. The gut will help you detoxify a lot of that stuff whenever it comes in initially. So when we found out the importance of the gut and how important it is in detoxification and cleansing, then that was one of our first focus points on repairing the gut system.

**Ty:** So not only just detoxifying the gut, or what people think—when you say detoxify the gut, I think of the colon cleanse. But that's really not even necessarily the most important part. You need to repair the gut as far as the fissures that are created from all of these different toxins as well as detoxify, right? So there's like a two-step process, isn't it?

**Dr. Group:** Right. You can detoxify, but if you still put the same chemicals and everything in your body, you're still going to end up with the same results. That's why chemotherapy and radiation addresses the symptoms of cancer but it never addresses why you have cancer to begin with. So what we want to do is not only cleanse it and give our body the ability to heal itself, but then we also want to repair it. So you actually...

**Ty:** Stop putting in there the stuff that's causing the damage.

**Dr. Group:** Right. You have to educate yourself. I mean one of the things that we've lost is the education process, and our children should be taught about their body, about detoxification, about how to take care of themselves, about how to listen to your body and recognize the symptoms.

Your body will always give you a sign that something's wrong. You might have a slight headache one day. So what do you do? Most people don't say "Well, I have a slight headache. I wonder if that was something that I ate at the restaurant?" Maybe it was MSG, artificial sweeteners, excitotoxins, food dyes, titanium dioxide, which is the main problem for fibromyalgia and pain these days that people don't realize.

But they're not paying attention. What they do is they say "Oh, I have a headache. Let me just run to the medicine cabinet and take some medications, whether pharmaceutical or over the counter." So they're putting a band aid on it. It's like when your oil filter gets clogged up in your car, you don't continue to put fresh oil in.

You have to actually change the filter or flush it out. And that's one of the main things we found with the intestines and the liver, actually. The liver, I used to think you could do one liver cleanse and everything would be okay. But after evaluating over 100,000 liver cleanses, I've realized that each liver cleanse really only cleans about 15 percent of the liver, purges about 15 percent of the liver.

With all the research I've done with the exposure and what the liver has to go through, living today in this society, I've found that the majority of people's liver are only working 50 to 60 percent. So let's say you did a liver cleanse. That's going to bump it up to 65 percent.

Another liver cleanse is going to bump it up to 80 percent. So really, we started seeing the best success rates when people were doing multiple liver cleanses, because the liver's like the oil filter kind of in your car. When it's clogged up, it's fatty.

There's non-alcoholic fatty disease right now being diagnosed in 12-year-olds and 15-year-

olds. I mean as early as teenagers and earlier. Because of all the hydrogenated fats, because of all the toxins in the foods, the microwave foods, everything else that's clogging the liver and not allowing the liver to actually process.

And that's another reason why people with high blood pressure, they start getting high blood pressure they run to the doctor's office and they get put on high blood pressure medication. Well, if you think of the things in a step-by-step manner of how things can happen, and it's very easy to say "Okay, what if I had a congested oil filter in my car and the oil was trying to push through there? It's going to show high oil pressure because it can't go through the filter."

Well when the blood can't filter through the liver, the heart has to pump faster and harder to pump it through there because the liver's fatty, cirrhotic. It's all congested with stones. People have liver stones just like gallbladder stones. So the heart has to work more.

That's the body saying "Hey, you need to clean out your liver." I've never had a case of high blood pressure where someone didn't do one, two, or three liver cleanses, where their blood pressure didn't come back to normal. It's amazing what the body can do when it's clean and it's healthy.

It's a multi-tiered approach. Yes, you want to change to an organic diet. You want to drink water, which is really the only thing the body needs and wants after breast feeding. The body doesn't want carbonated beverages. The body doesn't want alcohol. It doesn't want any of these other synthetic juices that you get at the grocery store. Although I'm a big proponent of live foods. Kombucha is great. Fermented foods. Anything that's living and live.

**Ty:** I love fermented foods, yeah.

**Dr. Group:** So basically life equals life. Death equals death. If it's dead, it's really not going to do too much for you as far as that regenerative process that needs to take place over a period of time.

**Ty:** It sounds, again, it's just reiterating the fact that we're looking at symptom versus cause, right? And so it reminds me of this commercial I've seen recently on the TV. OIC. Opioid-induced constipation, right? And so now they're admitting that when you take opioids, they cause your intestinal tract to shut down.

Peristalsis stops. You don't eliminate. You don't defecate. It causes you horrible constipation. So instead of let's get to the root cause of this, maybe you should get off the pain pills so your intestines will work again. Then have another prescription to basically—it's a laxative that will help you so you can keep taking the first drug. Now you've got a second drug.

**Dr. Group:** That's the way it's designed. Drug, drug, drug, cut, burn, cut, burn. But you can see that 90 percent of the pharmaceutical drugs out there are going to cause bowel damage. They're going to cause constipation. Again, it's a serious attack on our intestinal tract, which is the largest endocrine organ in the body.

So I saw that commercial too, and I was like "Really?" You have pregnant women that are suffering from constipation. You have IBS. You have ulcerative colitis. You have gluten intolerance, which is everybody's allergic to gluten. It's not just people that are having symptoms. So we have pretty much everything that we're exposed to that attacks the intestinal lining, and that's why it's the number one thing, in my book, to heal and to keep cleansed on a regular basis.

**Ty:** So talk about your methods of cleansing the intestines, because they're unique.

**Dr. Group:** Yeah, so my methods of cleansing the intestines were when we found that that was the main focus point. And then we started finding out that people were not digesting their foods properly. They weren't chewing their foods properly. And foods were sitting in the intestinal tract for 72 hours, a week.

They were having one bowel movement a week, one bowel movement every two weeks. The normal bowel regularity should be two to three bowel movements a day, and very few people actually have those without drinking a bunch of coffee or something else.

So I started looking at what is the safest way—because I knew you're going to have, in today's society, you're really going to have to keep your bowel clean on a weekly basis, which means unless you radically change your diet, start eating raw foods. I mean how many people are going to do that? Not a lot.

So I wanted to find a way that everybody, regardless of their diet, could clean their bowel on a weekly basis. And I looked at all the different types of intestinal herbs, fiber, psyllium, cascara sagrada. Most of the psyllium is contaminated with arsenic and it comes from China and India.

And then there's studies that if you take psyllium on a regular basis it can cause bowel damage. There's studies that cascara sagrada, senna if you take it on a regular basis it can cause bowel damage. So I needed to find something that someone could use on a weekly basis, biweekly basis, forever, that wouldn't cause bowel damage.

And that research led to Otto Warburg's research on oxygen, Nicolai Tesla's research on oxygen, Eugene Blass's research on oxygen, where they came up with products in the late 1800s which were designed for that specific purpose. To be taken internally that would release monatomic oxygen into the bowel slowly, all the way down, which would oxidize or neutralize any chemicals or toxins and bond to them, so you would go to the bathroom the next day or the next morning, and you would release all that stuff.

So it wouldn't sit in your system and you would be able to cleanse your intestines on a regular basis safely using something that we take 30,000 breaths of every single day, oxygen, which is not going to have any negative effect on the bowel. So that's when we came up with looking at that technology.

It took us seven years actually to develop a product that would work like that, that people could take and keep their intestines clean. Now some of those other herbs can be taken on a short time period if you need to, of course. Just make sure they're organic. But I recommend cleansing the intestines on a regular basis.

**Ty:** What is the name of your cleansing product?

**Dr. Group:** The name of our cleansing product is Oxy Powder.

**Ty:** Oxy Powder?

**Dr. Group:** Oxy Powder's been through phase 1, 2, and 3 clinical trials for IBS and constipation. It's been used for 15 years successfully all over the world, and it continues to give ultimate really good success rates with people. It's amazing how good you feel when you start cleansing the intestinal tract on a regular basis.

**Ty:** Awesome. So that's the intestines. Once you've got the intestines clean, you've eliminated the waste from the exits, you've got to be able to get rid of the toxicities. Where would you go next? What's the next step in a detox process?

**Dr. Group:** So the next step that we want to move onto is going to be the liver cleansing, and that's very, very important. I studied liver cleansing techniques going back to ancient ayurvedic, 500 years ago, and looked at some of the liver cleansing protocols that had been developed, Hulda Clark's and some of the other ones, over the last 100 years.

And so what I wanted to do was take a real high concentration of herbs and develop a liver cleansing program that people could do that would be extremely effective using wild-crafted, natural products. Because 15 years ago, even, most of the nutraceuticals out there were still contaminated with lots of maltodextrin, silicon dioxide, magnesium stearate.

So a lot of the things that I wanted to use, and some of the other good doctors wanted to use, you just couldn't find organically. You couldn't find people that were producing products using no fillers, excipients binders. As a matter of fact, I had to actually invent technology with machines that could run products without using the high levels of silicon dioxide and magnesium stearate and things like that, using organic binders and flow agents instead because they'll gum up the machines.

So I developed a liver cleansing program, which is a product called Livatrex, and what you do is you take that for four days with some water, a healthy diet, and you're repairing your liver.

A lot of the herbs in there are designed specifically to initiate the detoxification process of the liver. To emulsify and make the stones really, really soft in the gallbladder so you can pass them without any problems, and also to give the proper nutrients to the liver so the liver can actually assist in the detoxification or the purging process.

Now when I was looking at a lot—I studied a lot of case studies of people that had written in and the effects that they had with different types of liver cleansing programs. And initially I wanted to do a liver cleanse program without someone having to drink the olive oil.

I didn't realize, you can look at liver cleansing programs all over the world and I always wondered why do they have the olive oil in there? Well, looking at ancient ayurvedic technology really explained to me why olive oil was so important, and one of the big things now that you see for detoxification and cleansing is oil pulling in the mouth.

They're using—originally it was sesame oil. Just recently they started introducing coconut oil and other oils. I personally like to change up the different types of oils. But if you look at ancient ayurvedic therapies, they're very used to using oils for detoxification, and they would soak people's bodies in different types of oils.

They pour different oil blends in the eyes, which dissolve glaucoma and increase your vision, hot oils. So the purpose of the oil in the liver cleansing that I've found out was that's the way you do oil pulling of your liver. So when you ingest that much oil and it goes through the body, it stimulates the liver.

The oils actually get into the liver because they have to go for processing. It sucks out a lot of the chemicals and the toxins. That's why people have little oil droplets and little hard oily substances coming out during liver cleanses. Some people call them stones, but you'll have 2,000 to 3,000 things coming out of your liver whenever you purge it that way.

So the liver cleansing is extremely important, and probably one of the most beneficial things that I've seen happen with liver cleansing is after the second day, just this sense of energy that comes back into the body.

**Ty:** I've heard that before.

**Dr. Group:** And it's amazing.

**Ty:** The coffee enemas too, which helps the liver. You get that feeling euphoria or well-being.

**Dr. Group:** That's another thing that you can do with liver cleansing is coffee enemas. Just make sure you use organic coffee and distilled water because coffee is one of the most contaminated, toxic things out there that you get. Heavily sprayed with pesticides and insecticides. 80 percent of the world's coffee supply. So if you're going to use the coffee enema, make sure you use organic source.

So liver cleansing, I've really found—I used to think one was enough. But when we started putting people into the second liver cleanse, and then putting people into the third liver cleanse, after the third liver cleanse there's something that happens with the body in multiples of threes, sixes, and nines.

Dr. Horowitz talks about the power of threes, sixes, and nines in healing the body. But there's a stage—even dating back in ancient alchemy, when you look at distilled water, water distilled three times has a whole different weight in makeup than water distilled one time.

Then you distill water six times, then you distill water nine times, and you have a different makeup. In the body, water is also very important as well. I also recommend people drink a lot of pure, clean water while they're going through the detoxification. So intestinal cleansing first.

**Ty:** When you do intestinal cleansing, you probably don't have to fast on your program?

**Dr. Group:** No, you don't.

**Ty:** Okay.

**Dr. Group:** You don't have to fast. That's the beauty of it. We have people that eat standard American diet. I mean living here in Houston, in the oil and gas mecca, and some of these guys go out every single night and ate a 32-ounce steak, baked potato, dessert, bottle of wine.

If you do that in your body, that meal is going to sit there for a week, probably, in your system. They don't chew properly. Then they go out the next night and do the same thing. So the whole purpose of cleansing, right, is not just doing cleansing one time and then forgetting about it.

They go home, they take six capsules of Oxy Powder or whatever, and the next morning they wake up and that's all out of their system. So you can cleanse your intestines once a week. Just once a week is great, twice a week.

But if you're going to go out and have those late-night dinners, for sure you need to be taking something to get that out of your system because that's just going to ferment. The fats are going to turn rancid, carbohydrates are going to ferment, and the proteins are going to turn putrefactive, and then you've just created a whole other toxic slew inside your body.



**Ty:** Got it. So be sure to drink lots of water during the cleanse, during the intestinal and liver cleanse as well.

**Dr. Group:** Yes. And now what we're getting from this cleansing is health. You know what I mean? It's like now you see—you used to see colon cleansing everywhere, and now what you're seeing is gut health. Now what you're seeing is heart health. Which is great, because all the information that we've been putting out there for so long is not like "Let's address these conditions and these symptoms, but now let's move into health. Let's keep our heart healthy. Let's keep our gut healthy."

So as you're doing these cleansing, you should cleanse once a year for sure, maybe twice a year if you're not going to make the necessary commitment to getting rid of all the different things in your environment, that's in your house that you're exposed to, and cleaning up your air, cleaning up your water, cleaning up your diet.

But then also you're going to get the benefit of, on a regular basis, cleansing and just more or less moving into a gut health program, or a heart health program, or whatever type of program you want to move into.

**Ty:** As far as the liver cleanse, you said multiple liver cleanses. About how far apart would you recommend when you do liver cleanses if you're going to do multiple?

**Dr. Group:** So what we recommend is doing one liver cleanse, and that's five days. You can take two to three days off, or as much as five days off, do another one, take two or three days off, or five days, and then do another one. I recommend doing like three in a row.

And that really—because like I said, each one is 15 percent. So if the average 40-year-old is only about at 60 percent liver function, that's going to bring you up into that 90 range. And we have all these problems with obesity right now, and people don't realize the liver is really what causes the majority of the obesity because it can't process all the endocrine-disrupting chemicals and everything else.

And usually what you see after the third liver cleanse is the weight starting to come off and come off, because the liver's what processes your fat too. So if a liver can't process your fats, it's going to store them somewhere in your body.

**Ty:** Interesting. Name a few of the ingredients in your liver cleanse.

**Dr. Group:** Okay, so we have milk thistle. We have chanca piedra in there. We have dandelion root in there, and we have a few other ingredients that are designed to support the phase 1 and the phase 2 detoxification system of the liver. So the liver cleanse, what you want to do with that also is we have a water.

We have you drink the apple cider vinegar, certified organic apple cider vinegar during the days for four days. You don't really have to change your diet up that much.

And then on day five is when you actually do the olive oil, which is the hardest part to get down. Some people actually have a purging effect when they drink oil, they throw up. But the majority of people are able to get through it okay. And the next day—

**Ty:** Yeah, I've almost thrown up several times doing liver cleanses.

**Dr. Group:** Yeah. I try to do three liver cleanses every single year, and I'm about to start my third one

for this year. And I eat healthy, eat organic, mostly vegan, mostly raw.

**Ty:** But you still need it. Everyone needs it.

**Dr. Group:** You still need it. And it's amazing how good I feel after three liver cleanses every single year. And then I move into the next cleanse that we've found, is the harmful organism cleanse, or the parasite cleanse. And that's a huge problem right now that people don't realize.

We are living in an epidemic right now, of microbes, parasites. And the word parasite, the definition is actually any harmful organism that lives off of a host mechanism. Most people associate parasites with worms, but that's not the case. Viruses, bacteria, fungus (there's a fungus among us), candida.

We're overrun with that because of all the sugars. We have worms that are infesting/ infecting our bodies. There's like six out of 10 children now that have worms, and don't even know it, in their body. All the animals. Because the environment is changing, there's so many new organisms that are coming into our body.

And what happens with—this was one of the reasons why we had so many people that were coming in that were doing juicing with cancer, degenerative disease. It doesn't matter what illness you have, it doesn't matter what symptoms you have, if you detoxify and cleanse your body, your self-healing mechanism will fix any condition in the body.

We have so many people coming in that are being seen by all these other people that are doing juicing, juicing and all this stuff, and they weren't getting better. And I would say "Did you do the parasite cleanse? Did you do a harmful organism cleanse?" Well the FDA doesn't want us saying parasites now, so we have to say harmful organisms.

**Ty:** Oh really? I didn't know that.

**Dr. Group:** Yeah.

**Ty:** Okay.

**Dr. Group:** So they made us take all reference to parasites off our site, so we had to change it to harmful organisms. Because there's a big war right now, you know, going on against—from the pharmaceuticals and FDA against natural medicine. But what we found was—and what all natural doctors are finding is that what do parasites do in the body?

We found that cancer patients have over a trillion organisms in their body. Royal Raymond Rife traced the BX virus to one of the main causes of cancer. Hilda Clarke, the liver fluke to cancer. These are all harmful organisms that could be associated with cancer or any type of degenerative disease.

If you have any disease or condition, most likely you have harmful organisms inside of your body because your pH is off. So that was the next stage of let's move into what's the next cause of all these illnesses? And I was saying, all these people were coming to us that had been on juicing, but what they hadn't done is they hadn't done a parasite or a harmful organism cleanse.

And just because you're juicing, that doesn't necessarily mean that you're going to get rid of all those harmful organisms in your body, because what was happening is the harmful organisms secrete byproducts into your fluids and into your body. Isopropyl alcohol, highly

acidic. Phenol, formaldehyde. All of these toxic substances. Lactic acid. The waste products.

And if you have millions of organisms in your body going to the bathroom in your body, I don't—no matter how much you're juicing and everything, if you're not eliminating and killing off those harmful organisms, you're going to have a problem. You're going to have a chronic acidic situation in your system.

**Ty:** People don't think about that, that the harmful organisms, the parasites, whatever you want to call them, they're actually going to the bathroom in your body, and that's part of the toxicity that's created. That's why they're so bad, one of the reasons.

**Dr. Group:** Exactly. And they're laying 10,000 eggs a day inside your body, some of the worms. So they replicate extremely fast. And that's why a good harmful organism cleanse is going to take six weeks, because the cycle from eggs all the way through adult larvae in most cases is six weeks. So again, after the intestinal cleanse, after the liver and gallbladder cleanses, we move them into a harmful organism cleanse.

**Ty:** And what's in that? What's in the harmful organism cleanse?

**Dr. Group:** So we developed a product called Paratrex, and it has the black walnut hull in it. It has clove in it. It has anamu in it. It has different rare herbs that are designed to not only—a lot of the harmful organisms/parasite cleanses out there are designed to attack worms only.

But we found that it's more than that. There's more organisms, especially like fungus and things like that. So we put different—oregano leaf—different substances and compounds in there that would create a broad spectrum from bacteria, virus, worms, everything that they could get on.

Actually, one of the ingredients in there too is diatomaceous earth, which works extremely effective for different types of harmful organisms. So that's a combination blend. As a matter of fact, we had somebody contact us the other day that was on it for a few days, and they pulled a worm out of their nose. Can you believe that?

**Ty:** Wow!

**Dr. Group:** So that's how important—you don't even realize. You might be suffering from fatigue. You're trying all these natural things and nothing seems to be working. Usually the people that have gone to multiple doctors, nobody can figure out what's going on with them, they run all the tests.

All these harmful organisms, you can take a blood test and your blood still looks normal. They hide. They're like—they're leaches in your system that just suck all your nutrients and suck everything from you. But don't really—a medical doctor or anybody else, it's really hard to determine which ones are in there.

There's really not a lot of tests for that. So these are people that go all around and try to find all these solutions, and never end up with a solution, are the ones that are suffering from lyme, or now you have Morgellons out there, where you have strings coming out of people. You have all these weird organisms that they're finding, and the chemtrails that they're spraying on top of us.

**Ty:** Yeah, the chemtrails.

**Dr. Group:** So there is definitely attack. I mean they have biological. Look at these mosquitoes right now that are—GMO mosquitoes that are carrying the Zika virus and all that. We have a biological warfare attack on us right now. Everybody needs to be aware of that.

And there's things like oregano oil, silver, colloidal silver, two of my favorite, iodine. Everybody is deficient in iodine. Everybody should be on iodine. It's one of the most effective things that you can do for yourself and for your health. So harmful organism cleansing.

I mean everybody needs to look into it and really take it seriously and go through one of those every year. I mean if you eat sushi or raw fish, there's no doubt that you have an infestation of organisms. And that's something that is highly beneficial, even for children in school.

We have a lot of children that are being put on antipsychotics and being diagnosed ADD/ADHD and all that stuff. And it's the chemical byproducts that are coming in. There's no such thing as mental illness. What it is is mental toxicity. It's all these chemicals that are going up into the brain that are causing all these children to have all these problems.

So we have five-year-olds right now committing suicide, and six-year-olds that are slaughtering family pets because they're on all these medications that is not even addressing the root cause of the problem. So that's the next phase that we move people into, is the harmful organism cleansing.

**Ty:** Okay. And so once you've done the intestines, the liver, harmful organisms, what's next?

**Dr. Group:** What's next is chemical and toxic metal cleansing. Because that's what's—the reason we save that for last is because we don't want to start pulling out a lot of chemicals and metals really fast into the body, unless the body can handle it. Because the liver might have to reprocess some of that stuff, and we don't want—we want the liver clean.

We want the intestines clean. We want all those harmful organisms out of the body. By that time, you should be feeling really, really good. And then the last stage is going to be the chemicals and the toxic metals, which are going to be all of your mercury, cadmium, lead, nickel.

**Ty:** How do you pull that out? What's in those cleanses that would help you to pull the heavy metals and the chemicals out of your body?

**Dr. Group:** Well, we use a combination of different herbs that have been proven, such as cilantro. Believe it or not, fulvic acid, humic acid works extremely effective at bonding some of those chemicals and toxic

metals out of the body. Any type of your spirulina, your blue-green algae, work extremely well.

We actually also use a proprietary formula that was developed in Japan, in a detox foot pad, that's gone through 10 years of clinical studies in Japan. A lot of the detox foot pads got a bad rap a long time ago. You can use clays, different types of clays, substances, far infrared.

And so we use a combination of a liquid formula, at the same time we have these individuals use this proprietary formula that we have developed for us for the detox foot pads, to where they apply that as we're immobilizing the chemicals and toxic metals from their bloodstream, and the blood circulates through, the detox foot pads actually pull those out of the body through the feet.

So very effective. That process can take anywhere from 15-30 days. But after you've gone through the intestine, the liver and gallbladder, the harmful organism, and the toxic metal and chemicals—because remember, we still have thousands upon thousands of chemicals that people are infected with. Pesticide residue, herbicide residue, the glyphosate, the atrazine.

Most of the corn people eat is contaminated with atrazine. All the phthalates, all the chemicals from cosmetics. I mean all of these things in parts per billion need to be cleaned out of the body. And the good news is, once the liver is clean and functioning...

And that's why I still come back to the intestines and the liver because the liver, a functioning, good liver is able to actually process and neutralize some of these things. A good functioning intestinal tract, with the proper type of probiotics in there, living—and probiotics actually control the production of neurotransmitters too, your serotonin, your dopamine, things like that.

If you have a healthy gut, really, you have a healthy body. You have a healthy liver, you have a healthy body. So those are two of the things that I would highly recommend. And the good news about cleansing is you can still see your healthcare practitioner.

I still recommend everybody have a natural healthcare practitioner in their town or wherever they are. It doesn't matter if you do our cleanses or anybody else's cleanses out there. The main goal and focus is how do you reactivate your body's self-healing mechanism?

You want your body to really be able to heal everything that's going on in there. And after working with over 300,000 people from around the world, the body's self-healing mechanism will be reactivated once your body is clean. It's like let's say you cook in your kitchen one day and you leave the pots and pans there, and then you come back to cook a meal the next day and you leave your pots and pans there, and then you come back and cook a meal the next day.

Well by the third day, you're going to have fungus, mold, pests, bacteria, viruses. You're going to have a slew of a toxic environment in that kitchen to where even if you cook something, you would probably get sick. Well that's the same thing that happens in the body.

You clean your car, you clean your house, you clean your kitchen, but who cleans their body on a regular basis? People take a shower every day to rinse the outside of their body, but they don't take a shower—they don't cleanse the inside of their bodies every day, and it just goes back to—it's not something that I invented or anything. It's just common sense, really. It's just cleansing. The earth cleanses itself. Everybody cleanses, the animals.

**Ty:** Dr. Group, you mentioned that people shower every day, right? So that makes me think, okay, we've got—our skin's a big detox organ, right? We wash the outside of it, but are there ways that we can use our skin to detoxify?

**Dr. Group:** Yeah, that's a good question. The problem that we have with the skin is it's malfunctioning, and it's malfunctioning, especially with women. The skin is a large detoxification organ. I mean sweating, that's one of our pathways of detoxification. When people are taking showers or bathing, I highly recommend they get a shower filter, number one, because they're exposing their skin to more toxins.

We see a lot of problems in women with their skin, because when you—women are the ones that lather on all these chemical lotions, all over their skin, all over their face they use cosmetics. And all of these contain high level cancer-causing agents, disease-causing

agents, and that does get soaked in through the skin, and that ultimately goes directly into the bloodstream.

When we were looking at where are all the chemicals and toxins coming from, the skin was one of them. You either breathe them in, they come in through your skin, or they come in through your mouth. There's only three ways. With women, we saw a lot more of the chemicals and toxins coming in through their skin because women are the ones that use and lather all the cosmetics on their skin.

What we've seen in the last 10 years, which is one of the major problems, is sunscreens. People are lathering on sunscreens, and we're deficient in vitamin D, and the sunscreens are actually causing more cancer than if you didn't even use sunscreen.

So one of the ways to open up the detoxification pathway in the skin, and after you're done cleansing or during your cleansing, is you want to open up your body's natural elimination pathways. You open up the skin pathways through exercise, sweating.

You could go into near infrared. You can get near infrared lights now where they're saying works even better than far infrared. Far infrared saunas, anything like that, really just moving around and sweating. Sweating is a great way to detoxify. You can take hot baths, just make sure that you have pure, clean water that you're going to be soaking in.

And then the biggest thing is stop using any type of chemical lotions, skincare products, cosmetics, anything, bug sprays, anything that's going to be absorbed into your skin.

**Ty:** There's a lot of natural ones that women can use.

**Dr. Group:** There are. So opening up your skin. That's one elimination pathway that you can do. The next is urination pathway. A lot of people's urination pathway are shut down because they're not drinking enough water. A lot of the things people are drinking are going to be dehydrating.

And so how do we open up the urination pathway? Pure, clean water. I always recommend distilled, and then what I do is add certified organic kombucha or apple cider vinegar, or a pinch of sea salt, anything that's going to reactivate that distilled water and bring back that life to it, bring back those minerals inside of it.

So that's what you're going to do for your urination so you can start urinating more, because that's how you eliminate toxins. If your elimination routes are all closed down, then obviously you're not going to be able to get rid of the chemicals and toxins in everything in a timely manner.

And then of course you have the defecation elimination route, where people should be having their two bowel movements a day. And if that's not working or functioning properly, then you really need to look at your dietary habits, what you're putting into your mouth, or use something that's going to help you have or eliminate bowel movements on a regular basis.

And then with women, so many women are having hormonal issues right now, and their elimination route with menses is blocked, or having endometriosis, ovarian cysts, all of that, which is directly related to an iodine deficiency. But what I would recommend for women is start looking into getting on a good iodine supplement. And once you've cleansed your body, a lot of the times your menstrual cycles will come back to normal.

**Ty:** Last question, Dr. Group. We talked a little bit earlier about vaccines. So vaccines are



toxic, right? That's the message that I'm getting from everybody that I've talked to about vaccines. They're toxic. Talk about the relationship between vaccines and how might we detox from vaccines, and are they really safe and effective?

**Dr. Group:** Well, no, vaccines are never safe, and they're never effective. Well, there's certain ways to prepare natural vaccines. Your natural vaccine is your self-healing mechanism. That's exactly what we've been talking about. If our self-healing mechanism is working at 100 percent, there's nothing, no virus, nothing that can attack us and bring us down.

Vaccines are extremely damaging because they're synthetic and the body is not made—they're not natural and the body's not made to absorb those properly, transport those properly, and it causes an immune response. And vaccines are contaminated with DNA/RNA from different animals that are being injected inside of us.

They have toxic preservatives. They have mercury involved in them. And the amount of vaccines that children are getting today are overburdening our self-healing mechanism. The flu shots that are promoted.

I mean you can go—they want it to where you can go into any drug store, any grocery store now, and get 10 percent off your groceries if you get a vaccine or a flu shot, which is crazy because it's still you're getting something injected into you for something you don't even have.

I mean there's a sign that says "Get your flu shot today and get 10 percent off." It's impossible to create a flu shot, a flu vaccine. Because the influenza virus, every time it replicates is a different strain. So all they do is pick two or three, or four, from the year before.

And what the scary thing is now, they're doing what's called hexavalent vaccines, where they're taking not just one organism, they're taking three, four, five, six, seven different influenza strains and particles, RNA/DNA particles, different animal DNA structures, putting it in one shot and then injecting it into you.

Your body is not made to—the way you naturally develop an immune response is through breathing a virus in the air or breathing

it into your nose, never being injected directly into your bloodstream. So highly damaging, and you detox from vaccines the same way.

I mean once you—you go through the same cycle of detox. It's really hard sometimes to detox from vaccinations, but it's pretty much the same method. And the good news is we are in the midst of a revolution right now. I mean what you're doing and what we're doing, this is going to be written about in the history books.

Our children, 10 years, 20 years from now, and everybody watching this that is educating their children, are going to say "This was the healthcare revolution." They're going to say "Dad, I can't believe there were flu shots. I can't believe there was fluoride in the water."

And all the people that are watching this are going to be like "Yes, we were part of that. When it's written in the history books about the change that happened," how oil and gas went under and free energy came in, how pharmaceuticals went out and natural therapies came back in, and they're going to look back and say "Where was that movement? Where's that revolution?"

That's what I tell all my employees. You don't even know what you're part of. Your children are going to be like, "Dad, you were part of that revolution? You were there? That was you that was doing all that?" I mean that's amazing for anybody that's watching this and everybody that's knowing, we're not giving people information that hasn't already been proven.

All these detoxification strategies and all these remedies, and all this stuff that was available from 2,000 years before Christ, we're just, in this age, all the books that were burned by the AMA and the medical society, we're bringing back a new generation.

There's a fight going on right now between everything. And the good news is we're making progress with genetically modified foods. We're making progress with taking fluoride out of the water. We're educating the masses on how to prevent and to take care of their

own bodies because of the Obamacare and all the scenarios that are out there.

People are actually waking up and taking responsibility for their own health. So this is a major change that we're going through. This is the dream. This is why you and I and everybody else that's involved, and all these doctors that are dedicated their life, that have been under scrutiny from the FDA, they've been raided by the FDA.

They keep going forward and keep going forward, and going through the death threats and all the risks that are involved to see the vision that we're born to create, and put this out to the world and take the chances so that our children and our children's generation can eat clean food, can breathe clean air, and can drink clean water.

**Ty:** Yeah, well put. I mean I'm just thankful you're one of the leaders in the revolution, Dr. Group. And we're going to make sure that the revolution is televised.

**Dr. Group:** Thanks, man. You're a big part of the revolution. We're all coming together as part of the revolution. It's exciting. These are exciting times because you can actually see. 15-20 years ago when we were being called a quack, and we were just ridiculed, and there wasn't—just 15 years ago there was only 28K modems. You couldn't even put videos online.

**Ty:** And dot matrix printers.

**Dr. Group:** So look where we've come today. It's a great feeling to know that everything you do every day makes a difference in somebody's life, like when you go home at the end of the day, you know you've changed somebody's life today for the better.

**Ty:** That's awesome. Thanks for the great work and thanks for an awesome interview. I appreciate it.

**Dr. Group:** Thank you, I appreciate it.

**Ty:** Keep it up, man.

[End of transcript]

# Chapter 20:



*Interview with*  
**Laura Hayes**



**Ty:** I'm really thankful to be here with Laura Hayes today. She traveled a long way to come see us.

**Laura:** From California.

**Ty:** Yes, from California. Thank you for coming here from California today Laura.

**Laura:** My pleasure.

**Ty:** I'm really interested to get your personal story about the way that vaccines have damaged your family, your sons particularly. And learn about some of the myths about vaccines today. Because I've heard you speak and you go through lie after lie about the vaccines. I'll just give you the floor to begin with. I'd like to know about your 22-year-old son, what happened to him, and how did that get you involved in this vaccine awareness?

**Laura:** So I have three children. They were born in 1992, 94, 96. And the one whom you just referred to, Ryan, was born in 1994. He's our middle child. I wish I could turn the clock back in time and go back to when I took my first child in for her first well-baby visit at two months.

So for our daughter who was born in 1992, at her two month appointment, they weighed, measured her, everything looked good. I was starting to pack up her diaper bag to leave when the doctor said, "Oh wait. Her shots."

I literally pulled my baby in to me and I said, "Shots? I don't know what you're talking about but I don't want her to have any shots today. She doesn't need any shots. She's perfectly fine as we just discovered."

And I truly didn't know what shots she was referring to. So she said, "I've got another patient. Let me take you back out to the waiting room." She gave me a little half sheet of paper which she had created.

It had about three sentences on it that basically told that lie that vaccines are safe and effective and that there will be about one in one million children who suffers an adverse vaccine reaction.

My heart was racing. My maternal instincts were telling me, "Get up. Leave now. Leave, leave, leave." But all those years of being trained to be polite kept me sitting in that chair, unfortunately. She came back out in 15 minutes and literally just grabbed my elbow and said, "Okay, let's go now. Time to give your daughter her shots."

And If I had just left then, followed my maternal instincts which is what I try to encourage young mothers to do, our family's lives would be so much different. Because once you let that first set in, you kind of stop thinking about it.

And that was before the internet. I couldn't sit there on my iPhone and Google "dangers of vaccines." I hadn't read any books yet. If I had read Cynthia Courmoyer's book or Dr. Robert Mendelsohn's book, I would have known. I would have felt encouraged to follow my maternal instinct, but I didn't.

So she was vaccinated fully through age five and then our son, our first son, was born two years later, Ryan. His vaccines began to the best of my knowledge at age two months. Although in the hospital he did get the vitamin K shot, which is again something that is dangerous. At least two brands contains aluminum. A slow release over 60 days aluminum.

The vitamin K shot in and of itself has caused deaths. So right then and there we probably did something to begin damage to his immune system. He was probably injected with some aluminum. Then he started getting his immunizations at two months.

After each set of immunizations we did notice changes. I just wasn't putting two and two together. After shots at two months we never heard him cry again. He stopped carrying. Up until two months he would cry when he woke up, when he needed to be changed, when he was hungry, like a typical infant.

After that, the child went silent. And I thought "wow, I just must have this really easy baby." We would put him in his crib and we'd go back three hours later and he'd be lying awake staring at the ceiling, but hadn't cried out like "come get me" like a typical infant would do. That should have been our first clue that something was amiss. Other babies will have the exact opposite reaction and will cry nonstop.

After his four months vaccines, a little less responsive. Took a little more tickling to get a reaction. After six months vaccine he started laughing hysterically in the middle of the night. My husband and I would be awakened to the sound of giggling. We would walk in his room and he would be staring at the ceiling unaware that we'd walked in. He would be just laughing hysterically for no reason.

I've heard this from other parents too. I don't know exactly what causes that. But it is a symptom. It is a sign and symptom that your child may end up being diagnosed with autism. At 12 months we went from having a child who responded to his name to a child who no longer knew his name was Ryan.

He stopped responding to his name. Still I'm not putting all of this together. After his 15 months shots, repetitive play. I remember taking a family vacation in Lake Tahoe and I thought "this is so odd. For our toddler I only need to take one toy." He had a hammer and ball toy. He literally could play with that all waking hours, just watching that ball roll through.

That wasn't usual. He wasn't pointing. He wasn't following a point. But the pediatrician did not pick that up at his "well-baby" appointment. And then it was his shots at 18 months that nearly killed him. We came home from that appointment and I unfortunately followed the doctor's advice to give Tylenol before and after.

He literally—what I call lay near dead in his crib for 10 days. He was like a lifeless ragdoll. He was not interested in waking up, in sleeping, in eating. He was literally probably suffering severe encephalitis, brain swelling. At the time I just did not know it.

I did indeed do what every good mother does. I called the pediatrician's office every single day for the first 10 days saying "something is not right. He's sick. He's very sick and he's unresponsive" and each day never got patched through to the pediatrician.

I was stopped by the guard gate receptionist who'd clearly been trained by the pediatrician, once someone calls and after a vaccine "don't patch it through to me, just tell them this is normal. Don't worry about it." On day 10 when I was really getting panicky, the receptionist yelled at me.

She raised her voice to me and said, "Mrs. Hayes, do not call this office again. Anything that happens in the first two weeks post-vaccination is considered a normal vaccine reaction. We do not want to hear from you again until day 15." I was yelled at for calling in about having severe concerns about my ragdoll-like child.



**Ty:** What if they die within the first 10 days? Is that normal?

**Laura:** That apparently is normal too. It's called SIDS. We have a lot of babies being diagnosed with SIDS or Shaken Baby Syndrome when in fact they're dying from the vaccines that were recently administered to them.

By age two, we lost all babbling also after those 18 month shots. No more babbling, no language whatsoever, silent in that arena. Not only did he stop crying at two months but now he wasn't even making any vocal noises.

Obsessive repetitive play. He could literally be left on in front of doors, drawers, or cabinets and he would be happy to open and close them all day long. Not normal play. No pretend play. No language. No interacting with his sister. No acknowledgement when his dad would walk home or walk in the door after work at the end of the day.

Oblivious. Obsessed with videos, obsessed with pushing the eject button over and over so that he would watch the same segment of the video over and over and over again. That's really all he wanted to do was watch videos.

Right around age two I figured out on my own with no help from my pediatrician. I woke up one morning. It was a Sunday morning. I'll never forget it. A neon light in my mind. The word "autism." I truly believe that was divine intervention. That was the day, I had just had my third child three-and-a-half weeks prior to that.

I think God wanted me to get through that pregnancy before the bombshell hit that there was something really wrong with her two-year-old. So he was subsequently diagnosed with autism, which is a term I hate to use because it is what the medical authorities and government entities and pharmaceutical companies have coined to divert the blame from themselves.

It's really encephalopathy that he has. He has brain damage. Catastrophic brain damage from his vaccines. He also has immune system damage. He has been tested. He makes antibodies to his myelin basic protein that covers every nerve sheath in your body.

So you can imagine if your body is attacking that sheath on every nerve cell, your nervous system is not going to work. He has GI issues, he has heavy metal toxicity. He has been greatly harmed by routine childhood vaccinations. I refuse to call them immunizations.

Vaccination most certainly does not equal immunization in any sense of the word. He's now 22. A boy in a man's body. Six feet four inches tall, 180 pounds. On a good day he has the cognitive abilities of a five year old. He must be cared for 24/7 365. While I'm here interviewing with you, a former tutor of his is taking care of him for two days.

It's not normal to have to hire a babysitter to care for a 22-year-old man. Unfortunately it's becoming the norm in our country. He still works with tutors 40 hours a week. We do a special behavioral program that helps him to learn new things and maintain that which we've already taught. He's not able to work.

You cannot imagine a four or five-year-old holding down a job. It's not going to happen. He's never gone on a date. He never will. He's not going to get married. He's not going to have children. He's been robbed of leading the life that he would have lived had we not vaccinated him. As a mother, it's painful.



If I could have one do-over, one do-over in life, no vaccines for any of my children. We have two more children and they did not escape vaccine injury. They're young adults now so I don't talk publicly about their health. But suffice it to say that they both have endured vaccine injuries. And those are lifelong.

When you allow a vaccine to enter your child's body, you have just set off a series of cataclysmic events that is going to manifest itself over the course of your child's lifetime. It might be fever and high-pitched screaming right off the bat. A couple of months later it might be an asthma attack. By age two it could be an autism diagnosis.

By age five it could be a Tourette's diagnosis and gut dybiosis. By age 10 it could be Type 1 diabetes. It could be a seizure disorder that manifests itself any time after a vaccination. It could be cancer, leukemia in childhood, other cancers later on in life. I truly contend that no one escapes vaccine injury.

If you've been vaccinated, you have been harmed. Your immune system has been tainted and it will never ever be able to function as it was meant to. And harm has been done.

**Ty:** I sympathize with you with your regrets. Unfortunately we don't get any do-overs. But you have made the best of it. And now you're an advocate for spreading the truth and helping to maybe prevent future moms from making the same mistakes. I admire that. Let's talk about some of the ways that you've turned this personal tragedy into a positive thing to help others.

**Laura:** Over two decades now or nearly two decades, as soon as I did learn about the vaccine connection, which wasn't that hard. When a group of parents whose children all have the diagnosis of autism starts getting together, which we did back in the 90s, you quickly start comparing stories and lo and behold you would discover your children were harmed by their vaccines. We all have very similar stories.

Then you start talking to other people you know. One of my sisters one of her children has Type 1 diabetes. We now know that that is linked to vaccines. You start talking to people and you realize wow, everyone has these children who require some type of services.

They either have some type of a chronic illness or some type of developmental disability or a permanent disability. And you start thinking wow, this wasn't like this when I grew up. The nurse's office at school didn't have a lineup of EpiPens and inhalers and prescription drugs and stacks and stacks of IEPs. A list of food allergens for the different kids.

So when I started putting it all together and realized wow, Ryan was severely vaccine-injured. I thought I have to get the word out. I can't let this happen to other children. I was one of many and we thought people are going to want to hear this.

First thing I did, I wrote to the pediatrician who we no longer went to but the pediatrician who vaccinated him. Wrote her a five page letter about all that had transpired. including not being able to get through to her when our son was nearly was killed by his vaccines.

Then I called to follow up to make sure she'd received the letter. And I said, "What makes you so confident that these vaccines that you're giving day in and day out are safe? That they're not harming kids?"

And she said—and I quote, she had a one sentence answer for me. This was pretty much the end of our phone call. She said, "Because the pharmaceutical reps tell me they're safe." The very people who are profiting from these products are the ones claiming their safety.

They're also the ones who are allowed to do their own studies and tell the FDA, "Another safe vaccine. We want you to approve it." I write articles a lot as often as time permits. A lot of them are published on The Age of Autism blog.

I speak at rallies whenever we have a new tyrannical vaccine legislation introduced in the state of California and even at the national level. I write articles for The Age of Autism blog trying to raise awareness and more than even educate other parents, warn them. I'm trying to sound a huge warning bell. Don't let this happen to your children.

Do not allow anyone to put poison into your child directly into their bloodstreams and muscle tissues into a closed system where those toxic poisonous immune system damaging ingredients will now be trapped and will find their way to your child's brain, organs, and be there for life. Manifesting damage throughout your child's lifetime. I also speak at rallies.

**Ty:** Yes. I saw you speaking at the SB 277 rally.

**Laura:** Yes. I spoke twice, two different times opposing SB 277. A fascist law if ever there was one. But it was very clear to us who were fighting that battle that the legislators' votes had been bought and paid for in advance.

They would not meet with us. At best we would get a low level staffer. Would not meet with us. Did not read what we sent. The vote had already—

**Ty:** Jefferey Jackson did an article, I don't know if you read that. Apparently Senator Pan was taking his marching orders from a couple of pharmaceutical lobbyists.

**Laura:** Absolutely. Actually you can take it back a few years to maybe AB 2109 which was at that time, they wanted to do an SB 277 at that time in 2010, 2011. But I think that they didn't feel it was quite the right time that they could win at that point.

So they watered it down to AB 2109 where parents had to get a specified healthcare practitioner to sign their personal belief exception. Which is the same then as a medical exemption, where you have to go through a third party, a doctor, to just sign off on exercising your rights. That's a form of a medical exemption.

Truly, let's be honest. Not only should there not be vaccine mandates, medicine should never be mandated. But we should not have to beg, plead, and pay to exempt out of these false medical procedures.

**Ty:** Right. So if you have to get a doctor to approve an exemption, doesn't that violate our constitutional right to choose what is best for ourselves?

**Laura:** Absolutely. The constitution guarantees us a few things. Number one, it guarantees us the right to direct the upbringing of our children as we see fit. It also protects our religious freedom, first amendment.

This is a grotesque violation of religious freedom. I have come to the very firm knowledge after 20 years of studying that vaccination is an abomination to God. That it violates my religious beliefs on so many levels.

We're instructed in the bible not to harm or sacrifice our children. Unfortunately I knowingly did that on the altar of vaccination. But I know better now and I try to warn others.

There's no way that it doesn't violate many people's religious freedom to be forced to inject up to 70 times, an ever growing list. Poisons, neurotoxins, carcinogens, things that impair fertility. There's no way aborted fetal tissue material.

There's no way that does not violate the religious beliefs of many people. Not to mention their non-religious beliefs, their personal beliefs, their good sense, their common sense, their intelligence, their parental instincts. It's insane that we are being forced to poison our own children.

We're destroying our children. We've never had such sick children. At last count, this is now a year's old statistic. 54 percent of the children in America are either chronically ill and/or developmentally disabled. Folks that is not normal.

Children are supposed to be in the prime of their lives, thriving, healthy. Not plagued with chronic health issues. Not plagued with breathing issues in the form of asthma or allergies. Not suffering seizures. Our last stat, that was a few months ago in the San Francisco Chronicle, one in 20 America children now has a seizure disorder. That is not normal.

It's not normal for children not to talk. We now have a huge percentage of children in the United States with the misnomer "autism" versus "vaccine-induced brain damage" who don't talk. One third plus of those diagnosed with autism will be non-verbal their entire lives. It's not normal for children not to talk.

You and I met briefly this morning. You and I discussed that prior to the late 80s and early 90s, all children talked. With a rare, rare exception all children spoke even if they had mental retardation or Down Syndrome.

But then we started having this generation of children who didn't talk. That should have sounded such a huge alarm bell. But it didn't. That goes back to the 1986 act indemnifying those pharmaceutical companies who make vaccines and those who administer vaccines. At a time in our nation's history when we should have had an immediate moratorium on all vaccinations.

If vaccine-making pharmaceutical companies were pulling out of the business because they were losing so many multi-million dollar lawsuits due to the harm and deaths that their vaccine products were causing, it seems very prudent that we should stop all vaccinations until we got to the bottom of that.

Unbelievably, Congress, instead of having an immediate moratorium on all vaccinations, indemnified and removed all liability from the vaccine-making pharmaceutical companies and those who administer vaccines. Removing all incentive to make a safe product.

Not that I think there can be a safe vaccine. But in theory, removes all incentive to make a safe product. No accountability. It's a blank check. And they took advantage of that. Within three short years the vaccine schedule had pretty much tripled. My son Ryan and our daughter got a minimum of 237.5 micrograms of neurotoxic mercury.

There's no safe level of mercury for any human being. But 237.5 micrograms is off the charts. At my son's two month appointment alone he got 500 times the EPA's safe limit. 250 times the EPA's safe limit for ingested methylmercury and you can double that for injected ethyl mercury.

To me that's like saying there's no safe level. That's like the same as giving him an alco-

holic drink at two months. No safe level for that either. But instead giving him 500 alcoholic beverages. He was given 500 times one of the most toxic substances on the planet.

And as I mentioned, he'd already had some aluminum. Probably slow release aluminum circulating in his body still. There's aluminum in many vaccines. It's the adjuvant. When they use an inactivated vaccine, meaning a non-live virus vaccine, they add an adjuvant to purposefully artificially overstimulate the immune system and cause inflammation trying to get a reaction.

We now know the horrors of aluminum. There's a new study published almost daily about how dangerous aluminum is. When you give aluminum at the same time as mercury, there's a synergistically neurotoxic effect. Aluminum greatly enhances the neurotoxicity of mercury plus it's neurotoxic on its own.

So, as I'd like to say to parents, you wouldn't allow the ingredients that are in those vials of vaccines to be put in your baby's bottle and let them consume them that way. You would have a conniption. You're seeking out glass bottles and—

**Ty:** If you allowed it, you'd be thrown in jail.

**Laura:** You'd be thrown in jail. If I babysat your child and I put all those ingredients or just emptied the vaccine vials into your baby's bottle and fed them that, you would probably beat me up, but you'd for sure have me thrown in jail. I would go to jail for doing such a thing. Your baby ironically would actually have a small chance of clearing quite a bit of that out through their digestive tract.

But these same parents would never allow their children to ingest those vaccine ingredients are allowing someone in whom they have put their blind trust, someone in a white coat, to inject those same ingredients, inject into their baby multiple shots at one time where up to some on office appointments right now involved eight syringes with 13-14 vaccines.

Just that a doctor would do that. There's no medicine that a doctor would hopefully give 14 medicines at once. Your baby would never in the real world contract 14 diseases at once.

**Ty:** I just saw an article recently about a baby that did receive eight vaccines in one day and he died.

**Laura:** I bet it was a coincidence.

**Ty:** That's what they said. It was coincidental. It had nothing to do with the vaccines.

**Laura:** You know what I said to that. "Vaccines, the leading cause of coincidences in the world." There is an awful lot of coincidences going on. SIDS, shaken baby syndrome, seizure disorder, autism, kids can't speak anymore. They've got Type 1 diabetes. Childhood cancer has just—I know cancer is a very personally important subject to you.

When I grew up I knew of one person in my 18 years of growing up in Phoenix that had cancer. Now you cannot go to a hospital and not see a children's oncology unit. That is not normal for children to have cancer.

Yes, I know we have a lot of toxic things that have unfortunately been approved by our criminal government. We've got fluoride in the water. We've got pesticides on the food that we are consuming. We have genetically modified foods that have been proven to cause cancer.

And we've got the vaccines. So that any child is even surviving in this day and age of being poisoned now in utero with the pregnancy vaccines. It's miraculous that any is surviving. But as I've said before, they're not surviving well.

As I said, they're chronically ill. They're developmentally disabled and they're just not normal. Flying here just watching children, I'm kind of fixated on watching children at the airport. The language is so far behind.

When you listen to these kids that you can clearly tell four, five, six, their behavior is not normal, their language is not up to par, they have unusual behaviors. It's so apparent.

School administrators aren't speaking out more really bothers me too. Because they see the increase and the number of Special Ed teachers and Special Education classrooms, the number of nurses needed per district now.

There used to be one nurse that would travel around the district. Now, each school seems to need one or two nurses just to be responsible for administering drugs throughout the day or being there for medical emergencies.

**Ty:** Sickness and illness and drugs have become the new normal.

**Laura:** They are the new normal. The pharmaceutical companies are laughing all the way to the bank. They want people somewhere between sick and dead. Because that is how they make their profits. They are succeeding greatly.

**Ty:** In Nazi Germany, Joseph Mengele, he was tried for crimes against humanity for experimentation on prisoners amongst many other things. How does this equate?

**Laura:** Well, it's my firm belief that at this point in time with all of the knowledge that is out there—we now know how toxic the ingredients in vaccines are. We know that there's never been a proper safety study done on any vaccine.

Much less in the myriad combinations in which they're given. Much less on the recommended schedule as a whole, both short and long-term. We've never had that comparison study of a group of unvaccinated controls studied against vaccinated children.

We know that the studies that are put forth by the government and pharmaceutical companies are rife with fraud. So knowing all of these things and again just using your basic science knowledge from 7th grade and looking at the list of ingredients, knowing that they should not be injected into any human being.

Any doctor who is still administering vaccines in my opinion is willfully ignorant, arrogant, and / or corrupt. Truly every vaccination that they're giving I believe is medical assault.

There's no one of any age, fetus, newborn, infant, toddler, young child, preteen, teenager, young adult, elderly adult, no one who should have this stuff injected into them.

It's not the natural way that we contract illness. The natural way is through our nasal passages, respiratory tracts, and digestive tracts. Our body is not equipped to have those toxins and those random human and animal viruses and retroviruses and carcinogens and surely goodness knows what else, because they're not even required to list all of the ingredients.

Goodness knows what else. The food proteins that are causing all the food allergies. No

one should have that stuff injected into them. I do believe that every vaccination at this point in time is medical assault. It is medical experimentation.

As I said, not one of these has ever been tested using the scientific gold standard. That of a double blind placebo-controlled study. A vaccine is tested against another vaccine or a combination of vaccines or an adjuvant.

**Ty:** But there's never the non-vaccinated control?

**Laura:** We never can have the unvaccinated controls because they already know what the study would show. That these vaccines are not safe, that they cause harm, they cause injuries, they cause death, they're not effective. We see this so I don't understand Americans not waking up to this. Almost daily there's an outbreak.

Let's talk about a real outbreak. A few cases of measles versus 7,500 kids a month being diagnosed with autism in our country. But we focus on the one case of measles in Nevada County, California, last year. That's an outbreak. Vaccines are experimental medicine.

Even if they weren't, the Nuremberg Code from 1947, which two Americans helped to write was supposed to prevent and forever avoid forced medicine of any form, including experimental medicine. And vaccines most certainly fall into the category of experimental medicine. And your children are the guinea pigs.

I wish Americans would realize that very quickly because every second of every day we have children being harmed, both here in the U.S. and worldwide. And the 1947 Nuremberg Code should have done something else that would have been critically important. It should have overturned the 1905 Jacobson versus the State of Massachusetts decision.

That was the beginning of forced experimental medicine in our country. A man, Mr. Jacobson, did not want to get the smallpox vaccine which was mandated in the state of Massachusetts in 1905 for adults. He didn't want to get it because he had already seen vaccine injury in his own family twice. He was like, "I do not want that smallpox vaccine."

So he was ordered to pay \$5 fee in lieu of receiving the smallpox vaccine. Right there, that was the start. That is what all of these—many of the court cases today will go back and cite the 1905 Jacobson versus Massachusetts' decision. A \$5 fee for an adult to avoid one vaccine. That decision was erroneous.

I can't believe it hasn't been overturned because there should be no forced medicine. But the 1947 Nuremberg Code should most certainly have nullified and made void the 1905 decision. We've had subsequent treaties that we've signed.

The 2005 UNESCO agreement, again, upholds the right of prior voluntary and informed consent prior to any medical intervention and that includes vaccinations. Vaccinations—why they have been put into some special category as though they're holy water when they're some of the most unholiest things on the planet, I don't know.

They shouldn't be there. That number that continues to be mandated continues to grow. You know and I know that there are hundreds of vaccines in the pipeline. Some things that aren't even really vaccines are now going to be labeled as vaccines because then they get to fall under that liability-free clause from the 1986 act which needs to be repealed.

We need three things to happen immediately in our country. We need vaccine mandates to be



banned in all 50 states. Medicine should never be mandated. We learned that during World War II. And we have the Nuremberg Code to ensure that that never happens again. We are a signer.

We need to fully restore individual and parental rights to make any and all medical decisions for oneself or one's children. We also need to immediately repeal the 1986 act.

As I said, an act that never should have happened. What should have happened on that day is the complete moratorium on vaccinations until we got to the bottom of why so many were being harmed and killed by them. Common sense. We've lost common sense. We've lost the ethical practice of medicine in our country.

The gold standard of ethical medicine is that of prior, free, and informed consent. In the case of vaccines, there can't even be informed consent. As you and I have already discussed, there have been no proper safety studies and no comparison studies.

Any doctor offering informed consent is really doing nothing more than either parroting pharmaceutical companies, the CDC, or offering their personal opinion. It is my opinion that no doctor can give or receive informed consent regarding vaccinations at this point in time.

There's a great saying, Mary Holland, attorney who fights for the fundamental human right to say yes or no to any and all medical treatments and procedures including vaccinations, "If we do not have the right to decide what we do or don't allow in our body, especially when that which we're talking about has been declared 'unavoidably unsafe' by the United States Supreme Court in 2011, which means inherently dangerous, when we don't have the right to decide whether or not we want to allow 70+ inherently dangerous products into our children or ourselves, then what meaningful rights do we have left?"

We don't. If we can't make that most important decision, what we allow or don't allow in our bodies, we don't have any meaningful rights left.

**Ty:** Yes, which is one of the reasons that one of the founders, Benjamin Rush, said that "medical freedom should have been written in the constitution."

**Laura:** Absolutely. And the older I get the more I understand that. Hopefully it's not too late.

**Ty:** It's not.

**Laura:** I'm hoping that Americans will wake up. The powers that be seem to gain in strength every day, but we need to combine our numbers and fight back.

**Ty:** We're gaining in strength every day too though.

**Laura:** Well, it's because of people like you making movies like this that are going to educate millions, both here in the U.S. and worldwide.

**Ty:** Laura, thank you so much. I appreciate the kind words. Thank you for what you're doing. Because we're all part of the same team that's just trying to bring awareness and maybe let other people have a little bit more knowledge than they had before so they can make a better decision.

Maybe less kids are going to be harmed. Maybe less adults are going to be harmed. Maybe less families will be torn apart from this vaccine damage that is becoming just so pervasive now.

**Laura:** Vaccine injury is not rare. It's real. No society can call itself free or moral when it has forced

medicine. If the United States of America is going to continue to have and enforce vaccine mandates, then we are neither free nor moral. And that's a fact.

**Ty:** Well said. Laura, thank you so much for a great interview. I appreciate it. God bless you.

**Laura:** Thank you.

[End of transcript]

# Chapter 21:

*Interview with*  
**Dr. Brian S. Hooker, Ph.D**



**Ty:** What I'm fascinated about, Brian, is your experience initially before all of these CDC whistle blower stuff.

**Dr. Hooker:** Right.

**Ty:** What did you do before? And then I want to talk about the William Thompson story.

**Dr. Hooker:** That sounds great. I actually started investigating the CDC in 2001. My own son, Steven, was injured by the vaccines that he received at 15 months. He received 3 separate vaccinations all while having an active ear infection and that really sent him over the edge. He was fully vaccinated right on schedule.

I grew up in a public health family. My mother was a public health nurse for a large county in Southern, California and she was in charge of their vaccination project the whole vaccinations that were distributed throughout the entire counties. So I was bred into this, "Vaccines are safe and effective mantra," and I was excited to get—I remember going to my son's well-baby appointments thinking, "Oh, this is really cool. He's not going to get these infectious diseases. Everything's going to be fine."

But in hindsight, I think that he had some damage prior to his 15-month vaccines because he was exposed to so much mercury. He was vaccinated in 1998 and 1999 and he got—whenever the vaccine could contain Thimerosal, it did—so he got really the full wallop by the time he was 15 months of age and then he really started to regress quite severely. He received an Autism diagnosis, early for then, at 18 months of age. We had suspected that there was something going on with the vaccines, especially the 15-month vaccines with the active ear infection which is contraindicated. That was really the last straw and we knew that there was an issue with vaccinations with him.

So I was following very closely what the CDC was doing in terms of research. They were in the midst of publishing what was called the Verstraeten study. I originally thought, they've had two years to do the study they really started the preliminary work in 1999, it'll be published in 2001 and then we can get some clear answers. But anybody who's followed the story knows that the Verstraeten study actually had five different iterations and in each time they were watering down the associations between vaccines and autism, vaccines and speech delay, vaccines and language delay. All of these things that originally they found statistically significant associations then they started limiting the number of children in the cohort, limiting the age of the children of the cohort, taking out specific clinics where they saw specific effects.

When I saw all these dubious practices then I started to contact the CDC as a scientist. My background is science. I have a PhD in Biochemical Engineering and I've done a lot of statistics in my life and so I knew that the things that were coming out of CDC just did not make sense. So, from 2001 until about 2004, I was actually in touch with CDC scientists asking them questions, giving them my opinion on their studies and one of the scientists that I talked with on a regular basis was William Thompson.

We'd known each other even back then starting in 2001. But over time, my questions became much more pointed. I knew that the CDC was committing fraud and I was vocal with CDC scientists that, really, you're not fooling anybody. It's very, very clear to see that the CDC does not want to find an association and they were exclusively looking at Thimerosal in vaccines and it was really clear that they were going to do whatever they could to absolve Thimerosal from the autism epidemic.

I continued into till 2004 but the CDC worked in the background to try to cut off my contact with them. They were sick of the phone calls, they were sick of the emails that they were getting from me. And I was very dogged and persistent but in 2004 I got a cease and desist email from a CDC attorney who said, “Oh, your son is participating in the National Vaccine Injury Compensation Program or vaccine court and in a sense you’re suing the CDC so we cannot talk to you any longer. Your only recourse is the Freedom of Information Act.”

Of course, I showed it to my attorney. He laughed. He said, “Look, you have a legal right of contacting anybody in the federal government you want to contact.” CDC then came back and said, “Yeah, that’s true but we’re just not answer any of your calls or your emails.” So, at that point I started submitting FOIA requests and since 2004 I’ve submitted over, now, probably 120 different separate FOIA requests.

**Ty:** For the CDC to release documents?

**Dr. Hooker:** For the CDC to release documents. On average, it takes the CDC once you submit a request like that, on average it takes 3 to 5 years to get information. It used to be a shorter timeline when I first started but now I think they just intentionally draw things out because they do not want to release this information. Of course, the information that poured out showed a commitment to absolve vaccines at all costs, showed clearly that they were in the process of these analyses and re-analyses in using these methods that were scientific malfeasance. There’s no way to characterize them except that they were out-and-out fraud in order to cheat, to err on the side that vaccines were always safe and effective.

**Ty:** Well, you mentioned the Verstraeten Study.

**Dr. Hooker:** That’s correct.

**Ty:** Now, was that an independent study outside the CDC or was that funded by the CDC?

**Dr. Hooker:** That was funded by the CDC. It was done within the CDC. Dr. Verstraeten was a CDC scientist and interestingly, he left the CDC in 2001 before the study was completed and he spent two years at GlaxoSmithKline, actually, as co-author and collaborator on the study. GlaxoSmithKline was making Thimerosal-containing vaccines. I believe they still have a Thimerosal-containing flu shot.

So there was a distinct conflict of interest. He should not have been lead author of that particular paper because Glaxo had a vested interest in that study being a negative study and showing that there was no harm from Thimerosal.

**Ty:** Wow. You mentioned statistics. I’m familiar with statistics being a CPA and the term that we’re all familiar with is “cooking the books.” Sounds like that they were cooking the books to make the studies show what they wanted them to. The same way that an accountant can cook the books and make the bottom line what the company wants it to.

**Dr. Hooker:** Absolutely. They were cooking the books and when they saw a particular effect that they didn’t want, then they would get a bunch of scientist in the room and they would look at how they could exclude cases of autism, how they could exclude cases of other disorders that they were studying until they could actually dilute down that affect to the point where it was no longer statistically significant.

One of the big cheats that the CDC does and did back then was limit the size of the overall statistical sampling, what they call the cohort. As the cohort gets smaller, then of course

you lose to statistical power so you can't prove any association. You can't prove anything.

It always goes back to what we call the "null hypothesis," meaning no harm done by Thimerosal-containing vaccines. For me this is very personal. There are documents that showed that Merck, who has ties into the CDC, knew as early as 1991 that there was a problem with the expanding vaccination schedule.

Vaccination schedule started to expand in early 1990s and the amount of Thimerosal that these kids were getting. Merck knew about that. They could have done something about that and they could have studied it aggressively and truthfully back in 1991 way before my son was ever exposed to any of those vaccines. So it really does hit home.

**Ty:** Oh, it sounds like it, as a parent.

**Dr. Hooker:** Yes.

**Ty:** How does that make you feel about what Merck did in light of the fact that your son suffered because of their withholding knowledge potentially?

**Dr. Hooker:** I don't know why, I look at this movement and I don't know why we haven't taken to the streets with torches. This is this is manslaughter. The carnage that has been laid on our society as a whole not just because of Thimerosal, not just because of the MMR vaccine but because we're all part of this grand medical experiment that's called the vaccination schedule that is understudied, that is only studied by the CDC in order to quell the masses. CDC is not there to tell the truth. They are a risk management organization and they are there to basically produce studies that will sway the opinion towards what CDC wants the public to do and that is to uptake all of the vaccines that they were recommending on schedule.

**Ty:** They're going about this completely backwards. They have a pre-determined conclusion. They want the result that they want and then they basically fabricate the study. They selected, they cherry pick to get that answer as opposed to the scientific method would be, "Let's test this. Have a proper sample size and it is what it is." But the CDC seems to be going backwards with that.

**Dr. Hooker:** That is correct.

**Ty:** They don't want the true results, they want their results. So in light of that fact, this is just a personal opinion, why are they doing this with vaccines? Because they could at least—even if you're in favor of vaccines, you could at least produce vaccines that weren't so toxic.

**Dr. Hooker:** There is no inertia and there is no impetus for the CDC or the vaccine manufacturers to make safe vaccines. They know that vaccines are block-buster business. Many employees at the CDC end up in industry. Case in point Dr. Julie Gerberding, who was the director of the CDC from 2001 until 2008, took a very lucrative position as the head of the vaccine division in Merck in 2009. She was given stock options in the millions for that particular position so she overnight became a millionaire. There have been other employees that have gone on to lucrative positions. There's actually a revolving door between the CDC and the vaccine industry.

Dr. Thompson himself came from Merck. He worked at Merck before he worked at the CDC. Dr. Frank DiStefano who is the current head of the immunization safety office at the CDC actually left the CDC, went into industry and then came back to the CDC. So you have this incestuous relationship between the pharmaceutical industry and the CDC.



Really, the driver is money. It's just like everything else. The driver is the almighty dollar. When you get a vaccination on the schedule, when an individual which could be a CDC employee gets a vaccination on the schedule, that opens up a market for that particular vaccine that's in the billions of dollars.

**Ty:** So the fox is guarding the henhouse.

**Dr. Hooker:** The fox is guarding the henhouse. There is no independence. There is no drive for looking specifically at vaccine safety. Scientists that have come forward like Dr. Thompson and said, "This is wrong," then are handled. When Dr. Thompson basically said that the CDC should not be doing vaccine safety, when he said that to his superiors he was put on administrative leave of absence and he had a letter of discipline put in his file.

**Ty:** What did he say? Again, what was ...?

**Dr. Hooker:** He basically said that the CDC was a conflicted agency. That the CDC spends \$4B worth of vaccines a year and then distributes those vaccines to the states primarily for children's health programs and in order for them to get reimbursed, then vaccine uptake has to get high.

**Ty:** I got you. So Dr. Thompson said that CDC has a conflict of interests. You shouldn't be involved with determining whether something is safe and light of fact that you're making all the money on it.

**Dr. Hooker:** That is correct. And the one example that he gave in the government of an independent board that's looking at safety was the National Transportation Safety Board. That is wholly independent from the Federal Aviation Administration. It's a completely separate entity. They are two separate arms. They're not tied within the executive branch of the government.

There is no reason why the CDC couldn't do the same thing, take vaccine safety completely out of Centers of Disease Control, take vaccine safety completely out of the Department of Health and Human Services. Have it be an independent body that was not tied in any way to increasing vaccine uptake in the United States.

**Ty:** But they can't do that because it's too costly, right? Because the vaccine institute would lose revenues if an independent study were actually conducted.

**Dr. Hooker:** That is absolutely correct. They will lose money if a study is produced that actually shows what the true safety and efficacy of vaccines are. Because the truth is that they are not as safe as CDC purports and they're not nearly as safe as the CDC purports and they're not as efficacious. We're seeing disease outbreaks in vaccinated communities.

The mumps portion of the MMR vaccine is woefully ineffective so we have the Harvard mumps outbreak which is exclusively in vaccinated individuals. So if people know this then they'll say, "Why do I need to take a vaccine? Why do I need to take the risk with my wonderful child or with myself or with my aging parents who the nursing home is recommending a flu shot when they're not effective? And they put the individual at risk of all these adverse events."

**Ty:** Is it safe to say that it's possible that the vaccine like the MMR is actually creating mumps?

**Dr. Hooker:** It is safe to say that what it's doing is it's creating a scenario where mumps outbreaks are going to occur in older populations where mumps is going to have more of a negative effect. These childhood diseases, when you look at chicken pox, when you look at mumps,

when you look at rubella, when you look at rubeola, these are diseases that are relatively benign in childhood. They aren't associated with all of these adverse effects and now we treat mumps like it's the boogeyman.

**Ty:** I had them. I didn't have rubella but I got chicken pox, mumps, measles.

**Dr. Hooker:** I had chicken pox and rubella. I had rubella when I was nine months old. These diseases, unfortunately, when you take a vaccine that has waning effectiveness, then you might have immunity towards that particular disease for a limited period of time, maybe three or four years, but then once that vaccine wears off then you have a population that is older, that is now susceptible to getting that disease. These childhood diseases when you get them as an adult or when you get them as an adolescent, they're much rougher. They're much more difficult. Mumps can cause sterility in males when it's contracted in older individuals. So what we're doing as a society is we're not preventing infectious disease. Nature makes a way.

Anybody that takes basic biology courses knows that if you provide some type of natural selection or some type of selection pressure then the viruses, the bacteria, the other pathogens that we're trying to protect against using vaccines, those are all going to mutate. They're going to mutate a way to the place where the vaccine is essentially ineffective.

**Ty:** You mentioned Julie Gerberding. She was head of CDC for several years and in 2004. Can you talk about what happened or what the CDC began to learn at that time under her watch and it evolved into the story with Dr. Thompson?

**Dr. Hooker:** In 2001, the CDC embarked upon what's called the DiStefano study. That was a study that they were going to use to absolve the MMR vaccine from the autism epidemic. They basically took a small study sample in metropolitan Atlanta. It had a higher proportion of African-American individuals because that's the demographic in metropolitan Atlanta. What they found when they originally ran the study was that African-Americans that got the MMR on time were about 2.5 times more likely to get an autism diagnosis versus African-Americans that receive the MMR after three years of age, so they delayed the MMR. They tried to bury this effect using statistics. They could not make it go away so the only recourse that they had was then in 2002 they brought in large trash cans and they just threw out all the information that showed that there was any type of association between MMR and autism especially in African-American populations.

They had a very vulnerable population, an underserved minority population and the CDC basically turn their back. Thompson was one of the co-authors on this study and he secretly kept all of his documents. When he was ordered to throw them all away by his superiors, he kept electronic records on his computer and said ... Yes?

**Ty:** Sorry to cut you off. With just that statement, they were ordered by their superiors at the CDC to throw away, to get rid of records that showed a result that they didn't want. They had documents that prove that the African-American male babies were at risk and they got rid of them.

**Dr. Hooker:** They got rid of that evidence. That's data fraud.

**Ty:** That's a crime.

**Dr. Hooker:** In the first degree. It's a crime at many levels. Not only looking at the issue of the Federal Records Act in the federal government, it was enacted in 1950 and it has been amended but anything that looks, smells, taste like a federal record which undoubtedly these doc-

uments were, should have been retained on file and then ultimately should end up in the National Archives. They weren't. They were handled completely incorrectly. On top of that, the results themselves were so alarming and the CDC knew about this effect as early as 2001. November 7th, 2001 was when Thompson originally presented those results to the rest of the research team.

**Ty:** Wow. I thought it's 2004. It's 2001. It's even worse. Three more years that they knew about it.

**Dr. Hooker:** They knew about. They massaged the data. They threw everything out but Thompson in 2004 was conscience-stricken. He was also set to do a presentation at The Institute of Medicine. Institute of Medicine is the "independent body" that periodically reviews vaccine safety for the CDC. He was set to present these results at The Institute of Medicine and he was conscience-stricken. He wanted to tell the truth at that Institute of Medicine meeting that there was a tie, a definite tie between the MMR vaccine and autism specifically in African-American males.

He tried to warn, he went and stepped over several levels of management and he tried to warn Julie Gerberding directly. He sent her a long email saying that there were problematic results that needed to be discussed, that would not bear favorably on the CDC and on the current vaccination schedule.

**Ty:** What was her response?

**Dr. Hooker:** Her response, she never reached out to Thompson directly but he was very soon after that put on administrative leave of absence. He received a letter of discipline in his file for insubordination because he didn't go to his direct supervisor who was the one that ordered him to throw away those documents. Then he was replaced. He was not able to speak at The Institute of Medicine meeting and instead his direct supervisor, Frank DiStefano, who was responsible for the data destruction, presented something that was totally fraudulent.

So he presented the fraudulently results and the rest is history. The Institute of Medicine had their meeting in February of 2004. Thompson went on administrative leave of absence in February of 2004. Then when the Institute of Medicine report came out later in that May, it said that there was no relationship between the MMR vaccine and the autism epidemic and there was no relationship between Thimerosal-containing vaccines and the autism epidemic in the United States.

His data alone could have made a huge difference. It could have turned the tide and by my estimates, if you look at the number of African American males that have been born in the United States since 2001, since they've known, there have been over 100,000 African-American males in the United States that have been diagnosed with autism since that point in time. You have to wonder if they would have changed the vaccine schedule how many individuals would have been spared that lifetime of having that diagnosis, of having those issues, of having the communication issues of needing 24-hour care? How many families were destroyed because the CDC made the decision to bury that information?

**Ty:** That is heartbreaking on one hand but on the other it enrages made to hear that. We raised our kids to tell the truth. So, "Hey, did you eat that cookie?" "No, Mommy, I didn't."

If they ate it, they're going to get disciplined because they just lied. But it didn't really hurt anybody. CDC is lying about stuff that is resulting in either autism, and sometimes even death, from vaccines to hundreds of thousands of people - children, babies, helpless babies. They're lying about it, they know they are lying. Where is the conscience of these people?

**Dr. Hooker:** I have absolutely no idea. I look at what type of, I'm not an attorney, but I look at what type of legal actions can be taken specifically against the CDC because when you're a parent and you're raising a child who was vaccine-injured and you know that that could have been prevented, that's like voluntary manslaughter. That's like somebody coming up and basically beating the crap out of your kid and then leaving them for dead and then saying, "Okay, now you raise him. Okay. We've done our job here."

**Ty:** And then to add insult to injury, if you dare to tell them that your kid's having some physical issues because they got the crap beat out of them, they'll tell you that having the crap beat out of them didn't have anything to do with their injuries.

**Dr. Hooker:** Right, exactly. But when you look at these kids, even my son's medical history, the run-up that we've done on him, he's had exhaustive testing done from a standpoint of his amino metabolic state, of his genetic state, it's like Hiroshima. It's like a nuclear explosion happened in his body and you can trace it back basically to when he got vaccinated.

**Ty:** Wow. I'm so sorry to hear that but you've made good come from something that happened that was bad, right? With all of your work and the fact that we now know about— Talk about how do we know about what happened with the CDC back in the early 2000s. It's because of you were on a call with Dr. Thompson. Share with us very quickly if you can.

**Dr. Hooker:** That's right. Well, it's kind of interesting. After I was out of contact with the CDC in 2004 and my only recourse was the Freedom of Information Act nothing prevented me from emailing these characters and pointing out the flaws in their study. So every now and then, knowing full well I wouldn't get a response, I would email somebody. I would email Frank DiStefano. I would email Robert Chen. I would email Bill Thompson. I've emailed David Shea. All this time I trolled for whistleblowers.

Once a year, twice a year, I would send out an email saying, "Hey, if you ever want to talk, if you ever want to come clean about this, here's my cell phone. Here's my private email. We can talk in private." Then something happened in 2013 that really upset me and my family. In 2013, Representative Bill Posey did a congressional request and got about 10,000 pages of CDC documents. I went through these 10,000 pages at his bequest and I found where CDC employees, including Bill Thompson, including CDC attorneys were talking specifically about my son's case in vaccine court.

I was mad. I was like this is my personal, private business. You have no right to talk about my son standing in Vaccine court and about his particular medical condition and how that bears on how you can get me to stop talking to the CDC. All these documents came up and they finally came up in 2013 so I was mad. I sent some scathing emails directly to Dr. Thompson and said, "Look you had no right. These are children. This is my child and you're treating him like he's some type of statistic that gets you in the way of mind control for the rest of the United States."

Something clicked and within maybe three months of receiving these emails, I get a call. It's Dr. Thompson and he's calling on his private cell phone to my private cell phone. I didn't pick up because I was chicken. One thing that I've only disclosed a few times is that I have received harassing calls from the CDC so when I saw that 404 area code that was Atlanta I thought, "Here comes again. Here's another harassing call." So I didn't pick up. I just let it ring through. He didn't leave a voicemail but my curiosity got the best of me and I called back and I found out that it was Dr. Thompson's private cell phone. Then we exchanged emails, we talked and finally got together early November of 2013.

The things that he started sharing, the tone of his conversation with me was completely different. He was completely apologetic. He was concerned for the well-being of my son, concerned for the well-being of my family. This was a different person than the person that I talked to back in the early 2000s who was then just basically trying to handle me and get me off the phone.

When he started to reveal this information to me, he said I'm going to start emailing you documents that show not only how you can get data from the CDC so you can independently do an analysis for all of these different studies that he was saying were faulty and it's in some cases out-and-out fraudulent. He helped me get the data. When I saw, first of all the African-American effect on the MMR vaccine, it took me the process of me requesting data from the CDC, getting the data from the CDC, and then getting back to Dr. Thompson, took me only about a month.

In December of 2013, I knew about the African-American effect. He said, "Oh, you found it." And then the story started to unfold. He started to tell me that he saw the effect as early as November of 2001. He went to his superiors, his superiors directly told him that he had to find a way to bury that effect so it would not be reported in that particular paper. So he went through all that fraud. He also went through fraud that CDC committed regarding Thimerosal-containing vaccines not only with autism but with other disorders like tics, speech delay, language delay, IQ, and where CDC specifically would either out and out hide the effect by not reporting it or they would minimize the effect and dismiss it as being not statistically valid.

**Ty:** So, you got it from the horse's mouth. Apparently, he had a change of heart and I think it may have been because instead of coming to him as a scientist, you came as a mad dad. You were upset, righteously indignant about what had happened to your son and it was those emails that caused him to respond. I think that may have been what had him to have a change of heart.

**Dr. Hooker:** The timing was interesting to say the least. The fact that he tried to warn people as early as 2004 has always stuck with me. We talked on the phone many times. We would have long conversations. I would hole up in the guest bedroom of my house and we would talk on the phone for an hour, hour and a half.

He would just reveal these things to me but the sense that I got very early was he was really an island. That he didn't have people that he could talk to in the CDC about that. In the documents that he shared showed that when he did go out on that limb, when he did try to warn people in the CDC, they always turned it back on him. In fact, one of his supervisors when he continued to persist like, "You need to tell the truth, you need to tell the truth," one of his supervisor's comments back to him was, "No, you need to see a psychiatrist." So it wasn't like, "CDC is flawed. CDC is lying." It's not, "No, you're the crazy person."

**Ty:** So this was probably cathartic to him.

**Dr. Hooker:** Absolutely.

**Ty:** To be able to help you obtain these documents, maybe a weight lifted off of his chest.

**Dr. Hooker:** Yeah. He said that when my paper was published, I did a reanalysis and I basically used the CDC's methods in my paper, did a reanalysis and showed the data that was thrown in the trash can. He said that that was the most relieved that he had felt in 15 years. It was truly a big catharsis for him. He felt like he was getting the truth out. Then, rightfully, he knew

there would come a point in time where I couldn't just keep it under wraps, that there would be a time where we would need to blow the story open and out him as a whistleblower.

I helped him. I talked him through getting a whistleblower attorney. I talked him through getting directly in touch with Representative Bill Posey's office and we got all of our ducks in a row. Then in August of 2014 then we knew it was time, okay we're going to go ahead and get this into the media. He recognized that. He recognized that. His comment to me was, "You're going through a lifetime of pain because of your son's disability, because of your son's vaccine injury. What's a few months of discomfort for me because you're going to out me?" He was actually quite noble about the whole ordeal.

**Ty:** Wow. I had no idea so that he was. It is noble of him to recognize the pain that you've undergone and so many other. Hundreds of thousands, millions of parents potentially with autistic children that could be a result of the fact that they knew and just didn't say anything.

**Dr. Hooker:** Right. We could prevent autism. The best autism treatment is prevention. That is the best way to make autism go away is find out what's causing it and prevent it from happening to any other child. If we know, it is so clear whenever you hear the talking heads in the media like Sanjay Gupta or Anderson Cooper or Mark Seagull of Fox News, Dr. Manny Alvarez of Fox News. The talking heads can come out and they say, "We don't really know what causes autism but we know that it's not the vaccines," a statement of that is so non-scientific, that is so biased. "We don't know what causes it but we know vaccines don't cause it," completely scientifically unsupported.

**Ty:** Yeah, that's insane.

**Dr. Hooker:** Anybody with a brain cell in their head can see right through that, that they're trying to hide something, they're trying to cover something up. They're trying to handle society with this bit of propaganda that they're spewing out on the airwaves.

**Ty:** This documentary is going to be called "The Truth about Vaccines." Give me, in a few sentences, what is the truth about vaccines?

**Dr. Hooker:** The truth about vaccines is that vaccines are a grand experiment. To my knowledge and my own digging, I feel like vaccinations from the very, very beginning had a checkered history. You look at the work of Jenner with the cowpox vaccine, you look at the work of Salk and Sabin with the polio vaccine and you see this carnage that occurred throughout history. The Cutter Incident, the contamination of the of the polio vaccine with the SV40 virus, and now retroviruses based on the work of Judy Mikovits. There are so many problems that you just cannot look at that as a viable method in order to prevent infectious disease.

If you look at the statistics, if you look at the true data what the medical community ascribes to vaccination as being the force behind removing infectious diseases in United States is really proper sanitation techniques, proper sanitation techniques. The fact that were not exposed on a daily basis to rotting fecal material is huge in terms of preventing infectious disease but yet the medical community wrongly ascribes that to vaccination practices. We under ascertain, we shun, if you will, the people in society that get vaccine injuries and claim that they have vaccine injuries.

It's the unwanted harvest. It's the people that we do not want to, we want to sweep under the rug. To me, participating in vaccination, participating in this ever expanding schedule of vaccines that the pharmaceutical industry wants to get on the schedule, get into infants, get into young children, it's just something that in good conscience I can't participate in.



Period. As a scientist, I just can't participate in that. I tread lightly because I'm not a medical doctor. I don't have medical experience, I can't make personal medical decisions for other people but for me and my family, we don't vaccinate.

**Ty:** And we don't either. We did before we knew and, to be honest, my eldest daughter showed signs of aggression after her DPT or maybe it was the MMR. I can't remember which one. Never diagnosed with autism. She's a bright young lady but we saw definite regression patterns immediately after the vaccine. We thought she was autistic.

**Dr. Hooker:** And that's uncharacteristic for childhood. You don't have children who just all of the sudden go through period of regression where they let lose acquired skills.

**Ty:** Yeah, she was walking and talking and then after the vaccine, she wouldn't walk and talk anymore. That's not normal.

**Dr. Hooker:** No.

**Ty:** She does now. She's beautiful 16-year-old, almost 16-year-old and she's got really brilliant. She's memorized the Declaration of Independence. She's really bright but we saw serious regression at first. The thing with vaccines is they kind of like the Holy Grail of what Robert Scott Bell calls the Church of Pharmaceutical Mysticism.

You can't even question whether vaccines are safe and effective or you'll be called names, you'll be smeared. You will be just lambasted. But isn't that the true meaning of what science should be? It's questioning everything, testing everything to make sure that you're onto the truth? Whereas with the vaccines, you can't even question or you're an anti-vaxxer or a nut job.

**Dr. Hooker:** That is correct. Like you, probably not as long as you, but I have been called every name in the book from wacko, tin foil hat wearing anti-vaxxer, to baby killer to child abuser to everything that could possibly be thrown at me personally but there has to be a break in this. There has to be a break in this entire mad assembly line that we're on where children are effectively being dumbed down by the vaccines and by the pharmaceuticals that are being given to them in order to control their behavior, in order to deal with prior vaccine injuries.

We are such an over medicated society and some thing's got to break. If you look at the fact that we have 69 different doses of vaccines that are given to children by the time they're 18 years old now, I think that's an underestimate, I think it more than 74 now. That's an underestimate. Then another 271 vaccines in the pipeline that individuals at pharmaceutical industries as well as the Department of Health and Human Services would love to put on the vaccination schedule and they see no problem in doing it. But yet we have chronic diseases over 50 percent of the children in the United States have some type of chronic condition. At least 1 in 6 children has some type of chronic neurological condition.

What are we doing to society? In our metrics, when we look at our competitiveness with the rest of the world in terms of math and sciences and English and Technology, were on a decline. We are so programmed to participate in this particular grand experiment. I feel like the movie Logan's Run. You don't fit in anymore and so you get ostracized. You get thrown away from society and anything that the pharmaceutical industrial complex can do to marginalized you, then they're going to take that opportunity.

**Ty:** And we've seen that happen over and over with you, with Andy Wakefield, with Judy Mikovits. Last night I interviewed Judy. She said this is like the Holocaust.

**Dr. Hooker:** It is. Judy went to jail. Judy went to jail for what she found scientifically. That is huge. I have endured my own type of persecution. I had that MMR paper that I published. As soon as the CDC complained to the journal, it was taken down off the journal's website and it was ultimately retracted. That's a big black mark on my career. I'm fighting to get the paper reinstated. That limits my ability as a professional to do good science. That's what they do to the good scientists in the field that are straight shooters that are honest brokers.

They create a scenario where they can't work again in science. They get threatened. In some of the things that they have thrown at me, it's almost like a cheesy Lifetime movie. Having some individual call on my cell phone who identifies herself as a CDC official and then I ask her name and she says, "Well, I'm not going to tell you my name because you're not telling me why you're submitting FOIA requests."

It's like this bizarre, "Who are you? Why are you harassing me? Why are you calling me out of the blue?" The thing that was so comical about it was my cell phone had captured their phone number. They didn't even think enough to block their ID. It captured their phone number and all I had to do was get on the internet and do a little reverse phone lookup. I knew exactly who called me. I just go to the Department of Health and Human Services phone directory. I knew exactly who called. I knew exactly the time of call and filed a formal complaint. Of course, the CDC denied that the phone call ever happened.

[End of transcript]

# *Chapter* **22:**



*Interview with*  
**Michael R. Hugo, Esq**



**Michael:** There were several phases of history. The oldest going back to the beginning was when the truth was being told. The medical establishment was beginning to notice that following, mostly it was the DPT vaccine, which was the diphtheria, pertussis, and tetanus vaccine.

They noticed that following the administration of the shots, a pretty high number, much more than they wanted to see, of children started to have strange things happen. They would scream at a very high pitched cat-like scream.

They would start to go into a hypotonic shock which would be where they would become basically like a limp rag. They would cry for days on end without sleeping and only taking a short cat nap and wake up screaming from that.

There was an incidence of seizures that was being noted in all of the medical journals following this particular shot. Then once the journals started to report the prevalence of these really severe reactions, the lawyers, we picked up on the fact that there was a problem.

We had some phone calls from parents because everybody in society was hearing that there might be something wrong with some of these vaccinations. That they're causing some very, very bad reactions. The question was whether the reactions were worth continuing to go forward with the immunization programs in this country.

In the early 1980s, starting actually 79 or so, there was a paper that was released that showed a pretty high incidence of seizures and these hypotonic collapses. Along with the lawyers finding out, a number of parents started to look at their kid and say that's exactly what happened to my child. They would call their doctors.

The doctors—the medical establishment has a history that I'm sure that other people in your film will talk about. The medical establishment has a history of trying to deny and bury certain things when it doesn't fit their needs at the time. Many doctors were minimizing, underplaying, downplaying—your child is colicky, don't worry about it. It's a stage of development and—

**Interviewer:** You think colic is caused by vaccines?

**Michael:** I don't know. I never really studied whether that was. But the doctors were confusing what the parents were telling them. Primarily because I think that doctors don't listen to moms. Moms don't know as much as they do. It's usually the mom that brings the child back to the doctor's office to report this.

The mom has now not slept for days because the child's been up for days. The mom is frazzled. The doctor is dealing with a "hysterical mom" and doing everything that he or she can do to downplay what's going on and sometimes not recognizing it.

The next thing that parents do when they can't get satisfaction from the medical profession is they contact the legal profession. I was coming out of law school in 1983 and I had worked for two years on a vaccine case while I was in law school working as a law clerk in a firm in Boston.

I had this one case and I thought I had the only case in the world because I didn't—these weren't cases out there. Then I heard about two trials. I heard about a trial in Chicago and I heard about a trial in Idaho. The Chicago trial went bad for the plaintiff. The company won and there was no recovery.

But the trial in Idaho was a plaintiff's verdict, and it went on appeal and it became very visible in the legal journals because it was really the first reported case of a vaccine reaction in the *Legal Times*. I connected with the lawyers from those cases. We started to compare notes.

At that time, I had probably three or four cases by that point because my case got in the news and a couple of other parents called me. Once we started comparing notes and we determined that this is really something that's happening. It's not just my case, there's other cases out there.

We started talking to parent groups, speaking to people in PTAs and PTOs in the schools where they had special needs kids and started to see a real trend here. The litigation really began around 1983 or 84. That's when it started to really become robust.

Once the litigation began, I told you in the very beginning that there was a historical time when the truth was being told. Then it became more in the interest of the industry to not only downplay but to misdirect and to change the numbers, to change the knowledge, and change the database that they were working from because it was condemning them. It was making them look very bad.

So, they got into this phase where they started to pay for studies. They started to sponsor studies. There was a major study done at UCLA. That study began as a 50,000-dose study.

During this study, somebody went from one of the drug companies out to UCLA to just kind of poke around and talk to the doctors that were doing the study and see what they're coming up with, how is it going? Is anything we can do for you as a drug company to help the study along?

At that point they had given about, if I remember right, I think it was 1,500 shots. So, they were 1,500 shots into 50,000 shots study. The doctor that went out there came back to his company and told them "we're in trouble" because out of the 1,500 shots there'd been five seizures out of 1,500. And they expected to see one in 15,000.

But they had three in 1,500. That's one in 500 cases were having seizures. During that study, after the company showed up on the scene at UCLA, somehow or other the numbers changed. They only got as far as about 15,700 shots in the study. They never got to 50,000 before they published.

In that 15,000 shots, the numbers became more like I think it was three out of—I think that there were six or eight. They were 18 shock collapses and seizure disorders they were in that 15,000. They went from having a real lot of them to all of a sudden not having so many after the guy visited.

In one of my lawsuits, when I took the deposition of the director of the vaccine program for this particular drug company, he admitted to me that he could have gone to the warehouse and said "send that lot to UCLA. Don't send that lot." And the lots all varied.

There was a huge variation between the potency of the lots. By sending a less potent lot they were going to get way less severe reactions. It's just simple mathematics. I basically charged that they had manipulated the scientific data. That the study was invalid.

Now there's this whole issue of the truth coming out about the fact that they're now starting to lie. Because they went from being truthful because they didn't think they had anything to worry about, to getting sued, manipulating the data to make it more difficult for us to sue.

Then we got into a situation where now at this point we're talking about probably 1985 or so. Early 86. Right around 85. What happened was that a judge in New Jersey ordered one of the companies to produce their documents too fast for them to be able to be careful and sanitize them.

Along with the 80 boxes of documents that were delivered to my office, there were some documents that we probably never should have seen as lawyers. Had the lawyers done their homework they wouldn't have included them. They would have said they were privileged and they would have put up a fight.

The judge made them go so fast because they were refusing to produce. So, he basically said, "Okay. Fine. You have 48 hours to get the 80 boxes to Boston from New Jersey." So, they started packing up the trucks and they shipped up the boxes to us.

I found documents in there that showed really an intent on their part to deceive the medical establishment, to deceive the FDA, and to deceive the doctors and to deceive the parents. Once those documents were out in the open and once I found them—I'm going to be talking about them and showing some of them this afternoon in my speech. So, you probably want to come down and watch that. Shameless plug.

**Interviewer:** Yes. That's cool. Can you tell me about those documents?

**Michael:** Sure. What happened was once we saw those documents, what we saw in there was there were several different types of documents. One dealt with pricing. We're getting sued. We can't afford the lawsuits. What do we do to make it so that the product stays profitable?

Before that study was done it was a basic breakeven analysis that was done. Before that was done, vaccines cost 28 cents a shot. It was \$2.80 to buy a vial of the stuff that had 10 shots in each vial. After that study and literally overnight they went from \$2.80 to \$174.50 a vial.

Some doctors would order 100 vials or 50 vials or 20 vials or whatever at a time. So, if you had ordered 100 vials at \$2.80 a vial you're figuring you're going to spend \$280. That's what you're going to owe the drug company. But if it goes up to \$176, now you're talking tens of thousands of dollars to get your supply.

So what the company did was they stopped shipping by the order number and they sent a small number to each doctor with a new pricing saying, "We don't want to send you more than you can handle paying us for. So, here's some." It was really because they had recalculated the price.

What they determined was that a dead baby is worth a half a million dollars in a lawsuit. A living baby with brain damage—and this is back in maybe 83 or so. This is right off in the very beginning of the vaccine. They were figuring a million dollars a case for brain damaged babies.

Using those assumptions, at so many lawsuits per million doses given, how much is it going to cost? I'll show later the graph that's actually in one of my slides that they actually grafted out and drew circles—this is where we have to be. It came out to \$174. There were other things that happened to the manufacturers.

One was that there were 11 deaths within 48 hours in Tennessee. They determined that those deaths were caused by one single lot of DPT vaccine that all the kids happened to get the same lot number. From different doctors, but it was all distributed to Tennessee.



So, the company instead of acting responsibly on that, first of all denied any lawsuits. They weren't going to pay any settlements on it. They made all of these people sue.

Second of all, they decided that instead of sending a bunch of one lot to one distribution center in one state, they would send small bits from lots of different lots to that same distribution center in one state.

So therefore, instead of getting 5,000 packages of this stuff delivered to Chicago for the Illinois area, they would only get maybe a couple of hundred of this lot and a couple a hundred of that lot. That way they're sending it all over the country.

So, if they have a "hot lot" that causes deaths like the Tennessee cluster was, it would be all over the country and nobody would pick up on it. Nobody would say, "Ah, it was their vaccine that caused it." Because it's all over the place and a doctor from Florida might never know about a doctor in Anchorage, Alaska, that lost a patient.

That was their idea of how to proceed with professionalism. It was terrifying to see the numbers of people coming out of the woodwork. It was not only terrifying to us as a group of plaintiff lawyers.

There were essentially about five or six of us from various places in the country that were doing all the litigation. We were constantly—and this precedes the internet, so it was much more difficult then. But we we're constantly exchanging documents with one another and we're sending them between the law firms and helping each other get ready for depositions and for trials and things of that sort.

But what was really alarming was the fact that the companies, rather than man up and say, "Yeah, we've messed up here," they were doing everything they could to drag these lawsuits on. That's phase three.

So, we have the truthful stuff before litigation. We have them manipulating and messing around with the facts during the litigation. Once they produced those documents to me and I shared them with everybody, there was no going to trial anymore. They could not try a case because what the juries would see would be things like the "death graph" is what I call that thing. With the breakeven points.

They're talking about kids as nothing but numbers. This is dollars and cents to them. Juries don't like seeing that stuff. They would have seen this Tennessee SIDS cluster document spread all over the country so it doesn't look like we did anything wrong.

They would have seen statements saying, "We know that we're not giving good enough warning. If we were to warn better we would cut our liability, but if we told the truth at this point the plaintiff lawyers will kill us in court. We can't acknowledge it now. It's too late. We've pushed it too far."

The juries would have seen documents like that but they also would have just seen the course of conduct of this industry changing the facts, changing the numbers. They would have also seen that the pediatricians were actually committed institutionally to working against the children.

That was perhaps one of the most disturbing things that I saw which was in one of the depositions. The American Academy of Pediatrics chair of their committee on infectious diseases made a statement that because there's too many lawsuits about this, what you

would expect him to say would be because there's too many lawsuits about this we're going to cut back on the vaccination program till we study it.

But instead what he said was because there are so many lawsuits over this, I and a number of my colleagues at the American Academy of Pediatrics have divided up the cases amongst ourselves to represent the manufacturers. To show that the manufacturers did no wrong. Which is just not the case.

You have the medical establishment. You have everybody rallying to save the vaccines. Then you have the vaccine manufacturers pretending that they were having production problems and going to Congress and saying, "We need to upgrade our physical plant to make more of this."

"But we're not going to spend the money because we're getting sued. And if we're going to get sued—if we're going to spend the money to make a product to get sued, it doesn't make sense for us businesswise. We're dropping out of the vaccine business."

All of the vaccine manufacturers went to Congress and told them, "We're dropping out of the business unless you do something to make it so that we can stay in the business." Which is where the vaccine compensation program and the Vaccine Act, the court, the things that you've heard so many things around this area over the past few days.

That's where the whole idea came from. It came from the manufacturers who could no longer defend themselves. And Congress saying, "We need to protect the vaccine supply." Well, do we? Did we? I don't know. I'm not convinced we needed to protect that vaccine supply.

Then the worst part for the manufacturers would have been the fact that we discovered that in Japan they don't have these injuries. They don't have the seizure disorders and the hypotonic collapses that I described earlier. They don't have the same vaccine that we have in this country.

So, the lawyer group started to research the Japanese vaccines to see why aren't they getting the reactions that we're getting? What we found was that there was a different vaccine that was being used. So, we started looking for what's it all about?

The easiest way to figure that out is you go to the Patent Office and you see what they've patented because it's public record and you can get a hold of it. We can give it to our doctors to take a look at. They can analyze what's in that vaccine and tell us whether or not the American companies could do that.

Well, we couldn't find a patent. We're looking for this Japanese company, for patent in their name. It's nowhere. So, we start working backwards and we're thinking well, who would put a revolutionary pharmaceutical product on the market?

Any kind of pharmaceutical product if it is for weight loss, if it is for zits, if it is for hair, if it's for hangnails, let alone vaccines to protect children, who would ever put something like that on the market without patent protection? We started thinking well, if it's not patented by the Japanese company, it has to be patented by somebody.

So, we did a patent search. We found out that one of the current vaccine manufacturers at that time had a patent going back to 1937. They've had the technology for that long to make it safer.

You heard me mention DPT earlier but today the vaccine is DTaP, Diphtheria, it's tetanus,

but the pertussis component is acellular, which means it's an interrupted cell. It's not the whole bacteria that's being thrown into the kid.

It's much more pure. It still has reactions, but it's way more pure. So, the juries would have heard the manufacturers had the technology and capability to prevent this child's injury since 1937 but didn't do it.

Then I started out on a campaign to figure out why wouldn't they do it? And the only answer I could get from the vaccine industry was that it cost a half a cent a dose more to make the safer vaccine.

So now you have all of the documents that we've discussed. You have the breakeven point with the new prices. You have the Tennessee SIDS cluster. You have all of those documents we've talked about. Then we have a document saying, "We could have done better but it cost half a cent a dose more." What I did was I actually had a half a cent.

I had somebody machine me down a penny. So, it was one half size. I carried that everywhere with me. When I go into a courtroom it would go on the jury rail or it would go on my desk in front of my papers. Way into the case somewhere along the line somebody would testify to the half a cent and I would hold up the half a cent.

And then the jury would understand why I had the half a cent there. When you stand behind a child in a wheelchair who's looking up at the ceiling with drool coming down the side of his face and his arms clenched sideways like this, and he's just looking up in the air and that's all his done for a month-long trial.

And you hold the half a cent up behind that child and say, "this would have prevented this." There's no coming back from that for the manufacturers. There's no coming back.

So that's why they had to run to Congress. They did a very convincing job of even convincing us because what they wanted to do is get relief. What we saw in it as lawyers was we saw an opportunity to do something for our clients that was extraordinary.

We saw an opportunity to get Congress to mandate a system that would compensate children fairly, much faster than the five or six years that was taken for us to do a lawsuit and give them enough money to live on. The original vaccine program allowed parents to go through the program with their child.

If they didn't like the recovery they could waive the recovery and go into court. Go after the company. As a practical matter, it never happened because in the beginning the vaccine program was extremely generous. It wasn't overpaying anything. It paid for every nuts and bolts item for the rest of that person's life.

**Interviewer:** Why did people stop winning the vaccine cases?

**Michael:** That's the interesting question. In the beginning with the vaccine court, first of all there was nowhere else—in the beginning there was an alternative, because the cases that came into the program were actually civil cases filed in federal courts before that we dismissed and then we put into the vaccine program.

The special masters and the government were all kind of impressed that these kids are coming into this program and they wanted to make it work. It was an important program because it was really tort reform. It's what it was. It was a way of changing people's rights to jury trials.

But there were safeguards built in it. The parents could opt out at the end if they didn't like the recovery. That kept the system honest. The special masters and people who are participating in the program were all cognizant of the fact that everything they were doing could be reviewed at some point by a judge and a jury and this person would get more money through the regular tort system.

There was a decision by the Supreme Court of the United States called *Bruesewitz* which did away with that. It did away with that section. It said the exclusive remedy now is you have to stay in the vaccine court and if you lose you lose.

Now the vaccine system is empowered by knowing that there's no reviewing us. If we don't compensate these kids, we don't have to because the parents aren't going to go after the manufacturers. The manufacturers now have complete immunity from tort suits.

So they're pressing really hard on taking as many rights away from the kids as they can because they still want to save their name and their reputation. The reason for the sudden drop off on compensable cases I think comes down to the fact that people are stuck with the program and that there's no option out.

If there was still an option out, the companies would be very much more careful about what they're doing because they could still be getting sued. It took that incentive away. Instead now of being cautious and proceeding with some level of sanity, they're making vaccines for everything and mandating them for everything, for everything under the sun.

As you've seen here there's just too much vaccine in too small of a child to be able to hold it all. There's two myths that we need to dispel I think. I hope I can do that. One is we have the "greedy lawyer syndrome." These cases are all about greedy lawyers. You'll hear that from the industry.

I averaged around \$300,000-\$500,000 a case before the vaccine program. Today, the maximum that you can make on a case is \$30,000. So, greedy lawyers, I don't think so. I put 500 cases—figure 500 cases at \$300,000 a piece.

I don't know even how many billions of dollars I would have had if I had stayed with the vaccine litigation. I put everything into the vaccine program including cases that I didn't have to because I could have kept them in the civil system.

It's not about greedy lawyers. It's not about greedy trial lawyers. And it's not about parents who are looking for a free handout. The most common line that I have ever heard in all of the cases I represented in front of that court—and I tried the first two cases in the vaccine program.

I tried the first death case and the first live case. From those cases on to the last case that I ever did with the exception of one case, the first words out of the parent's mouth were, "Thank God." Not, "Thank you." Not thank you to the judge but "Thank God." And what they were saying was, "Thank God I have an answer. I didn't do this to my child."

When they come to me, the first session is—I'm getting a little emotional myself. But the first session is heart wrenching because they come to me and they say, "I need to know that I didn't do this to my child. If I didn't vaccinate my kid, my kid would be just like all the other kids in the playground. What did I do wrong?"

And they get the answer from the court saying, "The vaccine caused your child's injury. You didn't drop your kid. You didn't rock him on your leg too hard. You didn't squeeze him

too hard when you were hugging him. It had nothing to do—you didn't put him in the crib the wrong way. Nothing to do with your parenting. It was an outside force that went into your child's body."

That's the most important message that any of these mothers and fathers that you see in this hotel right now want to hear. Is that they didn't do anything wrong. That's the answer. The money becomes secondary.

I did have one time where the guy wanted to know how soon do I get paid. I had some doubts about whether or not I had been duped in the case when I heard that because it was just so atypical. That's the important part of this process is it gives validation to the parents.

And to see them walk out of the courtroom when everybody in that room knows that when there was an alternative and they could have brought the lawsuit, before the supreme court took that away from them, that case would have been compensated. Everybody knows that.

But now it's not being compensated because the special master doesn't feel like they're—they're not in a position where they need to worry about their job. They have great job security. They're not going to get removed.

There's a special master who—I don't know what the latest is but as of about six or eight months ago, there was one special master who'd never given compensation, never granted a single plaintiff's petition. Never one. Is that fair? No. It's rubbish is what it is.

Why don't I practice there anymore? So I can make statements like this without hurting my clients. And I gave it up because I think I have a message that needs to be told. If I walked into a courtroom after a special master saw this, the first thing that's going to happen is—I've got the L in the loser column at that point.

The worst thing I ever saw in the vaccine program was a questionable case. It was a tough case. I told the parents going in, there's things in your child's medical profile that make it so I'm not sure we can win this case.

And when the special master gave the ruling for the government in that case, the assistant U.S. attorney who was trying the case literally jumped up from her seat in the air like, "Yeah!" Like that, like I've just killed the dragon. In front of mom and dad. That's how heartless the program had become.

What I want to say to you is that it's a horrible system. It started out fair when it was a federal trial system. When it got to the vaccine compensation program and the vaccine court, it started to take twists and turns. There are many of us who will not rest until we get it back where it should be or do away with the program completely.

A real important message is I don't want to go in there alone with just a bunch of lawyers. We need people. We need children. We need moms and dads. We need human beings to come in. And if we can get that mobilized we'll do what we can to get it on the floor in Congress in front of the right people.

If there was really nothing wrong with vaccines, like the doctors will tell the patients. Like the manufacturers will tell Congress and tell the courts there's really nothing wrong with it, then the federal government would never had collected billions of dollars and given out three billion dollars so far, well, more than three billion dollars in claims.

These are real injuries. These are real cases. The truth needs to be told and needs to get out there. The medical establishment has got to stop trying to protect the manufacturers.

It starts with a free pen. Nowadays it's a free iPad when you're in medical school, and the next thing you know you've sold your soul to the devil. They've got to stop doing that. Our system has to stop allowing that to happen.

[End of transcript]



# Chapter 23:

*Interview with*  
**Dr. Suzanne Humphries, M.D.**



**Ty:** Well Dr. Suzanne Humphries thank you so much for taking the time out of your busy schedule to join me today here.

**Dr. Humphries:** Thank you. Thanks for coming.

**Ty:** You bet and thank you too. I have never thanked you in person for this but you wrote some stuff that I quoted in a book I wrote a long time ago.

**Dr. Humphries:** I remember you sent me a copy of the book.

**Ty:** *The Flu and Vitamin C*, so I thank you very much for doing that.

**Dr. Humphries:** You're welcome.

**Ty:** I appreciate it.

**Dr. Humphries:** Thanks for using it.

**Ty:** Yeah, it's great I mean you've done a lot of great research. A lot of really quotable quotes that I've seen of yours on the internet. But how did you initially get interested in the area of vaccines?

**Dr. Humphries:** By default pretty much. I think that I was actually forced into it from a conscientious perspective and from what was happening around me. I really didn't think about vaccines very much throughout my career because, I don't know if you know this, but medical doctors really aren't taught anything about what's in vaccines or the contents or the problems that can happen after vaccination.

We're basically given a sheet of paper during a pediatric rotation and told this is the schedule and to keep up with it. So, the thinking there is, Oh, I've just got to make sure that everybody's got the ones that they need and which ones they need. Not really critically thinking about it at all.

Then I entered adult internal medicine and then I specialized in nephrology and so the vaccines there were basically part of a protocol when somebody first came into the dialysis unit. They would get hepatitis B series and they would get influenza shots every year and so it was just part of a protocol which I just signed off on. So it really wasn't in my thinking at all.

What happened in 2009 if you remember there was the swine flu vaccine and there was the seasonal influenza vaccine and so a lot of people got two shots that year and my guess is that that's why more things happened, at least in my sphere.

The first event was a fellow that was brought in from the outside after having had normal kidney function and he was on dialysis and told me that he was fine until he had "that shot" and I said, "what shot?" And he said that vaccine and I thought, well that's really interesting.

So I looked into it some more and I was sure enough it sure seems logical and likely because your kidney function was normal before and so this happened again and again. So three times and I thought, well my administration's really going to want to know about this.

So, I was really kind of you know—so the next time I saw the chief of medicine in the hallway I made sure I told him and he just kind of stiffened up and stood back and he was like, "It's not from the vaccine." And I thought why would you say that, you would never say that about an ACE inhibitor or a cholesterol drug or an antibiotic that was shutting down the

kidneys. Why all of a sudden is it impossible for a vaccine to do this?

And so my claims were denied and I thought “well that’s all right. I’m just going to carry on, whatever.” And so I decided to start asking the question of my inpatients and my outpatients, “When was your last vaccine?” And sure enough I started to notice a correlation between either new onset kidney, dysfunction or failure or worsening of old, very rapidly.

At that point I started to keep notes and start remembering names and events and I kept a list of how many times this happened and I went again to the administration. I said look, there’s even more evidence. Look, this one guy had this level of kidney function which was normal when he came into the hospital.

You gave him a flu shot within 24 hours and look now his kidney function went down within 24 hours and the internists are chasing their tails trying to find a cause. It’s the vaccine.

And then again I was told they would discuss my concerns in a meeting that I wasn’t invited to and then they came back and told me that I was confusing the nursing staff by discontinuing vaccines and that it is a quality measure that was going to become universal in 2010 and I should back out of it.

So, for me at that point the real problem was that they were vaccinating my sick inpatients the day they were admitted. Because I thought, well I need to negotiate, so I said can we just wait until they’re discharged?

The day of discharge why not put it on the discharge summary, vaccinate before they go home. That way I can figure out what’s wrong with them, we can watch them get better without the interference of a vaccine. I was told no they couldn’t do that either.

So at that point I really started researching. Because what people kept saying to me is what about smallpox and what about polio and I didn’t know anything about smallpox and polio beyond what any personnel outside would know and so that’s where really my research began.

And because I had to answer a lot of my own questions because I didn’t really have any doubts in vaccines before that. I didn’t know why we didn’t see kids with one shorter leg or adults with one shorter leg anymore. I thought well polio must have gone away. That vaccine must have been successful.

It was after I started researching that I realized why we don’t see children like that and why we don’t see more adults becoming disabled in that same way.

**Ty:** Well we’ll get to that because I want to understand why, but a couple things that you said were interesting in light of the fact that we just got through with an interview with another medical doctor and he shared his same story of going through medical school and really learning nothing about vaccines other than “here they are, they’re safe and effective.”

“Here’s the schedule. Give them.” So, to me that’s just so bizarre that you don’t get any kind of an education on vaccines except “give them.” It just doesn’t seem like medicine.

**Dr. Humphries:** I know and I used to think it was just me because I was an adult internist. But when you look at people like Dr. Larry Palevsky and Dr. Toni Bark, who actually specialized in pediatrics, and you hear the same thing from them then you realize that medical schools are not providing this information. And there’s no incentive to go—and look, there’s not a lot of

time during residency, so unless something's really a problem you're not going to go try to disprove a well proven theory or practice. So nobody does it.

**Ty:** So what did you learn about the smallpox and the polio vaccines when you began to look into them, and why don't we see people – you mentioned adults with one leg shorter than the other – what has happened? Were those diseases eradicated because of the vaccines? Because that's the common belief is that they were.

**Dr. Humphries:** Yes, it is a common belief and I think that smallpox is a little more difficult to touch intellectually in that way because it's been out of our visual field for so long we stop vaccinating for it. But if you look back at the history, what was really interesting to me and what's in our book – Roman Bystryanik and I wrote a book called *Dissolving Illusions* – where we cover smallpox in depth and polio in depth mostly at a time when we were trying to answer our own questions.

So, we went through lots of historical documents and the vital statistics and found information that was completely counter to the sound bites that we often hear. About, you know, that Edward Jenner was the father of vaccinology and saved the world from smallpox, and that Jonas Salk and Sabin were the other heroes who saved us from polio.

Just to summarize that now in just a short time is impossible and in fact the 500 page book is really the cliff notes of what happened. But in brief, smallpox was a big problem. People were dying. It would accumulate in the throat these pox and people would suffocate and they couldn't swallow. It was painful, there was scarring, it was horrible.

But like any disease you have to look at what the conditions of the environment was like which tells you how well people's immune systems are able to work and that's really the key. And now on top of that it's how the disease was treated.

People have been trying to fight smallpox for a long time. For thousands of years they've been trying to come up with—in ancient Hindu times they were trying to take scabs of smallpox victims and use those for vaccines and each time what happened was that just epidemics were started when this happened.

**Ty:** They started epidemics?

**Dr. Humphries:** Yes, because using smallpox as a vaccine they didn't have to attenuate which means to make the vaccine weaker, the virus weaker. And so they were basically just giving a controlled case of smallpox and they didn't go well because of course it spread to any contacts and there was an incubation period where people wouldn't know they were infected. So that plan failed several times in different parts of the world.

Then there was this rumor going around England in the late 1700s that if you were infected by cowpox which was a pox disease that cows got on their udders, that if you were infected by that then you became immune to smallpox.

So then the idea that taking pus from either the nipple of the cow directly or indirectly from a milkmaid's hand, which is how Jenner did his first vaccine, and then put placing a cut in somebody's arm or leg and inoculating them directly with pus was going to make them immune to smallpox.

Completely uncontrolled experiment that went on country wide where people weren't followed out for long term, there was no vaccinated and controlled and they couldn't really

tell who had had smallpox before because of course some of those people had already suffered smallpox that were used in his groups.

The doctors at the time were saying that this is absurd that we're still seeing plenty of smallpox in people who have been cowpox vaccinated and that this vaccine is far from safe. That people are having major issues from it. Deaths were happening. In some cases in the years that the vaccine was being used the hospitalization rates and death rates for smallpox were higher than the years before the vaccine was even invented.

So there were major problems and so what's really interesting was to listen to the doctors of the time. Some of them who bought into the vaccine theory hook, line, and sinker because they wanted a cure for this, they wanted a preventative for this. And then when they saw what actually happened, if they had any soul left and any conscience then they had to come out saying you know this is an abomination and it needs to stop.

There was that and then there was this episode in a city called Leicester in England at the time where they had a 95 percent infant vaccination rate and had some of the worst epidemics in history in that city and so people were outraged because mandatory vaccination had been instituted. People were being arrested and their belongings confiscated. Horrible. And we went through a lot of these stories in the book and so people have had enough and so they demonstrated.

So there was this great demonstration which is one of our chapters and there was a big rally with over 80 thousand people that showed up. I mean these people were angry, their kids were getting really messed up from this vaccine and it wasn't working.

It's one thing to take the risk of getting a vaccine if it's working, but in this case it was lose / lose for them. So they decided they're going to stop vaccinating and instead whenever somebody had smallpox they had people that were already immune tend to the person and they sanitize everything in their midst and kept them isolated and that turned out to be actually the best way to deal with smallpox in communities.

So predictions of doom and gloom that there was going to be a wildfire of smallpox set upon the planet as a result of this lunatics who wanted to stop vaccinating were dictated from on high and of course that didn't happen. And we give you the exact numbers in *Dissolving Illusions* of how the death rates plummeted and how the outbreaks actually went down significantly, and Leicester compared to the surrounding towns that continued to vaccinate heavily had the lowest death rates and in lots of cases the actual outbreak rates as well.

And then this was repeated again in Yugoslavia in the 1970s and we wrote about that. In a different way where very highly, highly vaccinated population a guy gets vaccinated, and then he goes on a pilgrimage to the Middle East. He comes back, even though he was vaccinated with plenty of time for it to take and everything, and he spread smallpox all over Yugoslavia.

Even the CDC and The World Health Organization talked about how this was a very highly vaccinated population, how the vaccines just didn't take in some cases. It didn't last very long. And so you know to save face they went and vaccinated millions of people again just so that they could give credit to the vaccine, where in effect what really made that outbreak smolder out was isolation and sanitation just like what happened in Leicester.

So there are just lots of interesting stories about how the vaccine was used, where it came from. All the different animals. This to me is one of the most interesting things is that a lot of people think that even today this Dryvax vaccine that we use or in certain cases the military



is given, and I was actually offered it because the hospital needed some physicians to be immune to treat the people who developed smallpox from their vaccines, I declined that.

This vaccine people think is cowpox, but it's not. It's actually a virus that is some sort of a human and multi-animal hybrid that was never on the earth until they started vaccinating.

So it was anyone's best guess what was in the vaccine in the first 150 years that it was used. Even up to the 1950s and 60s doctors were writing about how it's a combination of mule pox, rabbit pox, horse pox, cowpox, and human and depending on where the vaccines were made it could vary in its consistency, and it was anything but pure.

**Ty:** Wow.

**Dr. Humphries:** So when you understand you kind of think, well how could it have possibly eradicated anything?

**Ty:** Yeah, well I did get a chance to skim through *Dissolving Illusions* and there's a lot of statistics in there. So I look forward to go back into there to get some of the statistics that we can use while you're talking about this in the interview, but that's fantastic. *Dissolving Illusions*, I love the name. So, what are some of the illusions we need to dissolve? What are the illusions?

**Dr. Humphries:** Well you know most of the illusions that doctors have that are handed down year after year, decade after decade, that vaccines were the single most effective preventive in medical history.

And there are other illusions that you know people were dying in droves until the health-care system was developed, and antibiotics, and interventions in that way came to be used regularly. And that the life span – this is the big one – is that our life spans, now that—what's the average lifespan? 75 to 80, something like that, you know there were people living well into their 90s hundreds of years ago, and in general they were people who had access to good food, people who had clean water and a decent lifestyle.

Those people have done fairly well throughout history and the people who were really dying and having the most trouble were women during childbirth, because doctors didn't learn to wash their hands until not that long ago.

And so, you know puerperal fever and childbirth death had a major impact, not only on infant mortality at the time, maternal mortality, but then on how well the other kids in the family did in a time where money was short. People were gathering in cities. They were basically being taken out of the countryside because the land enclosure acts had been brought into cities, at least in England, and so the infrastructure wasn't there for them.

So, the big message in *Dissolving Illusions* is that humanity can move in either direction. Either towards health or away from health depending on what's going on in society. What the stress levels of people are, especially children are, amount of sleep that they get, the food that they get, working conditions.

And conditions were beyond what we can actually imagine today unless maybe you visited some of the worst parts of India or some really poor countries that are just basically living in filth. That's what was going on back then.

So of course any disease that came along, measles deaths were rampant. You didn't want to catch that disease back then because there was a good chance that you would die from it.



Then the vaccines came along and the medical system came along and were given the credit for the death rates going down and for the life span increasing. But we've shown you with statistics that nobody argues with. Even people who don't like us don't argue with the vital statistics because all we did was graph them out.

So what you can do is graph them out and see the death rate was going down, down, down in the case of measles and whooping cough, it was basically a baseline, it was basically close to zero and then the vaccine comes in.

So, the next argument was, it's just death, we still had lots of disease going on. And it's kind of funny because if the pharmaceutical industry had invented something that made a greater than 99.9 percent mortality rate go down it would be a sacrament.

And when the doctor wants to scare parents into vaccinating, let me tell you what they say, "Your baby could die." So death is really important and death has always been the primary measure of health in a society, has been the death rate. Both infant mortality and the longevity rate.

**Ty:** Yeah, as a matter of fact I interviewed a couple weeks ago in Austin, Neil Miller, he wrote a book I can't remember, *Critical Vaccine Studies*.

**Dr. Humphries:** It's a great book, a great resource.

**Ty:** Yeah, he and Goldman they showed that the U.S. highest vaccination rate, highest infant mortality.

**Dr. Humphries:** That's right.

**Ty:** So that is how we would measure it. So, what you're saying Dr. Suzanne is that most of these communicable diseases that we are led to believe were eradicated because of the vaccines, actually the death rate had already bottomed out. What led to the eradication of these diseases before the vaccines?

**Dr. Humphries:** Well, let's just first talk about eradications because really the only disease that is claimed to have been eradicated by a vaccine worldwide is smallpox. But I challenge anybody to go onto Google images and put in the term "monkey pox."

What you'll come up with are photographs of children in Africa who have a pox disease that would have been considered identical to smallpox. And that even the authors of several of the articles and doctors that they interviewed say "well in the old days this would have been considered smallpox."

"But because today we can distinguish genetically the viruses and in some cases even looking under the microscope we can tell what is a smallpox virus versus what is a monkeypox." So, there's been lots of different kinds of pox viruses obviously.

But back in the days when food was scarce, healthy food was scarce and people were drinking sewage as their water, these kids that are surviving in Africa would have died.

So in my opinion pox diseases did go down and they got milder before they were—smallpox became milder before it was eradicated and so that's the only disease that is claimed to have been eradicated and I think there's actually some question about that.

Then if we go to polio, that's only claimed to be eradicated in our hemisphere here, and of course they're still vaccinating for it in other parts of the world, especially very heavily vaccinating in India. And just recently reintroduced an oral polio vaccine in Israel which really wasn't needed at all.

So that's going to cause a whole other set of problems because you're introducing new vaccine viruses that can revert to virulence and this is all very well known. So most people they are having to take the injected vaccine and the oral vaccine so that virus isn't eradicated.

**Ty:** Well, one of the things that I've read over the last several years is that we're actually seeing outbreaks of polio in the areas that they're vaccinating, but they're not calling it polio.

**Dr. Humphries:** Right, so that actually is the case in America as well, in that poliomyelitis is a description of what happens physiologically in the body where the anterior horn of the spinal cord is altered and then the nerves and the muscles have downstream effects.

They can vary in intensity and duration and it also can affect the brain stem and those are the worst kinds of poliomyelitis. Those are the ones where the breathing centers are shut down and the iron lung was needed at the time, and you could die from that one.

So, I also want to remind people that even during the worst outbreaks of polio, 95 percent —so if we had a hundred people and we infected all of them with polio which is a virus that is swallowed. That 95 percent of them wouldn't even know that they had an infection. There would be no symptoms whatsoever and there would be immunity.

Then 4 percent would maybe have some muscle aches and diarrhea and then recover and then 1 percent would have paralysis of one or two muscle groups that would last for 24 hours. And then 5 to 10 percent of those could have long term paralysis. So, the poliomyelitis was actually a very low incidence disease.

**Ty:** So basically 5 to 10 percent of the 1 percent so you're talking about 5 percent of a thousand would have some kind of a long-term effect?

**Dr. Humphries:** Right, 5 to 10 percent of a thousand would have some sort of paralysis that could last longer than 24 hours. But I think you just asked me if they changed the definition of polio, and so yes, the answer is yes. And so what happened after that time and polio actually, poliomyelitis was declining in its incidence before the vaccine, but only slightly. But the death rate had gone down significantly as well before the vaccine.

Poliomyelitis being a description of a physiology it doesn't actually tell you what the cause is. So, that's really key to understanding what polio was and why we say it's eradicated in the United States. Even though we have cases of poliomyelitis today we don't necessarily have polio virus induced cases of poliomyelitis, because the fact is that even back in the 1940s and 1950s that any one of a number of infections could have caused poliomyelitis.

And that was actually determined later after the vaccine was released when outbreaks would occur and the authorities wanted to distinguish what was actually polio virus from what wasn't.

What they found was that roughly a little more than one quarter was polio virus and the rest were other viruses, Coxsackievirus, etc. that can cause paralysis, and then they found no virus at all in a lot of people.

DDT and arsenic are known causes of anterior horn spinal cord disease that can mimic

poliomyelitis from start to finish, even from the sore throat, the feeling of swelling in the throat, the fevers, the aches and pains to a T. And we also go through the references in the book to prove that.

There were several steps that were taken to change how the public viewed polio in order to make the vaccine appear to be far more effective than it was. And again, they were very credible doctors at the time saying, “Hey, wait a minute,” and they were very upset about it too and they said “You’re not playing fair.

You’ve changed how you’re counting polio and the fact of the matter is that the first vaccines that were released had live virus in them and were actually causing more paralysis than they were preventing.”

That’s again very well demonstrated in graphics from I believe it was 1954 to 1958, there’s a graph in the book that shows you the amounts of poliomyelitis or paralysis that was occurring and was occurring largely in vaccinated populations.

The only reason that vaccine didn’t cause more problems than it did was because with the majority of the population was already immune to polio. So, they could be injected with the live vaccine and not have an effect from it.

But it would have been a disaster had it been what we call a “virgin population” who had never been exposed to it. It would have been an absolute medical disaster.

The Cutter incident was a medical disaster where there was very highly packed vaccine with live virus given to the public and so Cutter basically took the rap for that problem and had to close their doors, but the truth was that Wyeth was also releasing similar vaccine.

**Ty:** So the Cutter incident was that polio?

**Humphries:** Yes, that was where the inactivation wasn’t complete and those live virus particles were still in the vaccines that were being administered. So you basically instead of swallowing your live virus you were directly injected with it. So needless to say, the chances of that going bad were quite high.

**Ty:** So just in the synopsis in the Cutter incident is a situation where actually there was an outbreak of polio caused by the vaccine?

**Dr. Humphries:** Yes, and actually interestingly enough, Paul Offit wrote a very good book about the Cutter incident. It’s very accurate and very interesting.

**Ty:** It is interesting that Paul Offit wrote. Okay, has he retracted it yet?

**Dr. Humphries:** No, the reason for it was, look, we have this great vaccine that’s done a great thing and sometimes we have stumbling blocks in the beginning. This is the story and it’s very well told and a very good read.

**Ty:** I’ve read that – I think it was Salk – testified before Congress that his polio vaccine had caused every case of polio over the last couple of decades. There’s something in the late 70s I know, he went before Congress. Are you familiar with that at all of Salk?

**Dr. Humphries:** Well what I know is that Salk trashed Sabin’s vaccine and Sabin trashed Salk’s vaccine. And I know that’s true and I remember that Salk said that during the era of the Sabin vac-

cine, which was a live attenuated swallowed vaccine, that all of the cases in America of polio were caused by that vaccine.

**Ty:** That's what I was thinking of. So he was trashing the other guy's polio vaccine. Got it. So then is it possible then that polio really never went away? They changed the name or they changed the criteria for diagnosing polio so that it looked like it went away?

**Dr. Humphries:** Well, they did a couple of things. So, in the beginning it was highly inflated. For instance in order to get subsidized, these cases that were in the hospitals being treated, anyone could make the diagnosis of polio before the vaccine.

So, all it took was somebody to do an exam, two exams 24 hours apart and finding one or more muscle groups that had paralysis. That would be called polio. There was no blood or stool testing or anything like that.

Then after the vaccine was released not just anybody could confirm a case of polio and there had to be two examinations done 60 days apart that showed one of more muscle groups that remained paralyzed for 60 days. Now mind you the majority of paralytic polio, even back in 1954, would resolve within 60 days. So just by changing that diagnostic criteria they eliminated a huge amount of polio.

There were cases that were called aseptic meningitis. So this was polio, but not necessarily paralysis. Those were all taken off the books as being called polio. They increased the number of cases that needed to occur in order to be called an epidemic.

So these were some of the moves that were made at the time and then they started testing for the actual virus. So that eliminated, so whether or not a vaccine ever came out, polio would have decreased probably down by three quarters just because of the change in the criteria.

**Ty:** So just an analogy would be that, you're in a room with ten people and three of them weigh over two hundred pounds and they're considered obese because somebody that's over two hundred pounds is obese. And now they change the definition of obesity to be over three hundred pounds and now you have no obese people in the room.

**Dr. Humphries:** That's exactly right.

**Ty:** It's exactly the same population. They just changed the definition.

**Dr. Humphries:** That's right.

**Ty:** Okay, kind of sneaky, isn't it?

**Dr. Humphries:** And it was highly celebrated this victory over polio and the future was going to have no more of these, you know, children with contracted limbs and problems like that.

**Ty:** Well I guess to the child that's paralyzed the parents don't really care if there's a polio virus that they can find or not there, their kid's paralyzed, right? So whether it's paralytic polio or non-polio paralysis what difference does that make? The kid's paralyzed, right?

**Dr. Humphries:** That's exactly right.

**Ty:** So it's just a game of redefining the term, isn't it?

**Dr. Humphries:** Absolutely, because we still have just as much paralysis if not more today than we did back then. We just treat it differently so the outcome looks different. Which is why we don't see the paralytic limbs. We don't have iron lungs anymore, we have ventilators.

Transverse myelitis is a disease where we have hundreds of cases every year in this country. That would have been considered a horrific epidemic back in the 1950s, it would have been called polio. And here it's called transverse myelitis and these children are on ventilators and they have major problems.

So there's a very long – again we listed this in *Dissolving Illusions* – list of diseases of today that would have been called polio of yesterday like Lyme disease and different kinds of meningitis, aseptic meningitis.

Even the other thing that happened is that if somebody developed polio within 30 days, poliomyelitis within 30 days of having their vaccine, they weren't counted as a case of polio either. So that eliminated vaccine failures and cases that were caused by the vaccine. So there was all kinds of clever manipulation that went on in order to inflate the efficacy of that vaccine.

**Ty:** What's the logic for removing someone from the sample that gets polio after the vaccine?

**Dr. Humphries:** Well because then the vaccine didn't cause it. And that was actually a problem back then is that the vaccines, because they didn't know how to really kill all of the virus in the vaccine, that vaccine-induced paralysis was happening because of live polio viruses, but also because of something – what is the name for it – provocation polio.

There was a time where there were epidemics going on. Now whether it was DDT or arsenic or actually polio virus circulating, what we do know is that if you had a tonsillectomy when these epidemics were occurring, or if you had any injection whatsoever that you were likely to have paralysis in that limb that was injected. And the theory was because you gave the virus access to a nerve through using that injection, and the same with removing the tonsils.

So tonsillectomies and vaccines and any kind of injections were highly discouraged during these epidemics because of this phenomena of provocation polio. It's very well documented.

**Ty:** Interesting, what did Dr. Bernice Eddy discover about the link between the polio vaccine and cancer?

**Dr. Humphries:** Well this is a really fascinating story. Dr. Bernice Eddy worked at the NIH and in the 1950s, right around the year, she was given the job of looking for safety of the vaccine. What she noticed when she was injecting hamsters with it is that they were developing tumors. That was one of the problems, and then in monkeys she was noticing that they were becoming paralyzed and dying.

So, she actually noticed two problems. But when it comes to the cancer aspect that's different than the paralysis aspect, because she was one of the first to notice that there were live viruses in the vaccine that were still causing paralysis. But nobody listened to her.

She noticed these tumors were occurring at the injection site and also distally in the lungs and the kidneys after injection. And so she decided one day to do an experiment where she just didn't even use the polio virus at all.

She just took the cell cultures from the rhesus monkey kidneys and skimmed off some of the liquid that was sitting on top and injected some animals with that and she found that they developed tumors. And then she took some of the material from that tumor and injected it into other generations and found each time a 100 percent of these animals develop tumors.

It was really interesting to me because as a kidney specialist, as a nephrologist, to learn about this virus SV40 I actually only learned about it after I had left my conventional job in 2011.

And I thought well this is so interesting that I never knew about any of the amazing research that was done in 1962 where they actually knew that this virus, this Simian Virus 40, which was the fortieth virus that was found in these cultures that came from monkeys, actually was able to transform normal cells into cancer cells. And that they found this to be true in kidney cells in petri dishes.

They called it transformative virus, a cancer-causing virus back then and then like the lid came down and after 1962 where Shine and Enders did use studies showing this. We don't hear about it anymore, and I talk a lot about this in a video that I did called "Honesty Versus Policy" where I talk about Bernice Eddy and I talk about these studies in particular, and I show the first page of them.

And so not only was kidney cancer a problem from these polyomaviruses, they're called polyomaviruses because they cause multiple tumors. In nephrology we really only care about two other polyomaviruses because when those can be sitting silently in you or me right now. But if we undergo immunosuppression for a kidney transplant then it can become very problematic and shut the kidney down. And so you have to kind of lower the drugs so that the immune system can come back.

So again, it's another case of healthy immune system these things aren't a big deal. Not a healthy immune system they can cause cancer or organ failure. But the Simian Virus 40 that Dr. Bernice Eddy discovered is also relevant today to kidney specialists and most of them don't even know it.

They find this virus in particular diseases of the kidney at much higher rates. So about 45 percent of people who have a disease called focal segmental glomerulosclerosis. It's a mouthful even for me.

It's a serious disease that most people end up on dialysis and it's very common actually. 45 percent of them will have Simian Virus 40 in their kidneys, as opposed to you and I may be 0 to 10 percent of us will have it, And even people with other kidney disease it's about 10 percent.

So it's actually been associated with some really serious protein losing kidney diseases that puts people on dialysis, but we don't hear about it today. And just like vaccines it's not taught in medical school or to kidney specialists.

**Ty:** That's interesting, and you being a nephrologist that's right up your alley, isn't it?

**Dr. Humphries:** And that I had only discovered it after I left and was doing vaccine research is really interesting.

**Ty:** Yeah did you ever wonder why you were never taught these kinds of things in medical school. I mean did you ever ponder of that?

**Dr. Humphries:** Well afterwards I did, I mean I don't have to ponder that much because now you know I



pretty much understand who is backing what's being taught at medical schools and that this information—I mean if people were to really—

It would be like embracing the fact that dental amalgams cause problems. It's like look at all these people would have to have their amalgams, who's going to pay for it, for this to happen who is going to pay for all the problems that happen downstream.

If we were to notice all the people carrying Simian Virus 40 most of us are carrying Simian Virus 40 even today because it's been passed down from generation to generation. So it was introduced into the human population in the 1950s from monkeys and it's here to stay.

**Ty:** Yeah, talk about vitamin C. We talked about that or we've corresponded about that in the past regarding the flu but then also could vitamin C have any effect on polio?

**Dr. Humphries:** Well you know Vitamin C being an anti—

**Ty:** Actually, I'm sorry, whooping cough too, pertussis, I think you discussed it. We exchanged emails about pertussis as well so all of those together.

**Dr. Humphries:** Well today vitamin C is one of my primary tools as a medical doctor and since I've discovered it it's really been probably the best medication that I've ever used on myself or my patients. And I'm not the first to discover this. There have been many for decades before me and one of the first to really embrace it and write about it and use it in all kinds of different situations was Dr. Fred Klenner.

And a lot of people don't hear about Dr. Klenner because his writing is not something that circulates in conventional medical realms. Because he was pretty forthright about calling the doctors of his time "quacks." He just turned that term right around on them and showed in no uncertain terms that what they were doing was incredibly backwards and harmful.

When he was curing cases of paralytic polio, he was using antibiotics, he was using steroids, and he was also using very high doses of intravenous or intramuscular vitamin C. And he outlined – there's copious amounts of writing of his – and he outlines in great detail exactly what his protocols were and how well they worked in case after case after case. And not just polio but influenza.

He used it during pregnancy in very high doses all throughout pregnancy before delivery, and he used it in all kinds of poisonings. Like he's described snakebite poisonings and spider bite poisonings that it was very useful for as well. And he talked about the conventional medical community that they would rather watch a patient die than realize that they're denying a cure that's at their fingertips.

**Ty:** So vitamin C. Are there any side effects to Vitamin C?

**Dr. Humphries:** Well, I just want to make a point here because there's a lot of discussion within the vitamin C supporters of whether using the synthetic chemical form of sodium ascorbate versus using the whole complex vitamin C is better or worse.

So, my answer is that when you have a serious paralytic disease or you've been poisoned you need such high doses that you're not going to get that from your leafy green vegetables or from fruit. Like you need the drug dose.

And while those co-factors that you get in the larger molecule are really important. You

actually have some of them in your body already. You need the drug dose in order to neutralize these toxins and get the neutrophils moving in the way that they need to that they don't explode and cause more inflammation, and that's really one of the major things that vitamin C does.

So whenever I'm going to treat anyone with vitamin C. I'm very clear about the potential reactions that you can have from them and the big one is that if you're one of the few people – and this happens more in males than females and mostly in Mediterranean population that is deficient in an enzyme called Glucose-6-phosphate dehydrogenase.

**Ty:** Is there a shortcut for that?

**Dr. Humphries:** G6PD.

**Ty:** Cool.

**Dr. Humphries:** And then if you take massive amounts of vitamin C that you could have your red blood cells breaking open, hemolysis. However, if you're bordering on scurvy and you still need vitamin C your body will handle it just fine. But it's something that I want all my patients to know about beforehand.

So that's probably the biggest problem that can happen, but again you don't see this. If this was common, even if it was rare and it happened enough, you'd see case reports in the medical literature. You just don't find them. You see more case reports from sulfa drugs that are used every day and from things like fava beans causing G6PD problem.

So, that's one and then there's the big question, do kidney stones form more readily in people who are taking high doses of vitamin C? I studied this in depth a couple of years ago, and my opinion after studying that and understanding how kidney stones are formed is that, if you're somebody who tends to form kidney stones anyway.

And you're very dehydrated and you've taken large amounts of vitamin C and also maybe are drinking a lot of fructose-containing beverages and eating an unhealthy diet, yeah you might have a higher preponderance for developing a kidney stone than somebody who's more hydrated and doesn't have that problem.

Then there's the diarrhea and I've been told that I'm going to kill babies by causing diarrhea, giving them bowel necrosis. Well I can tell you that if somebody has whooping cough or a serious inflammatory disease they're very unlikely to develop diarrhea easily.

Mostly they need very high doses in order to even get a bowel flush and what you notice after that flush is that they improve, because you're eliminating endotoxin. You're freeing up the liver to be able to do its job better.

And it's very well known that vitamin C enhances liver function, and it enhances adrenal function, and it enhances neutrophil function. All things that you need to be able to mount an adequate immune response.

So, while people want to criticize oral vitamin C use, or I should say sodium ascorbate use, because it does, can cause diarrhea if you use high enough doses and you're not dosing frequently in smaller doses, but less frequently at bigger dose. Yes, it can cause diarrhea but it doesn't last for days.

It's one episode of diarrhea. I've never known anybody to become dehydrated after one episode of diarrhea and I'm always very clear, stay well hydrated while you're taking your sodium ascorbate.

I did a talk in Sweden to the orthomolecular society where I went through just how incredibly safe. You know there's a lethal dose, LD50, that's measured in different drugs and you go to the PDR you can see that there is no drug in the entire PDR that's as safe as vitamin C.

**Ty:** So you successful use it to treat whooping cough?

**Dr. Humphries:** Well okay, so using vitamin C in infants, children, and adults who have whooping cough doesn't make the cough go away. It doesn't treat it like say you know some antibiotic could maybe treat a staph infection.

Basically, what it does is it energizes the immune system, because like I said, it gives the neutrophils the energy that it needs. And there's something called apoptosis which is what cells that need to die do. And so, they basically involute so that they don't spill their caustic contents inside your body.

If you don't have vitamin C those neutrophils and macrophages that are just in these particles that are trying to infect you will just explode and cause even more inflammation. So, vitamin C decreases inflammation in lots of ways that's one, it's a direct antioxidant. Whooping cough is a toxin-mediated disease. You neutralize the toxin by putting electrons in there and you notice a difference.

It actually loosens up the secretions in the lung within 24 to 48 hours, the secretions become thinner and more watery, and it also again frees up the liver to do its job. So as a toxin neutralizer, an immune system enhancer, and it also gives tissues the strength. You can't make collagen without adequate amounts of vitamin C.

It's not a miracle and I'm very clear with parents before I get going, but so far there's been 100 percent success rate. No babies have died. I've treated babies as young as two weeks old and it's no picnic.

It's a nail biting experience but when the medical system has done everything they can do and the child is still extremely sick and the parents are looking for help, they often come to me. And sometimes they come to me before they go to the medical system because they're that confident in what they want.

You can read the testimonials. When I ask parents to write testimonials I don't say to talk about me, I say I want you to talk about you, what your fear level was, what you expected, what the vitamin C did and how you feel now.

So, that's really what the testimonials are intended to do, is to just show other parents what vitamin C can do. It's not a miracle, but it makes the baby so that they're not turning blue any more, they're not gasping for air, the coughs become manageable, your nights become easier. They're not always easy, there's a week where there's a lot of sleepless time during that one week.

**Ty:** In 2011 the Supreme Court, I think it was *Buck versus Bell* determined that "vaccines are unavoidably unsafe." But we are told vaccines are safe and effective. So how can those two be true? They're unavoidably unsafe but they're safe?

**Dr. Humphries:** If I was working for the other side I would say too, well in one in a million cases they are unavoidably unsafe and we don't know who those people will be. But because we're trying to protect an entire society we have to take that risk that once in a while somebody is going to have a bad outcome after a vaccine.

And then I would say and as for them being safe and effective that is true for the majority of the population. Because we've measured 24 hours, sometimes four hours after a vaccine and the person doesn't die they don't have anaphylactic shock that means they're safe. And because we measure antibody levels instead of measuring who gets sick and using a real saline placebo, they're effective. That's how it's defended.

**Ty:** Got it, now what do you mean instead of using a real saline placebo, what are used for placebos?

**Dr. Humphries:** That was really one of the real surprising elements to me when I started to research. Because conventionally, I mean I worked in a lab I know what a placebo should be. It should be an inert substance that has no physiological effect.

When it comes to vaccines it's very rare to find the studies that are actually used for the FDA approval to use a saline placebo. Instead, what will be used is either the background substance of a vaccine which might have aluminum in it, or polysorbate 80, or some amino acids, or even more commonly another vaccine that has already been proven safe.

So for instance if you want to test this year's flu shot you will test it against last year's flu shot for its safety, rather than testing it against a saline placebo, or you'll test it against the hepatitis A vaccine which is well documented to have been done.

The defense by the vaccine enthusiasts is that they didn't want to deprive the placebo arm of something that could be helping them since they volunteered to be in the study and we're helping them. We wanted to give them back something helpful.

**Ty:** That's unreal. I did not know that they used other vaccines in the placebo groups.

**Dr. Humphries:** Yeah, hepatitis A vaccine is one of the more infamous placebos being used in the influenza studies. When it comes to the Gardasil, the HPV vaccines, they were a very small amount of the original trials where they actually used saline. But the vast majority used either an aluminum containing background substance or the rest of the chemicals that are in the vaccine.

**Ty:** Yeah, I think it was either Barbara or Dr. Larry that just mentioned the Gardasil vaccine and it was aluminum and/or polysorbate 80 maybe that they used.

**Dr. Humphries:** Yeah and there were some amino acids I think the lysine maybe, not lysine. I can't actually remember which amino acid it was.

**Ty:** Wow I mean that's—

**Dr. Humphries:** Histidine, L-histidine which is very similar to histamine and there is some evidence and suspicion that some of the adverse reactions, the immune mediated or say allergic I.G.E responses could be related to that histidine.

**Ty:** As much as I know about how dirty things are and how truth is covered up, that still shocks me that they actually use another vaccine or toxic adjuvants in the control group. That's dirty baseball any way you cut it.

**Dr. Humphries:** Well you know it does seem that way, and I'll tell you what shocks me even more is the abuse and attack that I have endured from the pro-vaccine. I'll call them the vaccine addicts who basically tell me all the reasons why it's a perfectly ethical thing to do.

**Ty:** How can you justify that. How do they try to justify the control group getting a vaccine?

**Dr. Humphries:** Well they say that what they're using as the placebo has already been proven safe. And one of the reasons that sticks out in my mind is they say that if you give a saline placebo that the person getting the injection won't have a pain in the arm, so they'll know that they were in the placebo arm.

Whereas if you give them a vaccine or something that has an immune stimulant that can cause inflammation like aluminum, then they won't know, and so the bias within the study will be better because the people who got the placebo won't know that it was a placebo.

**Ty:** That's such nonsense.

**Dr. Humphries:** It is. I mean it's just one of a thousand bits of nonsense that I've encountered in the past five years.

**Ty:** That's unbelievable. It's grasping at straws to try to support their position, that's what it is.

**Dr. Humphries:** It's very helpful for them because there are studies that use saline. One that I mentioned often was by Cowling in 2013 and what they did is – and this to me exemplifies why saline is not used as a placebo.

They did a really good study where they vaccinated something like a hundred people with trivalent influenza vaccine and gave a saline placebo to another hundred and then they actually followed them over the winter. And any time there was any upper respiratory infection they cultured them and figured out what it was.

What they found was that there really wasn't a huge difference in the influenza viral infections, but depending on which strain it could have gone either way.

But what really stuck out in my mind is that there was a four to five times higher incidence of non-influenza viral infections in the vaccinated and with some very nasty viruses that would have been called polio in the old days.

So that in my opinion they know this, and they know that there would be a huge skew between the placebo and the vaccinated, both in safety and efficacy if they did studies this way. And that's why it's not done.

**Ty:** Well that's fascinating. I'm going to look up that. Was that in one of your books, the Cowling 2013?

**Dr. Humphries:** I'll give it to you. I'll give you the study.

**Ty:** That'd be great if you could because I'd like to see that. That was flu vaccine?

**Dr. Humphries:** Yep.

**Ty:** So flu vaccine safe and effective?

**Dr. Humphries:** Personally I wouldn't want to be in the same room as the flu vaccine. A lot of people ask me when would it be that I would accept a vaccine either for myself or for someone I loved or a child, and the answer would be there would have to be a horrible epidemic going on where people were dying, where my risk of dying was high, and where there was not only a safe vaccine but an effective vaccine. I've actually not encountered that situation in my lifetime.

So when it comes to influenza, I mean I could rattle off study after study showing you just exactly why they don't do what they're supposed to do. What's really interesting to me is that whenever there is a new vaccine in the pipeline ready to be released, that's when these very pro-vaccine scientists will admit that there were problems with the vaccines that are being mass marketed today.

For years we were told how safe and effective the influenza vaccine. We know it's not effective. They just took the inhaled influenza shot off the market because it was only 3 percent effective last year.

**Ty:** I read that. I just saw that.

**Dr. Humphries:** It was very bad and it wasn't that great before and it was spreading influenza. Just read the package inset. But when it comes to the injected vaccine, if you are naive to a certain strain of that virus and that virus is the one that you encounter, and you've been given that vaccine that year, and you had an immune response to it, yes it can protect you that year.

**Ty:** But the story doesn't end there and that's really the problem, is oversimplification is a disease of the pro-vaccine. So, what happens after you're vaccinated and there are studies. Hayward and Bowdewes, I think these both came out in 2013 or 2014.

**Dr. Humphries:** Which explains in great detail with really good studies that if you're vaccinated with an injected trivalent influenza vaccine what that will do is it will stir up the immune system to create massive amounts of antibody towards those particular strains. Great, right?

**Ty:** Well, what happens is that the antibody arm of the immunity and the cell mediated arm of immunity usually work in synergy and they work together, and it's not like either one of them is bad. But what happens after a vaccine is that the antibody arm gets really ramped up.

**Dr. Humphries:** Well it actually feeds back into the cellular arm and the memory arm so that those antibodies that are created actually paralyze the immune system from creating memory immunity and cell mediated immunity and that's just a well-known documented fact.

So that's really one of the problems when you talk about efficacy. It's very well-known that if you get a flu shot one year, while it might help you if you're one of those few people that it does. I think you have to vaccinate like a hundred people to prevent the flu.

If you're one of those people, the following year you're likely to be more susceptible to a pandemic if it comes through and again that's been shown in reality in populations, and it's been shown experimentally.

So, there's a difference between antibody immunity, that's humoral immunity, right? And then the cellular immunity, which the cells have memories. So, if you're exposed to let's say—Dr. Larry in this interview that we just did earlier today—

**Ty:** He said, there's a lot of research now saying that if you're exposed to measles virus when you're young that it protects you against many types of cancer when you're older. That's



cellular immunity that you remember. But what you're saying is that these vaccines create humoral immunity, antibody immunity, right, which only lasts a short period of time and it's gone.

**Dr. Humphries:** Okay, so another problem that I see when people talk about vaccines is that it's very convenient to paint all vaccines with the same brush and we can't do that. Because the fact of the matter is there are different kinds of vaccines. Some of them have live viruses, some of them have killed viruses, some of them have killed bacteria, some have pieces of bacteria, pieces of virus. And so we have to distinguish are we talking about a live virus.

So, when Dr. Palevsky talks about the measles virus, he's talking about a live virus vaccine and that vaccine as well as other live viral vaccines are known to stimulate the TH1 arm of immunity, which is your cell mediated arm, and which does have a longer lasting—

You really only need one or two shots to have long term, perhaps 20 or 30 years of immunity, if you're one of the 90 percent of people who do respond to the vaccine. But between 2 and 10 percent never respond at all, which is something that is not talked about very much.

So, live viral vaccines, that's true. Now all the other vaccines we've talked about thus far today. The influenza vaccine, we talked about pertussis, whooping cough, but we didn't talk about the vaccine. But that's another killed vaccine, a subunit vaccine and it has particles of either some of the toxins or some of the pieces of the external bacteria.

So those vaccines don't stimulate immunity on their own. You have to add aluminum to them. Whereas influenza vaccine you don't have to add aluminum to the influenza vaccine, but most of the other killed vaccines you do need to add aluminum.

When you do that, what happens is you're stimulating that more of an antibody response than a cell mediated response, and so those are the people that are going to be more prone to allergies later and who won't have—that's why you need with your newborn baby at two months, four months, six months, and one year and then again when you're four years old.

And now we're told that every time a woman is pregnant she needs to get a pertussis vaccine, well that's why. Because immunity is really short lived after those particular vaccines, and the same is true for influenza even if it's the same strain that's circulating.

So just say by chance that when they went to Asia they discover magically which three strains were circulating. If it was the same two years in a row they wouldn't say, "Oh no worries, you got vaccinated last year for that. You don't need the vaccine." Have you ever heard that? No.

If there was even overlap they wouldn't necessarily have to add that one strain in there for people who have already been vaccinated, but because it's such a short lived immunity, if you can even call that immunity at all. There's been a lot of criticism from very conventional people on the influenza vaccines.

**Ty:** So then if the live virus vaccines can give you longer or cellular immunity, why don't they make them all live virus?

**Dr. Humphries:** Well they would. The thing about a viral vaccine is that you can what they call attenuate it, which is basically passaging. When you hear the term "passaging," it means that they take a virus, they basically get it out of the blood or the stool or the pus or the lungs of a person that's infected and they either put it into another animal and then collect it somehow out of them again. Or they put it through cell colonies in petri dishes.

And in that process, they're able to pluck out the viruses that say die at lower temperatures or are just more fragile and so those are the ones that you want to inject into somebody if you're going to inject a live virus.

They've been able to do that and even in some cases they're working on inhaling some of those. They want to be able to give newborn babies inhaled measles vaccines. But when it comes to others like say HPV, they haven't been able to adequately attenuate that virus so that they can safely inject it live.

And when it comes to bacteria they did used to have a whole cell pertussis vaccine and it was more effective, but it was also more reactogenic. There were a lot more problems. I'm sure that Barbara Loe Fisher talked about that. Because her kids were vaccinated during that period and she wrote a book called, *A Shot in The Dark*.

And there are a lot of people that had a lot of problems with that vaccine back then. And so that's why we have the new vaccine which is less effective but also less reactogenic. But there are still problems with this vaccine. So it just depends on what they've been able to do in the lab is really the answer to your question.

**Ty:** Got it. Do our genes necessarily control our destiny?

**Dr. Humphries:** Absolutely not, and this was what was taught to us in medical school 30 years ago. It was called the central dogma that that's basically it. We're born with a set of genes and if you've got a flaw in one of them, well you might be okay now, but in ten years maybe you won't be.

It's about one percent of all diseases that this is actually true for. So what does that mean about all the rest of the diseases that we see every day? It's not because it's genetic. They've been trying to find a gene for autism and they haven't, and for lots of diseases that's not genetic.

I think one of the people that talks about this. The most easy to understand and humorously is Bruce Lipton and he talks about epigenetics and really breaks it down into a way where you can see visually, he's got really great visuals.

I'm just going to give you a synopsis which is that I think of genes as basically an incredible library inside of each and every one of your cells has this incredible library. And all the books are closed and folded upon each other, but they're in there. And when one of them needs to be active they're awakened and they're used.

And what tells your cells what needs to be awakened and active is what's happening on the outside of the cell, the skin of the cell, the surface of the cell. And also what's happening on the outside of your body, and what you're breathing in to your lungs, and what your thoughts are, and your panic level. It's going to change which genes get opened up and read and which proteins are produced.

Now there is huge amounts of medical material that demonstrates different stimulants that can open certain genes and that's what epigenetics is. It basically means that something can happen that doesn't actually have to do with the amino acid sequence of your genes. It has to do with which of those books or genes was unraveled, unscrolled, opened up and read and used for protein synthesis.

So we know that certain foods that we eat can change. Clones of mice that are exactly the same genetically. You feed them different things they develop different diseases, they turn

different colors. Well we're the exact same as them.

I have friends who are identical twins and their mother says to me I couldn't tell them apart when they were young they were so identical with twins you can always tell, she said nobody could tell these two apart.

Well they both have a genetic disease actually. It supposedly doesn't manifest in females so much as in males. It's called Alport syndrome and so their father died with it and that's how I got to know them.

What's interesting is that one of the twins got a kidney transplant because she had kidney failure. The other twin is perfectly fine and this is a genetically-mediated disease. So what does that tell you?

One of them had their epigenetics change for the worse and one of them for the better. They both have the gene but they're not both manifesting the disease. And guess what the medical system keeps telling to the healthy one? It's going to happen to you someday. Well, she's now almost 50 years old and it hasn't happened.

**Ty:** Is it possible that vaccines are the equivalent of epigenetic tinkering with our DNA?

**Dr. Humphries:** I think without a doubt. I mean to me a vaccine is an insult to your equilibrium, to your immune stability, especially vaccines that contain aluminum. And I think that aluminum is an element that has been very well proven in the medical literature to have over 200 negative biological effects. It's a hormone interrupter. It interrupts how DNA is transcribed, it interrupts enzyme function, and so it has to. There's no way around it.

I've actually talked about this in depth. I did a talk called "Trojan Horses and Cluster Bombs" that's on You Tube where I get into this in detail. About how you know the epigenetic effects of vaccines and aluminum particular, not just epigenetically, but all of the proof and evidence that aluminum is a neurotoxin and it's a biological toxin and in lots of proven ways.

But I absolutely can't see how—so we know that your emotions and stress can change your epigenetic profile. Well, a vaccine is a stress of grand proportions. That's actually been shown by an author in the 1960s named Del Campo who actually vaccinated something like 500 children and measured with the intricacy their EKGs, their acid build up in their blood, measured all kinds of parameters, and said that it is a very stressful event.

So we know that emotions can change you epigenetically. Of course a stressful intramuscular injection that contains aluminum and biological agents is going to change you epigenetically.

**Ty:** It's kind of a double whammy, isn't it? I mean not only do you have the emotional stress of just the pain, but then you've got all of the toxins inside of the vaccine as well that could have epigenetic triggers as well.

**Dr. Humphries:** Well, yes that. I've actually shown at least three different studies. One by Lawd & Paro (?), one by Oren & Hoff (?), and one by Hamza which show exactly the genes that are up regulated after different vaccinations. One was hepatitis B vaccine, one was pertussis toxin, and the other was the DTP vaccine. And so it's just well shown that all kinds of disease genes, these are genes that are upregulated at the wrong time in your life which actually makes a disease.

So, say you know when we're young we're supposed to be growing. So those genes are

open while we're young, don't cause cancer. But when we're older they're not supposed to be active, so then they can be cancer upregulated in situation of cancer.

So these scientists have shown without any doubt at all that epigenetics are altered by vaccination, and they're altered for the worse. There were none of them that were for the better after vaccination.

**Ty:** Have you heard about the different cases over the last couple of decades where tetanus toxoid is actually laced with HCG, causing spontaneous abortion and so forth?

**Dr. Humphries:** Well I have all those papers and what really surprised me the most is that that research was not done covertly. It was very put out in the open. There was one Indian researcher who was talking about how we need better birth control in these highly overpopulated – that's what they consider them – overpopulated areas, and that it was supposed to be a temporary effect and according to them it is.

And so basically has HCG so the mother mounts an antibody response so she's not going to be able to be to be pregnant because that hormone is necessary.

But they were giving these vaccines far more frequently than they needed to to prevent tetanus. So, it's not actually covert research. It was very much out in the open.

I have all the papers and for people to have gotten to a point where they felt that that was okay, I think that's really what surprised me the most. That this was considered an ethical thing and they actually considered it to be a gift to these populations that they wanted to help them control their numbers.

**Ty:** I don't think that the populations look at that as a gift.

**Dr. Humphries:** I mean one thing if some mother said, "yeah, you know I'll take that one because we don't have any other form of birth control." But they weren't even told. And then it was denied later that that's actually what they were doing. However, I believe that a group of people had some samples and they checked these vaccines and found the HCG and there is all this literature showing the development of it.

**Ty:** I mean isn't this in violation of several different agreements that we've signed like the Geneva Convention, the Nuremberg Codes, the things that prohibit us from experimenting on our citizens. I mean isn't that medical experimentation?

**Dr. Humphries:** Whenever I think about something, I always think about what the other side would say back to me. So, if you were to use that argument I think they would say "no, because we did the experiments in the lab and we found that it was safe and it was effective and it accomplished the goal that we wanted to accomplish, so no it was experimental." It was untruthful but it wasn't necessarily experimental in their view.

**Ty:** So they knew the outcome, they just did it covertly?

**Dr. Humphries:** Exactly, yes.

**Ty:** Remind me to get them on my team if I ever need to go in court.

**Dr. Humphries:** I hope that day never comes.

**Ty:** Yeah. Can you talk about your book *Rising from The Dead*? You gave me a copy a couple days ago, unfortunately I haven't had a chance to read all 500 and something pages of it yet.

**Dr. Humphries:** Is it that long?

**Ty:** Maybe that was *Dissolving Illusions*, *Dissolving Illusions* was over 500 pages.

**Dr. Humphries:** Well, *Rising from The Dead* is pretty much my autobiography starting from the end of high school to today. And I really wrote the book mostly for parents. I wanted them to see a couple of things. One is what it's really like and I went into great detail about what pretty much every medical student goes through. About how most of us start out wanting to be helpful, thinking that we're going to learn things that are going to be curing diseases and really helping people.

And then we're very excited when we start medical school. It's a very exciting time, it's very challenging, and then if you fail it's horrible because then you have to leave. But those of us that survive and make it to the end it's a monumental event.

Then we're basically worn down like water on a rock over and over and over with just the lack of sleep and the amount of knowledge that we have to gain in a short period of time, and the stresses of having to deal with people with all kinds of horrible conditions and pain.

By the end of it, we come out the other end oftentimes very disillusioned, depressed. A lot of medical doctors become addicted to alcohol and drugs. The suicide rate is very high and so why is that? Well, it's because we didn't learn to be healers in medical school. We learned to be technicians that manage disease in medical school.

And if you do happen to figure out a way that heals and it's not within the confines of the gold standards of what you were taught, then you're told it's quackery and that you're going to endanger yourself and your patient if you try it.

What happens is you get two different, I think, streams of doctors. You get some that just ride the money wave and think they're on top of the world and everything's great. And what they learned is the best medicine possible and they're happy and fine and they're not doing really good for their patients necessarily. Although if you're a surgeon—

I want to back up and say, and I always make this very clear, that I believe there is a place for conventional medicine. I've experienced the benefit of conventional medicine. Most of us have. If you've been in an accident, if you have organ failure, if you have a kidney stone that won't pass, things like that. Conventional medical doctors, if they're doing a good job, they're a godsend.

But most of the conditions that doctors treat on an every day basis is not that. So, it's very depressing to see say a healthy baby come in and then you give several vaccines in one day and then you know the snotty noses start, the ear infections, the ear tubes.

I remember doing my pediatrics rotation thinking "Wow, kids are so sick. I wonder like how we all survived." It like really just went through me like how have we survived as humanity since we've only had these antibiotics around for so long? And I just couldn't put the pieces together back then.

The same thing happened in adult medicine where I just thought "nobody's getting better." If you have high blood pressure I'm sticking you on at least one blood pressure drug for the

rest of your life, and mostly telling you “I don’t know how to cure it.”

Because the numbers of cases of high blood pressure that can be cured because they’re secondary causes are very small. Most they call essential hypertension and you’re relegated to several drugs throughout your lifetime. And then you end up with another disease as a result, and another disease, and other disease, because the real reason for your high blood pressure was never addressed. This is very depressing.

So these doctors that go through that phase, I call them “the walking dead.” They don’t know they’re dead. They don’t know that there’s anything better going on on the outside. You know they just go through the motions and what they had hoped for in the beginning did not come true. I fell into that category.

The book details a lot of my encounters in the medical system when I noticed the problem and tried to bring it to attention and what the results were. So it’s a lot of stories of my awakening to the point where the whole vaccine thing happened.

Then after that what was really interesting is that once I realized the problem with vaccines, and the first thing that you would naturally ask is “who would be doing this and why and how did this happen?” and then you start to realize that all of medicine is tainted that way. It’s really not just the area of vaccines.

I think that’s one of the reasons why vaccinology is protected the way it is. Because if more doctors were to figure out just how deep and long the problem has been, that they would start questioning a lot of things.

**Ty:** I look forward to reading the book. Unfortunately I wasn’t able to get all 400 whatever pages in the last two days, but it does look really interesting. So, Dr. Suzanne, let’s say that a few years down the road we’re in a situation in the United States that we have forced vaccines in every state.

And God forbid we get to that point that you have to go in and you have to get caught up on vaccines in order to get a kidney transplant or whatever it might be. Is there anything that you can do to help mitigate the damage that could be done by those vaccines?

**Dr. Humphries:** I’m going to first say that I’m really reluctant to answer that question because I’m working as hard as I can that that day never comes. And that I don’t believe there is a way that you can remove the damage or the potential damage that happens with vaccines.

There are situations today which are similar to that, even though the laws haven’t changed. And one of the calls I get very frequently is “my child has kidney failure” and they need a kidney transplant and the doctors are making them get all the vaccines even though I wouldn’t otherwise give them. Is there anything you can do?

And the answer is none of those doctors have been willing to listen to me despite the fact that there is evidence that you develop antibodies when you’re vaccinated that can actually cause organ rejection later. And that the cases that I’ve known of that were unvaccinated and got kidney transplants are the ones that do the best in the long run, so those doctors won’t listen to me.

When it comes to military people, I think those are some of the people today that can’t get out of their vaccines. Although I have gotten some military, some ranking officials out of their vaccines by writing letters for them and their superiors accepted it.



I think that a person needs to be very well hydrated. Now if you're breastfeeding, breast milk actually does make vaccine outcomes better. It's not a guarantee, but breastfeeding, one hundred percent breastfeeding is better than 50 percent breastfeeding.

If you're no longer breastfeeding because you're full grown, then your nutrition should be optimized. You should be well hydrated and your antioxidant stores should be as high as possible before hand and afterwards.

I think that chiropractic adjustments could possibly be helpful before and after. I think that possibly some heavy metal binders like certain kinds of mineral water that can bind to aluminum could be drunk before and after. It's been shown by, I believe it was Dr. Chris Exley, that showed that drinking certain types of mineral water can eliminate that aluminum. Sweating also eliminates a lot of aluminum.

The real problem or why I can't say "here's what you can do to protect" is that there are things in vaccines called adventitious agents. These are the SV40s of the old days. Well we still have them today. We have viruses that shouldn't be in there that they find later after the vaccines are mass marketed. The only defense against that is a really strong immune system. So you have to just do the general things that you would normally do to keep your immune system as strong as possible.

So if you're sick, you shouldn't get a vaccine. If you've got any sort of sickness I don't believe that a vaccine can benefit you in that time. Because it takes time for a vaccine to become effective, and oftentimes it takes more than one vaccine for you to become fully what they would call protected. So there's no reason in my opinion to give a sick person a vaccine ever, ever, ever.

I think it's just more you know Vitamin C, keeping your microbiome straightened out, making sure that you've been eating fermented foods and keeping your intestines healthy, because 70 percent or more of your immune system is located in there.

Anyone I talk to or treat as a patient there's two things that I ask them to do right off the bat, and that is to start eating fermented food and start using vitamin C if they're sick. So those are two things that I think you can never go wrong with no matter what.

Then there's all kinds of detoxification. There are people that do this for a living. I'm more into prevention. I don't treat vaccine injuries or do detox, but there are certainly a myriad of different approaches that can be taken to detoxify.

**Ty:** Well, thank you for your time Dr. Suzanne. I share your optimism. I actually think that we're making headway and I'm not thinking that a few years down the road that will be the case. I pray it isn't, but I think we are making inroads.

And I think there's enough momentum now and enough people that are waking up where that won't take place here in the United States. So, we'll keep up the good work. You keep up the good work and we'll keep that from happening.

**Dr. Humphries:** Okay.

[End of transcript]

# Chapter 24:

## *Interview with* **Jefferey Jaxen**



**Ty:** All right Jefferey Jaxen, tell us, what's the truth about vaccines?

**Jefferey:** Well, as a journalist I take a different aspect. As a medical health journalist, I have looked at vaccines from the medical standpoint, the health standpoint, but I also interview parents and I interview whistleblowers that reach out to me.

So, I have a unique perspective of this because the whistleblowers that reach out, many of them don't want to go public because their career is going to be destroyed. I'm sure you've talked to many people already that have given you examples of that.

When it comes to the truth about vaccines, I think we're looking, obviously, at an epidemic of vaccine injury that's not stopping anytime soon. We have behind that pharmaceutical companies that have endless amounts of money to make this push happen and they're doing it rapidly. Our time is short.

**Ty:** So, the money is driving the decisions then of the vaccine manufacturers?

**Jefferey:** The money, control, I think it all goes into one funnel. What comes out at the other end is the vaccines. At one level it's the money, at the other level is control, at the other level it's to keep people continuously sick and on a cycle of cradle to grave vaccinations and keep them in a healthcare system that doesn't care to get them healthy.

**Ty:** So, it's an oxymoron, isn't it?

**Jefferey:** That's right.

**Ty:** The healthcare system.

**Jefferey:** It always has been, for a long time.

**Ty:** Are you familiar with stories of parents with vaccine-injured children that they know it's from the vaccine?

**Jefferey:** Yes. I think we're at an interesting point too because for the first time we can decentralize this information. So before, it was isolated people that thought they were isolated. Now with YouTube and with livestreaming, we don't have to wait for a journalist to tell their story and spin it.

We don't have to wait for a doctor to tell them it wasn't the vaccine. You can go back and take care of your injured child for the rest of your life. We have people putting cameras in their face. It's very similar to the Vietnam War. When people first went off to the Vietnam War, America thought it was a grand thing and a very honorable thing.

And when the news actually was doing its job, the reporters, and they started showing the kids in the body bags coming home, that's when everyone hit the streets. That's when, arguably, the people ended the war.

**Ty:** So, we're at AutismOne in Chicago right now. Tell me some of the most interesting, "aha" moments you might have seen this week or some of the most interesting discussions that you've witnessed because I know you've been interviewing people yourself as a reporter.

**Jefferey:** I have to say that's a two-point answer, the first thing is I've been covering globally the HPV vaccine. And the interesting aspect of the HPV vaccine is with children and infants that are injured, the infant or the child can't talk and tell people, "I felt great until I had my vaccine."

The daughters are doing that because they were 12 and 13. They said, “I was fine and then I collapsed after the vaccine.” So not only do you have the parents and the medical records and the doctors saying it was the vaccine, but you actually have the vaccine-injured coming forward and telling their stories.

So, this is a story that’s repeating unfortunately globally. Colombia, France, Italy, Greece, Denmark, Japan, on and on and on. It’s the same story. And each culture is handling that story differently but every one of them is pushing back. There’s a little different flavor in each culture and that has to do, I believe, with their lineage and the DNA memory of that culture’s revolting spirit.

I have to say, in Ireland they’re kicking some major butt. When I talk to each of these families, sometimes through Google translating their words, I talked to the Irish mothers and there’s a lot of profanity that comes out of their mouth. They’re fiery and they’ve actually gotten the mainstream media to cover it. They’re keeping it bouncing on the mainstream media’s radar and they won’t let it go. It’s a harder pushback so it’s fascinating to see that. I do see that.

The second thing I’m seeing is as a journalist, I usually stay in the background a little bit. People that are seeing me here are coming up to me and telling me things. I’ve had a thought for a very long time. In Compton, Sheila Ealey was the first person to start talking about this that I’ve seen. What she said was this idea of medical civil disobedience in America. This is where we are at right now. I believe this is the answer.

As a journalist, I’ve researched the civil rights movement. I’ve researched the fall of the Soviet Union intimately and how it happened. For the first time in history we’re going to witness, we are witnessing now, but we’re going to witness it very rapidly in mainstream media medical civil disobedience on a wide scale.

**Ty:** Explain exactly what do you mean about medical civil disobedience? How does that apply or how would that be related to the civil rights movement?

**Jefferey:** Civil disobedience by nature is to oppose a morally unjust law or a government or a vaccine mandate. The civil rights movement was bubbling underneath the surface for a very, very long time. A very long time. Around the time of—you had Malcom X, you had Martin Luther King, you had the Vietnam War.

You had all these things coming together. That’s when it hit the streets. That’s when a Million Man March. So, I’m seeing those same factors happening right now against pharmaceutical companies in the vaccine push. What I’m hearing from doctors, they’re telling me about their medical civil disobedience without labeling it that.

That word civil disobedience has been lost from our vocabulary. People forgot that spirit. For example, a pediatrician came up to me and said off the record, now it’s on record, but I’m not going to say his name, “We have more oranges in our office that have shots in them than we have children.”

I have many nurses saying, “We have an entire ward of nurses that all get together and we have our head physician sign off that we all had the flu shot.” And what I’m seeing there is a parallel. That’s the American constitution.

That’s a bunch of people getting together knowing what they’re up against and saying, “Instead of going up against this singly, we’re all going to sign a piece of paper and hang

together if this goes down.”

**Ty:** I love that. That’s awesome that they’re doing that.

**Jefferey:** It’s a beautiful thing.

**Ty:** It’s a shame that they have to do it. But it’s awesome that they’re doing that. They’re saying, “We’re not going to comply.”

**Jefferey:** I talked to a woman from the Soviet Union and she cautioned me to be careful with this word, civil disobedience. Because she said when she was there for the fall of the Soviet Union, many people in the Soviet Union knew that the government was corrupt, knew that it was going to fall. But no one knew when.

So, they had people standing up and the next day, those people were gone to the camps. Who replaced them were people that would toe the party line. She warned—and I also want to get this out every time I speak about this, doctors and nurses understand that if you stand up, there’s a possibility that you’re going to lose your job and livelihood and perhaps even more.

What’s going to be replacing that is someone that’s going to toe the line of the system and force vaccines when these mandates come through and these laws come through. When I say civil disobedience and medical disobedience, I’m saying we work within the system to internally continue to sabotage this until the time is right.

And there’s critical mass and with the open sourcing of information, journalism, this critical mass is coming very quickly. So, I don’t know when it is going to be and I don’t know what it will look like but I can see it coming and I can feel it coming.

**Ty:** Yes. Me too. It is coming. And you mentioned just before we went on the air here or before we begin recording here, that you’ve seen a lot of synergy happening here. Talk about what you mean by that.

**Jefferey:** There’s a lot of people now that are researchers, doctors, medical cannabis growers. The list goes on and on. Vaccine injury—and I’ll add autism to that, I’ll add neurological disorders to that—is bringing together all of these areas to solve this and to come together.

Where before, these were segregated. Again, it’s also vaccine injuries also bringing together cultures and countries. Sadly, it may be—looking back in history years from now maybe vaccine injury, that was the one thing that united the world across cultures and across races.

**Ty:** Wow. That’s pretty powerful.

**Jefferey:** And that’s what I’m seeing here at AutismOne. I’m seeing people that would never talk to each other, biochemists talking to mothers, cannabis growers talking to lawmakers, whistleblowers talking to journalists.

**Ty:** You have seen that too. It’s pretty amazing.

**Jefferey:** It’s happening so fast. That’s why I want to get these words out of its time to oppose the system. It’s happening fast on the other side too. At the same time this awakening is happening, laws are being passed for mandatory vaccinations to force this. Those are only



going to make this awakening happen quicker.

I spoke to a woman who was concerned, and this was a great point, about the money pharmaceutical companies have to oppose this and to have the PR and to have this. When it comes to awakenings and when it comes to movements, money doesn't matter. Because we, unfortunately, have a critical mass.

We've had 20 years of epidemic autism. 20 years, at least, of vaccine injury. We have a critical mass of millions and millions of injured people. Injured parents and children with vaccine injury will never give up.

So, every child that has a vaccine injury is creating a warrior in the child and soldier in the mother. And these soldiers will fight to the death. And they're lining up continuously row after row. What's in front of them is a paper tiger with some money behind it of a corporation that's a transparent entity. And it can't last against that.

**Ty:** I'm seeing some mad moms. You don't want to make a mother mad. Especially when you injure her child.

**Jefferey:** They'll never back down.

**Ty:** No. They won't. I've seen them. There's a lot of groups that are here that are mothers together. They've got vaccinated children. I wouldn't want to go up against them.

**Jefferey:** No. We have a medical system that was based on integrity and based on healing and they've lost the moral high ground. We have been giving our power away to them for so long. Now we're taking it back through education and through this various forms of medical civil disobedience which is education as well.

I am disobeying a system of mainstream medicine when I teach my mother how to heal herself, how to heal her gut problems, how to point people in the right direction if they've been vaccine injured. It's a group effort. Collaborative effort. We have the lawmakers changing. We have mothers. We have doctors flipping the entire script on their vaccine programs in their offices.

**Ty:** Yes. Now what about the doctors that are in California? They have been mandated to vaccinate children, right? What do you see? How is that going to impact other states or how do we make that the only state that ever does that?

**Jefferey:** I would say California caught everyone sleeping. And they're not asleep anymore. I think moving forward—I was one of the first people that broke the story with Richard Pan and his lobbyists. I would say that we're so much more aware now.

SB 277 was perhaps the most important thing that ever happened to the vaccine injury movement and the opposition against pharmaceutical control. Because it made it real for families now.

Until that point it was just a journalist writing about it. It was scrolled off a webpage. It was a social media post. But now it's coming to the doorstep. Now they have to activate. When people are forced out of comfort zones, especially when their kids are on the chopping block, they're going to activate.

It goes back to this is a movement and we're going to see mass amounts of civil disobe-



ence. What's that going to look like? Throughout history, the civil disobedience took the form it needed to take. There's never boundaries around it. It takes the form it needs to take.

In California, it may be people taking all their kids out of school. I did some searches on some Google documents from early 1900s newspapers. I came across a newspaper of 1912, New York. There's a school in Olean, New York. 2,000 kids in that school, they passed mandatory vaccinations, 1,700 kids didn't show up the next day.

**Ty:** Really? What year was this?

**Jefferey:** 1912. So, this is a recurring thing that our culture has dealt with as mandatory vaccinations and the forcing of medicine. I know in *The Quest for The Cures*, *The Global Quest*, you spoke of a doctor that was reversing cancer in his small town and they arrested him.

The entire town's people surrounded the jail and made them release this man. I believe we're going to see this. I believe we're going to see doctors and even senators that perhaps are pushing this, they're going to be shunned in public.

They may walk into, for instance, a gas station. The gas station will say, "We're closed," even though they're pumping gas. And then they'll go, "Can I get a coffee?" and they'll say, "We're not serving coffee today for you." Their lives would be difficult. I think that's maybe what it might come to. I'm not sure.

Like I said, you can never tell how these things go because they have a life of their own. But back to SB 277, parents will act. Parents will not lie down with this. If the parents don't push back hard enough, the schools will act, the nurses will not follow orders. The teachers won't follow orders. The doctors won't follow orders. They will gum up the system.

**Ty:** I agree. I think that they didn't catch us sleeping with SB 277. You mentioned Senator Pan who is also a doctor. Is that correct?

**Jefferey:** Yes. He's a pediatrician.

**Ty:** He's a pediatrician, he is a senator from California. He was responsible in large part of getting SB 277 passed. We mentioned lobbyists. Talk about that. I know a lot of people that are watching may not understand what you meant.

**Jefferey:** Being an independent journalist, and I'd like to say an open source journalist, because this is a time we're in of open sourcing information, I take information from anywhere it comes from. I vet it, of course. It came to me through mothers that were at the hearing livestreaming on their phones and livestreaming the room.

There was a point where Pan had to make a choice to vote on that day during a stage of SB 277's bill or defer the bill for a week. That happened to be the day that thousands of mothers were protesting outside. I think nearly 1,000 of them testified on the microphone and they were all there.

You could feel—the parents told me, there was an energy in there that was anti-vaccine, if you want to say that, or anti-pharmaceutical company. Sacramento Senator Pan who was one of the authors of SB 277, he was asked to either on the bill that day or defer the bill.

With an entire community of parents, standing room only, instead of turning to them and asking. Instead of turning to the people that got him in office, he looked over to two people.

And they came over and whispered into his ear. Those people were lobbyists. Those people were pharmaceutical lobbyists.

So, what that statement was—a mother gave me a still shot of that. Him listening to that. We identified who these people were. Made sure they were pharmaceutical lobbyists. What that said, the statement that said was, “This man will take orders from here when his whole community is begging him not to change that—to pass that law.”

That’s where we are at. That’s why I say keep doing the political process. People with these minds. Keep pushing on the political front. But it’s a multi-pronged approach and it’s going to take a little disobedience here and there behind the system to make this thing fall.

**Ty:** So, what happened? Did he defer the vote to a day where there wasn’t anybody there?

**Jefferey:** That’s exactly what happened. Yes. He deferred the vote and the rest is history. I believe SB 277 was pushed through because when the CDC whistleblower Dr. William Thompson came forward, shortly after that was the measles outbreak in Disneyland.

After the measles outbreak that was the motivation for this law to come through. They rode it on the back of the measles. There’s only 300 cases and I believe there’s no deaths.

So, I believe we’re seeing a vaccine industry that had an agenda, a pharmaceutical company that had a long-term agenda that was forced to launch that agenda faster than they wanted to because they didn’t see Dr. William Thompson coming.

So, we have the moral high ground. We’ve had it for very long. But also, we have the momentum because they didn’t see it coming. We got a jump start on the propaganda piece.

**Ty:** Kind of threw them for a loop there. Thompson spilling the beans on the CDC. I had speculated that that’s what happened as well especially with the outbreak of the measles. There were no deaths.

It just happened to occur right after the CDC whistleblower story broke. And then all of a sudden, we get this forced vaccine bill in California. That’s not coincidence.

**Jefferey:** No. The other thing I noticed as a journalist is the journalism has become abusive. It has become blatantly abusive towards parents, towards vaccinating your children, towards an autism community that’s been abused since day one by the medical community by not believing the parents, by blaming the parents.

**Ty:** Yes. I would agree with you. We just interviewed a journalist from Colombia, Mario Lamo. He told the story that 700 girls in that one little town that got adverse reactions from the Gardasil vaccine. They told him that, “You’re nuts. It’s psychosomatic. You’re not hurt. You’re making stuff up. You’re hysterical.” They blame the victim. It’s almost like a rape case.

**Jefferey:** They’re engaging the same technique a sociopath uses and it’s called gaslighting. So, when a sociopath will do something abusive to a victim and the victim tries to recall it afterwards to blame them, they say that never happened. You’re making that up. That’s a term called gaslighting.

Mainstream journalism is now gaslighting vulnerable populations. This is very dangerous because we have an epidemic, millions and millions and millions, one in 66, one in 48. Do the math on that every year. This is hundreds of millions of kids.

**Ty:** Yes. They're real kids. They're not statistics. And even if vaccines were safe and effective, which they're not, but even if they were. Let's say they're safe 99 percent of the time. Let's say your kid's that 1 percent. That's not good enough. It's not good enough for you because you're the one dealing with the injured kid forever, for the rest of his life or her life.

**Jefferey:** There has to be a choice if there's a risk. The other thing I'm seeing happening is main-stream medicine research, medical research is now coming forward. They're speaking out. They have to.

**Ty:** Is it a true choice that you can evaluate the risk if you do not have informed consent?

**Jefferey:** No. Not at all.

**Ty:** What's informed consent?

**Jefferey:** It never has been. Informed consent is basically getting all the information for a medical procedure, the good, the bad, the ugly, before you engage in that medical procedure. And a vaccine is a medical procedure. Vaccinations do not go through the same testing as pharmaceutical drugs.

So, this is even more dangerous because the testing has been kind of sidestepped. We know how bad pharmaceutical drugs are. But vaccines, there's a big question mark. All we have to look at right now is society and society is giving us some really scary answers about the damage a vaccine can cause.

**Ty:** Yes. I've seen it here at AutismOne. I've seen some of the kids. We did an interview of a precious little girl yesterday named Lenaya in a wheelchair. Just as smart as a smart girl. I don't want to make an acronym there or make an example there.

But she's a brilliant little girl. But she's vaccine-injured and she has chronic fatigue. She can't walk more than a few steps. She'll walk from her wheelchair up to the sofa. She's completely unable to participate in activities little girls of her age typically participate in because of the vaccine.

She's one of the fortunate ones. She's got it all together mentally. Just a brilliant little girl. But some of the vaccine-injured kids, they're abusing themselves, they're banging their heads on walls. It's very sad, isn't it?

**Jefferey:** It neutralizes the family. The people that I've talked to are typically bankrupt because the treatments that work aren't covered by insurance. When they turn 18, a lot of people don't know this but I've been talking to parents, when they turn 18 parents have to spend thousands legally to get custody of their child. This is no medical system that I want to live under.

**Ty:** So, last question Mr. Jaxen, what's your message for people that are watching? What's the takeaway that you want people to know?

**Jefferey:** There was a quote by Howard Zinn, this was during the Vietnam War ,with this spirit and he said, "We don't have to engage in acts, grand heroic acts to participate in this change. Small acts when multiplied by millions can change the world."

I think everyone can disobey in their own way and know that we're all going towards the same goal. And this has united us, unfortunately and fortunately, an over reaching pharmaceutical industry has united us. We're going to take back the medical system one way or the other.

**Ty:** I love it. Awesome. Great ending. Thanks man.

[End of transcript]

# Chapter 25:

*Interview with*  
**Sayer Ji**



**Ty:** I'm here at my home in Tennessee with Sayer Ji. Sayer, so good to talk to you again.

**Sayer:** Great to be here.

**Ty:** Thank you for travelling up from Florida to share some of your knowledge with us today. We're going to hit a couple of big topics.

**Sayer:** Yeah.

**Ty:** We're going to talk about vaccines. We're also going to talk about detox. They really are kind of related, aren't they?

**Sayer:** Absolutely. There's a lot of overlap. With detoxification, it's a common problem obviously, we're exposed to literally tens of thousands of novel new chemical compounds in the modern, postindustrial era.

With vaccines, this is one area where some of the things they're putting into our bodies we can't take out. At least not easily. Some of those are viruses that actually integrate into the germline of our cells and will stay with our body for a very long time. There's overlap. Mercury, you can take some of it out, not all of it. But yeah, the issues are definitely related.

**Ty:** Talk about the viruses. You mentioned viruses in vaccines. We know one of the vaccines, very popular is the polio vaccine back in the 50s. We know that was laced with viruses.

**Sayer:** Yeah, actually, the problem with the polio vaccine is that it's in the category of a live virus vaccine. What they did is they took animal cells from another species, basically, a chimpanzee cell and infected that cell with a virus. Then they used it to produce antigen or vaccine seed stock. Which they then gave to humans orally, which infected them with the virus.

When you do this process of mixing different types of animal fluids and different pathogens, they tend to adapt better to the body that you're infecting. The immune system doesn't have an opportunity to react as strongly.

That's why they justify it, because you're not going to get full blown polio theoretically, if you take an oral polio vaccine. What does happen is that the virus infects that person. Because the immune response isn't normal it can stay in their body as sort of a surreptitious or low grade infection. It could even last a lifetime.

Another problem of course is that these cells of these other animals contain within them a number of what are known as endogenous retro viruses. These viruses have the ability to insert into the DNA of other animals. The chimpanzee cell in the nucleus has just hundreds of different potential viruses that when they make them into vaccines they're reawakened and then can infect us.

One of those viruses is actually known as Simian Virus number 40 or SV40. The oral polio vaccine campaigns introduced this virus into literally millions of people unawares. Even today, I for one, likely have SV40 in my body because my mom received the vaccine.

It gets passed down trans-generationally even though I didn't receive that vaccine. It stays in our body. It's passed down into future generations, potentially forever. That is one of the, sort of, Pandora's Box events that occurred in the history of vaccination.

**Ty:** You mentioned one of the things about vaccines is they bypass some of the typical im-



mune responses, right? I mean, being directly injected is different than being exposed to something that maybe you breathe in through your nasal cavity.

**Sayer:** Absolutely. Exactly. The whole premise behind the efficacy of vaccination is that there is an observation that in nature when a group of individuals are exposed to a wild type or natural infectious challenge they meet the challenge usually with things like fever.

The immune system's activated. Then they survive and then they have lasting immunity. Which is why, for example, the CDC doesn't recommend that certain individuals that were born, I believe it's 1955 or earlier, get the measles vaccine because they already have lifelong immunity from being exposed naturally.

It's fascinating that today there's the assumption that if you don't vaccinate then you could die from these natural infections, when in fact that natural process of meeting an infectious challenge, surviving it and then having lifelong immunity is the basis for the entire validity of vaccination itself.

**Ty:** But, then, that begs the question, if these certain groups of people don't need to be vaccinated because they have lifelong immunity and if vaccination is equivalent to that, why do we need booster shots?

**Sayer:** Well yeah, and that's the problem is that vaccination has never been shown to equate to bona fide immunity. That's the assumption. In fact, the fact that we even call vaccines "immunizations" is sort of almost like Orwellian, because immediately you have to assume that they work when you say that they're immunizations.

When someone goes to a pediatrician and they say, "Well, I've been concerned about the potential my child might be harmed. I don't know whether I want to get these vaccines." The pediatrician will be like, "Well, you don't believe in immunizing your child?" When they put it in that term or terminology, it makes it seem as if you're endangering your own children.

**Ty:** Right, right. I agree. They kind of co-opted the terms because "vaccination" is not necessarily the same as "immunization." It's not the same, is it?

**Sayer:** It is not the same, yeah. Because again the basic premise behind vaccination is that you can reproduce synthetically a natural infection with the assumption that you can weaken or what they call "attenuate" the pathogen so it doesn't cause as great a likelihood to say, go into full blown febrile seizures, for example.

It's ironic however because many of the live viruses that are in the schedule, vaccine schedule, do produce febrile seizures at pretty high rates. It's more likely that you're going to end up with a vaccine-induced febrile seizure, if you look at the PDF inserts of the vaccines, then naturally have one from fighting a common childhood infection which as we all know has always been known to be relatively benign.

If you have good sanitation, if you have good nutrition, if you have things like refrigeration, which they didn't have for quite some time or even municipal water that is cleansed, then you wouldn't necessarily have the opportunity to have good immunity. Vaccination doesn't replace those conditions that we need to make a priority.

**Ty:** Yeah. As a matter of fact, if you look at many of the childhood diseases, vaccines are accredited with causing them to be wiped out, but, the reality is they were wiped out long before vaccines because of what you just mentioned.

**Sayer:** Yes.

**Ty:** Good sanitation, clean water, better living conditions which then gave the immune system a chance, right?

**Sayer:** Yeah. In fact that's the most fascinating of all topic because if you look at the work of Suzanne Humphries, MD, she went into all of the epidemiological literature that exists from government databases, and found that if you look at when the main vaccines that we're using, still today, that are supposed to have saved millions of lives, like measles for example, were introduced. It was already at the end of the cycle of mass epidemics because of the introduction of things like refrigeration, municipal cleansed water, good nutrition protocols. These were all the real reasons why these epidemics started to fade away.

In fact, my research into the topic from the National Laboratory of Medicine, you can look at the study's agreement info, shows many health benefits have been identified for infection from things like measles. Some of those include reduction in cancer risk, reduction in cardiac mortality, a reduction in atopic disorders which are very common, which are autoimmune related to things like dermatitis.

In fact, the theory is, is that it is essential for our immune system to develop and grow by meeting natural infectious challenges. If you take those away suddenly what happens is the immune system blows back on itself.

You have what is really, in a way a submerged iceberg of autoimmune conditions that emerge. Sometimes you call them TH2 dominant disorders where the adaptive pole of the immune system has not been challenged again by normal infections or even germs in the environment which are really bacteria.

Which we know now we are comprised primarily, the microbiome is primarily, viruses, fungi, bacteria. If we don't have infectious agents or germs to be helping us to educate our immune system then we actually, technically start blowing back on ourselves and falling apart.

**Ty:** Essentially, when I was a kid, we used to have chicken pox parties. I mean, literally, if a kid got chickenpox the other parents would expose their children to the chicken pox, get chickenpox because that would confer a lifelong immunity. They would never get it again.

**Sayer:** Absolutely. In fact, that is what I would call immunization. It was a well-known way to confer natural immunity in a controlled way because you knew eventually they might get it. If they didn't end up getting the chickenpox early in life it could then come up later when it could lead to severe issues like—

Basically, it's herpes zoster. A herpes-like infection in the eye that could cause blindness. Which they're now finding is actually connected to the Shingles Vaccine, which is containing the live chickenpox virus still and can cause all types of adverse effects.

**Ty:** You just mentioned package inserts.

**Sayer:** Yeah.

**Ty:** It's kind of like this hidden in plain sight thing, right?

**Sayer:** Yes.

**Ty:** Because, we know, if I'm trying to think—I'm trying to remember properly the vaccine. I think it's the DPT vaccine for Sanofi Pasteur. I think it's called the Tripedia.

**Sayer:** Okay.

**Ty:** On that insert it says, "it may cause autism." But then if you have a child that's vaccinated with a DPT that comes down with autism, you're nuts.

**Sayer:** Yes.

**Ty:** It wasn't because of the vaccine. But it says it on the insert.

**Sayer:** Yes.

**Ty:** Let's talk about vaccines that have been linked to autism because the CDC whistleblower story, still really fresh.

**Sayer:** Yes.

**Ty:** Dr. William Thompson. What's your take on that, Sayer?

**Sayer:** Well, I think that I have to state the obvious, which is if you look at the acceleration of autism diagnoses in this country; it clearly is correlated in a causal way, cause and effect way with the acceleration of the vaccine schedule.

By no means is it the single cause. That is of course how you always lose the argument. You can't just say vaccines cause autism without qualifying the statement because there's so many other factors if you look at the rates of overuse of ultrasound, C-sections, Pitocin, Tylenol, all types of, decreased breast feeding duration, all types of fake synthetic foods. There's clearly hundreds of causes.

But, when you really look at what autism is, it is vaccine-induced brain damage. You can't tell the millions of parents that have watched their child regress suddenly from speaking, you know at whatever month it was they received, for example the MMR, and tell them that they didn't have a vaccine injured child.

What's happening at the CDC is that finally a senior scientist there was probably going to go into spiritual meltdown if he didn't disclose and blow the whistle on his agency who clearly covered up the fact that the data showed a 240 percent increased risk in autism in specifically African American children, boys, when they received the MMR vaccine early.

It's clear that that's just the tip of the iceberg. The authors of the studies that were trying to say there was no link had published hundreds of papers that the CDC used to justify their bold-faced lie that there is no link with autism and vaccination.

Now we have the whole house of cards imploding because the model of course is, "this is evidence based health policy." When in fact it's science by proclamation, which is in no way consistent with the model that you use the actual truth to influence how you apply health policies.

**Ty:** The travesty of justice to me is not just the fact that these kids, a lot of these kids are damaged or dead, but it's also we have parents being blamed for the death of their child when many times it could have been vaccine related. I mean, I think at this point there are 3,000

Americans that are serving life in prison for murdering their baby, whether it's shaken baby syndrome or whatever they want to call it.

**Sayer:** Yes.

**Ty:** A large percentage of those received a vaccine, MMR, DPT, whatever it might be within a couple of weeks of the time they died.

**Sayer:** Yes.

**Ty:** Parents have been blamed for shaking their baby. The interesting thing is that the medical research shows, the coroners reports, the medical examiners, in many cases have shown that it could not have been from shaking the baby.

**Sayer:** Absolutely. There is a new documentary coming out on this topic where one of the experts speaks to the fact that there's never been a case of brain damage where there isn't a neck injury, where that person's brain was damaged. That's apparently universally the case when it comes to the autopsies on shaken baby syndrome, is that there is no evidence that there was any kind of trauma applied to that infant.

It's clear that when you look at the actual statistics, we reported on this recently, at Green-MedInfo. The CDC's own data shows that the primary window when SIDS supposedly occurs, the syndrome, is when most of the vaccines start to be applied in the schedule. It's very early and it occurs at the same time and I think the smoking gun is clearly vaccines.

**Ty:** Yeah. You mentioned SIDS. One of Charlene, my wife's, best friends in Dallas, her second child died within a couple of weeks of vaccine.

**Sayer:** Wow. Yeah.

**Ty:** He was crying, he was crying, he was crying. She didn't go to pick him up, he died. The next morning, they get the autopsy, whatever. They call it SIDS. Which is basically a fig leaf to cover up the fact they had no idea why he died or they're covering up the fact that he died from vaccines.

**Sayer:** Exactly.

**Ty:** To this day, her friend still thinks that she killed her baby. She let him cry to death.

**Sayer:** That's amazing.

**Ty:** She thinks she let the baby cry to death.

**Sayer:** That is amazing.

**Ty:** I mean, parents have this guilt that's associated with this.

**Sayer:** Yeah.

**Ty:** When you think about it, how can someone cry to death?

**Sayer:** Well, you know, there's a number of things happening here. One of them is there's a Stock-

holm syndrome effect as well. There's so many parents that observed damage occur after vaccination, but then were told of course by the entire world, it's not the vaccines.

They identify with the aggressor ultimately. They don't want to mourn in acknowledging because they would be enraged maybe for the rest of their life that they participated in the death or irreparable harm of their child.

What that does is, it creates these very intense and seemingly unethical individuals out there that their whole goal is to try to attack those who are bringing awareness to this reality, this general epidemic. Some use the word "holocaust."

I think it's one of the most disturbing facts of our time that you can't even speak to the basic facts like vaccine inserts that state that all of these potential harms are possible and have been observed previously. You can't even speak to them without being called an "anti-vaxxer," whatever that's supposed to mean.

**Ty:** Right.

**Sayer:** I find that to be a litmus test if someone even uses the term, it's usually a reflection of either their own grief or a deep lack of education on the topic. It's a very sad situation.

**Ty:** Yeah, yeah it is. It's interesting that parents that have been in that situation, I guess that is the Stockholm Syndrome, they don't even want to admit at times that it could have been that choice. Right?

**Sayer:** Yes.

**Ty:** I was watching a documentary by Dr. Gary Null, *Vaccine Nation*, I think it was called. He followed the story of an Alan Yurko who did 8 years in jail, imprisoned, for shaking his baby. It turns out he was released because all of the coroner's reports showed that it could not have been possible for him to have killed his baby.

**Sayer:** Right.

**Ty:** All along the way, he's thought of as a baby murderer. People that support him are thought of as conspiracy theorists.

**Sayer:** Yes.

**Ty:** Because they dare to question vaccines which, Robert Scott Bell calls them the "holy grail of the modern church of pharmaceutical mysticism."

**Sayer:** It's so true. I mean, you can't really think of any other example of a compulsory medical intervention beyond maybe water fluoridation where there's absolutely no attempt and informed consent, putting a pharmaceutical product in the water.

With vaccination, they're making it now, appear that if you do not comply with the ever-expanding schedule, because there's over 271 vaccines in the pipeline right now. I mean, it is a feeding frenzy as far as the opportunity to profit from the pharmaceutical perspective. If you don't comply fully, they make it seem as if you're doing violence not just to your own child but to children around you.

Of course, any common-sense approach would acknowledge that if the vaccines work why

are you so afraid of my child not getting them. Right? That is a subconscious acknowledgement that they don't even believe that they work.

**Ty:** Yeah.

**Sayer:** Why would you vaccinate your child if you're afraid that the non-vaccinated would infect your child because, aren't they supposed to confer super powers? It's an absurdity.

Of course, as you know, the live vaccines like MMR, actually cause infection in those individuals that can shed and then transfer viral particles to those who are not vaccinated. So, it's actually the opposite. Instead of—

Quite frankly, what's going on it's like, saying, "Your child who's not vaccinated needs to put a yellow star on their lapel and that if they don't comply, they're doing harm and attacking other children with their non-vaccination status." It's really disturbing.

**Ty:** Well, I think you're right. It's actually opposite of that, isn't it? It's those that have been vaccinated are actually the ones that are potentially shedding and causing these epidemics. That's what we've seen.

**Sayer:** Absolutely. In fact, when you're looking at, for example, Paul Offit who is now presently the spokesperson for vaccine safety, has a patent on the Rotavirus vaccine which has been already acknowledged to have so many problems because of surreptitious viruses. Porcine circa virus was discovered in the RotaTeq virus vaccine.

Then you have the discovery of what are known as endogenous retroviruses within vaccines like the RotaTeq which are able to infect children with a virus that goes into potentially their germline which means that it can be passed down to the next generation. These viruses, it's a retrovirus.

It's the same category as HIV which is associated with AIDS, right? These are very problematic if not potentially cancerous viruses. In fact, Judy Mikovits who's on our advisory board wrote a book called *The Plague*. It's all about what has been known for quite some time.

**Ty:** She just sent me a copy yesterday.

**Sayer:** Amazing book.

**Ty:** It is so important that, if you haven't heard it that's probably why, because they are doing everything in their power to suppress this woman's work. They literally put her in jail for her advocacy and her discovery because they were so scared of the implications.

It means that the entire biologicals category of pharmaceuticals which includes vaccines and blood products and monoclonal antibodies may be infected with viruses that literally cause cancer and all types of neurological issues. There's no way you can recall them because they're in the actual vaccine production process themselves.

It's interesting because, when they first started thinking about ways to produce vaccines they were going to take cancer cells. The CDC had discussions about this but they were concerned because although cancer cells are perfect, they can produce an infinite supply of vaccine antigen because they're immortal, they just keep reproducing.



It's rather disgusting and gross, right? But, they were concerned because they thought there could be a, what they call, "oncogenic factor" in there. It's cancer so maybe if you grew these vaccines out of cancer cells it could cause cancer.

So they're, "You know what, we're not going to use human cancer cells, we're going to use animal cells instead." They chose not to use cancer cells from animals but regular animal cells thinking, "Oh well, this is safer."

They didn't know at the time that there was this thing called "reverse transcriptase," which is an enzyme that can take genetic information from another species and put it into the genome of a species like the human.

Only after they developed all these vaccines from the animals did they realize that hidden within this vaccine seed stock were all these viruses that they didn't know. Then they put them into the bodies literally of millions of people as Simian Virus 40 with oral polio vaccines was a first example. Even Maurice Hilleman acknowledged that they were causing cancers. This is documented. But, this is just the tip of the iceberg.

**Ty:** What exactly is a retrovirus?

**Sayer:** Well, retrovirus is able to insert from another species DNA, genetic information, into the germline of another. Basically, we all have in our genome all these sequences of ancient viral infections. They have been called "endogenized infections." They came from another species, entered into our germline and became part of our DNA. Over time we survived and actually it conferred some benefits theoretically.

What happens is that between species there's sort of, like this massive division. You're not supposed to say mix the brain cells of a mouse in with a human cell, let it fester and ferment and then take an extract of that and put it into another animal's cell. Guess what, this sort of cauldron-like process is how they developed many of the first vaccines.

Even the MMR vaccine, or many vaccines in the schedule today, take human aborted fetal cells, diploid cells, they are called sort of to cover up the fact that they were harvested from intentionally aborted fetuses to be produced as antigen for vaccines that are being injected, mind you, into those that it completely violates their religious beliefs.

If you're a Christian for example, I think that it's pretty clear you don't want to support abortion and nor do you want to inject the byproduct of an aborted fetal cell into your own child to confer a health benefit to them.

**Ty:** Yeah. That doesn't make any sense at all.

**Sayer:** No. It's terrible.

**Ty:** That's just the beginning of the toxic slew of chemicals that are in many vaccines. There was a Facebook post just a couple of days ago, and I talked about this on my radio show just last night. Where a mother got on this thread and she acted like she was going to begin giving her children supplements that her doctor had recommended which included aluminum, formaldehyde, thimerosal, all the ingredients that are in vaccines. She said that these were supplements that the pediatrician had recommended she give her child. She wanted to see the reaction.

**Sayer:** Yes.

**Ty:** She got lambasted on Facebook. There were even people that were threatening to call CPS on her to take her kids.

**Sayer:** Oh, my Lord.

**Ty:** Because she could kill the kids. At the end of the post she said, “This was just an example to show you what’s in these vaccines. Look at the way you reacted to me, but we put in our—we let pediatricians inject them into our kids.”

**Sayer:** That is such a profound example because as you mentioned the route of exposure is everything. In nature when you’re infected for example by rotavirus or polio, which is a relatively harmless enterovirus, normally does not cause any of the neurological damage that we associate with polio paralysis but regardless, is you orally ingest it which then there’s a whole layer of immune defense.

It’s primarily located in the alimentary canal because that’s the interface between the environment and your body. That’s your immune system saying “this is let in, this isn’t.”

You don’t inject that ingredient directly into the tissue of the body, because then all of the hundreds of biological processes and defenses against entering your body can’t be activated. Even some of the benefits again of being challenged by measles and other viruses that help to create a sort of tolerance in our immune system and self-tolerance are eliminated.

Imagine that, they get so upset that you would even think to give your child orally thimerosal, even though of course amalgam is 50 percent mercury, we all still don’t think about that. Or formaldehyde, but they’d be okay and actually they would be afraid if your pediatrician didn’t inject it into their children’s bodies.

**Ty:** Yes. One of the things that I’ve shared with you before is when our first child Brianna was born, we didn’t know what we do today about vaccines.

**Sayer:** Yes.

**Ty:** We were starting to learn. We were reading some of the research out there that they could be harmful. But of course, you know especially at this time, this was early 2000, at that time there was a lot of hit pieces out there as well just like there are today. So for every article that you would read that the vaccines are dangerous, you would have 10 that said, “Anybody that says vaccines are dangerous is crazy.”

We decided to go ahead and vaccinate. Well, we actually confronted the pediatrician first and asked the pediatrician and we were—I was not there. Charlene conveyed the story to me. She said, “We’re thinking about not vaccinating because we’re concerned about the dangers.” The pediatrician looked at her and said, “If you don’t vaccinate you are not welcome at this clinic. You can find another doctor.”

**Sayer:** Wow.

**Ty:** If I knew then what I know now, I would have said, “Take a hike. I fire you.”

**Sayer:** Exactly.

**Ty:** At that time, we didn’t want to lose the pediatrician, right? A really respected pediatrician in Pittsburgh so we stayed and we got her vaccinated. We learned later that that was a mis-

take, but for a long while and even still at times we think, “Wow, I can’t believe we did that.”

**Sayer:** Yes.

**Ty:** But, we didn’t know. It was ignorance.

**Sayer:** Yes, well Ty, I mean I can identify with your story. For me, it’s interesting, I got into this even before I had children. I was very fortunate because, doing the type of work I did, which was really trying to get the word out about the research supporting natural medicine, I started to look into vaccines because I was surprised.

When I looked at what they call meta-analysis of all the literature ever published on vaccines, there is a particular independent scientific body called the Cochrane Collaboration, highly respected, because what they do is they look at all the studies, they try to really identify if there’s an industry influence. Because as you know there’s no real regulation as far as publishing studies.

If you have a null or negative finding you don’t have to publish it. But, if you have a positive one you could be a vaccine manufacturer and spend 20 years and finally get a study that looks like, okay, there’s a little bit of a relative risk reduction in some disease. You publish that and then that’s all you see.

What they did, they looked at all the research on childhood vaccines and all the research on vaccines for healthy adults and elderly and those who work on the elderly and none of the Cochrane Review conclusions showed that they were proven safe or effective. In fact, in children under two they only found two studies ever performed on safety and only one of them may have indicated that there was a potential that it wasn’t harmful.

It just blew my mind. I was like, “How could this possibly be?” Because, you know, we were dealing with swine flu and being told it’s a global pandemic. We have to vaccinate everyone on the planet immediately. It was so clear to me that there’s no example that is more instructive when it comes to identifying how twisted and Orwellian the medical system is today.

That there is absolutely no clinical support for the statement that vaccines are safe and effective, because there’s not been a single true placebo controlled trial ever performed on any vaccine in the schedule. Much less any combination vaccine, much less all 60 vaccines together that they’re giving our children.

When you really look at the emperor, he or she’s been naked the entire time. There’s science by proclamation, meaning the CDC says and then they put one reference to a study that was clearly manipulated or that was already, it should be retracted because of, of course the CDC whistleblower affair. When people really look at the vaccine problem from the perspective of the evidence, there really is no true evidence.

**Ty:** It seems that if vaccines were safe and effective that they could perform a study at any time to prove this. There are no studies.

**Sayer:** None. There’s not a single study on the vaccine group versus a non-vaccinated group.

**Ty:** They’ve never done it.

**Sayer:** They’ve never. They know why, because, if they were ever to do that, injected one control

group with saline, they would find them to be healthier. We have this naturalistic data through the Amish who have extremely low levels of autism because they don't vaccinate.

They live relatively healthy environment. They have all the good things we're talking about, exposure to natural microbes in their environment, good nutrition, they have clean water. That's what you need to have natural immunity.

**Ty:** Yeah. They also aren't exposed to the EMF to the degree that we are, either.

**Sayer:** No. Yeah, EMFs are a huge problem because we are electromagnetic organism and our gene expression is highly influenced by these types of wavelengths. That's an invisible factor that isn't even really addressed, but is certainly a big part of the problem.

**Ty:** Could that be part of the autism problem? Not just vaccines but also the EMFs in conjunction with the poor nutrition. It's kind of a multifaceted issue, isn't it?

**Sayer:** If you think about what people do today, they take a microwave device. This will literally heat my brain in a matter of minutes and affects the alpha waves almost immediately. Their children are literally exposing themselves and adults to a microwave. You don't have nerve receptors in your brain to be able to feel it, but if you did there would be probably some pain.

This is just a fraction of what they're being exposed to. You go to a place in New York City, there's 100 WiFi connections popping up on your phone at any given moment.

**Ty:** Yeah.

**Sayer:** I mean, it's a pretty significant problem.

**Ty:** Yeah, so Sayer, what do you have to say then to parents out there that may be holding some guilt over vaccinating their child and they later learn that they did some damage or they don't know if they've done some damage. What's your message to them?

**Sayer:** I'm so excited for the fact that this information exists. The folks that are tuned in are very much aware of how they got to this point where they're looking for the type of information they don't find in the mainstream or through the CDC or through their pediatrician.

They're acknowledging that there's a potential that the vaccines have caused neurological problems, perhaps behavioral and physical problems. They're looking out for ways to address that damage and to not make the same mistake.

The good news is that while there is irreparable damage that can occur, I mean, even as we age, naturally, some things will never come back. There is so much resilience in the human body. To know that we have potentially contributed to the harm, because we didn't know or we listened to the wrong authorities, or externalized our agency to authorities.

To know that we maybe contributed is also the first step in acknowledging we have the power to truly change the circumstances for our children and for others to learn from our wisdom now.

There is so much that the body can do to heal, as you of course know because you advocate this so well. First of all, natural immunity. What's the best way to support natural immunity, well guess what?

Sunlight exposure is probably one of the best ways to address that, which implies going

outdoors, which implies being connected and doing hopefully nourishing things as a family outside. These are not just things we do to pass time or aesthetic pleasures, they're essential to the health of the human body, especially children.

Good food of course. When we mean good food, we mean food that is truly grown in organic soil if not better, permaculture, biodynamic soil or from your local farmer's market where you know the farmer. Clean water, which is, if we don't make that a priority, 99 percent of the molecules in our body are water by number.

That is an amazing fact. Without good quality water—I source whenever I can from Lake Mountain Valley, for example. It's a relatively protected aquifer in glass. I see that as an elixir of health and immunity and helping me to repair damage, because that's part of the story I didn't tell you.

I actually was a vaccine injured child. Six months of age I was severe bronchial, asthmatic. I recall that that seemed to have been very formative in who I am today and why I'm so into educating people about a better way.

Yeah, there's a lot that we can do and certainly understanding that you are not to blame for the fact that there is a trillion-dollar industry trying to convince you every moment that your natural instinct to not vaccinate and to do all these good natural things is somehow wrong or unethical or even illegal. Thank God for this type of opportunity to share this information.

**Ty:** The treatment is actually the prevention in this case, right? You mentioned earlier that a lot of these childhood-type diseases were virtually wiped out from what? Clean water, good nutrition, the things that you just mentioned, right?

**Sayer:** Yes.

**Ty:** They not only prevented, or they stopped these epidemics, but they are also ways that you can treat if someone's already been vaccinated.

**Sayer:** Yeah. Actually, in many ways the existence of natural, infectious challenges, communally acquired like your chicken pox party is fundamental to health. If we were to "eradicate" polio or measles as if that were ever a possibility that would be worth considering.

You hear Bill Gates say on interview with Sanjay Gupta on CNN that "parents who don't vaccinate are responsible for killing children." You realize that we are in an era where insanity is the norm and institutionalized.

The rhetoric is so extreme that we need to acknowledge that if it's a natural infection that is the basis for the entire super structure of why people think vaccines even work. Or herd immunity exists because they observed in nature that when you survive natural infectious challenges the community as a whole became healthier.

You don't remove that from the equation. We need germs. We are germs. In fact, most of our genetic material, 99 percent of it is from microbes, viruses, fungi, and bacteria. How does the CDC, and how does conventional immunology and vaccinology explain that fact? They don't because they haven't caught up with the research. This is only 15 years old, this research.

**Ty:** It's interesting that you mentioned the bacteria, the fungi, the viruses. This takes me back to the age-old battle between Pasteur and Beauchamp. The internal terrain. Pasteur said that "the germs, the bacteria are the problem so we need to get rid of them."

Beauchamp said, “No, it’s not the germs that are the problem. People that get sick is because they have internal terrain that is susceptible to getting sick so we should work on our bodies, the microbiome,” he didn’t know what it was called then, versus “get rid of all bad germs.”

**Sayer:** Absolutely.

**Ty:** That’s the fundamental problem. That’s the clash that’s still going on today.

**Sayer:** It is. Absolutely. In fact, when you acknowledged this notion that we are constituted by this ancient relationship between all of these microbes that Pasteur considered to be the primary target for disease eradication you realize just how truly obscene and medieval on some level our disease model is. That by believing in this myth we have created the very monster that we thought we were fighting.

The bioweapons community alone and what they’ve created in an attempt to produce some type of inoculant or some kind of vaccine against a bioweapons attack. In their laboratories, they have created some of the most monstrous opportunities for the very type of lethality and transmissibility of things like avian flu virus for example.

By testing and creating the stuff they’ve actually created the possibility for there to be a real apotheosis of the germ theory. Sort of an apocalyptic scenario. The CDC keeps mentioning about there’s a nightmare pathogen that we have no defenses against. It’s really remarkable.

**Ty:** They’re creating it.

**Sayer:** They’re creating it. Out of their fear that it exists they’ve actually brought it into reality. That’s one of the dangers, is that, I believe the terrain is everything. But, unless we also truly become aware of what’s going on and the intrinsic, just disease-promoting properties of vaccines, we will never be able to have a world that’s truly safe for our children.

**Ty:** You mentioned herd immunity just a minute ago, Sayer. Herd immunity never dealt with—the original concept of herd immunity didn’t even deal with vaccines, did it?

**Sayer:** No. It’s based on the observation that a group of individuals or animals for example will survive and thrive in many ways after being challenged with an infection.

Now, it is possible that a member will die, but those who survive have greater fitness. There’s an element to it that’s almost Darwinian as far as, the way that nature’s set up is that, if we look at what’s going on today presently for example, the way that artificial insemination and all these external life support systems helping to prop up the diseased western body, are enabling us to survive and reproduce. Ultimately, what will happen is that at some point—

I mean we’re already seeing their reproduction levels are extremely low. Is that we as a species won’t be able to carry on the billions of years of fitness that have been conferred into our body through the natural process of meeting challenges. Yeah, we’re in a different situation today.

**Ty:** We’re toxic from vaccines. We’re toxic from a lot of other causes. The air, the water, the food, everything that we’re exposed to is toxic today compared to a hundred years ago. Let’s talk



about some ways that if we are toxic from the air, the water, the food, vaccines, whatever it might be, how can we get rid of the toxins? What are some good general principles?

**Sayer:** Oh, I'm sorry. Can I just add one thing about the HIB vaccine?

**Ty:** Oh yeah. What question do you want me to ask you to get you there?

**Sayer:** You'll see. Maybe just ask about the HPV vaccine just so I can hit that one.

**Ty:** Okay. Yeah. One of the vaccines, it's very popular today that I personally think is absurd is the HPV vaccine. There's a lot of reasons I think it's absurd, but what's your take on it?

**Sayer:** Well it is a unique vaccine in the sense it's the most expensive vaccine ever produced, \$150 a dose. It is also a genetically modified vaccine. This is a really important issue to me because there are activists that are promoting the awareness of GMO harms. They're not looking at the reality which is that some of the very same interests and companies and corporations behind GMOs, are behind vaccines.

For example, March Against Monsanto. Great movement, really appreciate it. Actually, Monsanto is a subsidiary of Pharmacia which is owned by Pfizer, one of the largest vaccine manufacturers and lobbyists that are partially responsible for why everyone's being vaccinated.

We need to start looking at the crossover because a lot of the GMOs being produced today are designed to produce edible antigens so that it will literally be an edible vaccine. Then you look at the vaccines like HPV, and they are being produced through genetically modified yeast where they produce HPV particles, but also contain literally thousands of other proteins.

Here's the point. If you think about the way that we think about vaccines, you have a measles vaccines, you think, "Oh there's one antigen they're injecting." Or if it's HPV, "Oh they're just injecting the HPV antigen and our immune system's going to react to that and clear it."

It's not what is going on. The yeast, proteome it's called, the total set of proteins, is in the thousands and it turns out, 33 percent of these proteins overlap identically with human proteins.

What that means is, when you inject these vaccines, along with all of these proteins, your immune system's reacting to literally thousands of proteins producing antibodies which then can produce self-antigens or self-antibodies which then attack the body.

That may explain why, of all the vaccines that have ever been produced, the HP vaccine seems to have the most adverse events reports including emergency room visits associated with it, as well as reports of deaths.

This is a whole new territory. The genetically modified vaccine movement is now moving to DNA vaccines and this is even DARPA funded. What they're doing is taking a virus, injecting it into the human body so that it infects certain cells, turning them into vaccine antigen-producing factories. The theory is they can take part of ourselves, turn them into vaccine producing factories, and that that's going to help us with our immunity.

The trajectory is actually towards what they would call Trans Humanism, which is the belief that we are naturally completely incapable of surviving. We have to actually transmogrify into some kind of super human or future human form that requires we alter even the DNA in our body to be able to survive.

**Ty:** Wow. That almost seems related to the eugenics that was promoted by the Galtons and those families of 200 years ago, that believe that we could create a super human race by only breeding with the elites.

**Sayer:** Absolutely. It's a new form, in the sense that they're proposing. Let's say they have this vaccine in the market and you don't take it. Well what are you doing, saying that you don't want to protect everyone else in the world from the potential that you could be a walking bio-infection. Because that's the way they're classifying being infected presently by novel forms of influenza, for example. Executive orders were passed which made it basically a quarantinable offense to be infected by novel forms of influenza.

Also, Obama signed an executive order that implies that infection with an Ebola-like agent would also warrant potential quarantine. By redefining what it means to be infected as almost like a bioterrorism event, our freedoms have been completely eviscerated.

For me I have two daughters, and when that happens, something shifted in me. Because it's clear to me that in this world they now live in, it is very likely at some point, especially depending on what state they live in, that they will be told that they have to inject something into their body.

Now, as I understand it the moment the state wields that sort of power over our bodies, that redefines us as chattel or property. Because that means that we don't even have the basic right to bodily self-possession. Without the choice to basically involve ourselves, we are essentially identifying ourselves as slaves or objects. That is something that I think many—

Especially mothers and parents who will have children, who are being faced with the question, "Should I vaccinate according to the schedule? Can I trust my pediatrician, who's telling me, we have to do this?" They don't fully understand the moral right is behind them.

They have as parents the right and even the responsibility to choose what's best for their children no matter what the state states as their power over them. That's pretty fundamental.

One thing too that's really important is that pediatricians are actually like foot soldiers to the CDC, which is like is a military organization. They literally wear uniforms. It's a top down command situation. If a pediatrician does not abide by the standards of vaccination and promulgate them, then they themselves become legally liable for being sued.

Even if they're open and they're like, "Oh well she doesn't want to vaccinate according to the schedule," and then someone actually get injured or gets in an infection, then they themselves could be legally liable.

Whereas they are completely expunged of all liability if they follow without any thought the vaccine schedule. Anyone going to a pediatrician, expecting good advice on vaccines, it's like going to a butcher and asking about veganism. What their thoughts on veganism are.

**Ty:** Doesn't work, does it?

**Sayer:** Doesn't work, yeah.

**Cameraman:** That's people of China juggle between the two pain, the pain of resisting that system is too great so they go to the other one. That's truly the outcomes that could result from that and likely even truly, is a much more painful reality.

**Sayer:** Yes. I empathize profoundly with parents because they're in a situation where they may know that the MMR vaccine is not worth the risk at the very least. They may know that they have a legal right as a parent to make these choices and an ethical one, certainly.

It's even a duty not even a right in my opinion. But they also are working with a system that will send everyone in their life the message that they are harming their child or putting them in danger's way along with all the other children in the planet, if they make this decision.

It's is a growing movement. There are literally millions of people out there that are here to support that same decision. They're not going to find that information on the CDC site, they're not going to find it on CNN. They're going to find it in events like this and the growing community that's behind us. They're not alone. Just remember that you have the right to choose and it is something that's sacred.

**Ty:** I think that's no better exemplified than the mass exodus that we're seeing from California right now. They passed a mandatory vaccine law. People are saying "No, I'm leaving."

**Sayer:** Absolutely. Of all states to fall, I was just shocked that it would be California.

**Ty:** Me too. I would think that the crunchy granola state would have been the last to pass that kind of a law.

**Sayer:** Exactly, exactly.

**Ty:** It's interesting. There was Senator Pan, is the senator that was responsible for that legislation.

**Sayer:** Yes.

**Ty:** By the way, he was paid hundreds of thousands of dollars by the pharmaceutical industry, the vaccine industry.

**Sayer:** Absolutely.

**Ty:** I recently saw a video of him along with Andy Wakefield and Del Bigtree. the producers of *Vaxxed*. Did you see it?

**Sayer:** I did see it.

**Ty:** Where he's running, he runs down the hall to get away from them.

**Sayer:** Literally runs. He knows I think what he's responsible for doing as far as taking away people's constitutional rights to exercise their religious and philosophical freedom, to not vaccinate. He is running, literally.

**Ty:** I saw that. What a coward. The guy introduces this legislation to take away the parent's right to choose medical intervention or not. He doesn't even have the cojones to stop and take an interview to talk about his influence.

**Sayer:** It's amazing.

**Ty:** That has literally caused millions of people to leave California and has also caused millions of other children to be injected with vaccines that would have never been injected. He doesn't have the intestinal fortitude to do an interview about it.

**Sayer:** Amazing, I know.

**Ty:** I had no respect for him before. I have even less now after seeing that. Let's say we have these people across the country that are toxic. We have children that are toxic and we're all toxic to an extent. What's the solution? How do we detoxify this toxic stew that we're exposed to every day?

**Sayer:** One of the things that I know works really well is sweating. The research is very compelling. Because if you do certain types of assay, say blood levels of toxicants which are petrochemicals usually and even include heavy metals in that, you'll find not necessarily high markers, but when you do a study where you sweat intensely and see what's excreted it's indicative that our bodily burden of toxicity is far higher than what is even measurable. The amount of both petrochemicals and metals that are exuded and then eliminated are very significant.

It has led me to believe that if one isn't at least on a two or three times a week basis, putting yourself in a position where you have enough exertion to sweat and you of course, use heat. Power yoga is a great way to do it. Saunas. Then you're putting yourself in harm's way. Because the bodily burden even just in our air we're breathing, I guarantee you if we tested it right now, there would be some small amount of Roundup which is such a prevalent toxicant at this point. We have so much exposure that we have to on a daily basis engage these, really ancient detoxifications systems.

**Ty:** I would agree with that. When we look at the lifestyle that we live today compared to a century ago, we're less active, we sweat less, plus we're exposed to all these toxins that were not around then. It's like a double whammy on us. Right?

We're becoming more toxic because of our exposure to things that weren't around and your typical person, the most exercise that they get in a day is when they get up off the sofa to go get a beer and then they go sit down. How many people do you know that don't ever exercise?

**Sayer:** It's true. One of the things about exercise we don't often think about is when you're pushing yourself to the point of feeling like you're going to die, and then you survive and you feel that, usually this ecstasy and this like, "Wow, I made it."

A lot's going on, on a physiological level. One of the things is called mitochondrial biogenesis. The so-called powerhouses of the cell are able to regenerate when you exert yourself in enough where you really feel like "Wow, I've really pushed my envelope." Those mitochondria are essential for regulating our cells. They even regulate programmed cell death. It's involved in cancer, not just energy.

Then you have stem cells which are the magical, immortal cell line in our body that has been inherited from all previous ancestors. Those stem cells also are able to go through division process and help to regenerate tissue that's damaged or so high in toxic and burden that it's better that they go through programmed cell death.

Those toxins are released and taken out of the body, then to continue to live, because they can transmogrify their phenotype, so to speak, into cancerous or harmful behavior. In many ways exercise performs quite a lot of functions to regenerate the body as well as remove the chemicals that are accumulating.

**Ty:** Sayer, I think most people don't typically think of exercise as being a way to detox. But you just explained that it really is important in detoxification.

**Sayer:** Absolutely. Our lymphatic system doesn't have a pump like the heart pumps the blood. When we're doing this intense movement, we're also just completely helping to flush all of the toxicants and help our immunity in a way that is not possible without this type of movement. There's many, many benefits from exertion of that kind.

**Ty:** An interesting thing that we've talked about previously that I want you to share with the viewers, is the relationship of the petrochemical industry to this discussion.

**Sayer:** Thank you. Yeah. This is a huge issue. Because what's going on is that presently we have a very outdated model of how we ascertain toxicant risk. It's like a dose response model. Very linear. You have this amount of something and it causes this effect and the more of it you have, the more effect you have. That's how you ascertain whether something's harmful.

That's not what's going on because new research on endocrine disruptors, for example, small amounts of petrochemicals. Could be paraben for example, which is in a lot of body care products as a preservative or Bisphenols which are everywhere, because plastic is needing a plasticizer and that's what they use Bisphenol A, Bisphenol F.

There's an alphabet soup of these. When they say Bisphenol A on the label now, unfortunately they just replaced it with another of Bisphenol of equal toxicity.

Small, small, small amounts have huge effect because they act like hormones. The dose response, linear concept has been completely supplanted by acknowledging that in some cases, the smaller the amount of toxicant you have in your body, the greater effect it could have on changing a cell's entire phenotype makeup into a cancer cell for example. This is not just for petrochemicals. This is actually for particle size.

You have this innovation of nano particle technology. Titanium dioxide for example. They use it to glaze pills white and use it for sunscreen. The particles are so small. We're talking maybe under 50 nanometers, that they go right into the pores of the body. And when they attach to the surfaces of cells, can actually activate the nuclear machinery inside the cell which changes the cell's phenotype.

Previously the idea was the dose makes the poison. If you have something really small, it's not going to cause a great effect and it can't hurt you. Now we know that smaller the particle size, the more harmful it can be.

Another example of this is radio isotopes. We live in a world where nuclear pollution is everywhere. After the atom testing, for example, globally we had uranium and plutonium concentrations. You can measure in almost any sample.

Now we have the fallout from Three Mile Island, Chernobyl, Fukushima, and you have power plants that just naturally give up plumes of over 2,000 manmade or anthropogenic radio nucleotides, just through releasing the steam from these, basically, pressure cookers as refueling.

We have these radio nucleotides everywhere in extremely low doses. When they first came up with the toxicity risk model, it was based on Hiroshima blast survivors. They assumed that the real danger is gamma radiation exposure from the outside end and they averaged the dose by the amount of tissue exposed and came up with a calculation of risk.

Well unfortunately, that didn't explain what happens when exceedingly small amounts of these elements get into your body. You can have one atom of plutonium lodged in our body forever and it's literally giving off a thermonuclear effect on that cell and the tissue around

it for the rest of your life, causing all types of cancer for example.

Uranium 238, which is the basis for most of the nuclear power as well as DUM, depleted uranium munitions, it has a half-life of 4.4 billion years. That's longer than the age of the Earth, which means it's always going to be here.

There's the study from the army's Radiobiology Institute in Bethesda, Maryland, that was published that shows that there are several thousand if not hundred thousand orders of magnitude higher toxicity associated with Uranium 238 exposure, than present radiation risk models allow for.

What I'm really referring to is the fact that, when you really look at toxicant, heavy metal, radiation exposures today, less is actually more in certain ways. It's a dismal scenario but I think the public really needs to know this information because what's happened is the radiation risk models, toxicant risk models, make it seem as if you could expose yourself to large amounts of chemical every day and it's okay.

The way they actually come up with these risk assessments is they do the LD50 model. Take animals, give them a lethal dose of a chemical that will kill 50 percent within a certain range of time. There's the acute toxicity model. Say it's two days.

Then they say, let's extrapolate from the animal model. What's an acceptable level of harm for a human, assuming they can just look at body weight and calculate what is an acceptable rate.

Of course that model is insane. First of all, there's no such thing as an acceptable level of harm in my book. If you apply the precautionary principle, the moment a manufacturer of something that could do harm, well guess what, the burden should be on them to prove it's safe to the consumer.

That's not what happens. They use this other model, release it into the environment and into consumer products. And then only after many years, sometimes decades, and cancer rates start to spike, do the consumers themselves have to raise the money, the political capital, to prove through what they call the weight of evidence model that they may have been harmed.

**Ty:** What is the light at the end of the tunnel?

**Sayer:** The light at the end of the tunnel is that every moment our body is utilizing highly complex detoxification systems, which in some way almost anticipated the chemical revolution. The Cytochrome P450 system that is largely centered in the liver, is able to take a broad range of modern xenobiotics, which are foreign chemicals, and there's hundreds of thousands of them now and somehow find a way to make these fat loving chemicals water soluble and help to, through the phase one and two detoxification systems, help to remove them from the body.

In many ways, God, the intelligence of the universe, put us in a position where we can actually survive what should be a lethal phase in our evolution as a species, which is to create this chemical nightmare.

**Ty:** It's very similar to, my wife Charlene often says "People ask, why are babies born sick?" Well it's because of the fact that they're getting chemicals through the umbilical cord, right? A lot of times.

**Sayer:** Yes.



**Ty:** The real question is how are any babies born healthy? That's really, it's because we are resilient, the body is resilient.

**Sayer:** Yes.

**Ty:** I think the takeaway from this is, if we provide our bodies with the nutrition that they need, if we supply the immune system with its nourishment that it needs, the body can actually be really amazing at fending off these toxins.

**Sayer:** Absolutely. That's the part I would like to focus on is the idea that there are now compounds identified in common foods like broccoli for example, ginger, garlic, that are so powerful at enhancing our natural detoxification systems.

Broccoli extracts has sulforaphane which is a molecule that I've identified through the research on the National Laboratory of Medicine to have over a hundred health benefits. I'm at the point in my research now, I believe that we ate these cruciferous and sulfur containing vegetables for so long that our bodies have co-adapted, if you will, to needing them on a daily basis.

Why do we develop cancer? Yeah, chemical exposure is one of the reasons. Well you know another one is to deficiency of vegetables and phytochemicals. You can't say that radiation chemotherapy deficiency causes cancer, but you can say that up deficiency of broccoli or other phytochemical rich, detoxifying-enhancing vegetables can lead to cancer, and that's a profound fact.

When people really look at what they're eating, and they focus on these really therapeutic detoxifiers, then they will be assured that at least many of the harms can be mitigated.

**Ty:** Broccoli is a great example. Give me some other foods that maybe we should be eating on a daily basis, that we're not?

**Sayer:** Absolutely. Some of the most acknowledged beneficial detoxifiers are things like parsley, cilantro, ginger. Probably one of my favorite of all is turmeric because if you look at the research on its abilities to help prevent and to even treat a wide range of conditions, it certainly has a great reputation as far as even doing things like chelating metal in the body and neutralizing a lot of the toxicity of the modern age.

**Ty:** You just named four or five foods there that the majority of people, at least in the United States, I can speak for us here, never eat.

**Sayer:** They don't eat.

**Ty:** Ever.

**Sayer:** Well what's interesting is that even common American cultural traditions like drinking coffee all day long, have been shown to activate detoxification pathways in the body. Inadvertently many of us are already doing things in our diet that our helping to balance out the harms.

There's also things like whey, which as a body builder, you know is very good for building muscle. But it's full of cysteine and sulphur-containing molecule that helps to build glutathione which is a powerful detoxifier in the body as well as an antioxidant. I like to look at the different ways we can use foods as enhancements to our detoxification.

**Ty:** I think that Dr. Mercola last year in the documentary that we did called *The Global Quest*, he said something that was just profound but it was so simple. Eat real food. Eat real food. Think of the people today that we live in the United States, that we live next to, that are frequenting the fast food joints three times a day. That's their meals. They don't ever cook, they go eat processed, genetically modifies junk.

**Sayer:** Yes.

**Ty:** We would really be just on the right track if we would just start adhering to that concept to real food, wouldn't we?

**Sayer:** It's a beautiful concept. It's so simple really. Eat food that dies. Because if it doesn't it will probably kill you literally. Perishability is actually a sign of quality and life energy that's going to help you to detoxify and manage your health for sure.

**Ty:** You've got the enzymes in real food. You've got the phytonutrients.

**Sayer:** Yes. Oh, there's one. One of the best things that's ever been researched post-Chernobyl was the use of apple pectin to take out from all these children's bodies, all of these radioisotopes that accumulated like Caesium-137. They literally saved tens of thousands of lives by simply using apples and apple pectin.

**Ty:** What is pectin?

**Sayer:** Pectin is just a fiber that is able to pull out, along with some of these heavy metals, bile salts for example, which can help to accumulate toxins and get stuck in the liver. They can pull some of that material out, eliminate from the body. One of the many things you can utilize is the food that "An apple a day keeps the doctor away. An apple a day keeps the Fukushima fallout away."

**Ty:** Yeah, there's a lot of wisdom in that old saying right there.

**Sayer:** Definitely.

**Ty:** It wasn't "a pack of French fries a day keeps the doctor away," was it?

**Sayer:** No that keeps the doctor really close and very wealthy.

**Ty:** Keeps them very well. Lots of work for the doctors from that.

**Sayer:** Exactly.

**Ty:** Sayer, it's been fascinating. Anything else you want to add here at the end before we wrap it up?

**Sayer:** One of the most important things that I think people don't often acknowledge, is that when you look at modern drugs, over the counter prescribed, the vast majority of them are actually just byproducts of petrochemicals, the chemical industry.

If you look at it from even the lens of the logistics and the finances and the materials, the pharmaceutical industry is really just a subsector of the chemical industry, which is related to the fossil fuel grid and the entire geopolitical nightmare of wars fought forever around the world, which is about acquiring resources from other countries often. Taking their oil.

Anyway, the idea is that pharmaceuticals are by definition xenobiotics. Their foreign to bios, life, the body. They should never be in the body. There are cases in emergency medicine where a petrochemical drug might actually save a life. There are exceptions. In 99.9 percent of the time for chronic disease or prevention of disease, all they do is create a whole new set of disorders which then have to be detoxified themselves.

When we start looking at what pharmaceutical products are, we have to acknowledge that the best way to protect yourself from toxicity and to detox is just to eliminate them from your lifestyle and your body as best as you can. That is the number one way that you preserve your health.

**Ty:** That's great advice. That's great advice. Because, the reality is that, that business model is a wonderful business model if you have no conscience. Because they're perpetuating disease, creating new symptoms that they can treat. I think that's great advice. The best way to stay healthy, don't take them.

**Sayer:** That's the infinite growth model, absolutely. That's the whole scam of the allopathic model that's beholden to the pharmaceutical industry, is that it produces infinite growth because you're making everyone super sick. New symptoms, new drugs for those symptoms, so you hit it on the head.

**Ty:** I think you hit it on the head Sayer. As always really enjoyed the interview. I may be bigger in stature than you, but I would not want to do a brain comparison because I know you'd win.

**Sayer:** Thank you Ty.

**Ty:** Thank you my friend. Appreciate it.

**Sayer:** It's great to be here.

**Ty:** Yeah.

**Sayer:** Cool.

[End of transcript]

# Chapter 26:

*Interview with*  
**Robert F. Kennedy, Jr.**



**Ty:** A striking resemblance to what's going on today, the fact that you mentioned that we have basically a religion of vaccinology and then you went back and talked about Copernicus and Galileo. So, could you talk about the religion of vaccines and what happened to Copernicus and Galileo, they were heretics right?

**Robert:** I'm a science person. My background is in law and I've hundreds of legal cases, almost every one of the on environmental issues. Almost every one of them involved a scientific controversy. So, if I were not willing and able to read science I could not have prevailed those cases.

I'm very comfortable reading science and I love science. My book, *Thimerosal*, is a summary of all the science that has been done on thimerosal. All the published peer reviewed studies and we spent three years writing this. I had a team, I raised a quarter million dollars to make sure we looked at every scientific study that was ever done. We did not cherry pick studies, we put everything in here.

We found over 1,400 references, over four hundred studies, close to five hundred studies. Virtually all of them say the same thing: that thimerosal is a potent neurotoxin, also does horrendous damage to the other organs in the body. It's reactive to human tissue.

It's the most neurotoxic element in the universe that we know of that is not radioactive. The science was really clear. I was kind of naive when I wrote this book because I thought people were saying, "oh, the science is clear, the science says that there is no link between thimerosal and autism." But I was reading science and couldn't verify that. Not only that, the science I was reading was saying just the opposite.

I assumed that if people saw what the science said that the policies would then follow and the attitudes would then follow. But what I encountered was in the establishment, the medical establishment, the pharmaceutical industry and the vaccine industry was more akin to religion than science. You saw the same kind of dynamics that we've seen in orthodoxies throughout history which is a misplaced faith in an undeserving authority, which is the CDC.

And then a need to silence any kind of dissent. So that heretics get burned, there's no debate. We have to make sure that nobody even talks about this. Nobody questions the received orthodoxies and the dogma.

**Ty:** And that's really the opposite of science. It's more religion, isn't it?

**Robert:** That's the opposite of science. One of the weird emblems, really strange emblems, was that in the 2003 and 2004 the Institute of Medicine, which is supposed be the arbiter of medical science in our government. Made the declaration that this controversy, the issue about whether thimerosal is causing autism "should no longer be studied, that it was settled now."

No scientist ever says that. Every hypothesis is subject to further adjustments and challenge. That's what science does. It challenges existing hypothesis. Is this real? Do the facts that we now know today support that hypothesis or do we need to rethink it?

They declared no more study should be done and the NIH and CDC and all the institutions got in lockstep of that and said we're going to defund anybody who wants to look at this question. We're going to make sure that they're not funded, and that's what's happened ever since.

The only studies that have come out from America are the studies that were engineered by CDC and the vaccine industry. IOM originally in 1999 said to CDC "you've got to look at this, and you've got to look at it with toxicological studies, with biological studies, clinical

studies, animal studies, cadaver studies etc.”

What CDC did is it went out and did a series of epidemiological studies. Epidemiology is the study of populations and the impact, for example, of an environmental condition or toxin on an entire population. So, what epidemiologists try to do is they look at the population that was exposed to the toxin and they examine their health outcomes, and then they look at an unexposed population which is called the controls.

Epidemiology is notoriously susceptible to manipulation. You can design an epidemiology study that proved that sex does not make you pregnant. How would you do that? You would eliminate all the pregnant people before you did the study. So, that you just ended up studying people who were having a lot of sex but nobody was getting pregnant, ergo sex doesn't make you pregnant.

That's what they did with these epidemiology studies that the CDC orchestrated. They eliminated the populations that had autism before they did the study. That's a simplification, but that essentially is what they did.

You can do that by eliminating boys because the boys are more susceptible to mercury poisoning than girls. You can do it by eliminating older children, and those are some of the gimmicks that they used.

There's a saying in my racket which is environmental litigation which is that, "statistics don't lie but statisticians do." And statisticians with an epidemiology study in their hands have a perfect opportunity to manipulate data.

**Ty:** When I hear you say that about the CDC kind of cherry picking the study or the control group or the groups to get the decision that they wanted, to get the study to show what they wanted. I grew up I guess naive thinking that they were unbiased, that they just really wanted to find out what's the truth and protect the people from the things that would make us sick.

But it seems like that's not the goal. And to me it feels like I've been betrayed in a way. I don't know if I'm describing it properly but that's not what I thought they were supposed to be doing.

**Robert:** What shocks me is how much faith people put in CDC knowing what we do about other agencies. There's a dynamic that is well described and well documented that I encounter virtually every day of my professional life, which is called "captive agency phenomenon."

That is the process by which agencies become captured by their own orthodoxies or by the industries that they're supposed to regulate. So, they become sock puppets for the industry that they're supposed to regulate. A lot of times they become even more radical in protecting those interests than the industry itself.

So, I see this in the coal industry in West Virginia, in virtually every state EPA you see that kind of capture and the federal EPA. It's well documented and it's not surprising to me that EPA has also been captured.

The stakes at EPA are so high and it's not the whole agency by the way. It's a small number of people who have become corrupted, and mainly those people are in one office which is the immunization safety office. That's the office that is charged with reviewing and conducting vaccine safety science. I think there are specific members of that group that have corrupted that group.



**Ty:** Now is that at the EPA?

**Robert:** That is at the CDC.

**Ty:** The CDC, okay.

**Robert:** There are two groups within CDC that are relevant to vaccine regulation that have been corrupted and that we should be concerned about. The first of those is the Advisory Committee for Immunization Practices. And that is the group that decides which new vaccines can be added to the schedule. So, the recommended schedule that essentially becomes mandatory when it gets to the state level.

When I was a kid I got a smallpox vaccine and I got polio vaccine and that was it. My kids received 69 doses of 16 vaccines. How did that change? It changed virtually in one year which was 1989 and the reason it changed was because the vaccine industry in 1986 was granted complete immunity from litigation by Congress, we call it the Vaccine Act.

Congress passed the Vaccine Act which gave the vaccine companies immunity from litigation and liability. No matter how reckless their behavior, no matter how grievous the injury, no matter how poisonous the vaccine ingredient, you cannot sue them. So, no matter how badly you're injured you cannot sue a vaccine company in this country.

That act suddenly provoked a gold rush in the vaccine industry. When I was a kid there were—I don't even think the polio vaccine was patented. Nobody was making money on vaccines when I was a boy. They were essentially a civic duty by the vaccine companies, by the pharmaceutical industry.

But suddenly the industry realized now we have a product that the federal government is going to order a hundred million or even two hundred million people to buy, the profit margins are huge, some of these vaccines cost \$300 per shot. There's no advertising cost, there's no marketing cost, and there's no liability.

And also, the process for approving those vaccines were streamlined. They don't have to do the standard double blind placebo studies that the rest of the pharmaceutical industry has to do to bring its product to market. It's a streamlined process that's very, very little in the way of safety scrutiny compared to other drugs.

So, there was a rush. A gold rush to put new vaccines onto the schedule. The group within the CDC that made the decision about which vaccines to add. In a perfect world that would have been a group of kind of geeky scientists who are completely preoccupied with public health outcomes and that's what it used to be.

That's why we were able to block a lot of bad drugs that came onto the market in Europe in previous years because we had a very, very vigorous FDA and CDC. Thalidomide is an example. We blocked thalidomide in this country because we had independent, really good regulators.

By 1989, CDC's structure had changed and the people who sit on that committee, the Advisory Committee of Immunization Practices, many of them are not even CDC employees. Almost all of them have some financial ties or conflicts of interest to the industry.

I'll give you an example. In 1989, CDC put Dr. Paul Offit, who was one of the great promoters of unlimited vaccines. He is a vaccine industry insider. He holds a chair at Merck, at the Children's Hospital Philadelphia that is financed by Merck, and he sat on the advisory

committee when the advisory committee of immunization practices voted to add the rotavirus vaccine to the schedule.

Paul Offit owned a patent to a rotavirus vaccine and yet he did not recuse himself. He voted to add it. As a result of that, of having a rotavirus vaccine part of that mandatory schedule, Offit was able to sell his product a couple of years later for 182 million dollars.

**Ty:** A 182 million?

**Robert:** Yeah and we don't know exactly how much of that Offit personally pocketed, but it's estimated generally around 29 million dollars. Oh, he's become a multimillionaire through conflicts of interest. In 2008 the inspector general of HHS did an investigation of that scandal and what they concluded following that investigation is that Offit had not done anything that was illegal because the strictures and rules that CDC were so loose. The ethical obligations, the rules were essentially nonexistent.

The inspector general said that up to 97 percent of the people who sit on those committees could have the same kind of conflicts as Offit. So, when the American people know about that it's hard to believe that all of these vaccines, these cascade of vaccines that were added to the schedule in 1989 and a couple of years after, were added strictly because of the scientific determination about public health outcomes. Because so many people on that committee have that conflict.

Now 1989 is what EPA calls the "gateway year." It's the year that all of this epidemic of childhood illnesses began. Autism, ASD, ADD, ADHD, speech delay, language delay, tics, something called misery disorder which I'd never heard of before. Tics is Tourette's syndrome, a family of grave neurological injuries that became epidemic that year. SIDS, narcolepsy, seizure disorders, and of course food allergies and asthma. All of those things began in 1989.

On all of those illnesses there is science today, there is science out there that indicates that those illnesses are being caused by thimerosal or adjuvants like aluminum or squalene or some other vaccine association.

But the science varies on those questions. The link between thimerosal and autism is very, very strong. On some of these other diseases the science is less strong, but it least there is what you would have to say was a prima facie case. There is virtually no science that clears the thimerosal particularly.

So, if we're operating by the precautionary principle, well we're not operating by the precautionary principal, we've abandoned the precautionary principal. Our health agencies have abandoned the precautionary principal and there's been no studies to show that we're actually improving health outcomes in our children. There's lots and lots of evidence that thimerosal is making this the sickest generation in the history of our country.

**Ty:** It's sad and we are seeing a very, very sick generation of children. You'd think that doctors that have taken the Hippocratic Oath – first, do no harm – you would think that the precautionary principle would be foremost in their mind. Do not harm. It seems like that would be something that would be of utmost importance to doctors, pediatricians specifically, to make sure that the vaccines are safe.

**Robert:** Pediatrician and doctors, what I've found, is that they don't read the science. For them CDC is a judicious arbiter of science. So, if CDC says there's no evidence they're not going through the abstracts and going out to PubMed and looking up hundreds of documents

and trying to make up their own mind.

I understand that because it's a lot of work. I mean it took us three years to do this book and we had some really great scientists and doctors looking at it. It's hard to figure out how much weight to give to individual studies etc.

So, people just accept CDC's word that this is all safe and then there are very, very strong financial incentives for doctors to get their patients to comply with the CDC's schedule. Doctors are punished financially and very dramatically. Insurance companies like Blue Cross Blue Shield if they don't get a certain percentage of their patients to comply with the schedule.

**Ty:** I had a medical doctor just a month ago, sent me a PDF that Blue Cross Blue Shield, I think it was Blue Cross, sent them and it had the percentage of their patients that they had to have, I think it was 63 percent.

**Robert:** If 63 percent are not compliant they don't get any of their bonuses. The bonuses are lots of money. Tens of thousands of dollars. So, if a pediatrician does not persuade his patients to comply with the CDC schedule he suffers a terrible, terrible financial punishment from Blue Cross Blue Shield.

**Ty:** You mentioned Offit, was he the guy that said that kids could get ten thousand vaccines, what that the same guy?

**Robert:** Yeah.

**Ty:** Okay, that's a lot of vaccines. You think he really believes that or was that just hyperbole?

**Robert:** Oh, I think H.L. Mencken said "it's hard to persuade a man of a fact if his salary depends on the nonexistence of that fact." I can't go into Paul Offit's head to understand whether he's actually malicious. But my own private conversations with him it's been clear to me that he knows that what he's saying is not true. I've caught him lying and I have that documented.

**Ty:** You mentioned, Bobbie, that after 1986 that these pharmaceutical companies are exempt from lawsuits, they're basically immune. Is that ethical or moral to have these companies be able to produce a product that they have no liability and it's even mandated now, if it's in the CDC schedule it's mandated. That just seems like, to me, it's not an ethical situation that we're in.

**Robert:** Well I think the choice at that time was not an irrational choice by Congress given the alternatives that they were presented. The alternative was that—I think the calculus was based upon the idea that at that point there was so much litigation against the vaccine companies that the pharmaceutical industry was considering abandoning vaccines altogether.

I think vaccine companies went to Congress and said "we're going to stop making vaccines and that's going to be a national security problem." Because if there is a bioterrorism attack or if there is an epidemic there's going to be no factories that are up and running that can create new vaccines that can respond to those national emergencies. So if you want us to continue to make vaccines you're going to have to give us immunity from litigation," and that's what happened.

I think the result has been predictable. If you look at the pharmaceutical industry, even

when they know that they have a very active plaintiff's bar looking over their shoulders and you see advertisements by attorneys every day saying "if you've taken this drug or that drug and you've had a bad reaction, call us and we'll get a recovery for you."

So even when those guys are looking over the industry's shoulders they still make a hundred million dollar mistakes. They still do things that are really wrong and bad and you have to ask yourself then what would happen if you got rid of all the lawyers?

You got rid of the courts, you got rid of the class actions, you got rid of the depositions, and you got rid of cross-examination and you also neutralize the press? So, nobody's looking up your shoulder. So, the press wouldn't even cover this issue. You go on the evening news and look at how many of those advertisements are pharmaceutical company ads, I was told by a network executive—[phone rings] I'm sorry.

**Ty:** Go ahead.

**Robert:** One of the problems is that all of the institutions in our democracy that are designed to protect little children from a predatory corporation have in essence been neutralized or removed. You've had the Vaccine Act get rid of all the lawyers, all the judges, and the class action suits and the multi-district litigation suits and depositions. All of the things that curb bad corporate behavior in every other sector, including the pharmaceutical sector.

They've gotten rid of the CDC by capturing that agency, and that's the agency that's supposed to be the frontline agency that protects little children from a predatory corporation. They now have been thoroughly captured by the industry they're supposed to regulate.

The press has effectively been neutralized. All you have to do, Ty, is sit down and watch the six o'clock news on TV and see how many of those stories are bracketed by pharmaceutical ads.

I was told by a network executive that during non-election years or in some months during the election years up to 70 percent of his news division revenues are coming from pharma. So, that is definitely going to mute the appetite that those news divisions have for exposing these kinds of stories about the pharmaceutical industry who's certainly their major payer.

**Ty:** Yeah, they're paying for their show.

**Robert:** Right and this network president told me that if one of his talk shows allowed me on the air that he would fire the host. This person is a friend of mine and "I would have to fire the host because this is where our advertisers are" and if he lost an advertiser it's a major catastrophe for the network.

So, they've been neutralized and it's not all just money, again there is the dogma that if anybody says anything bad about vaccines you're going to fuel this mythical anti-vaccine movement and children are going to start dropping dead. So your action is going to end up killing babies.

That's kind of the moral gloss on a major financial incentive that the news divisions have not covered this anyway. So, it effectively locks out any kind of debate that you have. Not just in the major networks but also in the so-called alternative media which is supposed to be the antidote to corporate control. Places like Salon and Slate and Huffington Post and Daily Beast and Mother Jones, also those media outlets will not cover this debate.

It's frustrating. Somebody said that, I think that it was Malcolm X said that, "the greatest

power of the press is the power to ignore” and that’s what we see in this sphere.

**Ty:** Yeah, I think you’re right. It’s just almost as if, you mentioned the fact that science is not ever settled, right? We should question, that’s part of the scientific method.

**Robert:** Let me just say this, in our democracy we have a number of institutions that are there to protect little children from predatory corporations. All of these have been neutralized here.

You have a regulatory agency, the front-line protector of public health that has been captured by the agency to become a sock puppet to the industry that it’s supposed to regulate. It’s an arm of the pharmaceutical industry. CDC sells 4.6 billion dollars’ worth of vaccines every year itself and it owns the patent.

**Ty:** Wait, CDC sells vaccines?

**Robert:** Yes, CDC sells vaccine. So CDC is regulating an industry that it’s part of. You have a CDC that’s been captured and FDA in the same way. FDA owns patents on the vaccines and they have all kinds of internal financial entanglements that have accelerated and fortified this agency capture.

You have the bar, the attorneys, the courts, the judges that have been eliminated. There are no class action suits, there’s no malpractices, there’s no multidistrict litigation, there’s no depositions. That’s all out of the pictures. They would protect them.

The politicians have been paid off. The pharmaceutical company puts more into lobbying, more money than any other industry. You would think oil and gas. That’s number two and pharma puts double what oil and gas puts in. Four times what military and aerospace puts in.

There’s more pharmaceutical lobbyists in Washington DC than there are congressman. So, they’ve neutralized the politicians, regulatory agency, the courts, the judges, they’ve neutralized the press. They are the biggest contributor now to news division revenues and the last thing left to protect this little child are the parents. And now you’re seeing these laws around the states that essentially remove parental control and informed consent.

So, all of these institutions that stand between the child and the predatory company have been neutralized. That’s not democracy and it’s not the way that democracy is supposed to work.

**Ty:** No. I’m still blown away by the fact you just mentioned that CDC sells vaccines.

**Robert:** Yeah.

**Ty:** How do they get away with that? They’re supposed to be regulating that?

**Robert:** They buy and sell billions of dollars worth of vaccines annually. And that actually is probably one of the least alarming conflicts that you see within CDC. There are so many financial conflicts between people who work for CDC or who work for the vaccine program and direct financial conflicts, financial entanglements with the pharmaceutical companies.

**Ty:** And we see this revolving door over the years of CDC to vaccine manufacturers to pharma, whatever. One of the things you just mentioned about informed consent, parental rights, we’re here in California. SB 277 was passed that basically mandates vaccines for any kid in school. What’s your take on mandatory vaccines?

**Robert:** Well I focus on thimerosal and in California thimerosal is supposedly illegal because the state legislature made it illegal to bring thimerosal vaccine into the state. But there was a loophole in that bill that was passed eight years ago, that says that if the health commissioner of California declares a state of emergency that you can bring thimerosal vaccines in to the state.

As it turns out virtually every other year, four out of the last seven years, since this bill was passed the State Health Department has declared an emergency vaccine shortage. Even though the vaccine manufacturers themselves say there is plenty of thimerosal-free vaccine for everybody in California and we don't need to be shipping thimerosal vaccines into the state. Even though the industry is saying there is no shortage the Department of Health of California declares a shortage every other year.

**Ty:** Let me ask you this, speaking about thimerosal, wasn't thimerosal removed from the vaccines in 2003? That's what I've read.

**Robert:** Yeah, thimerosal was removed from three childhood vaccines in 2003. But the same year CDC mandated flu vaccines for pregnant women and for little children. The flu vaccines at that time, almost all of them contained mega doses of thimerosal. So, children who were receiving vaccines after 2003 would get as much thimerosal as children prior to the removal of 2003 from those other three vaccines.

And the first time they began giving it to pregnant women, so children were getting thimerosal at much more vulnerable period of their lives. So, it's kind of a myth to say that thimerosal was removed from vaccines. It was removed from some vaccines but it was added to others.

**Ty:** So, if I'm not mistaken the multi-dose flu vaccine still contains thimerosal as a preservative, correct?

**Robert:** Yes. Originally in 2003 to around 2010 or 12, around 95 percent of the flu vaccines that were available on the market contained thimerosal. Today it's about a third. About 53 million vaccines I think last year out 150 million.

**Ty:** So, a lot of thimerosal is still out then.

**Robert:** It's a lot of thimerosal. In fact, in some states if a doctor takes a multi-dose vial and drops it by mistake on the floor and it breaks he is required by law to evacuate the building and to bring in hazmat crews to clean it up before the building can be reoccupied. Hazmat crews wearing moon suits and respirators.

And we're taking that same toxin and flu vaccines have to be treated as hazardous waste if you're going to dispose of them. That thimerosal vial is legally hazardous waste. It can't be disposed of in a garbage can and we're taking that and we're injecting it into pregnant women and little babies. If it's early in the pregnancy which is recommended under the current advisories, that little baby could be getting as much as a million times what EPA says is safe.

**Ty:** That's unbelievable that if the doctor drops it it's hazmat material, but we inject it into the mother and the baby. That's totally unbelievable.

**Robert:** That is not the rule in every state but it's the rule in some states, so you can look it up in here.

**Ty:** And if it's not the rule in some states it should be, because mercury is that toxic. Let me ask you one last thing Bobbie. Thank you by the way for a great interview. You made this easy



on me because you're just hitting all the topics. You covered almost every question and I didn't have to ask you half of them. But I want you to tell the folks that are watching a little bit about your project with Robert De Niro.

**Robert:** Robert De Niro and I have offered a 25-thousand-dollar reward to anybody who can come up with a single peer reviewed published article that shows that thimerosal is safe. If you talk to the press or if you talk to doctors, your pediatrician, he'll say "Oh, there's lots of science out there that proves that thimerosal is safe" because he's injecting you with thimerosal. So parents will ask him and he'll say there's lots of science that says that. But if you ask the next question "can you tell me the name of one document?" he won't be able to do that because there are none.

There are six documents, six scientific studies that CDC has relied on that are on its website. But all six of those studies have been discredited. In fact they're so badly discredited that when the Institute of Medicine asked to review the science in those studies, CDC instructed them not to and threatened to defund the Institute of Medicine if the Institute of Medicine tried to review those studies.

It's clear that CDC knows the studies are fraudulent. The principal CDC author of—there's essentially three American studies and three foreign studies, Scandinavian studies. The author of their Scandinavian studies Poul Thorsen, who was the CDC liaison and the data collector, is now on the run from the FBI and from Interpol for having stolen the money he was supposed to spend on that study. A million dollars from CDC

He's been fired by his university in Aarhus in Denmark and he is facing 22 counts of wire fraud and theft. He's wanted by Interpol and the FBI and yet his studies are still up on CDC's sites as the principle studies that supposedly exonerate thimerosal from the autism epidemic.

Meanwhile, CDC's own studies since then, including a 2013 study published in *JAMA Pediatrics* have shown that as soon thimerosal was removed in 1993 from Denmark—

The reason people like to study Denmark is because Denmark was the one country that really did remove thimerosal in 1993. So you can look at what was happening before and what was happening after. What CDC's own study shows is that as soon as they removed it there was a 30 percent drop in autism in Denmark.

So, it's pretty clear that we should be removing it in this country and removing it from circulation in the millions of children in the developing world that we're giving it to every year.

**Ty:** Yeah, no doubt. Bobby thank you so much for this is awesome information. I really thank you for what you're doing. We are all on this mission together to try to bring awareness to the world, to our country and to help kids and really that's what it's all about it.

**Robert:** You said thimerosal was removed, yeah it was removed from childhood vaccines in this country and then it was added to the flu vaccine at the same time. But in the developing world, Africa, Asia, and Latin America, virtually every kid is getting fully loaded thimerosal vaccines, every year.

So, those kids are being sickened. Imagine if somebody told you should inject lead into your baby. Almost everybody knows enough about lead to say "no, that would be crazy." Mercury is far more neurotoxic than lead. It's very well documented. I mean every fresh-water fish in America now has advisories on them telling pregnant women not to eat it.

The mercury in thimerosal is 50 times as toxic to brain tissue and twice as persistent in the brain as the mercury in fish. So why would we inject that into a pregnant woman or a little baby? It doesn't make any sense.

**Ty:** It doesn't. This was on Facebook a couple months ago. There was a woman and she was just trying to make a point. She's a mommy blogger and she was trying to get advice from her friends. She said my pediatrician tells me that I should feed my baby mercury, aluminum, formaldehyde, all these things that are in vaccines. She's making this up. She says "my pediatrician says I should feed my baby so I'm going to go ahead and feed my baby this."

She got lambasted by everybody that answered. They said "I'm going to report you to the police, you're going to get thrown in jail, you're going to damage your child" and at the end she said "I'm just trying to make a point. This is the same things that we inject into our children." So, it made a good point. Yeah. Thank you so much.

**Robert:** Thank you.

**Ty:** Awesome interview.

[End of transcript]

# Chapter 27:

*Interview with*  
**Robert J. Krakow, Esq**



**Ty:** Robert, you mentioned that your son was injured. Was it the flu shot that he got?

**Robert:** That's what we believe. It was two pediatric flu vaccines.

**Ty:** What did his regression look like after the injection?

**Robert:** Well, this is subject—you'll understand that I have a family. They prefer I not talk about the specifics of our situation except that it happened. My son is a real live human being. And he's aware. He's very aware. He can't speak but he's very aware and very intelligent.

**Ty:** How old is he now?

**Robert:** Sixteen.

**Ty:** How tall is he?

**Robert:** 6 foot 5.

**Ty:** You're looking up to him.

**Robert:** I am looking up to him. We have a little routine where we bump heads. That's what we do. He's a great kid. It's been quite an ordeal for the last 15 years. But certainly something I'm going to continue with until we find out the truth about what happened.

**Ty:** In your line of work then you're dealing with parents and children all day long that have been injured.

**Robert:** Parents and children and adults. Most of the cases that come in that are viable are adult flu shot victims, Guillain-Barre syndrome which is peripheral neuropathy. Hepatitis B injuries, Gardasil injuries which I think you've heard about, Gardasil and Cervarix.

Some ways I think the reason that adults have cases that are more viable—I hear a lot of cases with children, but we can't prove any of those cases, is because with adults—first of all they can speak. They're not infants. They can articulate the symptoms. They can be tested. The syndromes that they're experiencing are more identifiable.

So it's easier for a court to fit it into their standards of proof. I do get many calls from parents. I got a call just recently, just before this conference. It was about a mom who had two kids. And they were injured when they were two or three and they're now 13 and 15.

The answer to that mom is almost always—I get these calls all the time—there's nothing we can do. There's a three-year statute of limitations that starts with onset of symptoms. Your child was injured 12 years ago, 13 years ago. The symptoms started then. We're way beyond the statute of limitations.

That should be reformed. The statute of limitations for most childhood injuries, not all, but for most routine childhood injuries for instance an auto accident, that child would have—if it was an auto accident at three, he would have until he was 21 in New York and many states to sue.

Not so with vaccine court. He has three years from the onset of symptoms. And sometimes it's very controversial when those symptoms started. So, this mom called me. But then she told me something interesting. She said my daughter—I'm not sure if it was her son or daughter—has tics.

One of the things we learned from William Thompson, which was in the data that I may have mentioned earlier, is that thimerosal has been shown by the data to likely cause tics. I said, now we're talking about something different. Was that hidden? Should that be explored? We're looking at that.

There are different ways to pursue it. In life, you don't know what's going to happen next. So, you can't stop. It's not like you see the movie on the Wygant case, the famous movie about the whistleblower. And it's all like, okay—most recent example the movie *Concussion* which is a microcosm of what we're dealing with.

We're dealing with much bigger challenges. But look at the challenge they had there. But it looks like it all unfolded in a happy ending. Well, life is unfolding. We don't know what's going to happen tomorrow. It's not going to happen unless we make it happen. So, we're still pursuing it.

**Ty:** So, you're on a mission.

**Robert:** I have to say that. I'm very practical about how I approach things. I'm very practical in the way I handle cases. One of the most troubling things I deal with is informing a parent of a child who I believe was vaccine injured, who they certainly believe is vaccine injured, we have evidence for it, "I'm sorry. I don't think we can prove this. It's not provable."

What I say is, "Listen, you want justice, you want compensation, you want help, you're not going to get it here. Unfortunately, you have to stop banging your head against the wall. It's not going to happen. They're not recognizing this." I'm a realist. I feel that you should not mislead people into thinking they're going to get some compensation from a system that's not set up to give it to them.

And in saying that by the way, I think there's a policy problem in our country. I think there's a resistance to recognizing that vaccines do harm because of the importance of the vaccine program.

I'm not suggesting that everyone on the government side or in the court—certainly not in the court—are bad actors. That they're doing this out of some ill will or some desire to hide something that they know about. The system is set up in a way that we cannot get at the truth.

That is a much more profound policy problem that's cultural, that's societal, that's political. It has to do with where the money is, who's making money from the vaccine industry. And there are billions of dollars being made. That is the roadblock, and we have to change that.

The vaccine industry controls conversation. They control the conversation through control of the media. Because most media revenue nowadays comes from vaccines. You just have to see all these ads. I think there's ads for Trulia, something called Trulia. You see it over and over. How much money is being spent on that?

Are people in the media going to entertain someone who comes on and says vaccines can injure when their patrons are sponsoring them? It's not going to happen. We have a tremendous societal burden to overcome in trying to communicate to people that this is a serious problem and it's hurting our kids.

**Ty:** So really Robert, as we see in many other areas of life, we look at how money is controlling decisions as opposed to maybe what's good for the people.

**Robert:** Unfortunately, I think that's always the case. It manifests itself in many ways. So, you go through the history of other types of environmental agents that caused harm. Go back to

lead. There was an industry behind lead that resisted the paint industry in the 20s and 30s.

Fluoride is another one that really has not yet manifested itself. Asbestos. W.R. Grace fought—the industry fought very aggressively to resist the idea that asbestos causes mesothelioma or other injuries. Tobacco was a primary example.

That's all about money. It's all about industry protecting its interest, which is fine. The famous line in *The Godfather*, "After all we are not communists." Industry is fine. It's fine for people to make money. I have no problem with that.

When they cross the line is when it's known or at least strongly suspected that injury is occurring. Because of those vested interests we cannot even explore it. And when you speak about vaccines, that's taboo. You can't hear it. You'll be shut down.

Your research funding will be eliminated. If you come on as an expert more than a few times, they'll start criticizing you so they undermine your ability to be an expert witness. Parents who speak about it or newspaper articles, they get shut down.

Colombia School of Journalism had an article showing how this occurred. And then they retracted it saying, "There was no truth to the idea that vaccine causes injury." We know vaccine causes injury. The government acknowledges it. It's their policy.

The issue is how often it occurs and how it manifests itself. And because medicine is really not a science, we approximate our understanding of how injuries manifest. Sometimes injuries occur in ways we don't understand. Perfect recent example is Gardasil vaccine.

And we started seeing—we have a whole program on this in the next day or so. Something called POTS. Postural orthostatic tachycardia syndrome. I would get calls in 2007, 2008 and what they were describing was that. But there was no name for it. There was nothing I could do. There was no way I could prove—there was no expert who was going to support it.

I continued to—recently in the last year or two, receive calls from parents about their daughters, 15, 16, 17, who had those symptoms that I had heard about it earlier. But now something changed.

First of all, we've been seeing the same thing other parts of the world. Denmark, New Zealand, Spain, Colombia, Japan. What's going on? Similar syndromes. Teenage girls who are perfectly healthy in wheelchairs. Often very athletic.

In other words, they had robust immune systems. What's happening? Then we saw a couple of papers in the medical literature describing this syndrome and strongly associating it with the HPV vaccine. That told me something is going on here that we have to look at.

Now that is strongly denied by the authorities. It's being resisted. We have cases pending like that being resisted in the vaccine court. In fact, some of the leading experts on the other side who formulated the whole idea of this syndrome, POTS, are denying that it occurs.

There is an autoimmune component. When we can identify markers of autoimmunity that coincide with the symptoms that are temporarily related to the administration of the vaccine, there's a case there. Now we're going to see how that's going. It's very difficult. It has been recognized in a limited way in some cases.

The reason we have to do it is because I think there's a generation of young women who



are getting injured by this vaccine, a vaccine which has never been proven to cure anything or be effective and is likely causing some harm.

It's a huge money maker which is why there's a tremendous impetus worldwide behind these two vaccines. One's made in the U.S. or a U.S. company. The other one is in U.K., in Europe.

So, I feel it's very important as a lawyer who's aware of this to marshal our resources and keep pursuing it. I know every time a family identifies this and comes to me, they believe it 100 percent. That's a little different than whether we can prove it.

Proving it means bringing attention to it, bringing resources to it, getting more neurologists and immunologists to focus on it. I think if we do that we're going to nail down a syndrome that's been caused by the vaccine. Maybe there's a susceptibility.

There's something called Adversomics that identifies genetic acceptability to certain interventions including vaccines. We should be able today—by the way, there's a strong component of autoimmunity in autism. There's literature supporting it, interestingly from the Middle East, but also some from the United States.

We can identify those children who may be susceptible, those individuals who may be susceptible to this type of immune stimulation. To this antigen. More importantly to adjuvants. That is aluminum which is in the HPV vaccine that we know causes harm.

If we can do that, we can avoid injuring people. We can also ask the question which should be asked from a policy point of view, "is this vaccine necessary?" Gardasil, why can't you just do the screening that's already available and avoid the need for an intervention?

The screening can detect cervical cancer that develops later in life. The screening is working. Why do we need the vaccine? The answer to that may be it's a multi-billion-dollar industry worldwide and growing.

So, it's a profit sector for an industry that's losing its patents and that needs to feed the shareholders need for profits. That is an engine that is going on. Again, I'm not saying that's wrong. That's the way our economic system works.

But we have to draw the line when it starts injuring our generation of girls and now boys who are being given this vaccine need us to do that.

**Ty:** I agree. I think that your statement or the question "is it necessary?" That's a great filter for us to ask when it comes to vaccines. And also, "will it do harm?" Those are two questions that we should be asking.

**Robert:** Presumably the government is asking those questions. But I'm not sure they're generally answering them. And that's really the question. Are we getting honest answers? Are we getting honest explorations? It's very different than let's say the smallpox.

Smallpox was eradicated but also the later vaccines, polio vaccine. It may be that they work and there's controversy about that. Maybe that's what caused the decline. But the newer vaccines, and we see dozens if not hundreds of vaccines coming through the pipeline. Are they necessary?

Are they really necessary for health or is the cost outweighing the benefit? There's so much homage paid to vaccines that the benefit always outweighs the risk. But the risk isn't

being assessed. I don't think it even can be assessed properly.

Doing six weeks or a few months of clinical trials doesn't answer the question, especially for HPV. But also for the other vaccines. Flu vaccine, we know it causes Guillain-Barre. Other things cause it too. Infection causes it. But we know flu vaccine causes that.

Flu vaccine at the best in the last few years 50 percent effective. I think the year before last 23 percent or some range effective. It's ineffective basically. But it's causing harm. So, the cost benefit is clear there. It's very easy from a policy point of view to say no. This vaccine shouldn't be given.

But our policymakers, our regulators are urging that every year. Every year you see ads for the flu vaccine. Every CBS and pharmacy and Duane Reade, Walgreens has an ad. Get your flu vaccine here.

Well, I have people coming into my office after getting a flu vaccine and they have shoulder injuries. They have brachial neuritis, which is an autoimmune development mostly in the arms and ascending Guillain-Barre syndrome. What benefit did they get from that vaccine? Did they get protection from the flu?

The strain in the vaccine wasn't even the one that was the infectious strain that was circulating. You can see from studies done by the Cochrane Collaboration, one of the researchers named Jefferson, that they questioned seriously the utility of the flu vaccine for the elderly, for infants.

We see municipalities nevertheless mandating those vaccines. New York City mandating it for preschool. A colleague of mine brought that case, which I in a minimal way assisted, and won. And said, "This shouldn't be mandated." It was a separation, a power position. That's on appeal.

Why do we need to mandate an ineffective flu vaccine for vulnerable children? It makes no sense when we know that there are injuries that will occur and we don't know how they occur. So, we don't really know the magnitude of the adverse effects and the risk.

**Ty:** I was in Manhattan a few years ago. It was during flu season, right? I literally just walked around a block and I saw 12 signs for "Get your flu vaccine." You're getting bombarded with it.

**Robert:** And you wonder how has that happened? There has to be an aggressive program to promote the pharmacies to do this. When we see corporatization of all these pharmacies now they're owned by a few companies. Walgreens has bought up almost everyone or a few other companies. How is it happening?

Because they can't make that much money from an individual vaccine. But they're doing it. I think there is a government industry collaboration to promote vaccination. We know that government sees itself primarily as the promoters of the vaccine program. They're supposed to also warn us about the risk.

By the way, they're supposed to—under the law, the legislation of the vaccine act, publicize the vaccine injury compensation program. We know from a recent report from the government accountability office that the people who are pushing the vaccines did not want to publicize it because they thought that conflicted. That's not me saying that. That's Congress.

Congress commissioned the report. They said that. So, they intentionally did not publicize

the vaccine program. By the way, it's my statutory obligation as a lawyer who does this to promote the vaccine injury compensation program. So, we can consider this interview as promoting the statutory purpose of the vaccine act.

Everyone in our country, especially the doctors who don't know how to recognize vaccine injury, should know that there's a vaccine injury compensation program. Should be familiar with the types of injuries that occur, and be receptive to it and report it to the Vaccine Adverse Event Reporting System so that we can monitor what's going on. That's not happening.

What's happening is because the government wants to promote the vaccine program, they see that as the hallmark of public health. In the state of California mandate. No exceptions. Your kid doesn't go to school unless he gets the vaccine.

So, they're eliminating those rights, the right to education. At the same time trying to push vaccines that they don't really know if they work or how adverse the effects are.

**Ty:** So, all those are great reasons why you're on your mission.

**Robert:** Well, those motivate me. I'm motivated by that. Fortunately, there's a feature of the vaccine program that provides for attorney's fees. So, it enables me to handle those cases where people don't have to.

It is one of the good features of the program. There was a balance but unfortunately, I think it's a little out of balance now. Because we can't make headway when we know kids are being hurt.

We know there are autoimmune injuries and you can't prove it. That has to be rectified. That's a political problem. We have to get our politicians to start waking up to that because their kids will be affected. All our kids will be affected. We already have a big problem.

The cohort of kids who are injured in the 90s and 2000s, even if you don't say they were injured, we have a problem because there's an upsurge of hundreds of thousands of children who are going to need lifetime care. We're already seeing Medicaid cutbacks. There's no budget for it.

We're seeing managed care models being imposed. Managed care model cannot possibly provide for a child who needs one-to-one care on a daily basis. Probably needs a full-time nurse.

These are kids who can't speak, who can't go to the bathroom on their own. Have recurring all kinds of immunological problems, susceptibility to different disorders. How is Medicaid going to pay for that? They can't.

We have a huge social problem. Are these kids going to be warehoused? That's why many parents are just keeping their kids at home as long as they can. But we're not going to outlive our kids. So, what happens then?

Forget about the vaccine issue. This is a huge social problem that our politicians are not recognizing. They avoid it. I don't care if it is Donald Trump or Hillary Clinton or even Bernie Sanders. They are not coming to grips with this problem which is a multi-trillion dollar problem.

It's totally unrelated to whether vaccines caused it or not. It's there. Something caused it. We should look at that because our society is going to be burdened by this in a way that's horrific to think.

Years ago, I worked with an organization that was founded by a family member that served kids in the 60s and 70s at a place called Willowbrook in New York State. Kids were being warehoused there. Horrific conditions, experiments with hepatitis B and hepatitis B vaccine on these kids.

Kids were being deliberately infected with hepatitis B to see how they would react. It took legal action. This is something I talked about. People don't like lawyers. I understand why they may not like lawyers. Like any profession, some lawyers don't act ethically. They aren't truthful with their clients.

In this case, this is a perfect example where they were warehousing kids in horrific conditions. They were disabled, parents couldn't handle them. It took legal action to finally get a judge in New York State to issue an order saying, "Close down Willowbrook." That formed what was a renaissance in the care of people with disabilities in New York.

That model, that success is being eroded now because the system is being overwhelmed. I've done the calculations of the cost. It costs anywhere from \$12-\$20 million over a lifetime for a kid who is severely disabled.

I don't think our taxpayers are willing to pay that. Who's going to pay for it? Who's going to care for these kids? We just going to let them rot? That's the future. That's what scares me as a parent. I think that's what scares the parents that are concerned about this issue. What happens to their kids? There's really no provision for that.

**Ty:** I think that says a lot about the society in general as to how does a society—how do governments take care of the weak? And you've got disabled kids. You've got kids that have been vaccine injured and they're the weak and the government doesn't take care of them. Not only that they don't take care of them, like with Willowbrook, they experiment on them.

**Robert:** There's actually a gentleman I just met today named Edwin Black. He wrote a book called *War Against the Weak*. We have a sorry history in this country of how we handle the most vulnerable among us. You're right. The measure of the standards, the measure of our society is how we handle, how we treat, how we care for those who are vulnerable.

We're not doing a very good job of that. There is maybe another war against the weak because the cohort of children with developmental disabilities over the last 20 years is not being provided for. We are in a catastrophe. We've been warning about this for 15 years or more.

Dan Burton, the courageous congressman, had hearings back in 99, 2000, 2001 saying, "What's going to happen to these kids?" So now we're 15 years forward. Almost nothing has been done.

And nothing has been done by leaders who give lip service to it, but then curry favor with organizations that aren't really addressing the need in a candid way. They're sort of glossing it over. It becomes a political game to say how much you're doing.

But meanwhile the kids are suffering. I think this is the problem. You don't have to talk about vaccines to realize we have an enormous problem in front of us, whatever the cost. Whether it was some other environmental agent, however unlikely it is that it's genetic, which it's not. We have a huge challenge that's already overrunning us.

**Ty:** Well, Robert, keep up the good work because what you're doing is invaluable, especially to these families.

**Robert:** Thank you.

**Ty:** So, keep it up and it's just a pleasure to be able to talk to you about this today.

**Robert:** One other thing, when I do this work and I say this to the families, I said it 10 years ago, when I gave a keynote at this conference. I just look at my son and that tells me what to do. And that's all any parent has to do. And we do that, we're being steered in the right direction. Thank you very much for the interview.

**Ty:** Thank you. Awesome.

**Robert:** Thanks.

[End of transcript]

# *Chapter* **28:**



*Interview with*  
**Nico & Davi LaHood**





**Ty:** I'm in Grapevine, Texas, at the Gaylord Texan Hotel, and we're in the middle of *The Truth About Cancer's* Ultimate Live Symposium here in October of 2016. I am honored to have Nico and Davi LaHood with me here.

**Nico:** Thanks, Ty. Thank you, sir.

**Davi:** Thank you so much for having us.

**Ty:** We're so excited you're here. It was just a few months ago, maybe two months ago, that I saw an interview with you that Polly Tommey of *Vaxxed* had done. You were talking about your vaccine-injured child and you being District Attorney in Bexar County, not Becksar.

**Nico:** Yeah, not Becksar, Bexar County, right.

**Ty:** We used to live in Spring Branch so I know how to say it. You're the District Attorney. One of the things that you said in that interview that really struck me was about the evidence that we have against vaccines. So, I just want you to share your story, Davi, about your vaccine-injured child. And Nico, I want you to share your perspective as a District Attorney, prosecuting attorney. Are vaccines safe and effective?

**Nico:** We talk about this so much, we live it. I guess the thing that we want to start with is we start from the position of what we're for, not against. We are not against anything. We're for our kids. And if you can show us that anything is going to benefit our children, we're all in, and we showed that by believing whatever the medical community, and I'm not against the medical community, said to do about vaccines, and we did it.

As a DA, as a prosecutor, I deal with circumstantial evidence. I look at motives, right? All we did that really started a storm in our community, and really internationally, was share our testimony and give our opinion, share our testimony and give our opinion.

Our testimony is our journey with our son about how he was developing normally. We have the pictures, like so many other families, hundreds of thousands of other families share our story. We have pictures, we have video.

He's reaching all his milestones then something happened, something happened. There was some intervening cause that made our son not be normal and not develop the way he was. And so, we have to ask ourselves what was that?

We didn't drop him. We didn't get in a car accident. He wasn't exposed to any chemicals other than vaccines, and that was the only intervening cause, and it was immediate. It wasn't like it was months developing, a year, not even a week.

It was immediate. It was almost like we were driving down the road, got in a car accident, we walk away but our son doesn't. It was that type an event. We shared that journey. In my opinion and my wife's opinion, and it wasn't immediate, it wasn't like we just automatically thought it was vaccines, we believe that the vaccines caused, is the tipping point, over the edge, the straw that broke the camel's back, whichever way you want to say it, that caused our son to be in the situation that he is now.

**Ty:** Wow. So, Davi, talk about what happened.

**Davi:** Well, Michael's now six years old. He just turned six last week. He's a beautiful little angel, little boy, brings lot of joy to us. He just recently started becoming verbal, slightly but not

completely. He does speak a little bit, but not in full sentences.

He communicates mostly by pointing. But we saw that he was developing correctly, the eye contact. The main thing that did it for us was that, the eye contact. And I even feel it more now, it's coming back to me, because of Zyter now. He looks exactly like Michael.

**Nico:** Identical.

**Davi:** If you put a picture together of them, they look exactly like twins. So, seeing Zyter the way he is developing now, the way he's communicating with me even at seven months' old, the eye contact that I had with Michael, the response to my voice, the response to him, even that baby talk. And all of a sudden, you just kind of lose that. We have videos of Michael doing that to us, like smiling at us and all of a sudden, "Michael, Michael, Michael?"

**Nico:** Nothing.

**Davi:** Nothing. "Michael?" Nothing. We thought he couldn't hear. We thought that maybe he just—we did all this other testing. He hears perfectly fine. Until this day, now he responds to his name a lot better, but it took us years. Until we started looking into what was it?

What happened to this kid? And then we have four children, so we kind of went the same route with our first two, Maya and Michael, who were vaccinated. Maya even had some reactions as well, with a skin allergy and hives, breaking out in hives. And then our two youngest ones, Lia and Zyter have never been vaccinated. The way they develop is completely different.

**Nico:** It's apples and oranges. I tell people that we became an unintentional study. We have two children that we followed the schedule. And again, we didn't know any better. We followed the schedule. And our first daughter, tremendous hives after like four or six months, I don't remember which round.

They thought it was an autoimmune disease. First-time parents, we're freaking out. We had some fool actually tell Davi that she was allergic to her breast milk, which is insane. She loves breastfeeding our children. And poked her and prodded her.

Nobody gave us an answer. So, we just kind of went on. We just didn't know. We didn't know anything about it. And we didn't even think about vaccines. When it happened immediately after also, but God forbid anybody blames vaccines.

To this day Maya, and we're in the process of detoxing her too, we have to look at her, even though she hasn't been vaccinated since she was three and she's eight now, she sleeps and scratches in her sleep. She does jiu jitsu. She sweats and her gi, she has these ringworms around her elbows and her joints. She has skin allergies.

We feel, and this is our opinion, it's very frustrating for me, I'm a type A personality. I trust the Lord, and I defer to him on everything I do, but in my flesh, I'm a very take control type of person.

When people try to tell me that, "Your son was born this way," or "There's no correlation," or "You're stupid to have this opinion," or "How can you go against science?" I'm like, "Look, my oath as a prosecutor is to ensure that justice is done."

What does that mean? It means that we get it right. I do that for a living every day. I look at circumstantial evidence. I look at direct evidence. I look at expert evidence. I deal with science and theories. All I'm doing is wearing my lawyer hat, either as a defense attorney

or as a prosecutor, for our children and for this issue.

To me it just makes complete sense that there's a correlation. And then people say, "There's correlation but not causation." I hear that argument all the time, right? Well, in my world correlation means investigation. But in this world, correlation means stop your investigation. That makes no sense to me.

The analogy I told someone the other day, if someone said, "Mr. DA, there is a murder at 123 Street, and we have five suspects because there's only five people in the house." "Okay. Well, then who caused the murder?" "We don't know. We have correlation between suspect number one, but no causation between any of them. But don't consider suspect number one anymore." That's insane to me. They're all suspects still. Until you can show me what the cause is, they're all suspects.

And nobody can tell us why our son is on the spectrum of autism, why he was developing normally, why all of a sudden that after that round of vaccines, that was it. And that's not a shot against doctors. That's not a shot against anything.

It's a plug for truth. I mean we obviously want to find out the truth, and we're amongst hundreds of thousands of other parents. In my common-sense approach, I look at 1 in 15,000 children that were autistic in the 70s when I was born, early 70s. Today as you and I speak, it's 1 in 43, and with a projection, as you know, in 16 years of being 1 in 2. And people are just going to sit around and be politically correct and not worry about it?

**Ty:** I know. That example that you gave, though, about the murder suspects, that's exactly what happens today with vaccines. A child's injured, "We don't know what it is but we know it's not vaccines."

**Davi:** Exactly. They're like blowing it off right away.

**Nico:** That's right.

**Ty:** Well, how do you know it's not vaccines?

**Nico:** I got into somewhat of a storm, I won't say the word I normally use, a bleep storm at home, because we gave an opinion. We shared our testimony, we gave an opinion that vaccines, we believe, was the tipping point or caused autism in our son.

And everybody was just freaked out. Everyone is okay with the concept that penicillin is not for everybody. It's not for everybody. Nobody can test that. But vaccines are for everybody. It makes no sense to me. It just doesn't pass the common sense test that I'm trained to use in analyzing situations just as evidence, right? Data.

**Ty:** Do you think there's enough evidence now that you could prosecute vaccines in a court of law?

**Nico:** In my humble opinion, yes. We go on circumstantial evidence all the time. Direct evidence is someone that says, "Hey, we have blood, we have DNA, we have gunshot powder residue on your hands." That's direct evidence.

And then you have testimonial evidence, like you saw the murder, you saw the incident happen. Then you have hearsay, "Well, I heard someone else say." That's not admissible in court. And so, I get that. But when you look at circumstantial evidence. Someone walks into a house, there's gunshots, and then the person walks out the back, and you walk in

behind that person and there's someone passed away in the house. Well, you didn't see the person shoot the person in the house.

You heard shots, you saw them walk in, you saw them walk out, and there's no one else in the house. Then you have a dead body. That's circumstantial evidence that that person committed the murder. Now does that mean we don't prosecute that case?

Of course, not. We prosecute the case. So, in analyzing this case, I look at the high level of vaccines that have entered into our children's lives. I look at the high rate of autism. That's correlation. I agree. That doesn't mean it's necessarily causation, but that means investigation. We need to continue to investigate.

**Davi:** It's not only autism, you know? There's like vaccine injuries that happen immediately, that—paralysis, even to death and other stuff that causes those injuries right away. And they're immediate as well.

We were able to see our son, because of the developmental issue, but there have been other—and stories of people that have come out and told us that, “We didn't know that they were going through that stuff.” And that's why I think it's been so hard because everything that has been said about us, and it's our story.

We're living it. This is our son. And as I said, as hard as it is to take it, I'm also grateful, because we're there to help other families, it's being questioned and know that they have a choice for now. At least we do.

And just have that question, ask about it, think about your kids, think about you—we think about our son every day. And I wish now it would have been different back then, somebody had told me this, but that wasn't there. We were just going what we were told when there wasn't—I didn't educate myself as much as I should have.

**Nico:** We lived with that guilt, Ty, for a long time, me as a protector. I think to myself, “Man, I didn't protect my son.” It's hard for me. We prayed about it. The Lord has revealed to us and said, “Look, it's not your fault. You made the best decision you could at the time with the information provided to you at that time.”

We get that now. But it's still hard in the flesh. I can see Davi gets emotional. Because we take things for granted. You and I have been staring at each other longer than Michael has stared at us his entire life. We get glimpses, we'll get this, he'll look at us, but we've never had this much attention from him.

A glare, the first time he looked at me and said, “Papi,” it brought tears to my eyes. It brought tears to my eyes. He touches my face, he smiles from ear to ear. He's got an angelic smile. And we're not giving up though, by the way. To me, again, back to your point earlier, one in two children have a chronic illness. One in two kids. I'm talking about ADHD, peanut allergy. Who the hell ever heard of a peanut allergy in our day? They didn't. Sinuses, allergies, behavioral disorder, diabetes, cancer, everything.

I was at a function about a month and a half ago. I won't say his name. He's a doctor in San Antonio locally, in his 80s, and he's retired. He was involved in politics for many years. He always calls me, “My DA.” “How's my DA?” He's a really sweet man. And he goes, “How's my DA?”

And I said, “Oh, Dr. So-and-so, I'm blessed. Thank you.” This was right after all the stuff happened back in San Antonio. He goes, “Whatever you're onto, keep it up.” He looks right

at me. I go, “Excuse me, sir?” He goes, “Keep it up, whatever you’re onto.”

He’s like, “About what you’re going through right now.” I said, “Well, it’s not what I’m onto, it’s a lot of people are onto. I just vocalized it, being in the position I was in.” He’s like, “I started practicing medicine in 1959. And when I started practicing medicine we didn’t have cancer, we definitely didn’t have autism, we didn’t have allergies, we didn’t have peanut allergies.”

He mentioned all these things they didn’t have back then. He goes, “And I talk to my doctor friends how that are practicing, and they don’t have an answer why. They have an opinion. They don’t have an answer. So, keep it up.” He told me that. And that was it, he just wanted to encourage me. I thought that was nice that he said that. I really appreciated that.

**Ty:** Yeah, that is. That is encouraging. I want to encourage you, as much as you want to place the guilt on yourself and place the blame, it’s not your fault. You did what you did because you love your son. You were trying to protect your son from getting ill.

You were trying. You believed the lies that they told you. So, if anyone’s to blame, it’s the people that are spreading the lies about vaccines, not you. So, you guys are just an inspiration to me and my wife, and a lot of people that have seen your interview. And so, keep up the good work.

**Nico:** Ty, that means a lot to me. I want to make sure I get this in because I want to be real clear about this. We are not against the medical community. As a matter of fact, one of my four points of advocacy is to protect the medical community, let them have an opinion.

I don’t know when vaccines became the identity of the medical community. Just like the death penalty issue is not an identity of a DA. A DA can be for the death penalty, a DA can be against it. So, I don’t understand why doctors, or the medical community, thinks that vaccines are their identity.

I think there’s so much more than vaccines. A doctor is so much more than just a shot. You can go get a flu shot at Walgreen’s. That’s like a vending machine to me, anybody can give it. Doctors are so much more.

We’re blessed to have responsible doctors truly studying, like what you’re teaching here, and what these doctors are teaching here. I just want to be real clear about that as well, because we have so many doctor friends.

We’ve been blessed by doctors over the years. But it’s not their identity in my opinion, and shame on the big pharma companies that are trying to deceive the rest of—because that’s where it really starts, right, Ty? I just follow the money. I follow the motive.

**Ty:** That’s what you do in investigating—

**Nico:** That’s what I do in my career. That’s right.

**Ty:** Yeah, and you’re right, doctors are good people.

**Nico:** I agree.

**Ty:** Don’t give up. There’s always hope.

**Nico:** Amen.

**Ty:** We're here at the Ultimate Live Symposium, and just in about an hour, Dr. Rashid Buttar is about to speak. I want you guys to listen to him.

**Nico:** Can't wait.

**Ty:** Because his son was autistic and he totally turned him around.

**Nico:** Amen.

**Ty:** And he recently won the North American kickboxing championship.

**Nico:** I train also, man.

**Ty:** I'll connect you with him, because there might be some things that he can help you with, with your son.

**Nico:** Last note, I know you're a believer also. Hosea 4:6 says, "My people are destroyed for lack of knowledge." We just need to educate ourselves, just knowledge in every aspect of our lives. I've always told people, we advocate four things.

Number one, parents educate yourself. Number two, let doctors be doctors. Let them have an opinion on whether to vaccinate or not vaccinate. Number three, don't force vaccines on parents. Let them have a choice. And number four, we should demand the same safety studies on vaccines as any other pharmaceutical drug. We all know that's not what's happening. Those are the four things.

In the end after that, we've been saying this consistently, after those four things, if you want to vaccinate, that's on you. That's it. But don't tell me that I have to or someone else. Everyone can have an opinion, and we have freedom of thought so far, for now. I support that. I support choice in vaccines.

**Ty:** We do too. Big boys and big girls. Make up your own mind. You don't need to be forced by a government.

**Nico:** Just educate yourself. You're a blessing to the world, Ty.

**Ty:** You're a blessing to us. God bless you both.

**Nico:** Thanks. I receive that. You too. God bless you.

**Ty:** Thank you so much.

**Davi:** Thank you so much.

[End of transcript]



# Chapter 29:

## *Interview with* **Mario Lamo-Jiménez**



**Ty:** Mario, you were one of the first ones, or the first one, in Colombia, where you're from, to write an article about Gardasil, correct?

**Mario:** Yes, that's right. That was in 2013. I saw an article in the newspaper, that I was writing for, a blog, and they say the Ministry of Health was going to vaccinate three-and-a-half million girls against the HPV virus, with the Gardasil vaccine.

I was living in California for 20 years and I had some information about vaccines. So, when I saw the headline in the newspaper, I wrote an article for the same newspaper. All the dangers of the vaccine because it was known that it had side effects, along with the world where it was applied.

I wrote the article, it was the first article known about the vaccine, and also, they hadn't started the vaccination campaign officially at that point. The reaction of the paper was, can you prove what you're saying there?

And they said I had to submit another article with more quotes, with sources. So, I submitted a 50-page article that was supporting what I had said in the 3-page article. But they said, "no, we cannot publish this because we are going to be sued by Merck, and you're going to be sued by Merck." So, they censored the article and they closed the blog. That was the reaction.

**Ty:** Wow, so Merck, the producer of the Gardasil vaccine, they said that they would sue if they publish—

**Mario:** The newspaper said that Merck was going to sue me and the paper. That was their threat.

**Ty:** Even though you had a 50-page article that you had documented sources that proved that Gardasil has harmed, they wouldn't publish it.

**Mario:** No, they wouldn't publish it because it was even more hard hitting than the one I had published before. So, they censored the first article. But I published the article on my own website. I started writing articles for different journalistic sources in Colombia. So the word started to spread out and people started to know that this campaign that was going to start had problems.

One thing that happened in Colombia, is that before they started with the vaccination campaign, they had like a pilot campaign in two places. They selected a very poor neighborhood, working class in Bogota, and outrageously, they went to a little town in the plains of Colombia, where there's oil production, and there's a lot of sex workers. So they tried the vaccine with the doctors of the sex workers.

So, they were basically experimenting with them, thinking this like a population that doesn't matter, if something goes wrong, it doesn't matter. And they have done that like—their trials, they did in India, there were deaths in India, so that's how they started.

They started because they were marketing it this like sex prevention vaccine. But then they changed completely their tune. They said when they started the mass vaccination in Colombia, they said, "this is for cervical cancer." And that's how this started.

**Ty:** So, it began as a vaccine that help prevent STDs, sexually transmitted diseases, and then it kind of morphed into this is to prevent cervical cancer?

**Mario:** Yes, that is where it started, and then, I was contacted by some radio station in Colombia to give an interview. Because nobody else knew about what's going on. So, I gave an interview, and they told me, "Can you bring experts to participate in this from other countries?"

So, I was in touch with [indiscernible 00:04:32] and I'm invited here to participate in the program, in the radio program. So, she came to the program and gave this interview and people knew more about what was going on. So that's how we started the relationship with the associations, organizations here in the States because there was no information in Colombia.

And then, a few months later when they fully started the vaccination campaign, then what I have said in the article started to happen. That was the side effects. And we started to have one girl sick in one place, another here.

It was not like a very massive thing. It was just like one girl got sick. Nothing special. But then, a year later, there was a town in Colombia, there is a town called Carmen de Bolivar. And Carmen de Bolivar is a very interesting town because it's a very close, ethnic population.

It is like native population that hasn't mixed very much with whites or blacks. It's like the original population. And they went to that town and they have a massive vaccination at the schools, and then the girls started to fail—the vaccinated girls. The numbers grew every day. When I started writing, it was 70, then 125, then 400, until there were 700 girls affected by the vaccine.

What happened to them is they started to faint and that's part of the effects of the vaccine and that's been documented. There's not enough blood circulation and they lose consciousness, and they were taken to the hospital. And the government response was this is not related to the vaccine.

This is a case of mass hysteria. That's the first answer. Without having conducted any tests, without anything. It was like something that they had ready in their script. And then, they said, "Well, the parents had a big demonstration.

I think it's one of the first demonstrations in the world where people were demonstrating against a vaccine. So they carry signs, they took to the streets, and so the government had to send representatives from the Ministry of Health to talk to them.

And they made many promises. Yes, we're going to study what's going on, we will offer you whatever help you need. So they commissioned a study about Carmen de Bolivar through the National Institute of Health. And they had like 3 months to produce the study. And after 3 months instead of producing this study, they started filtrating to the press like headlines from the study. "No connection with the vaccine, this is a case of mass hysteria."

**Ty:** So, they basically took PR to the streets and they let people know, even though that's not what the study had shown, they just started publishing that there is no connection, that this is mass hysteria. They made it into the public's mind in Colombia that there was no relationship.

**Mario:** Yes, that was actually the response. And they didn't publish the study, so I have to write a letter to that National Institute of Health and have a right of petition. I tell them I need to see this study, because it wasn't published anywhere. One week later I got a response, I got the study, and they put the study in the website.

The story was a whitewash. It didn't contain any substance, it has just statistics that didn't prove anything. They didn't interview the girls, they didn't conduct any tests, they didn't talk to any outside experts. It was like it was pre-planned. That's the story that they put to the

public. The vaccine is perfectly alright and the girls are crazy.

But at the same time, many other girls were watching what was happening to Carmen de Bolivar that was in the news. One of the girls I interviewed told me, “My grandmother was watching the news and she said maybe this is what is happening to you?” So they were relating things, they were correlating things. And yes, the girl was affected by the vaccine.

**Ty:** As you mentioned before, the side effects were known. Many of the side effects were actually published in the literature. You wrote an article—I’m just going to try to summarize where we are at this point. You wrote an article that documented the adverse reactions to the Gardasil vaccine all over the world and the Colombian newspaper said no.

We can’t publish it. Then you documented it with 50 more pages, they said no, you’re going to get sued. Then they introduced the vaccine to Colombia and they had a mass outbreak in Carmen de Bolivar, and 700 girls in that outbreak. Not outbreak, you had 700 girls that had extremely adverse reactions to the vaccine—some of them fainting, loss of consciousness are on the insert. That’s what it may cause. But when the girls related their plight to the authorities, they said “you’re crazy.”

**Mario:** Yes, that’s exactly what happened. And, many started receiving psychiatric drugs, for example. The clip that I’ve shown you is one of the girls that they said—from Carmen de Bolivar, they said “you’re crazy, we’re going to take you to a psychiatric hospital,” and then she tries to kill herself.

And by then, girls start to die. We have four deaths already, and one of these deaths is a girl that committed suicide because she couldn’t bear the illness that she was suffering. Now, the thing to bear in mind is that no one knew what was happening to the girls in other parts of the country.

In Carmen de Bolivar, they say it’s the vaccine, but individual girls that live, for example, in a city like Medellin they were having exactly the same symptoms. They had bleeding, they had muscle weakness. They had early menopause.

They were fainting. And they couldn’t think what was affecting them. Then when the news came out, people started spreading the word, and they read the articles that I started to write and other people were reproducing in other websites. I started receiving calls from mothers, from victims, and I got a call from a lawyer who was a female, her name is Monica Elgrio, and she had an affected daughter.

And she told me, “I need to learn everything there is to learn about the vaccine.” And I sent her information. She’s now leading an organization of victims that is called Asociacion Reconstruyendo Esperanza, it is like, Rebuilding Hope Association, and she’s suing the government right now and this is going to high court.

And the high court asked to bring scientific proof that there is a relationship between the vaccine and the symptoms. And if this goes ahead, it will be the first country in the world where somebody brought a scientific proof and was accepted by the court.

The proof is out there, the problem is that they don’t want to accept it. The Minister of Health in Colombia, his response was the World Health Organization says the vaccine is perfectly safe. So whatever you’re complaining about, it doesn’t exist. That’s the response from the Minister of Health.

And also, he tweets, that's the way he responds. He never answers a letter or anything. Tweets. And in one of the tweets, he says, "Everybody that is talking false things about the vaccine will be taken to court." He was threatening the victims, the journalists, because they couldn't accept that the vaccine was the cause of the side effects. So they not only didn't accept that, but they're threatening people with taking them to court.

And, also because there was not informed consent, and there was like a—there is in Colombia what is called the National Academy of Medicine, and they form a group, a study group, to do recommendations to the government about the vaccine.

And the recommendation was you have to study the immune system of the people you're going to vaccinate to see if they have autoimmune diseases, or if they have had adverse reactions to vaccines before. You have to change the protocol. It's very important. You cannot vaccinate in an indiscriminate way because you're going to get many people that might have a genetic-based position to react to this vaccine.

They never screen anybody, even though in the literature from Merck if you have any adverse reactions to vaccines, you have to watch out, be careful. They didn't. In this town, Carmen de Bolivar, they even vaccinate pregnant girls. That's against any right way to do it and it's in the literature of the manufacturer. So, it shows the indiscriminate way in which they just vaccinated these girls in this town.

**Ty:** And people are individuals, so when you mass vaccinate, without looking at individuals own immune system, if they have autoimmune disease or whatever, it's just a herd mentality that everybody gets the same vaccine when you don't look at the individual nature.

One of the things that you said earlier, it's irritating to me is that they were threatening, they were harassing these girls. They were calling them names. These girls had been vaccine injured from the Gardasil vaccine. And instead of being concerned to help them recover, they threaten them, they call them names.

One of the girls you said committed suicide. It's heartbreaking. I saw the video, you showed me the video of these girls and the little girl that was crying because of all of the anguish that she goes through now because of the vaccine.

But it seems that we live in a world where instead of having compassion for people who have been injured, in order to save money from potential lawsuits, they will just blame the victim.

**Mario:** Yes, they blame the victim and it's very extreme, because for example one of the girls I interviewed and I did a documentary about her family, and she presented her case. Her mother filmed her for 37 minutes, and she's an incredible girl.

Just 13, but she could recall every detail of her ordeal since she had found how the vaccine affected her and all her hospitalizations and what's happening then, and she tells for example one anecdote of what happened to her.

She's at the hospital, she's in a wheelchair, and the doctors meet and say, "she is faking it. She doesn't have any illness." And they call the mother and tell them we have some news for you, the doctors. "Your girl is crazy."

So, the mother who has been in the hospital for weeks and weeks, who is very tired, who is desperate, faints. She falls to the ground and then the nurse comes and tells the girl that is in the wheelchair, "Do you see what you just did to your mother?"



“She fainted because of you and you are making her ill too.” So, that’s the way that they were treated at the hospitals. It’s absolutely criminal, and when the courts ordered, for example for Carmen de Bolivar, they needed to receive treatment because of the lawsuit of this lawyer that they needed to have a specific test done, then that was going to the ministry of health.

They had to do it. And they said, “No, we’re not going to do it. It’s not our responsibility. It’s the responsibility of the health care providers like the Blue Shield here in the States.” They are called EPS in Colombia.

So, they never did anything. Whatever the court order that they have to offer to these girls, they didn’t do it. So, because they don’t want to say that there is a relationship with the vaccine and they go to a high extreme to do that because, for example, all the medical professionals—lots of them are afraid to speak about this issue.

One of the girls that I interviewed went to an immunologist, and she was paying, she was middle class, her family was paying, and she had a diagnosis of transverse myelitis. But the doctors said, “This is for you. I wouldn’t say that in public. I won’t say it because I can get in trouble.”

So, that’s the mentality that there is right now about the vaccine. Doctors, very few are willing to talk. Most of them don’t want to say anything and the point we are now is like, suppose that cancer didn’t exist, and all of a sudden people start getting cancer.

But they don’t have a name for it, and each individual has to discover what his illness is, pay for the tests, get treatment, and besides when you tell them that you have this disease, they tell them, “No, cancer doesn’t exist. You’re crazy is your problem.”

That’s at the extreme that we are in Colombia, but now, we have a symposium where Doctor Yehuda Shoenfeld came to Bogota in 2014 and it was after Carmen de Bolivar. So, I had the opportunity to ask him, “Do you think that this is mass hysteria, what happened in Carmen de Bolivar?”

He says, “I don’t know all the details of the case, I’ve been here for a couple of days, but I can tell you this. I injected mice with Gardasil and they got depressed, and mice don’t talk to each other.” He said, “I wouldn’t vaccinate my own daughter.”

And he is like a leading expert in immunology in Israel, and he doesn’t have conflict of interest. What happened, the government selects the people that are going to talk to defend their position. So, they called this woman that worked for Merck, although she wasn’t disclose that. She didn’t disclose that when she gives interview. Her name is Nubia Munoz.

And she was a researcher for Merck, participated in the sole aspect of the developing of the vaccine, and was a candidate to the Nobel prize. She’s a Colombian. And she’s the person that when they need somebody to discredit the victims or the people that are showing what is happening with the vaccine, she comes out and says, “This was proved that the vaccine was perfectly safe. There’s nothing to do. We have to continue with the vaccination campaign.”

Now, the important issue is that after what happened in Carmen de Bolivar, after the organization of victims got together, we have a website where we publish information, we exchange information with Chile, Argentina, Brazil, the United States. After that, vaccination went down in Colombia to about 5 percent.



And I think it's one of the lowest vaccination rates in the world right now. I think that was done because of all the war that was done with the victims, with the associations, with the mass media, but independent mass media, alternative mass media using YouTube, Twitter, Facebook, because the papers didn't want to publish anything about this issue.

Now when there is a big scandal, vaccination is down, the paper I was writing for has like a TV channel and they had a special about vaccination and the side effects. Three years later, when all of this has happened, they couldn't stay in perpetual denial. So that's the situation right now.

**Ty:** So, Mario for you, that must be at least some affirmation that you were on the right track. It's a little bit late for the girls that have been injured but at least in Colombia, the rates of vaccination have gone down and less of these young ladies or even men are being damaged.

**Mario:** Yes, that was like a really high point when we found out that their campaign was down to 5 percent because people were aware of something that they weren't aware before. And it is that this vaccine had these side effects and also we were trying to enlighten the people, telling them there's other ways to prevent cervical cancer.

And giving them facts and numbers and showing that how this might end up in cancer in one percent of the population and why do you have to vaccinate 100 percent of the population for this?

And also, they were screening for example for—if the girls were not getting infected with HPV, then the rate of cancer might go up instead of helping and besides, there's no conclusive study that says this prevents cancer because they're expecting to have results in 20 years.

It's an act to know if this prevented anything. It's an act of faith. An act of faith while people are getting sick. What I'm imposing is to have the precautionary principle apply to Colombia. If the harm is higher than the good that the vaccine is doing, they have to stop the vaccine. And that's what we're trying to do in court right now.

**Ty:** Well that's great that you've seen some fruition of your work that you've done down there. Last question for you. You'd mentioned that in Colombia in 2013, that there was a mandatory law. A law that mandated the Gardasil vaccine. Is that still in effect now in Colombia?

**Mario:** Yes, there was a law that went to congress, and it was put there, believe it or not, by a political party that is also a religious group. They said that was a right for the girls to have this vaccine and that had to be in the vaccination program. But before the law was taken to congress, the government commissioned a study to the National University of Colombia, to see what was the cost benefit of the vaccine.

To see if it was something that should be implemented. The study came and the National University said is we give you thumbs down. The cost effectiveness of the vaccine is not good enough to have this massive campaign.

So, what happened here is that then, the courts sue the Ministry of Health at that point, it was another minister, and say "you have to do the study again." So they send the same study to the same people with the same facts, and they produced a completely different study. Yes, it's cost effective. So, they were like just changing the study to what they wanted to do.

So, this law then went to congress and it says, law 1626, 2013, the law says the vaccine, Gardasil, is free and mandatory. That's what the headline says. Then when you go to the

fine print, they didn't have anything to sustain that it was mandatory.

But they were pushing the vaccine all over the place, mandatory or not. They just went to schools, they told them it's vaccination day, you have to get vaccinated. And they were getting all the girls that they could get. And they have like a quota and I saw that because I went to small towns, and I asked, "How is the vaccination campaign conducted here?"

And they told me, "We have a list. We have to have 200 vaccinated girls here, and if we don't comply with that we're in trouble." So, what they did is they vaccinated 180 and they went to the streets to look for kids, for girls, so they have the quota and they have to present the quota.

That's the way. Without information, I asked little girls. "So, you were vaccinated, did you get information what the vaccine was for?" "No, they just told us to come and get the vaccine. That was it."

It was the most inhuman thing because the girls weren't told what the vaccine was about, the parents weren't informed about the vaccine. Nobody was informed about the side effects. And the government spend the first year and after the same amount, \$100 million.

And that's a lot of money that was used for something that didn't prevent anything, that wasn't public health, there was no epidemic of human papillomavirus that was wrecking everything around. It was just an outside decision that was implemented in Colombia. And everything is run through the World Health Organization, and the Pan American Health Organization that is part of the United Nations.

And Colombia used the vaccine from the Pan American Health Organization. So, that's like—it's their business, they're running that business. Nothing that happens in Colombia. If they're going to do a contract, buying anything, they have to give money to somebody or the contract don't happen.

So, there's a high level of corruption, they defended their position that they didn't do any wrong and they continue with their propaganda to get girls vaccinated. But now people, really after the side effects that they saw, they don't believe in the vaccine anymore. Very, very few people.

**Interviewer 2:** Congratulations on that because I think that you were instrumental in getting that truth out to the people of Colombia. So, final comment. We see again that money, that business is driving these decisions. You mentioned that if anything comes up in Colombia.

I don't know if it's still the case today but in the past, any anti-vaccination news comes up, they send somebody, a lady that's getting money from Merck to defend the vaccine that Merck produces. So, it's just corruption at the highest level with money driving the decisions.

**Mario:** Yes, and they don't say there is a conflict of interest. They never say that.

**Ty:** But there's huge conflicts of interest, isn't there?

**Mario:** Yes, that's the whole issue. The people that are paying for that are the girls that are victims of the vaccine right now and there is like they're destroying communities like in the case of Carmen de Bolivar because of the fertile girls that were going to be creating a generation.

They might be menopausal right now and also creating big hardships for families. The

families that have the money they have to pay for everything. Even middle class girl that has a wheelchair, she has to rent the wheelchair.

The government isn't paying for anything. So, it's a hardship for the family. So, this is destroying individuals, families, and communities. This is causing great hardship for the country, for the families, for everybody, without them acknowledging anything.

**Ty:** Mario, thank you for sharing. Keep up the great work of educating the public.

**Mario:** Thank you very much.

**Ty:** Appreciate it.

[End of transcript]

# Chapter 30:

*Interview with*  
**Dr. Sin Hang Lee, M.D.**



**Dr. Lee:** I was educated mainly in China. And then I was teaching in the University of Hong Kong. I was trained in Cornell New York Hospital with Sloan Kettering Memorial Hospital in New York City.

**Ty:** Very reputable hospital. Sloan Kettering.

**Dr. Lee:** I was in McGill University.

**Ty:** McGill? That's pretty reputable in Canada, right?

**Dr. Lee:** Yes.

**Ty:** So, McGill and Sloan Kettering actually are two of the big hospitals in North America that research cancer. Other stuff too but they're renowned for cancer.

**Dr. Lee:** Right. Actually, the American medicine came from McGill.

**Ty:** From McGill. Interesting. So, you spend a lot of time there at both of those places?

**Dr. Lee:** I spent three years as an assistant professor at McGill. I went to Yale as an associate professor in 1971.

**Ty:** Yale.

**Dr. Lee:** I was on the faculty for many years.

**Ty:** So, you've been around some reputable institutions here in North America.

**Dr. Lee:** In the meantime, I was practicing hospital pathology as well. So, teaching, practicing, and research in pathology.

**Ty:** Very good. One of the things I wanted to talk to you about specifically today and it does have to do with pathology, is the Gardasil vaccine. I know you're very knowledgeable about that. Share with us some of your research on Gardasil.

**Dr. Lee:** I came into the Gardasil vaccine just by accident. My main purpose in pathology is to find why people get sick, why people die, and how they die and how they get sick.

So, I developed methods to diagnose HPV accurately. Based on my publication, some of the women who felt their daughters might be hurt, injured by HPV vaccination and they contacted me and said, "Well, doctor you could find something in the vaccine."

**Ty:** They came to you asking you? They knew that you were an expert on HPV. They wanted to see if maybe the vaccine had injured their daughter.

**Dr. Lee:** Right. Because nobody else wanted to listen to what their opinions are. So, they just found my reputation in terms of publication and they said, "Could you help?"

**Ty:** So, what did you find out when you started looking into that?

**Dr. Lee:** Initially I didn't want to get involved, because I felt it was unlikely to find anything in the vaccine in terms of HPV DNA. Because the manufacturers and FDA already had said that all the DNA has been removed and it should not have any residue viral DNA left there.

One of the mothers showed me a report actually from Toronto and said, "Look, my daughter's blood had HPV DNA in it." And the report came from a Toronto independent lab. The daughter was 13 years old. She was sexually not active. And there was no way for her to get HPV infection.

**Ty:** Except for the vaccine.

**Dr. Lee:** Except for the vaccine. So, I saw the report. I talked to the PhD who did the test in Toronto. He convinced me that he did find HPV DNA. In that case I had to test the vaccine first and see whether the HPV vaccine indeed contained any HPV DNA in it. If they didn't contain any HPV DNA there's no point for me to look for anything else in it, right?

**Ty:** Right. So, you tested the vaccine then?

**Dr. Lee:** I tested the vaccine.

**Ty:** What did you find?

**Dr. Lee:** Many mothers in New Zealand, in Australia, in America, in some European countries. They send their specimen to me to test. I test every one of them if they got HPV DNA in it.

**Ty:** So, all of them had HPV DNA in them?

**Dr. Lee:** Yes. The ones I tested. They all had.

**Ty:** This is after the FDA said that they don't contain any DNA.

**Dr. Lee:** Right. The manufacturers said that. Right.

**Ty:** So then what conclusion can you draw from that? What does that mean?

**Dr. Lee:** When you have free viral DNA in a vaccine and that contains aluminum and the 1HPV DNA molecules are bound to the aluminum and that new complex may be potentially risky when injected to the human being. That's why.

And also at the same time, one of the girls who died in New Zealand, they got a court order to send the post mortem specimen to me to analyze. Then I found the HPV 16 viral DNA left in the blood of the postmortem material and in the spleen as well.

**Ty:** The autopsy showed HPV DNA? What does that mean? Does that mean that it's likely that they died from the vaccine? What is the conclusion?

**Dr. Lee:** I think most likely from the vaccine. Usually the vaccine DNA, when they bind with aluminum they change the conformation to so called Non-B conformation. The HPV DNA left in the autopsy material was a Non-B conformation.

That means the DNA I found in the post mortem material was not a natural DNA from the virus. It's most likely from the vaccine. So, I published a paper.

**Ty:** You published a paper on that. Did you get any kind of backlash from the paper?

**Dr. Lee:** No. Actually, nobody challenged the data. But the paper was rejected several times and it could not be published in the usual American mainstream journals. But eventually it was



published in a peer reviewed scientific journal.

Even the discovery of HPV DNA in a vaccine was rejected several times. It's a problem for people who try to publish this kind of material.

**Ty:** Talk about that. Sometimes if you publish something like this that's against the grain. They won't publish it.

**Dr. Lee:** Right. It's very hard for the scientist to publish papers that indicate there is something wrong in the HPV vaccination or in the vaccine. And personally, I have a lot of this experience. I call it basically it's a global editorial censorship.

**Ty:** Global editorial censorship. Yes.

**Dr. Lee:** Basically, that is it.

**Ty:** Well, I guess there is no other way to describe it if they won't publish something that's been heavily researched and you've proven from analyzing the postmortem, you've analyzed the vaccines. It's not really up for debate.

**Dr. Lee:** The facts are there.

**Ty:** You found what you found.

**Dr. Lee:** Right. The significance, you can argue what it means. But I just wanted to say, "Look, I found something."

**Ty:** And they didn't even want to publish the fact that you found the HPV DNA.

**Dr. Lee:** They didn't want to do that. The excuse is nobody—people are not interested in reading something like this.

**Ty:** Really? That's bizarre to me that people wouldn't be interested to know that the HPV vaccine could be responsible for killing someone. I would think they would want to know that.

**Dr. Lee:** Right. So basically, when you look at the editorial boards, many of these are heavily affiliated with manufacturer. That's obvious.

**Ty:** In other words, the advertising in the journals dictates what content they contain? The advertisers.

**Dr. Lee:** Basically, because they have to worry about their advertisement too. Their revenue comes from the pharmaceutical company or is supported.

**Ty:** So, there's potentially conflict of interest there?

**Dr. Lee:** Yes. It's editorial policy.

**Ty:** It's not just potential. It's policy.

**Dr. Lee:** Basically, I think. I think the editorial policy.

**Ty:** Dr. Lee, if you could talk about the Joe Gomez case. You're very familiar with this. You

explained what happened.

**Dr. Lee:** Right. The Joe Gomez case was that the lawyer contacted me and asked me to review a case. The lawyer said that there's a 13 or 14-year-old boy who died after the second injection of Gardasil in sleep at night. And the medical examiner said it was myocardial infarction of some sort.

**Ty:** Heart attack.

**Dr. Lee:** Heart attack or something like that. In 13, 14-year-old boy, heart attack. As a pathologist, I've never heard of—

**Ty:** You've never heard of that.

**Dr. Lee:** In 40-year-old, 50, 60, 80 it's common, possible. A 14-year-old to die in sleep?

**Ty:** I've never heard of a 14-year-old dying of a heart attack.

**Dr. Lee:** I reviewed the case. So, I looked at the case and I looked at the pathology section of the heart. And to me it's obviously it's myocardial infarction. MI. Like old men get heart attack, infarct. And then there's no coronary obstruction. The boy was training for football, playing in high school.

**Ty:** So, he was in good shape.

**Dr. Lee:** He was in good shape. The boy was followed by the pediatrician from birth. There's no question about the health problems. No health issue at all. Regularly followed by the pediatrician and documented.

And he was injected with one dose of Gardasil in June or something. No problem. And then continued to play football. Two months later and the boy was injected with a second dose Gardasil and then went home. He told his mother that he was not feeling well. Went to sleep. The next morning, dead.

**Ty:** He never woke up.

**Dr. Lee:** They found him dead. Never woke up. So, the lawyers told me to review the case. I read, I saw it. And I think this is a potentially—I think it's most likely due to Gardasil vaccination on the second part.

The first injection probably induced a silent heart attack. And the boy was physically good enough—not feeling it. Maybe some discomfort. But he continued to be active in sport. But the second Gardasil in the afternoon in the few hours and that may have caused the problem. The second part.

**Ty:** Wow.

**Dr. Lee:** In an already physically damaged heart.

**Ty:** So, the first Gardasil vaccine damaged his heart most likely, the second one killed him.

**Dr. Lee:** Right.

**Ty:** I don't even understand why we're giving Gardasil shots to boys. Why are they giving them to boys? I thought they protected against cervical cancer.

**Dr. Lee:** That's controversial. If you eliminated the HPV infection in the boys, then the girls would not get it. That was the reason behind it. But it's debatable.

**Ty:** It sounds to me just personally like it's just a way to sell more vaccines.

**Dr. Lee:** It's possible. Actually, from the very beginning as a pathologist I've been reading pap smear for cervical cancer prevention all my life. I don't think there is a need for a vaccine to prevent HPV infection at all. There's no need to it because the pap smear.

The cervical cancer screening program by the gynecologist are adequate to prevent cervical cancer in American women as long as they are under gynecological care regularly. And actually no one should die of cervical cancer in the United States.

That is not only my opinion. Everybody agrees. Cervical cancer is one cancer that can be prevented by regular screening. The vaccine is always at a cost because all the women who receive vaccination have to undergo regular gynecological check-up anyway. So why should you add another cost?

**Ty:** Do the Pap smear.

**Dr. Lee:** Do the Pap smear and regular HPV accurate testing for screening.

**Ty:** And no one that I know of has ever died from a pap smear.

**Dr. Lee:** Pap smear is very safe. No one dies of it. It's safe.

**Ty:** As opposed to the Gardasil vaccine which is potentially deadly.

**Dr. Lee:** Right. Even it's not deadly. If you cause a teenage girl some illness that prevent or delay the schooling, a grade A student to grade C student because of loss of schooling, that's already not good.

**Ty:** That's a huge damage.

**Dr. Lee:** That's already damage. They admitted that 2-3 percent of these girls may develop serious adverse reactions. That means hospitalization, sickness, visiting the emergency room doctor. Even if they don't die, even if they don't have a permanent damage, but just the delay of schooling for a few months or two years, it's not good.

**Ty:** That's a big deal.

**Dr. Lee:** It's a big deal for the girl. You're talking about 2-3 percent.

**Ty:** That's a pretty big percentage.

**Dr. Lee:** Right. And these were healthy girls. And you prevented cancer which may or may not happen 30, 40 years down the road.

**Ty:** You look at the risk versus the benefit, don't you?

**Dr. Lee:** Actually, I wrote an argument against the developer of the cancer in national cancer institute. Questioned it.

**Ty:** Oh, did you?

**Dr. Lee:** Yes.

**Ty:** What did it say?

**Dr. Lee:** They don't say anything. This is to prevent cancer.

**Ty:** That's it.

**Dr. Lee:** There's an issue here. It should be debated openly.

**Ty:** I think that's the issue that everyone wants. It's just to have an open debate about vaccines, about Gardasil.

**Dr. Lee:** My opinion may not be right.

**Ty:** But let's at least talk about it.

**Dr. Lee:** Let's talk about it from the pathology point of view. The censorship is bothering. Or to have an open discussion.

**Ty:** And as you mentioned earlier it's kind of a global censorship.

**Dr. Lee:** My articles could not be published because they rejected. The editor doesn't even send the article out for review. The editors are not the specialist. The peer reviewers are the specialists.

Basically, when ordinary commonly customarily when you send an article and manuscript to a journal the editors look at your manuscript and then refer to the experts. That's called peer reviewer. The peer reviewers are experts.

But they stopped at editorial level. They don't send the manuscripts out for peer review. That is the problem. Even in one article—the first article I tried to publish the HPV DNA in the vaccine, the editors send out for peer review.

And all three peer reviews say, "This manuscript should be reported, should be published." Then after the agreement for publication, the editors find a reason to reject it. This is editorial censorship.

**Ty:** I got it. Just to make sure that I'm clear. We have you Dr. Lee, you've been at Memorial Sloan Kettering, you've been at McGill, you've taught at Yale. You're a pathologist.

You analyze the HPV vaccine, you find DNA in it, the article goes through peer review. And then all of a sudden, the editor says, "Oh, no. We're not going to publish it." Was there a particular reason that they wouldn't publish a peer reviewed article?

**Dr. Lee:** No. They found all kinds of editorial reasons. The editor does not want to disagree or contradict the conclusions of the peer reviews usually. Because they are the peers. The editor usually goes along with it.

But they would find any other reasons, non-scientific reasons to turn it down. Then I have to resubmit it to another journal. Fortunately, I find another editor who is more sympathetic and published it.

**Ty:** Just your opinion like on the first journal that rejected the article that was already peer reviewed. Do you think that it potentially was because of a conflict of interest with the advertisers in the journal or the vaccine companies?

**Dr. Lee:** This is policy. So, probably to some editors—some editors in the board. You just don't know who they are. Their names on it. They have the policy. They have to decide whether they publish or not.

[End of transcript]

# Chapter 31:

*Interview with*  
**Dr. Janet Levatin, M.D.**





**Ty:** Dr. Janet Levatin, thank you for joining me today for this interview.

**Dr. Levatin:** Thank you for having me, Ty.

**Ty:** You bet. You work with Dr. Tenpenny in the clinic in Ohio, correct?

**Dr. Levatin:** I do. I've been with Dr. Tenpenny at the Tenpenny Integrative Medical Center for the last four and a half years or so, but I've been a pediatrician for many years. I had my own solo private practice in Boston, Massachusetts for 25 years before that.

**Ty:** Okay, so you've been around pediatrics for a while?

**Dr. Levatin:** I've been around pediatrics since 1982.

**Ty:** Okay. What I would like for you to share is just your personal experiences of—I see that you saw several children die from what they call SIDS after being vaccinated, and how that impacted your practice.

**Dr. Levatin:** I did. Well, from the time that I went into medical school, I didn't feel like I really bonded with conventional medicine that well. I always had an eye toward the alternative and I didn't like all of the drugs and medications, the antibiotics and steroids that were used. I knew I wanted to do something alternative when I got through all of my training. I subsequently did become a homeopathic pediatrician.

One of the things that did shape my thinking was early in my career I saw three babies die of SIDS, sudden infant death syndrome, within 24 hours of being vaccinated. It wasn't like everybody who was getting vaccinated had SIDS, but every SIDS case that I ever encountered the baby had just been vaccinated within the last 24 hours. I knew in my heart that something was wrong. I just knew that something was wrong. Of course, back then there wasn't internet in common usage so you couldn't really go study things through the internet. You had to go try to hook up with a library and get a book, and try to find out some information. But I knew on an intuitive level that something was wrong and there were a couple of books out back then as well that also confirmed that.

**Ty:** It's sad. Speaking of SIDS, one of my wife's best friends, her first child, born in the late 80s, died of SIDS. He was just vaccinated. They told her that he had cried to death.

**Dr. Levatin:** He had cried to death?

**Ty:** He cried to death. She, to this day, still bears the guilt of remembering him cry and not going to comfort him. She thinks that she killed her son, that she caused him to die because she didn't comfort him when he was crying.

Never mind the fact that he was just vaccinated. That didn't have anything to do with it, right? We don't know what causes SIDS, but it wasn't vaccine. That's the mantra, isn't it?

**Dr. Levatin:** Right. Well, the baby was vaccinated. That's probably why the baby was crying. The baby didn't die from crying. The baby probably died from the effects of the vaccine. I knew right there that something was wrong.

Early in my practice, I did do some vaccinations, but I didn't do them under six months of age because I knew the main window of SIDS was six months of age and under. I would offer them an elective procedure to people like, "You can choose this or not choose it." We would

do one at a time, spread them out, do the ones parents wanted, not the ones they didn't want. That was my approach to it because I always viewed it as an elective procedure.

Subsequently, as it came around, when they introduced the Hepatitis B vaccine for one-day-old infants, and then the chicken pox vaccine, I just said to myself "I'm never going to give those vaccines as a routine." I don't really agree with the whole vaccination schedule as it is. I just at a certain point decided to stop vaccinating in my practice, which has worked well for me.

**Ty:** That's what I was going to ask you. What have you seen as comparing before and after? When you stopped vaccinating, what do you see as far as the health of the children?

**Dr. Levatin:** Well, I feel that the way I did the vaccines back in those days, children that were in my practice, I believe they were quite healthy because, once again, many people did choose to not vaccinate, and some people just chose selective ones, like maybe vaccines that covered meningitis or a serious illness.

Another point to be made is that the vaccine schedule has ramped up so much. I'm sure in this series of interviews, you're covering the 1986 law, the National Childhood Vaccine Injury Act, which shields vaccine manufacturers and physicians administering vaccines from being sued if there's a negative outcome.

The vaccine schedule since that time has just ramped up. There's no liability. So we've seen like 10 vaccines added into the schedule. Back in the day when I was first starting out, it was a DPT, it was an MMR, and it was a Polio vaccine. Just way fewer vaccines than we have now.

**Ty:** I think that's all I got when I was a kid, was DPT. I don't think it was combined. In fact, I don't remember.

**Dr. Levatin:** It probably was combined. I don't know how old you are.

**Ty:** I'm 48.

**Dr. Levatin:** You're 48?

**Ty:** I was vaccinated. I was born in '68, so the first couple years I got few vaccines.

**Dr. Levatin:** Yeah, and you probably had DPT, you would have had Polio, and you would have probably had the MMR.

**Ty:** I think that's all I had. Now, we look at kids, multiple doses, multiple vaccines. The list is getting bigger and bigger and bigger of recommended vaccines, or mandatory vaccines.

**Dr. Levatin:** Well, the event that really disturbed me to my core was when they introduced the Hepatitis B vaccine for one-day-old babies. If you think about Hepatitis B, how do you catch it? You catch it from having sexual contact with an infected person. You catch it from sharing needles with an infected person. Or perhaps if you're working in a lab and you're handling body fluid and you get a needle stick, that's another way.

So, what justification is there for a routine policy of vaccinating all one-day-old babies with the Hepatitis B vaccine? I really challenge anyone to give me a medical justification for that, and they can't.

**Ty:** Many people have commented about the absurdity of the Hepatitis B vaccine for an infant. The last person I interviewed, Dr. Shawn Centers, he made the same comment.

**Dr. Levatin:** You only need about a 6th grade level of logic to understand that it's just absolutely unwarranted. That really disturbed me very much, and it's really pushed on people, I'm sure, as you know.

**Ty:** Our youngest daughter was born when we lived in Panama, and they would not give us a birth certificate until she got the Hepatitis B vaccine.

**Dr. Levatin:** Did you say born in Panama?

**Ty:** Panama, Central America. In Panama, it's mandatory that everyone that's born gets the Hepatitis B vaccine. They wouldn't give us a birth certificate unless we did it. But we would not give her the vaccine. It took us three days of arguing with the authorities there to get the birth certificate so we could get her passport so we could fly home because she was born there.

**Dr. Levatin:** Wow. So they're holding people hostage with these types of mandates, in different ways in different countries. It's terrible.

**Ty:** They're holding people hostage, not only that, but they're impinging on people's rights. For instance in California with the mandatory vaccination laws there. Your right to education is forgone. If you don't get vaccinated, you can't get educated.

**Dr. Levatin:** That's right. I mean people had to choose between accepting a set of procedures that they don't agree with or home schooling, which of course, not everyone can do, or moving out of the state. If you think about it, some people have the means to do home schooling, and some people have the means to move out of the state. It really is a form of economic racism, if you think about it. Because people who don't have the means to do that are going to have to submit to this procedure. It's very unjust.

**Ty:** I agree. We just had the same comment a few interviews ago by an attorney, Allison Folmar.

**Dr. Levatin:** There was just a lecture on eugenics. You just start thinking, this is a form of population control? Are you trying to target people and injure them or get rid of them?

**Ty:** Those are good questions to ask. Because the reality is, there's got to be something that's driving these decisions. We know that money is driving a lot of this.

**Dr. Levatin:** The almighty dollar.

**Ty:** We know that's at the core, I think, of a lot of these business decisions. Because we're dealing with businesses. We're dealing with publicly traded companies.

**Dr. Levatin:** We are.

**Ty:** I think that the main issue that it really comes down to choice. The parent's right to determine what's best for their child. The fact that we are all endowed with intelligence that we're not allowed to use. We're not allowed to think, right? We're told, "You do this. You don't have the freedom to think and choose." I think that's at the core of everything right now is the freedom of choice in medical practices.

**Dr. Levatin:** That's all well and good if, yes, you want to take vaccines. But if you don't want to take

them, should you be forced? Just going back to my own experience, there have been ramifications for me professionally for making the decisions that I've made, because choosing to not vaccinate on the schedule—

I used to be affiliated with Children's Hospital Boston, which is a very conventional institution. They have a program where pediatricians out in the community can bring medical students into their office and sort of mentor them for a couple of days. It's really only a couple of days a year. Of course, I would be talking to my patients about my philosophy and the way I do things in front of these medical students. After a while, word got back to the powers that be over at the Children's Hospital Boston that I wasn't vaccinating on the schedule.

The first thing they did was to call me up and tell me that they didn't want me participating in that program anymore and mentoring medical students. They didn't say it in this way, but it's like, "We don't want our medical students hearing an alternative philosophy or hearing a different point of view."

It's not that I was forcing anybody to not vaccinate on the schedule. Parents were coming to me with their children because they wanted to not vaccinate on the schedule. I was offering an alternative. There's certainly 1,001 pediatricians out there who would vaccinate them by the guidelines.

So I stopped having these medical students in my office. The next thing that happened was the next time—Every year or maybe every two years, you have to re-credential with the hospital so that you can be on their roster, so that your patients can go in there if they're sick, and so that you can be affiliated with insurance companies and the patient visits can be covered. They told me they weren't going to allow me to stay on their list of affiliated doctors because of this issue which would mean that I couldn't be affiliated with Blue Cross Blue Shield or the insurance networks. It was really a form of marginalizing me, blacklisting me, for this choice that I had made.

**Ty:** Sure.

**Dr. Levatin:** There's ramifications for doctors who are making these kinds of choices.

**Ty:** Yeah, for sure.

**Dr. Levatin:** Financial ramifications, your reputation.

**Ty:** Being slandered, being maligned, lied about.

**Dr. Levatin:** That's right.

**Ty:** We see that a lot in the cancer industry. I've seen that a lot. I'm now learning about physicians like yourself that have been maligned because they've chose not to vaccinate in their practice. And it wasn't that you were trying, even preaching to everybody else, "Don't vaccinate," you just chose not to and people were flocking to you but we can't have that.

**Dr. Levatin:** Right. And that was actually at the time when I still did some vaccinations, just not on the schedule. I was doing it for people the way they wanted to have it done.

**Ty:** Right. So, there was no freedom of choice.

**Dr. Levatin:** Well, there was a price to be paid for freedom of choice.

**Ty:** Okay, price to be paid. The persecution, the suppression of information, this is not what we typically think of being—this type of behavior being acceptable in the United States.

**Dr. Levatin:** The United States of America where we're supposed to have our freedom.

**Ty:** Right.

**Dr. Levatin:** As far as I can see, things are really going in a negative spiral. I feel much worse for parents than I do for doctors because a doctor is one individual but you're treating lots of families. And people are getting marginalized and blacklisted and threatened with, "We're calling Child Protective Services because you're not accepting this Hepatitis B vaccine," or whatever it is.

People are having to try to find different ways to fly under the radar. I think those type of strategies, if the powers that be want to start suppressing that more, they're perhaps going to find a way to do it. As I see it, we just need a ground swell of people saying, "No," to mandatory vaccines and these mandates.

**Ty:** Just say no. That was a slogan back in the 80s with Nancy Reagan.

**Dr. Levatin:** Just say no.

**Ty:** The war on drugs.

**Dr. Levatin:** Yes.

**Ty:** So now, the war on vaccines. Just say no.

**Dr. Levatin:** It takes a large group of individuals, though.

**Ty:** Yeah, well that's why we're in the process of doing this documentary is because to get the word out to the people. We just interviewed—just talked about this—an attorney Allison Folmar. She's the attorney for Maryanne Godboldo.

I don't know if you're familiar with that story. Her child, taken from her by CPS, drugged against her will, raped, just horrible. But she said she's seen cases of children that have been taken from their families because they've been behind on the vaccine schedule, and they'll take them and catch them up all at once. What kind of insanity is that to take not only one dose but maybe 5-10 doses of vaccines all in one day to catch them up on the schedule?

**Dr. Levatin:** Well, actually, a typical two-month-old baby will be getting as many as nine vaccines at once. It may not be nine injections, but it's nine vaccines.

**Ty:** At once!

**Dr. Levatin:** At once. They can be getting a Hepatitis B, Diphtheria, Pertussis, Tetanus, Polio, haemophilus influenza B, pneumococcal, Rotavirus, and I might be missing one.

**Ty:** In a two-month-old?

**Dr. Levatin:** In a two-month-old, yes.

**Ty:** And we don't know how those vaccines are going to react not only with the child but together.

**Dr. Levatin:** No, we don't. We don't know.

**Ty:** So then how can we still believe this mantra that vaccines have been proven to be safe?

**Dr. Levatin:** Well, that's a big question. I think many people are deciding that they don't believe the mantra that they're safe. But you were asking about children and the health of children. Children are not what they used to be. When I first started out my practice children had normal health.

They had normal mental function. They were normal children. Many children are not what I would consider normal today. By normal, I mean their health is not normal. They have so many challenges. It's just accepted nowadays that children are going to have allergies. It's accepted that they're going to be in speech therapy and occupational therapy and that they're going to need all these therapies, and IEPs, individualized education plans. It's just accepted that this is normal. The new normal is that your kid's sick.

One of the things I learned in my studies is that allergies were unheard of before the invention of the hypodermic needle. Allergies were not even a known phenomenon. If you think about it, hypodermic means under the skin. You're taking a substance, it's coming through the needle, going under your skin into your body in an unnatural way, not entering through the nose or the mouth. This is the genesis of the birth of allergies.

**Ty:** There were no allergies before the hypodermic?

**Dr. Levatin:** I don't know if I would say there was none, but a very—

**Ty:** But not like we see today.

**Dr. Levatin:** I read a very interesting book called *The Peanut Allergy Epidemic*. Do you know that book, by Heather Fraser? Heather Fraser's own son—Heather Fraser was a historian. She wasn't a medical person. But her own son, when she first gave him a peanut around the age one, he had an anaphylactic reaction and she didn't understand why her son was allergic to peanuts the way, of course, many other children are as well. She did a deep dive into the research and wrote this book *The Peanut Allergy Epidemic*, which has so many references, very well-researched.

She uncovered the fact that the Hib vaccine, the *Haemophilus influenzae* B vaccine, which is one of the vaccines that's given for meningitis and invasive bacteria that can cause other illnesses. And I don't make light of *Haemophilus* illnesses, because they can be very serious. However, they're typically rare and uncommon. Anyway, she discovered that—well, there's a couple of issues. One is that they use oils, including peanut oil, sometimes in adjuvants of vaccines. So, the ingredients can be peanut or other nut-containing oils. And of course, these things are trade secrets. They don't just disclose that so easily.

**Ty:** Well, that makes sense about the peanut allergy then.

**Dr. Levatin:** Yeah, but also the Hib bacterium, the molecular weight and the molecular structure of some of the proteins in that bacterium are very similar to that of a peanut. So there's a cross-reaction. Here you are taking this injection, a series of four injections over time, and your body's mounting this immune response that's supposed to go on, and the inflammation, and all of that.



Then you eat a peanut. The body gets confused and thinks, “Oh, this is something I’m supposed to have a big reaction to.” Then you have this life-threatening or less than life-threatening reaction to a peanut.

**Ty:** That makes a lot of sense why there’s so much peanut allergies.

**Dr. Levatin:** If you look at studies around the world, peanut allergies started ramping up after the Hib vaccine came in. When they’ve introduced that vaccine into different countries you see the incidence of peanut allergy ramping up as that vaccine was introduced. That’s just one small part of the story. You could follow these types of issues with any vaccine or any schedule and see the connections. Of course, the connection with the rise in autism and all autoimmune diseases, asthma.

Things are very complicated, because at the same time, there’s been the increase in genetically modified foods coming in kind of at the same time. One of the really interesting lectures I heard yesterday was about glyphosate, also known as Round-Up, and how glyphosate—I don’t know if I’m saying this correctly, but glyphosate, when it comes into the body, it inserts itself where glycine ordinarily would, which is an amino acid that forms our proteins. So glyphosate is getting incorporated into proteins. These proteins form collagen, which is how gelatin is produced, and some vaccines are produced using gelatin.

Basically, we can be getting Round-Up or glyphosate injected into us. This is just extremely complicated and extremely dangerous as far as I’m concerned.

**Ty:** Yeah. Last question for you. As a pediatrician, you deal with children all the time. Just from an emotional perspective, how does it make you feel to see this next generation of children sick?

**Dr. Levatin:** Well, Ty, it makes me feel hopeless. I feel despair and hopeless, because I see children that are already affected by these influences. We can try to help them to an extent. We can help some. We can’t always help them all as much as we would like to. But I feel sad. I feel despair, and I feel hopeless.

Sometimes I just feel so upset when I feel like parents don’t get it and they don’t understand the connection, they didn’t learn, they didn’t educate themselves. The other point of view is should they have to educate themselves? Should they be having to be the ones to dig out this information? Shouldn’t they be able to trust doctors? But no, you can’t trust doctors. They’re part of the system. Many of them have financial kickbacks they may or may not even be aware of for giving vaccines. It’s just a whole complicated, corrupt system. But I feel disturbed and upset by things.

**Ty:** But does it make you at least a little bit hopeful that, by teaming up together, that we can get this information out to the people that are uneducated, that maybe there’s a chance?

**Dr. Levatin:** Well, I do feel hope in spreading information. I love the movie *Vaxxed*. It seems to really be getting over. It seems to be penetrating to the people. I love the fact that you’re taking on this project, “The Truth About Vaccines.” We need more truth about vaccines. But I just feel very bad for damaged generation, another damaged generation.

**Ty:** I can’t remember who it was that said this is a holocaust.

**Dr. Levatin:** Well, that’s a strong word, but it’s a holocaust of its own sort. It’s sort of more subtly ap-

plied. It's not like you're rounding up people and taking them away in a cattle car. You're doing the same thing in a more subtle way.

**Ty:** I think her point was that it was a holocaust in the fact that we're doing this to helpless children that don't have a say in the matter. Well, we're going to continue spreading information as long as we can to keep waking up the masses. Doc, thank you so much for your time today.

**Dr. Levatin:** Oh, thank you.

**Ty:** I appreciate it.

[End of transcript]

# Chapter 32:

*Interview with*  
**Dr. David Lewis, Ph.D**



**Dr. Lewis:** As a senior level research microbiologist, I was involved in directing research projects on everything from climate change to pollutants in the environment. I got the chance to see from the inside how science is funded by the federal government, through grants to universities, to be published in the scientific literature. Having seen how the system worked, I became concerned about the process that science, within the EPA, and I saw the same thing at the CDC, the FDA, other federal agencies, and at the universities that they funded, was all geared towards supporting certain government policies and industry practices.

Scientists who published data that supported the government's policies and certain industry practices that were economically important became promoted, they freely published in the scientific literature, whereas if data were generated and researched that raised questions about certain government policies or industry practices, that research would be suppressed, their research would not be published.

It was a system of using public funds in that manner that led me to keep a lot of records. I ended up filing a number of lawsuits, whistleblower lawsuits, in order to keep being able to do my research regardless of what the outcome was. My book *Science for Sale* documents that experience over my career.

The issue of vaccine safety is an issue that I firsthand saw that certain government agencies and certain universities are manipulating the data in order to protect the sales of vaccines and to cover up any adverse effects. I have worked in that area since 2011 and spent a lot of my time getting to the bottom of how those data are being handled.

**Interviewer:** We've been looking at various cases, particularly a couple of cases we've looked at where the science of vaccines and what it's doing. Vaccine injuries have been totally disregarded, ignored and pushed aside. You've traced that back and you've seen different cases where those things have been proven, and you've documented them. Could you share any feedback on that?

**Dr. Lewis:** Well, I can tell you the specific case that I spent most of my time getting to the bottom of was a case of Dr. Andrew Wakefield and the research that he published in *Lancet*. The studies documented the fact that a number of parents linked their children's autism to the MMR vaccine.

I investigated the original data involved in that case that were published in the *Lancet*. What caught my attention was a massive news media coverage of fraud, supposedly, on the part of Dr. Andrew Wakefield in that study.

I was able to go back and obtain a lot of the original documents in those experiments that the *British Medical Journal* claimed did not exist. When I reviewed those documents, I found that it was clear that Dr. Wakefield had not committed any research fraud. I presented the results of my investigation on a panel discussion at Harvard University in 2011 showing that the evidence disputed the claims of research fraud against Dr. Wakefield.

That happens to be a topic of particular interest to me because the fact is that both government and industry are increasingly using false allegations of research misconduct to discredit scientists who raise questions about government policies and industry practices. It's something that I experienced myself. When I published research that questioned an EPA policy, then a large corporation in the business, I was looking at an environmental issue, land application of sewage sludge, accused me of research misconduct. That went through a couple of years of litigation before EPA was able to prove that the allegations were false.

Oftentimes, even when a scientist is vindicated after such accusations, recovering their ca-

reer is difficult. That is an area that for the National Whistleblowers Center in Washington, DC, I have worked for a number of years to investigate numerous cases where that occurs. Vaccine safety is one of those areas where it commonly occurs.

**Interviewer:** I met your wife last night and you've been involved in this together. Is that true? She's supporting you here at this event?

**Dr. Lewis:** Yes. My wife and children were the first individuals I consulted with when I was faced with blowing the whistle on corruption of science at EPA, because I knew it would cost me my career in science there and they were going to have to bear the burden of any economic consequences just like I would. So I had to find out whether we all were on the same page on this.

**Interviewer:** Were they on the same page?

**Dr. Lewis:** Absolutely. They are. Have been and are. Cathy has been a huge support to me because she's a very people-oriented person. Where I go to conferences and talk about science, she's out there meeting all the people, and she brings a lot of people to me that turn out to be important links in my work in this area. So she's a vital part of my efforts these days to educate the public on how science is done.

**Interviewer:** When she came back to you and she said—and then your family and children, they all said yes to you, obviously, it was a burden on your heart. Probably, I can imagine it was hard for you to share with them what you were thinking about doing.

**Dr. Lewis:** It was not difficult on my part.

**Interviewer:** Okay. But then when they accepted and they said, "Yeah, we'll support you with this, even though it's going to be hard for us, but we're willing to support you. We trust and believe." Because they don't know your area like you know it, and so they had to just trust, "We know our dad. We know our husband. He knows his stuff. He's standing for what he believes in." They stood by you. What did it mean for you to have that support?

**Dr. Lewis:** Well, it means everything. It was not like I had any question about it. Cathy and our two boys, Josh and Jed, are of the same mind and heart I am. What is best for others is at the forefront of what motivates us in everything we do. It's a clear-cut issue. I think every scientist working for the government or for industry, or for academia, makes either consciously or subconsciously, whether they're going to be in for it for themselves or for others. My wife and two children, if I can think of anything that's more characteristic of them, is that they put others first above themselves. I just mainly wanted to have a little discussion with them about how this might play out financially and in other ways.

There hasn't been really any surprises. I think that's an important part of success, is everybody knowing what's ahead, what might come, and being prepared for it.

**Interviewer:** Well, I appreciate you.

**Dr. Lewis:** So, it's not that big of a deal.

**Interviewer:** Yeah, cool. Well, that's awesome. I just really appreciate that because families that stand by each other through these things I think is really meaningful. I think that that's a big part of the key to this, the answer to this question.

I think there's a lot of wives that are passionate about this, and their husbands are resis-

tant, and vice versa, and then children to parent. And that unity that your family had is a great example of what—so we're looking at a man, but then we've got the woman behind the man with Cathy and then your two boys that really have given you that home and that network of love and support to be like a springboard and a launching pad for you, and that's just awesome.

**Dr. Lewis:** Yeah. Well, more than that, our two boys went on to college to become scientists themselves. Having them going through school and graduate school has been a huge resource for me. Both of them are biologists. I go to them almost on a daily basis to get not just feedback on things in general, but on the specifics of what has changed in different areas of science. They're like colleagues at this point.

**Interviewer:** Are you proud of them?

**Dr. Lewis:** I could not be more proud of them. I wish I was half as smart as they are. It gives me a lot of hope for the future. Some of our children that are coming up now.

**Interviewer:** Well, yeah, that's awesome. It's lovely to hear. Then your boys, as smart as they are, just knowing that their dad's proud of them is still would give them strength. I know what it's like myself and you know what it's like with your relationships, the relationship you had with your father.

That's a blessing that you give. I just sensed that when I first met you as well. Like the way you spoke to me, I sensed a blessing. I could tell that you were a father. I just really appreciate that.

**Dr. Lewis:** I appreciate that very much. Speaking of my father, I talked with him before he passed away, and asked him if there was anything he regretted about his life. He didn't hesitate. He just said he wished he'd been a lot nicer to a lot more people.

But you know I can't think of anybody other than my father who was nicer to people. And I thought about how that at the end of my life, I'd like to look back and feel like I'd been as good to other people as I could. That's been a guiding light in my life, and certainly in my wife's life, and our children's lives.

I think people think about science as being facts and cold and hard, intellectual pursuit, but it's not really. Hardly anything we do, including in science, does not have an impact on other people. That's what protecting public health and the environment is all about. It's what vaccines are supposed to be about, protecting our health.

But when you go to work for a university or government agency and you find out it's not really about that in the real world, it's about making money, that's an eye-opener. And you can either bail out or the choice I took was to stay in the system and fight it, learn about it, pass that information on to others, and hopefully, they can, in a more educated way, deal with it.

**Interviewer:** Thanks for everything you've shared. I really appreciate it. I only, obviously, have just met you, but there is obviously a sense and a conviction in something that you intuitively know, and it's the passing wish of your father and the desire that you have to be that gift to other people's lives. You've been it in the past. You are it today. And you will be it in the future. I see that. We're just lucky to have someone like you in the world. So, thank you for everything you've done.

**Dr. Lewis:** Thank you, Jonathon. I appreciate it very much. It's not anything of myself. I draw on the strength of not only my family but so many others I run into who do far more than I do that



are an inspiration to all of us. It's a shared experience, and we're all in this together.

[End of transcript]

# Chapter 33:

*Interview with*  
**Dr. Jennifer Margulis, Ph.D**



**Ty:** Jennifer Margulis, thank you for joining me today.

**Dr. Margulis:** Nice to me to you.

**Ty:** It's nice to see you today and we're looking forward to learning about your involvement with vaccines and especially your collaboration with Dr. Paul Thomas – we're actually sitting in his office today – on *The Vaccine Friendly Plan*, the book that you wrote together. So, if you could just begin and let the viewers know a little bit about your education and how you got involved with vaccines.

**Dr. Margulis:** Sure, so I'm an investigative journalist and a science writer and I've been interested in issues that affect children's health for about, I've been reading and researching issues affecting children's health for about 15 years.

Honestly, I first got interested in this subject because I had a baby and in the hospital – I had a really difficult labor and delivery – and in the hospital right after the baby was born the nurse said to me, “Okay, it's time for your hepatitis B vaccine.”

And I was in graduate school at the time, I have a PhD from Emory University. I was very educated and I knew that I was hepatitis B negative because I had had excellent prenatal care and I have had this really difficult birth and I had this little baby in my arms and I said to the nurse, “I'm not sure that I want to do that. I feel a little uncomfortable I want to talk to my pediatrician.”

The nurse got really angry at me and there was just this huge like look on her face like that I was saying something like I was trying to kill my child and all I wanted was to protect this child, and I had just said I just want to talk to my doctor about it.

And that really stayed with me that kind of put up a red flag and I had never thought about questioning vaccines. I've been very vaccinated, I have lived and worked in West Africa both in the 1990s and then later in 2006 I brought my family back and I've always felt like vaccines were a really important tool in the medical tool box. But I didn't know why a tiny newborn born to hepatitis B negative parents would need to have a hepatitis B vaccine.

That was kind of what catapulted me into looking at this research and trying to figure out about what we which vaccines we were recommending to kids at what time.

Then something really unbelievable happened. Two weeks later when we went back to the pediatrician—I was so worried that I had said no to this vaccine because I wanted to do what the doctors told me I knew that they had our best interests in mind and my husband and I were these nervous Nelly new parents.

And we said gosh we didn't do that because we were both hepatitis B. negative and we didn't think it was a necessary vaccine and the doctor completely casually she says, “oh, it's a good thing you didn't do that. That vaccine has been contraindicated in newborns.”

My husband and I looked at each other with white faces, like the blood just drained from my face because we thought what if we had said yes to this vaccine and now she's telling me it's been contraindicated.

So, this was a very strange thing and it took me ten years to figure out what had actually happened. Which is that in 1999 the CDC realized that they had never counted up the cumulative exposure to mercury that was being given in the infant vaccine schedule.

So, it just so happened my daughter was born in July of 1999, it just so happened that it was at that moment that they had issued—a statement had gone out to every pediatrician in the country saying in the in the interest of caution, let's not do the Hepatitis B at birth because of the worry about mercury exposure.

So, it wasn't technically true that it had been counter indicated and as you know we still give the hepatitis B vaccine to newborns. It no longer contains thimerosal, it's still a completely problematic and probably completely unnecessary vaccine. But at that time, it was the best thing that could have ever happened to us because it made me realize that we needed to really do the research for ourselves.

So, I got interested in it first as a parent and then using all of my skills as a researcher and a journalist to find out more about what was going on with our current vaccine schedule.

**Ty:** Isn't it a false dichotomy to say that you're either a pro-vaccine or anti-vaccine?

**Dr. Margulis:** It's absolutely ridiculous to even talk in terms of pro or anti-vaccine. The reason why is that it would be like talking in terms of pro or anti-antibiotics. So, you can know that it's absolutely wonderful to have access to antibiotics when you need them, when they're being used appropriately, when there's a bacterial infection that an antibiotic can really help beat. That doesn't mean that you would prescribe an antibiotic for a viral infection.

But somebody, a doctor or a parent who didn't want an antibiotic for a viral infection you would never call that person anti-antibiotic right. So, when people are questioning vaccine safety or vaccine efficacy or vaccine necessity that does not make them anti-vaccine, that makes them pro-science and pro-common sense and pro-public health.

The truth is we all care about the same thing. We care about having healthy children and a healthy population. Nobody is anti or pro-vaccine we are all pro-kid and pro-health and questioning certain aspects of our current CDC vaccine schedule is actually really important if we want to make sure that our kids are safe and healthy.

**Ty:** Right, I mean we should facilitate the debate.

**Dr. Margulis:** Yes, any conversation about any medical treatment or medical intervention or preventive medicine is a conversation that we should always be able to have. You shouldn't shut down your brain because you say the V word.

**Ty:** That's true, but you see so many instances where debate is frowned upon. It's not allowed. You can't question and—go ahead.

**Dr. Margulis:** So, if the debate is frowned upon and not allowed, then you have to ask the question why isn't it okay to talk about these issues, what is at stake here? Why wouldn't we want to have the safest, the healthiest and the most scientifically based vaccine schedule that we possibly could?"

**Ty:** Right and that's one of the things that was the impetus I guess for you and Dr. Thomas going together to write this book *The Vaccine Friendly Plan*.

**Dr. Margulis:** Yes. I met Dr. Paul Thomas because he closed his pediatric practice for the day so he could go testify in Salem. He had to drive 45 minutes south. I left my husband at home with our four children on his birthday and drove five hours north so that I could testify in front of the Senate.

We were both concerned because in Oregon there was a bill being introduced to take away

medical freedom. Basically to say that parents would no longer have the right to make decisions about vaccines for their children.

And Dr. Thomas felt very strongly that those are decisions that should be made in the privacy of a doctor's office, and I felt very strongly that we should educate parents about the importance of vaccines. But that it's never appropriate to mandate or force medical procedures or medical intervention.

The idea that the state legislators would want to force parents into taking vaccines that they don't want or that their family doesn't need really didn't sit well with me. So even as someone who is grateful for vaccines. Who has vaccinated her own children because my kids have been vaccinated. I feel very strongly that parents must have a choice whether or not they want to vaccinate their kids.

And there's no such thing as one-size-fits-all medicine. Which means that what's right for my family – for example the yellow fever vaccine is one that we did because we went to West Africa – what's right for my family is not necessarily right for your family. And, I just have to say this, I'm sorry if I'm on a rant, and every family should have the right to opt out.

So, every family should have the right to decide which vaccines are right for their children at what time. Obviously if vaccines work and they're safe and effective we would never worry about somebody else's child not being vaccinated.

It's completely ridiculous to say that "you must do vaccines in order to protect my child." Because if I want to protect my child I can vaccinate my child. You can do what you want. That's your decision in your family based on your children's genetic vulnerabilities, and your own medical history, and your own exposure to disease. Medical intervention always has to be a choice. And I'm sorry I'm going on and on.

**Ty:** No, that's excellent because it really is a freedom of choice, right? I mean isn't that really what's the underlying, I guess maybe disagreement? Is it whether we should have freedom of choice with vaccines? Because we look at a state like California which has pretty much removed the freedom of choice. So if your kid's in school they must be vaccinated except for a few very narrowly defined medical exemptions.

**Dr. Margulis:** Let me put this in perspective. So, when I was doing research for my last book I went to Norway and I went to Iceland. I sat down with the surgeon general of Iceland and I said "do you mandate vaccines?" And he looked at me like I said, "do you have three heads?"

Because they have a much gentler, more evidence-based vaccine schedule. They said we would never dictate what vaccines were chosen but most people follow the schedule.

So, if people in America aren't following the vaccine schedule that doesn't make me think there's something wrong with those people. That makes me ask the question what is going wrong with our vaccine schedule? Is there something wrong with our schedule that's making it hard for people to follow?

And also, there was a study published in *Pediatrics* that showed that parents who decided to delay or forego some vaccines were parents who made over 70 thousand dollars a year and had the most education.

So why is it that the best educated parents who have the highest socio economic income

are choosing to delay some vaccines? It's not because something is wrong with those parents. It's because something is wrong with the current CDC vaccine schedule.

**Ty:** Jennifer talk a little bit about the effect that breastfeeding can have on the baby's immune system and can potentially help minimize the need for too many vaccines.

**Dr. Margulis:** So, if we want to practice evidence-based medicine and if we want to do what is absolutely 100 percent the best for our children, we have to support women in exclusively breastfeeding. It is absolutely crucial that babies, that human babies drink human milk. That's a hard thing to say and it's a hard thing for some people to hear because there are a lot of moms who have trouble breastfeeding. Just because it's good for you, just because it helps you doesn't mean it's easy. So, I just want to put that out there.

But we have literally thousands of studies that show that breastfeeding, exclusive breastfeeding, is absolutely crucial for lifelong health. I don't know if you want me to go into more details about that, but the thing is, is that—

The goal is to have healthy children and healthy moms and the truth is that our infant mortality rates are actually quite high in the United States compared to other industrialized countries. Our maternal mortality rates are also high. So one of the ways that we can vastly reduce our infant mortality rates is by getting our breast-feeding rates to close to 100 percent.

We should have 99 to 100 percent initiation rates and we should support moms to breast-feed, because breast milk is this living liquid. It's liquid gold. It is so good for the immune system and human babies were designed to drink human milk. Makes sense, right? So, baby cows drink cow milk and baby sheep drink sheep milk and baby humans should be drinking exclusively human milk.

**Ty:** I heard there was a study that Neil Miller did, Miller and Goldman, and I know you're familiar with the study that showed that United States, highest infant mortality, most vaccines.

**Dr. Margulis:** Yes.

**Ty:** We don't breastfeed as high as other countries either. So, I'm wondering have you looked at the countries I think in that study that had the lowest infant mortality were Iceland and Norway. They give the fewest vaccines, but what about the breastfeeding in those countries?

**Dr. Margulis:** So, it's interesting. When I was in Norway I visited the hospitals and I also interviewed many doctors and the Norwegian breastfeeding rates are something like 99 percent. So, women in Norway are really encouraged to breastfeed. But really interesting about Norway is that at six months the vast majority of babies are still being breastfed.

If you go to Norway it's absolutely normal to see these beautiful Norwegian mamas with their babies breastfeeding. That's just part of the culture. It's completely accepted and when a mom has trouble, because it's not always easy to breastfeed. It's hard, you have to learn something. It's this intimate part of a woman's body and it's this little tiny sucky mouth and it's very hard to do that. That's sort of funny to say, but it's just not an easy thing for everyone to learn.

In Norway, when a woman is struggling with breastfeeding she gets all sorts of really good support. So, we have to support moms to breastfeed and we have to help them and we have to give them time and patience.



And part of it is that in American hospitals unfortunately if a mom has trouble breastfeeding instead of getting support somebody gives that baby a bottle and that's the last thing you want to do. You do not want to interrupt and interfere with an infant immune system by giving them formula early in life.

**Ty:** Yeah, that happened to us with our first child immediately, here's a bottle. That was in 2000.

**Dr. Margulis:** It's so demoralizing for a mom too. It's so demoralizing for a mom who wants to learn to breastfeed if a doctor or a nurse comes in and says, "oh let's just supplement the baby."

**Ty:** And they told us "She'll starve." Really? It was like an hour. You can't breastfeed in an hour so the baby is going to starve, really? Anyway, I don't want to go down that rabbit hole.

**Dr. Margulis:** But I will say one thing about vaccine. I can relate that a little bit to vaccines. It is absolutely crucial that we get every mom in America breastfeeding. Because we know that that will help an infant's immune system and that not only it will reduce our infant mortality rates, but it actually gives a child lifelong protection.

There are so many studies that show breastfeeding an infant gives lifetime good health. That is so much more important than doing something like—if we want to talk about real preventative medicine it's not about vaccine. Real preventative medicine is about exclusive breastfeeding right from the beginning of life.

**Ty:** And the culture here in America is so different than what you described in Norway. I saw a thing within the last month, it was on social media. A mom was trying to breastfeed in public and this guy just threw a fit and said she's being indecent.

But I mean you know you could literally picture in the same scenario somebody dressed completely inappropriate or teenagers cursing and that's okay, but we can't have the mom breastfeeding in public. It's such a double standard. It seems that certain things are frowned upon and then certain other things that are way more offensive are acceptable.

**Dr. Margulis:** Absolutely, and in Iceland breastfeeding is also really encouraged. They have very high breastfeeding rates. I was in Iceland with a breastfeeding child. When I was there I brought my baby. I was in the Icelandic bird museum and we were sitting on the floor of the bird museum nursing. This big tall woman with long jet black hair came up to us and I thought – being from America – I thought she was going to tell me like, you shouldn't be nursing there or you need to go away. And she said in her nice Icelandic accent, "here I brought you a pillow."

That to me was so emblematic of how it really matters if it's culturally acceptable or not. We absolutely need to fight so much harder to make breastfeeding culturally acceptable.

We can't be shaming women who want to breastfeed their babies and that's what we do. Instead of encouraging them, instead of understanding that breastfeeding is a public health initiative. The more we get those babies breastfeeding the healthier our children are going to be. That's something that's very hard for, unfortunately, Americans to understand.

**Ty:** Yeah, it's definitely not in our culture.

**Dr. Margulis:** That was a terrible answer but you get my point.

**Ty:** No, it wasn't. Matter of fact, so far all the times you say "that was a terrible answer" they were really good.

**Dr. Margulis:** I can also say it again, if I can hear it myself.

**Ty:** No, that was good. Jennifer, talk about the importance of informed consent when it comes to vaccines?

**Dr. Margulis:** Oh boy, so the idea behind informed consent is that whenever you do a medical procedure you have to talk to the patient about the benefits of the procedure, the possible complications with the procedure, and the other options that you may have.

So, with vaccinations you have to talk about what are the positives of vaccinating your child, what are the potential negatives of vaccinating your child, and what are the alternatives. And one of the alternatives always has to be not vaccinating or spacing out the vaccines.

The problem is that doctors are incredibly busy, they have less than 15 minutes in the office with a family, they hand them a piece of paper that comes from the CDC. That's not informed consent. That's not really saying to them, "Okay, look this is really the pluses and minuses."

And the problem is that most doctors in America haven't actually taken the time to do the fundamental research that they need to do to figure out what the true risks and benefits are of any given vaccine.

In this country we don't really have informed consent when it comes to vaccines. We have very busy doctors forcing parents to do things their way or the highway. I mean most – not most – but many pediatricians in the United States will kick families out of their practice if they choose not to vaccinate. So how can you have informed consent if you choose not to vaccinate you're told "you cannot be my patient anymore, I will not see your family."

**Ty:** We were told that very thing.

**Dr. Margulis:** Were you?

**Ty:** With our eldest.

**Dr. Margulis:** In Texas?

**Ty:** At that time, we were in Pittsburgh.

**Dr. Margulis:** Yeah, it's bad in Pittsburgh.

**Ty:** Brianna our eldest was just born and so this would have been 2001. My wife went into the pediatrician's office and began to question the schedule. He literally told her, "we don't subscribe to that anti-vaccine quackery, you are not welcome to be a patient if you don't vaccinate."

**Dr. Margulis:** Okay, substitute the word antibiotic. Could you imagine if your wife had come in and said "I'd like to get more information about this antibiotic. What are the possible side effects? What would happen if I wait a day?" And that the doctor said to her "I don't prescribe to that anti-antibiotic quackery." Unfortunately, doctors are shutting their brains down when it comes to vaccines. That's very dangerous.

The other thing that's really important to highlight is that our children are suffering. If kids in America were really healthy, we would know we were doing things right. The proof is in

the pudding. If you start looking at the actual statistics in terms of children's health and you see our children's health is really compromised.

So, we need to figure out together what is going on and one of the problems is that we have an overly aggressive vaccine schedule that is not based on the current science.

**Ty:** And again, just to reiterate, questioning the current vaccine schedule doesn't mean that you believe no vaccines are effective. It's just the schedule. It's too many, too frequent, potentially some that are not necessary at all. But it's just let's have the debate and figure out what makes the most sense to get the kids the healthiest.

**Dr. Margulis:** Well not only that, let's have a conversation, let's have a debate and let's actually do some real science around these issues, so we can figure out which vaccines are safe, which vaccines are necessary, and how do we best protect our kids.

I'll say it again. We all care about the same thing, we care about healthy kids. Nobody wants an infectious disease, nobody wants to see a recurrence of measles or polio or anything else. That's not what this is about.

What this is about is making sure that we're not compromising our children's immune systems as we're trying to protect them against certain infectious diseases. And that is actually what's happening.

So what's happening is that we have such an aggressive vaccine schedule, we are doing too many too soon, and because of that our children's health is suffering.

**Ty:** Well put. Is it a problem that vaccines are all lumped together? So, I mean if somebody asked me "do you think meat is healthy?" Then I would say, "well, it depends. If it's grass fed beef from organic cows then yeah, I think it's pretty healthy." If it's factory or farm-raised salmon, I would say "no it's not. Too much mercury" and they're eating antibiotic feed.

So anyway, the whole issue is that we lump all vaccines together and we really should look at them separately and determine is this one safe and effective? As opposed to if you don't accept all vaccines you're an anti-vaccine science denier.

**Dr. Margulis:** I think that's really important. We have to look at vaccines on a vaccine by vaccine basis. So, saying that you have concerns about the hepatitis B vaccine, about the infant series of the hepatitis B vaccine which is not based on science doesn't mean that you want to throw the baby out with the bathwater and you want to do no vaccines ever for any children. That's not what this is about.

But what ends up happening is that a parent who says like I did, a parent who says I want more information I don't think I need the hepatitis B vaccine. I'm hepatitis B negative my husband is too, we've been in a monogamous relationship for three years.

There's no chance that my child will get exposed to this disease is then told that "well, you're an anti-vaccine fanatic, how dare you question our science?" and then is vilified and ridiculed and then that parent ends up turning away from all vaccines because they've been sort of ostracized by mainstream medicine.

**Ty:** I was watching a video, it was the show *The Doctors* and it was a show that Jenny McCarthy was on and they questioned the vaccines. Somebody in the audience. One of the doctors literally got so mad that his vein on his neck looked like a garden hose, I mean he was furious.

**Dr. Margulis:** It's very hard when somebody questions your longstanding beliefs that you've never thought to question, it's like turning your world upside down. The thing is that we've got to turn the world upside down to get it back spinning on its axis. Because the problem is our children are suffering and children's health in the United States is terrible. What is going on and unfortunately part of it is because we have too many vaccines too soon.

An aggressive vaccine schedule that isn't based on science doesn't help our children. It certainly helps line the pockets of the pharmaceutical industry and unfortunately it helps also doctors make a living. Vaccines are the bread and butter of pediatrics. But it's not helping our children's health, and that's the problem.

So, I mean what I see, parents who are really vociferously anti-vaccine it's usually the way that that comes about is that they did everything the doctors told them, they got the vaccine. I've interviewed parents who the son was born on March 2nd, so they made sure that every doctor's appointment happened on March 2nd the exact date of the son's birthday and they did everything the doctor told them.

Which means that they did all of the vaccines on the schedule. They gave the child Tylenol which is something you absolutely should never do in conjunction with vaccines.

When the child got sick with an ear infection, they gave dose after dose of antibiotic, and then their child is severely autistic or their child has severely compromised health, or their child has type 1 juvenile diabetes. And they say "I followed your orders, what went wrong?" and the doctor says "I have no idea" or the doctor says it was genetic.

"It has nothing to do with anything I told you to do, it was genetic." And they know it wasn't genetic and those are the people who are being betrayed by our medical system who are turning away from all of mainstream medicine because mainstream medicine is failing them.

**Ty:** You mentioned we need real scientific studies. But we're told that vaccines have been shown to be safe and effective in the studies. Are the studies not there or they just don't say that?

**Dr. Margulis:** I mean no, it's true that this is something that we have studied. Vaccines have been extensively studied. But the studies that we've done have so much confirmation bias in them, they're either set up to find the results that we want.

I mean there is many different problems so one of them is that we have never done a study with statistically significant numbers of completely unvaccinated versus completely vaccinated children. We're told that it's unethical to do that kind of study because you can't do a random control group because vaccines are so important that we wouldn't want people not to get them.

But of the truth of the matter is so many people now have chosen to do no vaccines that we can do retrospective studies. So, the issue there is that the will isn't there to do studies.

People are afraid that if we do a study of completely unvaccinated versus completely vaccinated children that we're going to find that the completely unvaccinated children are so much healthier than the vaccinated children. And then what do we do with that information?

Well my answer to that is that we need that information and once we have it we can figure out how to change our vaccine schedule to make sure that it's in the best interest of our children's health.

So, here's the problem. The vaccines have never been studied in combination. So we do—when I said we have good studies, we do a pretty thorough review – although these are industry sponsored reviews – of each vaccine before it goes on the market. But what we don't do is we don't see how is that vaccine interacting synergistically with all the other vaccines on the schedule.

We made a mistake in 1999 that we realized. Which was that we had never tallied the cumulative totals of mercury in the vaccines and once that was realized the mercury was phased out of most of the vaccines.

As you know there is still mercury in the flu shot which is given to pregnant women and which is given to small children now unfortunately. The multi dose flu shot still contain mercury.

But you would think that we would learn from our mistakes and we don't. Because now we have other problems inside the schedule with so many vaccines being added, that we have other ingredients that children are being exposed to including aluminum, including polysorbate, polysorbate 20 and polysorbate 80, including formaldehyde.

These are all ingredients that are in vaccines and we don't know, we don't tally up the cumulative exposure, and we don't know what kind of effect that's having on children. We need that science before we can say that the vaccine schedule is safe. It has not been scientifically proven that this vaccine schedule is safe, quite the contrary.

**Ty:** But aren't we exposed to aluminum naturally?

**Dr. Margulis:** Yes, aluminum is a naturally occurring element that you get a lot of exposure to, but there's a very big difference between being exposed to aluminum which is inert and that can pass through your digestive track and go out, and being exposed to it intramuscularly via an injection.

The issue with toxic exposure is not the exposure itself, it's how well your body is going to be able to rid itself of whatever it's being exposed to. So, if you have a really healthy body and a healthy detox system you can be exposed to all sorts of poisons and you get them out of your body. The problem is if you are not healthy or if you have a compromised detoxification pathways then you can't get rid of the aluminum.

The issue there is aluminum is a highly highly neurotoxic and a child who can't get rid of neurotoxic aluminum is going to have brain damage from aluminum exposure. We know that, we have the science to show it.

**Ty:** I did an interview with Dr. Buttar out of North Carolina and he says that kids that are autistic – he calls them non-excreters – they can't get rid of the toxins. That's it he says the bottom line is that some kids have a propensity to be able to eliminate toxins easier and those that are non-excreters are the ones that we see that are autistic.

**Dr. Margulis:** If you give a child a vaccine, you're giving them all sorts of ingredients because the vaccines contain all sorts of additives and ingredients that are in each vaccine. It's crucial that a child be able to effectively detox from those ingredients.

What is one of the biggest ways you can compromise a child's ability to detox? Give them acetaminophen, the main ingredient in Tylenol.

So, I just interviewed a mom with a four-month-old baby, the baby screamed for 24 hours. She called her pediatrician and she said, "what should I do?" And the pediatrician said

“that’s normal. That’s a normal vaccine reaction,” to scream for 24 hours without stopping, “give the baby some Tylenol.”

The last thing you ever want to do is give Tylenol to a baby who’s just been vaccinated. You’re basically guaranteeing that that baby is going to have more trouble detoxing.

**Ty:** Because the acetaminophen prohibits the detox pathway?

**Dr. Margulis:** Yes, so what happens with acetaminophen is that it’s processed in the liver. It depletes your body of glutathione. Glutathione is an enzyme that you need to help you rid yourself of toxins. Think of it as nature’s mop or nature’s broom. It’s the thing that gets rid of the toxins.

When you give a child acetaminophen you’re compromising their liver’s ability to produce glutathione which is compromising their body’s ability to detoxify. It’s a perfect storm.

There’s actually a study coming out from a team of researchers from Duke and Harvard University, it’ll be published in the next few weeks. It shows all of the—it’s a huge literature review of everything we know about acetaminophen, the main ingredient in Tylenol, and it’s very, very concerning.

We have in vivo studies, meaning in petri dishes. We have studies in epidemiology that shows that the more exposure to Tylenol the worse the health outcomes. Children should never take Tylenol and unfortunately most doctors are not keeping up with the scientific literature. They have no idea how dangerous acetaminophen is.

**Ty:** Wow, I didn’t either. I mean I knew that Tylenol was something you want to stay away from, but I had no idea the way that it inhibits the detox pathway.

**Dr. Margulis:** You can ask Dr. Paul about that because he’s really—

**Ty:** He talked about it. I mean before these interviews today, I had no idea.

**Dr. Margulis:** I know and that’s something I—well I gave you a copy of my book, *Your Baby Your Way*, it was not on my radar at that time and I feel terrible that it wasn’t because I wish that I had known about it. It was a mom with a child with autism who started explaining it. Then I went back and I read every single study Ty.

I mean I went back and I print the studies off. I get a yellow highlighter and I work through them and I read them more than once. You have to read beyond the headline of a scientific study. You have to read beyond the abstract and you have to delve into the science and take a look at it.

We also know that the negative effects of acetaminophen are magnified in the presence of testosterone. That to me is fascinating because one of the conundrums with autism is why so many more boys than girls? Why so many more boys than girls and acetaminophen might be one of the reasons. Because the negative effects of acetaminophen are enhanced by the presence of testosterone.

**Ty:** Wow, that makes sense.

**Dr. Margulis:** It does. I mean I have other things to say about autism, but it’s not just that. But I do think the issue with Tylenol is you give it with vaccines and then you’re creating problems where they wouldn’t otherwise exist.



So, we see a lot of families for example they have two children and they did everything the same. And one child dodged the bullet and is neurotypical and doesn't have autism. And the second child did everything the same and they have autism and they both got the same vaccine schedule.

So why did one child get autism and the other one didn't? And you know there's complicated answer to that, but one of the possible pieces of the puzzle is how much Tylenol that child was given.

**Ty:** Are you comfortable speaking about certain vaccines or do you want to stay general?

**Dr. Margulis:** No I can talk about—oh yeah, I like talking about certain vaccines if you have questions about certain vaccines for sure.

**Ty:** So specifically, the rotavirus vaccine and the reason that I ask that is there's a video that I saw recently of the *Vaxxed* team trying to get an interview with Paul Offit who was in New York City and he wouldn't talk to them.

**Dr. Margulis:** So, I have a different point of view about this. I saw that video too. So, I have interviewed Dr. Offit. I actually—I don't want to say this, I'll say it anyway. This is going to make a lot of people hate me, but that's okay. I'm going to say it anyway because it's really truly what I believe. I spent a lot of time interviewing Paul Offit. I believe that Paul Offit has children's best interests at heart.

So, I actually wrote an article where I was interviewing all sorts of doctors, medical ethicists, and parents about—the article was called “The Vaccine Debate” and it was published in *Mothering Magazine* and the photographer who went to go take pictures of Dr. Offit brought her three-year-old unvaccinated child with her and she was terrified.

Her hands were shaking, and you know Dr. Offit was as charming as could be and as kind as could be. I truly believe that Paul Offit is someone who cares about children and wants what's in the best interests of our children's health.

I know that that's not a popular opinion among people who point out that he has gained a lot financially from being one of the inventors of the vaccine against rotavirus. But you know, a back story about that is that you know when he was in training he was in Appalachia and he saw a child die. And that child technically died of rotavirus. And so what Paul Offit said was “what can we do to fix this?” Paul Offit did not create the rotavirus vaccine to hurt children.

So that being said, unfortunately when he saw that child die, if he had said how could we have better supported that mom in breastfeeding, how could we have made sure that she had optimal nutrition and that baby was going to get the healthiest microbiome possible and get the most breast milk and get skin to skin contact? There's all sorts of things that go into it when a child dies.

That's unfortunately not where he went. He went to sort of see, Paul Offit thinks that vaccines are a miracle of modern medicine and the problem is that the rotavirus vaccine is very problematic.

First of all, rotavirus is a disease that almost every child in America under five gets and it's a pretty benign disease. It can put you in the emergency room, you can end up getting severely dehydrated. But you know we have excellent techniques to rehydrate kids. It is not a vaccine that a child in America needs.

That's different if you go overseas and if you're talking about kids who are malnourished or kids who have no access to medical care. Rotavirus might be an appropriate vaccine. It's not an appropriate vaccine for American kids.

What I want to tell you is that the problem—this is a hard thing for people to understand, but the human body, we're complicated. We think that we're humans but we're actually these walking microbial communities. We cohabit with a lot of microbes and a lot of viruses and we have evolved to get certain viruses and to live with certain viruses and certain microbes.

And when you disrupt that evolution by introducing something like the rotavirus vaccine, I actually believe that it's a pretty effective vaccine, it's really worked to take rotavirus out of circulation. But what has been the effect of that?

Well one of the effects has been that we now have another virus called norovirus that is much more virulent than rotavirus. Last year there were schools that were closed down because so many kids got norovirus and they had violent diarrhea, violent vomiting. They were literally vomiting in the hallways and they had to close several schools.

The theory that I have behind that is that since rotavirus which was relatively benign that almost every child in America got before age five and recovered from, no child in America has ever died from rotavirus with the exception of that kid that poor Paul Offit saw when he was a young doctor. Kids in America don't die of rotavirus. There's no reason to be giving the rotavirus vaccine.

Now that we have it and now that it was so effective, we've created a situation where norovirus can become virulent and now we're seeing even more problems. So, we had a vaccine that we thought could solve problems and it's actually creating more problems than it solved.

There is no question that rotavirus is one vaccine that should no longer be on the schedule. I'm sorry, I have such long winded opinions about things.

**Ty:** That's good. It's good to get a different take on Paul Offit too.

**Dr. Margulis:** All of your anti-vaccine viewers will hate me for defending Paul Offit. But I truly believe that Paul Offit is someone who cares about kids and he cares about health and I think he's wrong. In terms of—sorry, I don't think he's wrong about caring about kids and caring about health, I think he's wrong in his fanaticism of defending vaccines. It's like Paul Offit has stopped thinking. It's like he's just defending, defending, defending.

If Paul Offit could just take a deep breath and take a look at the science that he loves to cite, he would realize that some of what he's recommending is actually wrong. It's very hard to admit that you've been wrong.

**Ty:** I think on the flipside it's very hard to admit that not only you've been wrong, but you've been misled. Is that potentially one of the issues with doctors that they have a hard time believing that they've been misled in medical school?

**Dr. Margulis:** Absolutely. I've interviewed a lot of doctors and many of them will only speak to me off the record. But what they say is they say "I was one of the people who said, my way or the highway. You either do things the way that I say or you get out."

And they say "I trusted the CDC, I trusted the American Academy of Pediatrics. I didn't

bother to go and read the literature myself and so I thought parents who came in with questions were just plain wrong.”

Those doctors also had the best interests of their patients in mind. They’re kicking parents out of their practice because they’re afraid that those patients, those kids, won’t be healthy if they stay in their practice. The best doctors wake up and they realize the CDC is wrong and the AAP is wrong and we’ve got to change our schedule.

So, Dr. Thomas and I had another doctor – a medical doctor – contact us and say, “You wrote the book I wish I had written, I wish that I had known this stuff and I finally started looking into it and Oh my God, I’m so sorry.”

People come to us to publicly apologize or to privately apologize. They want to be absolved. Because they were the doctors saying vaccines are safe and effective, vaccines are safe and effective. And let me just say some vaccines are safe. Some vaccines are effective. That doesn’t mean that we don’t have problems with our current vaccine schedule and the very best doctors in America understand that.

I’ll tell you an industry kept secret which is that a lot of doctors in America are choosing not to vaccinate their children on the current CDC schedule. Almost every doctor I’ve interviewed has chosen an alternative schedule for their children that is based on better health and better science.

So, doctors in America do not give their children the hepatitis B vaccine at birth because they know it’s not safe and they know it’s not necessary. And even though they recommend it for their patients, they don’t do it for their own families. I can say that in another way too.

**Ty:** Sure, go ahead.

**Dr. Margulis:** I just want to say, it’s a really well-kept secret that the people working at the CDC are also alternating the vaccine schedule for their own children, and how do I know that? I know that because I’ve talked to them.

So, I had someone who’s an active very, very vocal spokesperson for the current vaccine schedule who confided in me that that person did not do the hepatitis B vaccine because when that person looked at all of the data that person realized that it wasn’t a good idea.

So here we have public health officials screaming from the rooftops that parents must do this vaccine schedule exactly as it is put out by the CDC, while themselves in their own families are choosing not to follow it.

**Ty:** I don’t even know how to respond to that, I had no idea.

**Dr. Margulis:** I’m not making this up because I’m on the ground investigating, I’m on the ground talking to people all the time. If you knew how many doctors themselves and whenever I have a doctor who I talk to who says “I alternate the schedule” I say “would you share that, can I use your name?” They say “I don’t want to lose my job” or “I don’t want people to know” or “I’m choosing not to do these vaccines, because I know they’re not effective” or “I know they’re not necessary but you can’t let anybody know.”

And I’m a journalist and I’m bound to journalistic ethics and I could never reveal who those people are. But I can tell you that I have spoken to them myself and they have told me the truth, and the truth is that they are alternating the schedule in their own families for their own children.

**Ty:** Well, I think we've got enough with just you, let's pull in Paul and get a little bit more.

**Cameraman:** My question kind of has to do with—Ok so when people like myself, I've got three kids.

**Dr. Margulis:** How old are they?

**Cameraman:** 12, 9, and 6 soon to be 7, but I'm hearing all this information, I'm hearing things about government agencies like CDC doing studies that sounds like it's more to promote and market a vaccine than really in the interest of public health.

**Dr. Margulis:** Absolutely right.

**Cameraman:** So now I hear that and I go, how am I ever going to trust that—I'm not a scientist I'm never going to go break down a vaccine and see what all the ingredients are, but how am I, just as an average citizen, ever going to trust a government agency that's supposed to be over health and there might not be an answer for it—

**Dr. Margulis:** I have an answer. So what I would tell parents is that they need to trust themselves. You know your child better than anyone else in the world and you know your family better than anyone else in the world, and actually we should not be trusting government agencies to tell us what to do with our children. We should be trusting ourselves.

And we should be finding medical professionals who we can trust, who we can make collaborative decisions with about our children's health. So, the CDC does not know better. Your child's teacher does not know better, and even your doctor does not know better. You are on the ground every day boots to the ground with your baby, with your child, and you're the person you should trust.

**Ty:** Well put, good question Allan.

**Dr. Margulis:** So, if your kids are completely unvaccinated and they are super healthy then you are doing everything right.

**Cameraman:** They hardly ever get sick.

**Dr. Margulis:** Of course they don't. Is it possible that they're going to come down with the measles or the mumps in one of these current outbreaks? Absolutely. And you know what, they're going to have a better life long health because of it.

They will get sick, they'll get sick with the measles or they'll get sick with the mumps and it's absolutely nothing to worry about. And you probably shouldn't quote me saying that, but actually you can quote me saying anything, I don't care. It's just that the truth is, there is actually, and this is another thing that's very hard for people to understand, but there are benefits to getting certain illnesses. We know that.

We know that exposure to certain diseases will reduce our risk of problems later in life. We actually know that certain infectious diseases help us not get autoimmune disorders. That's something that's very hard for Americans to understand because we've been fed so much propaganda and so much fear mongering.

A parent who chooses not to vaccinate is making a decision. They're making an evidence-based decision that they would rather take the risk of being exposed to infectious

disease than they would in taking the risk of being exposed to vaccines. That is an absolutely reasonable smart and evidence based choice.

It might not be the choice that I make. I might decide that I'm afraid of my child being exposed to polio and getting polio. And you might decide that you're not afraid of your child getting polio. But those are appropriate decisions and that's an appropriate conversation to have. There's no anti or pro here. There is no good or bad here. There is taking the information you have and making the best decision you can with it.

**Ty:** So, Jennifer this has been very helpful. I've learned a lot in last 45 minutes so I really appreciate you spending the time with us today.

**Dr. Margulis:** Thank you so much

**Ty:** Keep up the good work.

**Dr. Margulis:** You too.

[End of transcript]



# Chapter 34:

*Interview with*  
**Dr. Joseph Mercola, D.O.**





**Ty:** Well, I'm really pumped to be here with Dr. Joseph Mercola today. Joe, thank you for joining us.

**Dr. Mercola:** Glad to be here.

**Ty:** Last time we interviewed was maybe about a year ago. We were on the other side of the United States. Now we're in California. I'm really excited to get your perspective on some new theories and some new research you've been doing on cancer. Let's begin with that. Share with us what you've been learning lately.

**Dr. Mercola:** Well, I have never previously been comfortable with treating cancer patients in my clinical career because I never really understood the key approaches one needed to not only prevent it but treat it. At least from a metabolic perspective, because there's many variables that contribute to cancer.

But thanks to Dr. Otto Warburg, who is an MD, PhD, brilliant biochemist of the 20th Century, and his disciples since then, primarily Thomas Seyfried and a variety of others and a book I read. Because I walk a lot hours a day. I read 150 books this year.

The most important one I read was *Tripping Over the Truth* by Travis Christofferson. Which really described this whole process of—and summarized very eloquently the material that I'd previously known but just made it really profoundly clear.

That in combination with my mentoring Ron Rosedale, who taught me the importance of insulin and protein limitation to a very specific level, really opened up my eyes. I had an epiphany. The lights went off and I clearly understood for the first time how you can treat most cancers metabolically and treat them very effectively.

It's tragic because most clinicians aren't aware of this and 1,600 people are dying every single day in the United States alone, 20,000 in the world every day. I'm really excited about it and I hope to have a book out in 2017 that describes the simple protocols. It's like 10,000 puzzle pieces and trying to put it all together, and refine it as you go along.

So, I'm connecting with some world-class clinicians and molecular biologists, really the top experts in the world on this. One nutritionist that worked for Dr. Seyfried who's treated over 400 cancer patients. Probably the expert in the world at this point. So, it's an exciting process.

**Ty:** Yes. It sounds exciting. Now, when you say you're treating or learning to treat cancer metabolically, what does that mean?

**Dr. Mercola:** Well, most clinicians that treat cancer and physicians believe that cancer is a nuclear genetic disease. But that turns out not to be true. Nevertheless, it's what most clinicians believe. Dr. Seyfried compiled a large amount of research that shows why it's not true.

Essentially, to summarize it pretty briefly, is that the mitochondria which are the energy organelles in our body that create our energy, the vast majority. They're like close to 90 percent. When they become damaged and dysfunctional, they send signals that actually triggers the damage in the nuclei.

The nuclear genetic damage is actually downstream a side effect from the more foundational primary cause which is damage to the mitochondria. The whole focus really needs to be on understanding how to engage the body, the two really important profound metabolic processes.

One is something called autophagy. Or in mitochondria's case, mitophagy. That is essentially recycling the cellular parts when it becomes damaged and injured. You've got to get rid of it. You've got to take the garbage out. Unfortunately, due to a variety of challenges, that process becomes impaired, inhibited or really blocked significantly in most people. That's what contributes to cancer. It's an impairment in autophagy.

The other one is the converse of that which is biogenesis or regeneration of mitochondria, mitochondrial biogenesis. So, if you can help regulate those two metabolic pathways, repair and regenerate and remove the damage to mitochondria, then you can help people recover from not only cancer, which is my primary passion because there's such an urgent need, people are dying every day, but also heart disease, the number one killer of Americans. Or other degenerative disease like Alzheimer's, Parkinson's, ALS, obesity, diabetes, seizures. It's pretty much about 75, 80 percent of the population that has some type or form of this disease.

**Ty:** That's interesting. So, you talk about autophagy. It's interesting. I've read the word a lot of times. I always thought it was "auto-phagy" because I had never heard anybody say it.

**Dr. Mercola:** Yes. If you look at it that's the way it looks like it's pronounced.

**Ty:** Autophagy. It's a problem that maybe detoxification or anything with that step, that two phases, right?

**Dr. Mercola:** Exposure to toxins certainly can contribute to mitochondrial damage. No question about it. That's an excellent question because it leads me to what do I believe? Maybe I'm confused. Seriously. But I doubt it. I believe the primary reason that most mitochondria become damaged is that we're providing them with the wrong fuel.

95 percent of the fuel in our body is fat, 5 percent is carbohydrates. So, it makes sense that metabolically we're designed to burn fat as our primary fuel. Problem is, most people are using carbohydrates and eating them on a regular basis which just essentially—there's a process that occurs within a mitochondrion where it consumes oxygen and typically that oxygen is converted to water.

If you have the ideal fuel, which is not carbohydrate, but if you had the ideal fuel, the number of damaging side effects, essentially dirty fuel, the pollutants so to speak, would be these reactive oxygen species. These reactive oxygen species, which usually occur in the mitochondria themselves, are very damaging.

They can damage enormous amounts of tissues, they eat the cellular membranes, proteins. But most importantly in mitochondria, they damage the mitochondrial DNA. Which then subsequently messes up the signaling to the nucleus and causes this profound plethora of complicated metabolic problems.

When you have carbohydrate, you just generate excess free radicals, essentially. If you can shift the body over towards eating more fat, and a specific type of fat, not just any fat. If you eat the regular fat you're going to cause more damage which is one of the reasons why we had a problem for the last 100 years. We've been eating the wrong type of fat for the most part. Not everyone, but most people.

If you get the body to convert over to eating the right fat and produce ketones as a primary fuel, then that will burn much cleaner, far cleaner, generate these far and less reactive oxygen species that causes less free radicals, which keeps the mitochondria healthy.

Also, the same process when you do that, the artifacts is that you optimize these diverse but incredibly important metabolic pathways like insulin, IGF1, AMPK, mTOR and PGC-1 alpha and probably a dozen others that interrelate. When they're optimized, like leptin, then like every metabolic pathway of your body is optimized and you are profoundly healthy.

One of the most important conditions that—I said maybe 80 percent of the population suffers from the other ones I mentioned. But 100 percent, every single person suffers from this one. You know what that one is? Aging. We're all aging.

There's a number of experts and researchers that believe that aging is a disease and that if we can optimize this then—the most perfect diet in the world will not let us live forever. No question. It's going to get us to maybe, easily, to 110. If you're really good with some of the variables it may be a 120.

At least it will set the stage for where you can apply these other advances in technology. Stem cells, nanobots, a whole variety of other intriguing technological advancements that are emerging that will allow us to extend lifespans considerably. How far? We don't know. But it would be considerable extension.

**Ty:** Cool. You mentioned healthy fats. I used to be a competitive body builder. It's interesting that we avoided fats like the plague back in the early 90s. The bodybuilding diet was all carbohydrates, all protein, no fat. It was when the fat-free cheeses became popular and the fat-free everything.

They basically compensated by adding more sugar. But that was what was popular then. Then the Atkins diet became popular in the middle 90s. A lot of the guys that I was competing with switched over to try to go ketogenic.

The problem was they were eating bacon and peanut butter and all this other kind of stuff that we wouldn't really look at it as healthy fats. When you say the ketogenic or going to ketosis needs healthy fats, can you name some fats?

**Dr. Mercola:** Well, I don't like to refer to ketosis as a ketogenic diet. I call it a healthy fat diet.

**Ty:** Yes. What are they?

**Dr. Mercola:** Don't feel bad, because I made the same mistake. I think most of us did. If you're over 50 you probably were exposed to this low-fat myth. There was a good reason why it was propagated by Ancel Keys in the 50s.

Because in the early 1900s there was this shift towards industrialization of processing of fats which essentially allows to us to have refined vegetable oils which is for the most part high in Omega 6 fats we were never designed to eat. In 1900 we ate less than a pound a year, 2000 we're eating 75 pounds a year.

That transition probably resulted in enormous amounts of disease and pathology and really the epidemic in heart disease we see prior to the 50s. That's when Ancel Keys jumped in. He was partially correct because it was a fat issue. But it wasn't what he thought.

Low fat wasn't the answer. It was just eating the right fat. He got it totally mixed up. So, that is the key. It's to eat the right fats. So, what's the right fats? We're looking at probably one of the simplest, singlest best ones is avocados.

Avocados are incredible. They're full of monounsaturated fats. Typically, oleic acid I believe. The key is they're a little bit pricey. If you live in a subtropical environment you can grow them yourself. I've got four avocado trees. It's ideal. But most of us don't and we have to go to the store. They're kind of pricey.

What you do is you wait for a sale. And you buy like 20 or 30 of them, 50, 60. But they have to be rock hard green. So, then you put them in the fridge. They last for up to three weeks. Then you take them out two or three days before you're going to use them depending on the temperature.

Then you've gotten them ready to serve. You can have two, three avocados a day. I typically have two. That's my range, two or three a day. At least two. If you're a smaller person, that's going to be a significant portion of your calories.

**Ty:** Yes. It's very filling.

**Dr. Mercola:** Incredibly filling. High in potassium and most of us are way too low in potassium and a lot of other important micronutrients. It's one of the healthiest fats you can get and it's a live, living food. It's the best. You want to eat real food. Avocado is certainly an example of that.

Then the other ones would be butter. Coconut oil would be another one. But avocado is still better. And then you can go to nuts. Not all nuts. And you can't go overboard on these. But the two healthiest would be macadamias and pecans. Because they're really high in fat, low in protein. You also mentioned when you were in the bodybuilding, I think today still many bodybuilders will have large amounts of protein.

**Ty:** Huge amounts of protein.

**Dr. Mercola:** That's your community. It's certainly not mine. In retrospect if I could rewind my life I would have preferred to, instead of engaging in endurance or long distance running strategies I did, to engage in bodybuilding. But I didn't. I made that mistake. Maybe it was better because I wouldn't have had the high protein. What types of levels are protein are bodybuilders typically doing?

**Ty:** I know guys that are doing 30-50 grams seven, eight times a day.

**Dr. Mercola:** So, 50x8 would be 400 grams. Up to 400 grams a day. Well, they are taking five, six times more than they need. How much protein do you need? It's a simple metabolic calculation. You can rewind this if you want to listen to it again. It's a gram per kilogram of lean body mass.

If you're 10 percent body fat, which is pretty low, then it would be 90 percent of your weight. Then you divide your weight in pounds by 2.2 to get kilograms. Or just about a half a gram per pound if you just want to simplify, of lean body mass. Why do you want to limit protein?

This is what Dr. Rosedale taught me. He was really one of the first healthcare professionals to understand this. Because he was an avid reader, and he still is, of the molecular biology literature, and understood that there's this profound, important and ancient biochemical pathway called mTOR.

Not many people know about it. It's short from mammalian target of rapamycin. Rapamycin is an anticancer drug and how this was discovered, which was discovered way after I finished medical school. You don't feel bad if you don't know about this because it's a recent discovery.

As a result of that, they learned that when you—the bodybuilders are taking extra protein because it works. When you take excess protein, mTOR signaling pathway is sensitive to nutrients, specifically amino acids. When you take a lot of amino acids you will activate mTOR to the max.

What does mTOR do? It builds tissues, it builds muscle. But guess what cancer does? It's building tissue too. So, you're activating cancer. So, the key is to get low cancer to be healthy—low mTOR levels that inhibit the mTOR. Not necessarily all the time but most of time because you definitely want to build muscle. There's no question.

You can have higher levels of protein, especially the branched chain amino acids which will stimulate mTOR really and profoundly. But only around strength training. If you strength train twice a week, then you will only take it twice a week. Not four times, eight times a day. That's just beyond crazy.

When you understand that and you limit the non-fiber carbs, and a non-fiber carb is you take your total carbs subtract your fiber and then you have non-fiber carbs. That's really these sugars. Even avocados or kale, there's still non-fiber carbs. There's sugar in there. Not much. But a little bit.

If you're eating the healthy foods, it's almost a non-issue because you're going to be under 50 grams. So only when you start going to processed foods is when you have to be concerned about this.

If you're under 50 grams of non-fiber carbs a day, limit your protein to one gram per kilogram of lean body mass, 75 percent of the rest of your calories are healthy fats that we talked about. Then you have given yourself really the ideal fuel that's not dirty.

That's clean fuel that will generate minimal reactive oxygen species that will really accelerate your body's ability to inhibit the formation of cancer or treat it if you have it and work synergistically with whatever type of treatment intervention you choose, whether it be conventional, like with chemo, or some unusual alternative approach.

It will work synergistically. To me, it's the foundation. It really is the foundation. When you were weight training, it wasn't how much you lifted, it was really you had to have the right fuel. If you have the wrong fuel, it was irrelevant. It's the same thing.

All these other therapies will tend to fail or not work as optimally if you don't have the diet right. That is the foundation theory. That's why I'm so passionate about helping people understand it and apply this so that they don't have to die prematurely from cancer.

**Ty:** Dr. Mercola, one of the important things that I think you just shared is the fact that we don't have to actually eliminate all carbs. I know people that are trying to get into this ketosis and they're eating meat, butter, cheese.

They're like, "I can't do any carbs because it will throw me out of ketosis." The reality is there's a lot of carbs. It's about the net carbs—the carbs that are vegetables with heavy fiber. Those are good. We shouldn't stop eating those.

**Dr. Mercola:** Oh no. It's crazy. They're really important for us to stay healthy. You need carbohydrates. You have to have carbohydrates. The confusion is—there's a common confusion to think that the type of diet I'm suggesting or promoting is an Atkins. It's not. It's the furthest thing from Atkins.

The primary one is the one we just mentioned. Limitation of the protein. If you go over that, you're going to run into severe problems. You could theoretically go 90 percent fat and 10 percent protein. But that's not healthy because you need carbs.

Let's look at the cow. The cow you would think is eating high carbohydrate diet. That's just grass. Essentially that's almost all fiber, almost 100 percent fiber. You call it net carbs, I call the term non-fiber carbs. Those are the ones that are dangerous. They're the ones with the glucose and the sugars. That's in normal foods. You can have some. You just don't want to have a lot.

The cow eats 100 percent grass diet. But it really—what happens is when a cow eats, the grass goes down into the intestine and gets digested by the bacteria there, converts it to short-chain fatty acids. Butyrate, propionate and acetate.

Those go to the liver and the liver converts it to ketones. Ketones are water-soluble fats, very short. They go directly into the mitochondria. They don't need a carrier like L-carnitine. They burn very, very efficiently. You can make them, it's harder to do, but it's much better to have the carbohydrates, the fiber carbohydrates.

I think you should about, for every gram of non-fiber carbs, you should eat like two grams of fiber because these fibers are really important. They nourish the intestinal lining and their health and they prevent colon cancer and leaky gut. They're also a fuel for your beneficial bacteria. They suppress the pathogenic disease causing bacteria, fungi and viruses.

It's essential to have healthy carbohydrates. That's a lot of vegetables. They're not calorie dense. My salad is typically a bowl that's as big or twice as big as my head every day. There's not much calories in there until I put my protein in and my fat. It'll probably be 100-150 calories if we just count the vegetables.

**Ty:** A lot of sprouts?

**Dr. Mercola:** I think live raw food is important and I make my own sprouts. Every day I pretty much travel with them because they're easy to do. They're inexpensive. If you buy them at the grocery store you're going to pay \$30 a pound. If you make them yourself you're paying 20 cents a pound. It's nice to see. It's good for the kids. You kind of see them growing, appreciate the miracle of life.

**Ty:** Yeah. Absolutely. Those are really the keys then with this type of an approach to cancer, is limiting the protein, high quality fats. Don't get rid of carbohydrates, eat the quality carbohydrates with the natural fibers. They get you down to your non-fiber carbohydrates being very small. That's the key.

**Dr. Mercola:** Got to have vegetables, especially healthy vegetables. Ideally organic because if it's not organic it's likely sprayed with Roundup. Or some other potent toxic—

**Ty:** Which is now a non-carcinogen or probable carcinogen?

**Dr. Mercola:** In 2015, the World Health Organization classified it as a class 2A carcinogen. It's definitely a carcinogen. That's what the experts say.

**Ty:** And we spray it on food?

**Dr. Mercola:** Not that much. Only 10 billion times, or 10 million times.



**Ty:** Just 10 million times. Wow.

**Dr. Mercola:** Collectively on the U.S. soil since it's been introduced. That's a lot of glyphosate. We say glyphosate, Roundup is actually more accurate because it's with a surfactant that makes it about 1000 times more toxic because it just works synergistically with the glyphosate.

**Ty:** Oh really? What we're talking about is even more carcinogenic than what's been declared as a carcinogen.

**Dr. Mercola:** Right. Because Roundup is much, much worse.

**Ty:** That's truly amazing. And we think that's okay.

**Dr. Mercola:** Confused and uninformed people may think it's okay but if you've studied it very carefully you'll realize it's not.

**Ty:** We don't think it's okay. As a general rule, still the country thinks that's the fact.

**Dr. Mercola:** The typical consumer is not aware of this.

**Ty:** Right. Let's talk about awareness in another area, Dr. Mercola, vaccines. Sixteen years ago, when my eldest daughter was born, we were beginning to learn about the dangers of vaccines that are possible. We went to the pediatrician and we voiced our concerns.

The pediatrician looked at my wife in the face and said, "If you don't vaccinate your child, you're not welcome here." Based on pressure from the pediatrician, we vaccinated her. Then she showed some symptoms of autism, not full autistic but she regressed. She stopped talking, she stopped walking right after the vaccine.

We learned shortly after that about the dangers of vaccines and began to do research. We've not vaccinated our two youngest children. That was the situation with us that just the pressure that we got, the lack of education that we had, we could have potentially harmed our child for life. But we all believe vaccines are safe and effective. Are they?

**Dr. Mercola:** It's a commonly held belief because they've been around for so long. They were initially done to eliminate smallpox. That was of course a while ago, well over 100 years ago, maybe 150. I can't remember specifically.

The belief is that the use of that vaccine was able to eliminate and eradicate that disease from the planet when it really wasn't. If you carefully study this, and I really don't have time to go into details, but there are books that discuss this very well and go into historical epidemics. There's issues with hygiene and sanitation. Suzanne Humphries, who's a nephrologist, MD, has written a book on this. I think it's called *Dissolving Illusions*, if I'm not mistaken, that is really excellent.

**Ty:** I'll be interviewing her in two months.

**Dr. Mercola:** She is just a magnificent woman. Really sacrificed her own career to spread this message because she didn't want to—she has integrity. Really had a conscience and didn't want to expose her sickest patients to these vaccines because she was seeing the harm and damage.

She was anecdotally observing this. She was required by hospital policy to do that. She said, "Why?" The frequent explanation was smallpox vaccine. So, she started to research

it. She basically quit her job and is living on a pauper's salary now, compared to what she was making, just to spread this information and message.

If you carefully examine it, but it's really a challenge because this is the most grounded firmly entrenched belief in preventative medicine and health and conventional medicine that the vaccines are crucial to be healthy.

In my belief, nothing can be further from the truth. It's your own immune system, by implementing some of the dietary changes that we talked about, and addressing some other factors and variables that are important, that you stay healthy. That optimizes your immune system.

It's your immune system that does the damage. Not these vaccines. It's okay. Our bodies were designed and created to develop an immune response. When they're healthy they create it. When you're exposed to infectious agent, it's going to form the protective antibodies. Not only for a short time like you do with vaccines, but it's going to do it virtually indefinitely and in most cases lifelong.

You have lifelong permanent immunity when you have a healthy immune system and you're exposed to an infectious agent. That's the ideal. Now they're doing these vaccines and it's like, oh maybe every 10 years. Maybe every five years.

There are third, fourth boosters of DTaP now. It's going to be 10 boosters. You're going to have to get it every year. It's just insane because it's not the way the body was designed to create an immune response. When you do it artificially, it's almost universally going to be less than ideal.

**Ty:** I think that's a good takeaway, is that that's not the way that we were designed to gain immunity.

**Dr. Mercola:** Really it wasn't.

**Ty:** So in light of that fact, last question, Dr. Mercola. We're sitting in a hotel in California. California last year passed a bill that requires children to be vaccinated before they go to school.

**Dr. Mercola:** Yes, it did. It was a tragedy. Well, I believe—certainly correct me if I'm mistaken, but I believe that requirement existed. What they did with that bill is they eliminated the philosophical exemption.

**Ty:** You're actually right. They eliminated the exemptions to rule—

**Dr. Mercola:** Which was great, California, of course, being the largest state. Not the largest by land mass but certainly by population in the country. So, that was an enormous loss. Fortunately, Barbara Loe Fisher and National Vaccine Information Center was integral with working with, I believe, somewhere like a half a dozen other states that attempted similar measures and failed because of her efforts.

The problem is because this occurred in Disneyland and they just used the media to the max, it was never a more potent intervention to trash people who believe there was some concern with the safety of vaccines.

So, they really decimated it. They were successful. They manipulated and distorted the truth and were able to convince a large portion of the population, or at least the legislators, and they didn't have enough influence to overturn that decision.

**Ty:** When you say it happened in Disneyland, you're talking about the measles—

**Dr. Mercola:** There was a measles epidemic purportedly in Disneyland.

**Ty:** A few cases, right?

**Dr. Mercola:** Yeah. I don't remember specifics. But if you examine it carefully you can see it was just blown out of proportion. It's just a smoke screen, essentially.

**Ty:** So basically with the Disneyland, we're looking at 100-200 cases and only one had serious issues?

**Dr. Mercola:** Yes. That's my understanding of what happened. It was relatively minor. I think that this one person wasn't even from the U.S., it might have been a foreign visitor. The challenge though is to—they're going to use these strategies.

Their intention is to use this for the greater good is their working philosophical premise. That it's okay to have a few people die and suffer because most people are going to be protected. I guess if that were true you could question the justification for that.

It may be potentially justifiable but the problem is it's not true because it isn't for the greater good. They don't have any screening systems in place to identify all the damaged individuals. When we look at it and carefully examine objectively the number of individuals who are damaged, it far exceeds any potential benefit that they're possibly imagining from receiving these vaccines.

There are some terrible one like Hepatitis B vaccines and Gardasil vaccines. They're just destroying so many people, girls and young children. It's devastating. You mentioned the autism one, I don't like to focus, they're clearly an issue. I've treated hundreds of children with autism. In many cases, it was clear from my clinical assessment that vaccines were a trigger but there's many other triggers too. It's the diet, it's so crucial, it's the toxins exposures, emotional and genetic influences.

It's very rare to have one single issue. It can be occasionally but it's a whole combination. The central point that you like to take home is that these vaccines are not without potential danger or damage. That's why they have the Vaccine Compensation Injury Act. It was passed by Congress already and it's very difficult to get this. But even being as difficult as it is, they've awarded over three billion dollars. That's because they can't deny that these people were harmed.

It's illegal, it's absolutely illegal in this country for the last 20 years to sue the makers of vaccines for any caused damaged. They're insulated from liability. So, that's why there's a federal program to compensate them and it's a work-around. The reason I mentioned that is that there's clearly a potential for harm. No question. No one will deny that.

As a parent—typically it's a parent evaluating this for their child, you need to make the responsible decision to carefully evaluate the evidence and look at the risk. Look at the side effects and see if the benefits warrant or justify that because you have to balance the scale for your child.

Your child is too young. They can't do it for you. You have to do it for them. If you do that and you carefully evaluate it, you may reach a different conclusion with the public health authorities and your pediatrician is telling you. That's the least conclusion I reached.

After I came out of med school, I vaccinated thousands of children. It's one of my biggest regrets in life that I did that. Because I didn't know any better. I trusted them, blindly trusted them that they were telling the truth.

Many physicians were like me. They believed that they're being told the truth. They don't have the time or effort or energy or resources to carefully examine it themselves. If they did, they would reach the inevitably—If they were objective, rational, that there's no other conclusion that you could reach, there's some serious potential problems here that have to be seriously examined.

You have to weigh the evidence. In some cases, if you've objectively done your due diligence and you reach your conclusion you want to vaccinate, then it's fine. It should be a choice. It shouldn't be forced on anyone.

[End of transcript]

# Chapter 35:

*Interview with*  
**Dr. Judy Mikovits, Ph.D**



**Dr. Mikovits:** No, it actually wasn't. It was tempting to my husband. He and one of my lawyers just begged me. "Please Judy, sign the agreement, sign the piece of paper."

I said, "Husband, you don't know me, do you? That would kill me. That would be the end of our lives. That would kill me. I would simply drink myself to death if I signed a piece of paper that sentenced millions of children and older people and anybody, to lives of horrific suffering. Cannot do it, will not do it. That's not why I live or work."

I would not do it. It hurt my husband and my relationship for quite a while. We'd only been married about a decade at the time. I had not ever married in my life before, 42 and he was 62. He had a whole life lived and adult children and all he was looking at was maintaining the economics, the houses we'd earned and lived.

My retirement, our salaries, our money, it's all gone. We live in a 700-square foot apartment that is wonderful actually, we rent it. It overlooks the beach and somebody else takes care of it when something breaks down, so we don't care. You don't have anything to clean. I live in flip-flops.

**Ty:** You got your peace?

**Dr. Mikovits:** I've got my peace and we've got our lives. Now five years later, you can look at it and say, "Thank God. Thank God that..." It never did occur to me. It's like, "No, that's not me. Go back and ask a question that is the truth and I'll sign it." But I will never say, "I made up XMRV" or I will spend my life doing honest research, as if that's not what I did the first 40 years of my life. Because that's what I did my entire life.

I've never cherry picked data. I've put the whole data out there. I won't ever pretend to be God or even that I understood our data. I didn't. I didn't understand the implication.

**Ty:** What's XMRV stand for?

**Dr. Mikovits:** XMRV stands for Xenotropic Murine Leukemia Virus-Related Virus. What this virus was, was described by Joe DeRisi and Bob Silverman, by a technology that found sequences of this virus in prostate cancer patients. They didn't find it in people without an inability in their immune system to break down these viruses. What they found was in prostate cancer patients, this mouse-related leukemia virus, it causes leukemia in mice. They found it in prostate cancer patients and they hypothesized that, in fact, if you have an inability in your immune system to degrade certain viruses, then they're going to contribute to the most aggressive forms of prostate cancer.

**Ty:** You're talking about viruses from a mouse?

**Dr. Mikovits:** Yeah. The question is how did they get in the human population?

**Ty:** Right.

**Dr. Mikovits:** Well, a paper that was published in 2011, an opinion paper by a guy named Bob Berkau, who worked a lot in HIV AIDS, when I was in the HIV AIDS in the 80s and 90s. He wrote a paper that said, "the most likely place that these mouse related viruses were introduced into the human population were vaccines."

Because we grow all our vaccines and all our biological drugs, think about all of the mAbs, Rituximab. All of the therapies that we've used in the last 20 years are all monoclonal



antibodies and those are all mouse-derived therapeutics.

What we learned was, in fact the mouse-derived viruses were coming right along and carried into the therapeutics and we didn't recognize that pieces and parts and actually fully functional viruses were contaminating our vaccines, including MMR. Andy Wakefield was exactly right. There is reverse transcriptase activity in MMR vaccines recognized since 1994.

**Ty:** What do you mean by Reverse Transcriptase?

**Dr. Mikovits:** Reverse Transcriptase is an enzyme that only retroviruses have. What it does is it reverse transcribes, writes backwards the genome which is RNA into DNA. It inserts itself into your DNA and stays there for your lifetime and for generations after that. Reverse transcriptase is a hallmark of the presence of a retrovirus.

In 1994, our government, the UK government, the WHO, the World Health Organization, everybody accepted and talked about and discussed in Institution of Medicine meetings the presence of Reverse Transcriptase in the MMR vaccine, and whether or not it posed a threat.

Well, fast forward to 2011, our work and then the ramifications of our work, said "Absolutely it makes a difference." Absolutely it makes a difference, absolutely it's there and oh, my God. It was the big "Oh my God" moment in our book, in *Plague*, where we presented these data and they basically said, "We can't stop this, they're everywhere."

They're in our lab workers, they're in our doctors, they're in our nurses. We introduced unwittingly and unknowingly into the human population, a new family of retroviruses that has long been associated with cancers, leukemia, lymphoma, neural immune disease, including our Alzheimer's, Parkinson's and such.

We're looking at the very explosion of these diseases in our world today. That was the big OMG of 2009. When the government realized how big it was, it was, "Will we tell the truth, will we say we introduced it by a contaminated blood supply or contaminated vaccines? No, we won't. We'll just make sure Judy Mikovits and Frank Ruscetti go away forever and that nobody ever believes a word they said and that this work is all fraud."

But the one little problem they had was I wouldn't sign that piece of paper. I wouldn't agree. I wouldn't say it, the data support it, we'll continue talking about the data. And neither would Dr. Ruscetti.

**Ty:** You're talking about the meeting in 2009 that you had with the National Institutes of Health and a couple dozen scientists. Talk about, just go into the details of what exactly happened at the meeting?

**Dr. Mikovits:** It's in the book *Plague*, [plaguethebook.com](http://plaguethebook.com). I think it's chapter 7. It's called the "Invitation Only Meeting." When the government started seeing the data at various meetings of prostate cancers and we showed the kids, we showed the children, [indiscernible 0:07:23] we showed myalgic encephalomyelitis, chronic fatigue syndrome, fibromyalgia, we started showing these data.

When they saw these data, and being published, being presented at Cold Spring Harbor, the great retrovirus meeting every year, they said let's hold a "Invitation only meeting," and let's decide what to do about this for the public health. Various investigators who had done research in this for years, showed the data.

**Ty:** Who got invited?

**Dr. Mikovits:** Who got invited? Well, of course Bob Silverman got invited. Ila Singh got invited. The heads of the NIH, the heads of the National Cancer Institute, the heads of the CDC, there were CDC in the room, FDA. This was like a round table of 30-some-odd, of the government's highest public officials.

They were looking, and at the time, they were serious. They were serious about the possible public health threat. Of course, they didn't know what myalgic encephalomyelitis, chronic fatigue syndrome was and that was one of the great things that we did in our paper. We were able to fly under the radar and get this published without the bias that these people were crazy which is what had been happening for the past 25 years as other people had described.

Elaine DeFreitas and Sidney Grossberg had actually isolated retroviruses associated with these diseases, novel retroviruses, exogenous retrovirus. What I mean when I say "exogenous" is, we all have endogenous retroviral elements because we're infected throughout millennium and our immune system silences that so that they're not expressed.

**Ty:** What's a retrovirus?

**Dr. Mikovits:** A retrovirus is a virus that has an RNA genome, that has the enzyme reverse transcriptase integrase, so that they can take that genome, make it a DNA genome, insert it into your cells and use your cell machinery to make them live forever. They can't live without your cells dividing and live. They can't replicate, they can't make more, they can't see, they go away. It's basically an RNA virus that has reverse transcriptase. Simple.

It's actually very simple but these viruses have been studied for now 50 or 60 years in animals and in humans. What the big deal is now is that our environmental stresses like glyphosate and GMO, genetically modified organisms, are actually compromising our genome and allowing recombinants, literally "Frankenstein viruses" of our retroviruses with other viruses. This is what in fact happened in our laboratories with XMRV.

What we found at the end of the day, slightly before my life was ended as I knew it, as a scientist, we found that these viruses aerosolize. That means that they spread like measles. They spread, aerosolize through the air that anybody can catch them like the common cold. They spread. In fact, they stay with the host forever, and there are many strains. It's not one strain. Every strain is associated with some kind of disease.

They're not causative, meaning you can have a healthy immune system and silence the viruses and never ever get a disease. You can have HIV and not have AIDS. HIV does not cause AIDS. If you're at the perfect storm, and you have the perfect everything else going on, and you don't have antiretroviral therapies and you don't have good food, you will get AIDS. You have co-infecting viruses. HIV, HTLV1 causes adult T-cell leukemia. That was first isolated by Frank Ruscetti and Bernie Poiesz in 1980.

**Ty:** That's a retrovirus that we know causes leukemia?

**Dr. Mikovits:** Correct. Causes leukemia. That means every case of the adult T-cell leukemia has that virus in it.

**Ty:** Wow.

**Dr. Mikovits:** But that virus was, over the last 40 years since its discovery, associated with any number of neuroimmune diseases that looked like multiple sclerosis where you're in the wheel chair from autoimmune and immune deficiencies created by those viruses and other environmental stresses. It's not causative for the other diseases but associated with a lot of the diseases.

**Ty:** The skinny of what happened in 2009 was, your scientific research had shown that we are causing a lot of these diseases with these retroviruses that are being cultured in mice?

**Dr. Mikovits:** Yeah. In mammalian cell lines and human cells in the same laboratory. We're generating vaccines on the cell lines where these viruses are escaping into the environment, in our labs. All our production facilities, we would have to shut down research as we know it. The government simply cannot afford it.

**Ty:** Basically, they said, "We are going to bury this."

**Dr. Mikovits:** Yeah.

**Ty:** "You are not going to talk about this because it's too expensive to let this out of the bag."

**Dr. Mikovits:** We can't afford it. The foreword of our book written by Hillary Johnson was, so appropriately titled. "A disease that can affect the economy of nations." We can't be misguided. It's all about the money. It's all about our entire cancer research and drug development program of this age.

It's every single biologic we make, has the potential to be contaminated with new viruses we don't even know about it. We can't possibly test for them. Because we don't know the recombination events, but they happen in only a week in the lab.

**Ty:** That's amazing so it's really not about public health, it's about public wealth.

**Dr. Mikovits:** Public wealth, absolutely.

**Ty:** The wealth of the...

**Dr. Mikovits:** Public officials.

**Ty:** The public official's wealth.

**Dr. Mikovits:** Sure, sure. After Ian Lipkin "engineered" or directed the multi-center study that proved XMRV didn't do anything to anybody, which it in fact did not do, it was as in the Thomson's studies ...

**Ty:** Well, he cherry picked the data?

**Dr. Mikovits:** Yeah. You cherry pick the patients, you cherry pick the study subjects, and you cherry pick the controls. In fact, Tony Fauci stopped the study early.

**Ty:** When you that you cherry picked the controls, what's a control? Talk about how they cherry picked the controls.

**Dr. Mikovits:** Well the control can't be a contact control. The controls can't be anybody that is family members because family members can be carriers of these viruses and not sick, because they

don't have everything else that's going on. We don't understand that. That's a real key.

Because we know everybody that we give these vaccines to doesn't get sick. Doesn't get autism spectrum disorders, doesn't get the fibromyalgia, doesn't get the chronic regional pain syndrome, the postural or the static tacky cardio, we don't get that. Everybody doesn't get it when they get a vaccine. The question is who's vulnerable.

Well people with an underlying retroviral infection that their immune system has kept at bay, kept quiet, kept from doing harm are vulnerable. Because that's the job of the immune system when it's vaccinated is to replicate the very cells harboring that virus.

When they do that, you've got an explosion of new viruses and new cells infected and you can get a tipping point where the immune system can no longer control it and you just drop into disease.

**Ty:** Wow.

**Dr. Mikovits:** That's the cycle that happens.

**Ty:** You do exactly the opposite of what vaccines are supposed to do?

**Dr. Mikovits:** If there's a low level of retrovirus infection, and you stimulate it with a vaccine, you're going to replicate and make many millions more virus and infect many more cells, new cells that hadn't before been infected or diseased with the new retrovirus. That's the very job of a vaccine.

We weren't saying at the time that the vaccines were contaminated with retrovirus. In doing their job, in stimulating expression of virus from a vulnerable population you were expanding the number of infected people.

**Ty:** Wow.

**Dr. Mikovits:** That's exactly their job and that is exactly what happened and that's exactly what we realized.

**Ty:** The popular question today is, are vaccines safe and effective? They are effective in the sense that they are doing what they're supposed to do, but unfortunately that's causing the disease.

**Dr. Mikovits:** They're not safe for the 10 percent of the population, the 6 to 8 percent and then those with HIV that we found had evidence of XMRV infection. What Kent Heckenlively did in the was he actually went to the UCSF, the San Francisco University and just asked "how do you vaccinate an AIDS patient?" The idea is you vaccinate them in the presence of the Anti-Retroviral therapy because you don't want to express the viruses.

There are safe ways to vaccinate the infected and prevent the bad expression of these retroviruses. In fact, it's something that should have been done and it's something that we thought would have been done with our research.

Nothing has ever changed. Every single negative study, including the Lipkin multicenter analysis found 6 percent / 6 percent / 6 percent right out of the gate of the controls. That's 20 million Americans carrying mouse-related leukemia viruses that are at risk for disease. Whether they're exposed to GMOs, whether exposed to toxins of various kinds, or vaccines who can explode into disease. That's what we're seeing in the families.

**Ty:** They didn't want you to say that and even wanted you to sign some kind of a piece of paper that said that you weren't telling the truth basically. Right?

**Dr. Mikovits:** Yeah.

**Ty:** What happened? What happened?

**Dr. Mikovits:** Exactly. When we did say that, of course the Journal *Science* who's part of the political corruption, the NIH, Tony Fauci, Ian Lipkin, Harold Varmus, they all got together and they tried to make certain. To threaten us at the level they threatened Bill Thompson and colleagues who threw away the original data or burned the data, in now what we know as the data burning party. They tried to basically get us to refute our data, deny our data, throw away or destroy our original data showing the infected families and populations, and we refused.

When we refused, we were fired. I was fired. When I was fired, Frank Rosetti was threatened by Harold Varmus. When I found the blood, when we found the blood supply to be contaminated with these viruses, just like in the days of HIV AIDS when Magic Johnson and Arthur Ashe and Ryan White got infected from contaminated blood.

They have a big problem and the blood supply was contaminated at the same levels as the human population, so as much as 10 percent of the blood supply and we did several blind studies.

They told us if we failed to sign off on the publication that said the blood supply was not contaminated, you could all go home, we made a mistake, you're safe. When I failed to sign that then they threatened Frank Ruscetti's entire 45-year retirement and his wife's as well.

They were both government workers. If I didn't capitulate and sign the piece of paper when I said, "I don't care what you do to me, fire me, I don't care." They said, "Well we'll just take care of Frank Ruscetti." Here we are. We have Harold Varmus on the phone, the head of the National Cancer Institute, and he's ready to call Doctor Ruscetti and fire him.

**Ty:** Wow.

**Dr. Mikovits:** This. I wrote an email which we'll talk about Friday night. I will show that where I told the head of the National Heart Lung and Blood Supply Institute, Simone Glynn and Michael Bush who heads the blood supply in America at the—

I forget the name of it in San Francisco. Sorry. At any rate, I told them, "No. We won't perpetrate this crime on another generation. We've already done it for 25 years. We've already denied the viruses associated with these diseases for a generation and I won't do it again."

**Ty:** Good for you.

**Dr. Mikovits:** When I said that well, when I said that they carried out their threat. They fired me, they jailed me, they held me in jail without ever having a hearing, they engineered the studies. At one time, Ian Lipkin was on, it was on the phone with Frank Ruscetti and my husband and the people holding me in jail, basically ransoming my freedom for samples in his study.

**Ty:** That's insane. I've used the term "Medical Mafia," many times. That is Medical Mafia. That's exactly the tactics that would be used.

**Dr. Mikovits:** We live under the medical mafia and you'll hear Mike Hugo, Friday night and Brian Hooker as we discuss the corruption. What we'll show is the emails from Tony Fauci, from Harold Varmus and Ian Lipkin talking about how if I step foot on the NCI property and the labs I grew up in, to carry out the experiments, to show whether or not this virus is actually or these viruses are actually a problem in these diseases. I will be taken off campus by security. I will be arrested.

I was arrested within a day or two of that in my home. For no reason, without a valid search warrant, with all of my civil rights denied, which have been denied to this day. Which have been—I've never had a single hearing. I'm essentially a public enemy.

**Ty:** You were convicted without a hearing?

**Dr. Mikovits:** Yeah.

**Ty:** Basically?

**Dr. Mikovits:** Exactly. My freedoms have been removed. I was forced into bankruptcy fraud in a federal bankruptcy court under threat of going back to jail, where my lawyer sat calmly in the chair and I said, "Oh that's ridiculous, there is no new evidence."

He looked at me and he said, "There was no evidence the first time, was there?" You either file bankruptcy which they did take away your economic ability to survive. You can't travel to meetings like this. If it weren't for Teri and Ed Arranga and Health Focus who has sponsored my travel, I wouldn't be here and then you can't talk.

They have a lot of ways of silencing you. Of course, I'm spending my husband's little retirement that he has in social security to go off and talk. What's going to feed our family? What's going to pay the bills? That's all we've got is, my 77-year-old husband's retirement. It's crazy.

**Ty:** It is.

**Dr. Mikovits:** For most people, they get away with it. They didn't succeed because I was blessed. A lot of friends came in. Lot of people like Terry and Ed. Lot of people said, "We won't let you fall down Judy, please don't sign the paper. Please don't sign, don't agree."

**Ty:** Sounds like the same scenario that we've seen. I didn't see in person but I've seen movies about the POWs, like say in Vietnam, they would be captured and you see them on video and they're confessing. You know that they've got a gun to their head or they've been threatened in some manner. It almost sounds like the same thing they wanted you to do.

**Dr. Mikovits:** It's no different.

**Ty:** We're going to destroy you unless you sign this piece of paper that says you did what you didn't do.

**Dr. Mikovits:** Yeah. There was a literal and figurative gun to my head for the better part of the last four or five years.

**Ty:** Wow.

**Dr. Mikovits:** We were able to get through it. Unfortunately, we know our colleagues like Jeff Bradstreet



didn't make it. He was "suicided." I don't believe for one second that man after I saw him when we left last year, within a week as happy as he could but that we were solving this, that he was curing kids his passion to help these kids it's including his own children and his wife's children.

**Ty:** You don't believe for a second that he did—

**Dr. Mikovits:** I don't believe for a second he walked in and shot himself a couple of times in the chest and threw himself into the river. No, didn't happen.

**Ty:** Right.

**Dr. Mikovits:** We know. We know about "suicided" in this country. We know starting with Vince Foster. We know it's fact.

**Ty:** It's a fairy tale.

**Dr. Mikovits:** It is.

**Ty:** What they tell us happened.

**Dr. Mikovits:** I know what happened. My stepbrother—I grew up in Washington DC. My step brother was the park policeman who found him. I will never forget that he came home and said, "He didn't kill himself. He didn't kill himself." I'm 20ish. I'm just out of college and I'm looking at this and I grew up in Washington. I know the games they play in Washington.

**Ty:** Your brother told you, "he didn't do it."

**Dr. Mikovits:** No. He didn't kill himself, no.

**Ty:** He found the body though?

**Dr. Mikovits:** He found the body.

**Ty:** Whoa.

**Dr. Mikovits:** He's named in the papers.

**Ty:** Really?

**Dr. Mikovits:** When you go back in the papers you will say that was my stepbrother and he found him and he was so upset. He knew that day, and I knew that day that suicide was "suicided." I know what they tried to do to me. We escaped on a boat once.

**Ty:** Really?

**Dr. Mikovits:** They surrounded our house and we escaped on our boat. We lived on the water. When the police came to jail to apologize to me and said, "we're going to try to straighten this out, how do we do this better?" I said, "When somebody lives on a house, send the harbor patrol, if they live on the water, send the harbor patrol."

He said, "We lost that in the budget." You're free on the water. They can't take you off the water. We escaped a week before I was jailed, when they surrounded our house, by escap-

ing in our Boston Whaler on the water. My husband just loved it, we had a blast.

**Ty:** I bet you did.

**Dr. Mikovits:** We'll tell that story in the sequel. Kent Heckenlively is going to help me write the sequel of the book and we'll tell the stories, the rest of the stories.

**Ty:** Wow.

**Dr. Mikovits:** Because there's a lot that wasn't said, that couldn't be said.

**Ty:** You're free on the water.

**Dr. Mikovits:** You're free on the water. My friend had a boat, I called her up. She looks a lot like me. I said, "Is your boat unlocked?" I said, "Don't—" She said, "Yeah." I said "I'll be there for the weekend, bring me some food." She said "There's plenty of food on the boat." I said, "Bring the vodka." She said, "There's plenty of vodka on the boat."

**Ty:** Amazing.

**Dr. Mikovits:** I told my husband "don't look back" and we threw our cellphones in the water. I'll never forget it was November 9th, 2011.

**Ty:** Wow.

**Dr. Mikovits:** 10 days later I dropped my guard when a "patient" supposedly came to the door and that's how *Plague*, the book opens. The patient came ...

**Ty:** Okay. What happened?

**Dr. Mikovits:** When the patient came to the door and I was just getting ready to jump in the shower after a run on the beach. I heard, the patient said, "Dr. Judy, it's Jamie." She said I could come by anytime. Nobody calls me Dr. Judy. They mispronounced Mikovits.

This was just a flat out, could trick me into going down the stairs. I walked down the stairs and everybody jumped out of the bushes and that's how *Plague* the book opens, and said "you're under arrest." For what? For what? For being in my home?

**Ty:** What were you charged with?

**Dr. Mikovits:** I was charged with being a fugitive from justice. Ultimately, I wasn't charged with anything that day. I had no idea why I was handcuffed and cuffed around the foot and taken to jail for, with no valid search warrants. It was just a scene out of something nobody could possibly believe.

**Ty:** This happened after you refused to sign the confession?

**Dr. Mikovits:** Correct, correct. I refused the entire time I was in jail. Basically, my husband was told and Frank Ruscetti was told, "if she doesn't sign it, she doesn't get out." In America? My husband couldn't take me anything to sign.

I am behind glass. He couldn't even take me a pair of glasses because I didn't have a prescription until two weeks ago. I couldn't even sit here and see you until two weeks ago.

Couldn't see anything.

**Ty:** Wow.

**Dr. Mikovits:** He had no idea why I was there, held there for 5 days without ever seeing a judge, without any of my civil rights. Violated, fugitive from justice. How can you be a fugitive from justice when you don't even have a traffic ticket outstanding?

In fact, we can prove it because we were stopped the day I left jail for speeding. We had none of our license on us, we were freaked out. I just got out of jail after five days. My husband's 70-some years old. I'm sitting here. We're just totally freaked out, trying to get to thanksgiving dinner. Our family doesn't have any idea what's going on, so they don't know what just happened.

The police man stopped us and we didn't have any of our license. We'd left them on the bail bondsman's Xerox machine. That's how I got out of the jail, was I had to post the \$100,000 bail. He did the bail on a signature. We didn't have any money. He said it was so full of shit. I did it on a signature because—I took the \$100,000, which he was going to have to eat, because he just thought that the whole thing was so full of shit. That's in *Plague*, in the book.

Bill Burns was the bail bondsman. He's great. I haven't seen him since. Although a couple of years ago I gave him a copy of the book. He said, "I hope you got them." I said, "No, never got a single day in court." He's like, "You're kidding," and I said "No. This is how it works in America."

**Ty:** Wow.

**Dr. Mikovits:** It's been dismissed on technicalities over and over again. I filed in pro se, without lawyers, with lawyers, you name it. Never going to give up. The judges are all bought and paid for because that's how it works in the country.

**Interviewer 2:** Judy, to be violated like that. Did you feel disappointment in the country?

**Dr. Mikovits:** Disappointment in the country? It was like my disappointment, my whole life. What you believe in is God, this country's civil rights, and the method of science. This is all I know. I'm a scientist.

All I know is if you use the right controls and you do the right data and the answer is the answer. That's the answer. All I know is, of course we know. Fortunately, I'm not black because they get shot in the back.

Of course, we think it's only them, but a 53-year-old women taken out of her home and her husband pushed in a chair and scared within an inch of his life. Running around for five days trying to figure out where they took me and what's going on. There's nothing. There's just nothing and there never has been a single piece of evidence bought against me. We see this.

You don't think this in this country. Disappointment? It's like now five years later, I don't believe anything but God. Forget anything you say about this country and civil rights. That's a facade just like our medical industry. Would I ever think anybody would deliberately inject innocent people with toxins and just walk away?

Well that's what they're doing. That's what Ian Lipkin, Tony Fauci, Harold Varmus, Nobel

prize winners publishing fraudulent studies, deliberately publishing fraudulent studies in order to maintain the status quo, keep the millions of dollars coming in.

Disappointment, it's like, "What do you believe in?" The last five years have been just a total—it's hard to even think about it. It's hard to even think about the country we live in. I don't believe in anything anymore that comes out of a single politician, that comes out of a single anywhere.

Hillary Clinton is not—Her granddaughter is not being vaccinated according to the CDC schedule. In fact, she probably hasn't been injected with anything. It's time we come clean with the medical conspiracy, the medical mafia, because this is the grey—Everybody, our doctors are God. I hate to even be called "doctor." Don't call me doctor because that's those criminals. This is a "Call me doctor. You don't talk to me like this." What do you mean? You're no different than anybody else.

**Interviewer 2:** With these terrible things that happened and you talked about the disappointment, I really appreciate it. I feel your heart coming out in that. It's beautiful, because it's just like for me talking to people that are connected to their soul, that follow that conviction.

It's like, to me that just brings me hope and meaning in life. I just sense it that through that journey there was a point where—Perhaps there was a time when you once did believe in the country like maybe all of us.

**Dr. Mikovits:** Yeah.

**Interviewer 2:** Maybe as a child, you sang those songs. "The Star-Spangled Banner." That patriotism is part of the American culture but then all these things happen. I think there was a point where your heart would have broken. Do you remember?

**Dr. Mikovits:** Yeah. I know it sitting in jail. I know it when Ian Lipkin promised me that he knew we found other viruses, let's just put this one to rest and we'll help these people. I knew it when they lied to me time and time again and said, "It's okay, we'll come back and we'll find the real viruses. We have no doubt we've found them and we'll help people."

What have they done? Just keep injecting these babies. Just keep inoculating knowing full well. They cleaned up the blood supply. The FDA approved the tests by a company called Cerus, C-E-R-U-S. They approved the intercept system for cleaning up the blood supply, oh so quietly on December 1st, 2014. Why do you need to clean it up if it's not contaminated? If I wasn't right three years ago, four years ago.

This whole Ebola thing where they have the little plane going down and all the men in all the suits. Well those guys didn't come in contact with blood and body fluid. What did the CDC do? They redefined the definition of aerosol. How far do you sneeze and have the water droplets go? They redefined it. Oh, that's not measles contagious. That's a different kind of contagious.

The American public just buys it and they just sit there and they take their kids in and they watch their kids get sicker and sicker as they get injected, or their teenagers with this whole Gardasil thing. This is a crime.

Five years ago, I told my sisters, "sure that's good for your kids. Go ahead, let's save the world. I've seen people die of cervical cancer. I've seen many. That's what I spent my whole life on looking for cancer cures. It's horrid. It's horrific."

What I've seen since we published the book, since I was jailed, since all this happened to me is probably worse than the jailing. The band played on. That's why we wrote the book. Remember the Alan Alda movie? Go find the book of Randy Stilts, *The Band Played On*. Because that's what happened in AIDS.

You see the marching band and the band plays on, American pie. They just play on. As everybody is dropping like flies and it's right in front of you, the holocaust happening. Everybody just denies that they smell the smoke.

**Interviewer 2:** You think about it a lot, don't you?

**Dr. Mikovits:** I think about it every single second. If I wake up in the middle of the night, my husband's trying to teach me how to sleep. If I wake up in the middle of the night and I think of it. There isn't anything about it. I walk down the beach.

There are more special buses than normal buses. I walk down the beach in Carlsbad. You can see the injured kids. You can see them all over the place. Their parents are trying to control them and have a day at the beach. It's horrific.

I have friends who have 23-year-old non-identical twins who are severely vaccine injured. I walk with that lady, I talk with that lady, the family members, the siblings who don't have normal lives because their brothers are hurt. Everything changes. They lose economically, their husbands leave, their families leave, they're just a nightmare. We're just watching this happen. I think about it every day because I see it every day.

**Interviewer 2:** You see it and those buses drive by and you see those children but then they're in your mind all the time.

**Dr. Mikovits:** Yeah.

**Interviewer 2:** These people need somebody to carry that with them and you did that. I think maybe your greatest fear is not that something bad will happen to you, but that you wouldn't do enough?

**Dr. Mikovits:** Yeah. I don't too much worry about something bad happening to me. Several people ask that. It was funny. I don't think for one second God didn't protect us. I don't think for one second that I escaped. So many people come to my house and say, "Why are you alive?"

They kill people for less than you've said publicly. I said, "I don't for one second say it's anything other than you know because unfortunately I'm not finished." Because God leaves you on this planet till you're finished with your job. Your job is simply to obey, whether you understand it or not." I see the crippling diseases; our church is riddled with them. Everything, everywhere I go is riddled with the injury.

**Interviewer 2:** Most people fear the punishment. They fear all those things. But you don't fear those things as much. I sense that you deeply fear what it would mean for you not to do what you're supposed to do with the information that you're exposed to?

**Dr. Mikovits:** Yeah. Shoot me, I'm dead, I win, because I'm out of here. I'm not suffering this anymore.

**Interviewer 2:** You want this information out there because you know that because you to withhold that information means more children, not necessarily—

**Dr. Mikovits:** Yeah.

**Interviewer 2:** With you standing up and speaking and I think that that's—You would probably be in that battle where you're having to accept, "I've done the best I could." Because there's always more to be done and as it continued, people continue to suffer. Like if you could only just end it. You know what I mean? If the information, if the next book, or the next seminar or something could just end it.

You're in that battle of what it's like to just be like, can it not be won already, can I have just done what I was supposed to do? Can we just see it finished? Is that—

**Dr. Mikovits:** Well, and can we educate? Because I'm not going to believe. I know how I hard I worked my whole life. I'm not going to believe there is one doctor out there that doesn't really believe, first do no harm. They don't understand what's in that needle.

They don't understand the vaccines their patients are getting in the grocery store for a discount on their groceries. They don't understand what's being injected by their nurses because they aren't trained.

What am I doing right now is teaching. I'm teaching the doctors. I asked at a conference a few weeks ago, 200 or so doctors in the room. "Okay, how many people in the audience think a vaccine is immunotherapy?" Because immunotherapy was the cover of Time, April 4th of this year. One person raised their hand. I said, "You get a cup of coffee, we've got a lot of work to do."

Because I don't—the doctors talk to me and as I said "look at it." Here's what it's supposed to do. A vaccine is supposed to tell your immune system to do something. By definition, it's an immunotherapy. By definition, it's a drug. If it causes all these toxicities in a cancer patient who is immune suppressed because of their cancer, what does it do to a two-month-old who has no immune system?

Once they start seeing the data and the data are coming out as far as understanding the very basics of the immune system in ways we never did before and then applying it. I'd rather teach. I'm not ever going to believe that a doctor would stand there and allow an innocent baby to be injected with those toxins.

**Interviewer 2:** It's amazing. I'll give it back to Ty. This is my final point. My final question for you is, you've obviously take this burden on yourself and put you and your husband through your own living hell. It catapulted him into something that he didn't sign up for which is obviously a burden that you carry.

It's like you made a decision for him but there was no other option for you. Even though it would have been, because your love for him, you would have just wanted to say, "Well look, Adam took the apple because he wanted to be with Eve even though he knew it was wrong."

You didn't do that. You chose the greater good which was the still the best thing for everyone. Then there's all these people that you don't know. There's all these children that you don't know with their suffering and children that will suffer because you don't do the thing you're called to do. Sure you may know some, but it's not you. Why don't you just walk away?

**Dr. Mikovits:** Well, walk away is not an option. You're right. It has taken quite a toll on relationships, just like the other families I just mentioned. My husband and I got through it by the grace of God and our friends and our family.

**Interviewer 2:** You love him, don't you?



**Dr. Mikovits:** Yeah, I do.

**Interviewer 2:** He loves you?

**Dr. Mikovits:** He's a very funny guy. Yes, he's a very good guy.

**Interviewer 2:** You're grateful to him for sticking with you for real?

**Dr. Mikovits:** Oh absolutely. Yeah, well if it weren't, I'd be destitute and I wouldn't be sitting here. Because I literally would be on the street. Without him saying, he doesn't ever look at it. I'm like, "Honey."

Just yesterday, I'm in San Diego airport and I go through security and the security guard says, "You're supposed to be in LA." I called him and I said, "Honey, can you get me another flight right away, I'm supposed to be in LA." I had a 12 o'clock flight to come here from LAX and I showed up at San Diego Airport.

I looked at the thing and I looked at the guy and I just, "Oh man, I'm just too tired." I'm just too tired and neither one of us are looking. He just calmly booked me a flight on South West. We just used the app and we just carried on. This sweet man drove me from one terminal all the way to the other. He saw me running and he said, "Why don't you jump in? Where you going?"

**Interviewer 2:** So that's one of the things you love about your husband.

**Dr. Mikovits:** That's one of the things, yeah. We've enjoyed. It is funny. When we do get to tell some of these stories and some of the things that happen, and how we were protected. I mean sometimes it's just flat out funny.

There are some very good stories in Kent. Kent promises to help me wrote the next book where we talk about me unfiltered where we tell some of these stories, because it's fabulous. Yes, I do love him and we have a lot of fun.

**Interviewer 2:** I just thought about—because your biggest commitment was to this cause. He couldn't see the cause, but guess what he could see? You.

**Dr. Mikovits:** Yeah.

**Interviewer 2:** Then you stood up for what you needed to stand up for, but guess who he stood up for?

**Dr. Mikovits:** Yeah. The good news is he has children and his sons have grandsons. So far, I'm just keeping my fingers crossed, we've been able to keep those children from getting vaccinated and getting injured. Every month when we get to the fifth of the month, I think of the youngest who's just over a year old and I think God, another month because the older they get, the less damage that can be done.

The more if these kids can just walk and talk, we win. If we can get them to three years old, without an inappropriate, without any injections, we win. We'll stop all of this and this meeting will be only taking care of the injured which we can also do, because we're plastic and we can fix this.

The discoveries we learned in HIV and cancer, we know how to fix this. It's about time we just directed all those wonderful brains at the NCI, the people I worked with the last 30

some years. Just start fixing the problem. To do that we have to admit there's a problem and to do that we have to admit we caused the problem.

I'm not going to ever say we understood our data. We didn't. We had no idea the exotic biology of these viruses in 2009. We had no idea when we sat there at that July 22nd invitation only meeting. We had no idea. The, "Oh My God was for real.

When we discovered the bigger problem and the 20 million at risk, what did we do? We took out me, instead of admit we made a real mistake and stopped the presses. We can't stop the presses. It's all of our medicine. It's all of 21st century biologicals.

It's great industries. It is economic destruction. Probably, we've caused more cancers than we've—Look at cancers, since I joined. I was a kid with the war on cancer, with Nixon, in the 70s. Look at it. Then it was one in I don't know how many.

It was a closet disease like autism. You never saw these people on the street. Now it's one in two men and one in three women. This is crazy. This is all about our environment making our people, our families sick and ourselves. We'll get there.

**Ty:** You said about half of it. You said "we've caused more cancers." What were you going to say there?

**Dr. Mikovits:** Than we've cured. We don't cure very many. We know that. It breaks my heart because we spend our whole lives trying to cure people.

**Ty:** You said you were, for 30 years with the National Cancer institute, is that correct?

**Dr. Mikovits:** 20 some, yeah.

**Ty:** 20 something years.

**Dr. Mikovits:** 33 years as a collaborator with Frank Ruscetti who was at the National Cancer Institute for more than 40 years. I left and went to industry in 2000 when I married my husband, so I didn't marry until 2000. Then I decided, California was a whole lot more fun than Washington DC. I thought I'd enjoy the beach for a few decades.

**Ty:** We sometimes hear that there's really no link at all between vaccines and cancer. That couldn't be further from the truth, could it?

**Dr. Mikovits:** That couldn't be further from the truth. There's absolutely a link between vaccines and all kinds of acquired immune deficiencies including cancer, including Parkinson's, including chronic Lyme disease, including everything we're seeing. It's a crippled immune system that can't respond to its environment. That's the definition of cancer. It's tumor in one case. It's neurological disease and neuro degenerative.

**Ty:** It's a crippled immune system?

**Dr. Mikovits:** It's a crippled immune system. It's all about the immune system.

**Ty:** Think of the immune system, you think of vaccine like the Gardasil vaccine, right?

**Dr. Mikovits:** Yeah.

**Ty:** Let's talk about the Gardasil vaccine. What do you know about the Gardasil vaccine? Is that one of the vaccines that works or is that a vaccine that is absurd?

**Dr. Mikovits:** The Gardasil or the Human Papilloma Virus vaccines are against a virus of which there are more than 100 strains. A handful, two or three of those strains have been associated with cervical cancer. Associated, not causative.

**Ty:** Okay. Two or three strains of over a 100 have been associated with cervical cancer, okay.

**Dr. Mikovits:** The vaccines, Gardasil had those two strains in pieces, in parts along with various adjuvants like aluminum to stimulate the immune system to respond to those pieces and parts and protect against the development of warts, genital warts. If those genital warts aren't detected early as we would do with a colonoscopy in a polyp. It's the same thing, it's a general, what a polyp is. You take those off and start the process over again.

A pap smear, an identification of the genital warts and remove will stop the cancer, the tumorigenic process. What the vaccines were intended to do was stop cancer. Well cervical cancer is not a communicable disease. In fact, those vaccines have never been shown to prevent a single case of cervical center.

They prevent genital warts but we can fix that. It's pretty easy. We do it once a year. If you're a woman you go and get your pap smear and fix that problem.

At any rate, what we've done with that is we've decided to mandate and recommend that every population of nine and 10-year-old, or puberty, pubescent, adolescents be vaccinated to prevent infection before they start sexual relationships in high school, in college, or wherever.

The big push is on to vaccinate the entire population and prevent the spread of a few strains of human papilloma virus out of hundreds and theoretically prevent these cancers. But what we've seen and it's a good idea.

I mean it's something I worked for if we could develop an anti-cancer vaccine that would be great. To mandate it on an entire population and just not families who were susceptible, or who had had loses from cervical cancer and had that run in their families, would be the more appropriate thing to do. That's not the economically enriching thing to do. It's not about public health. Cancer is not a public health concern.

Public health officials should not be mandating or recommending or spending tremendous amounts of taxpayer money. Because they're tax payer founded programs to vaccinate everyone, to vaccinate everyone.

What we're finding now, is where we are seeing a huge, almost 10 percent, one in 10 people who are injected, inoculated with these vaccines, Gardasil and Cervarix, is the other one, are developing neurosurgical diseases, Chronic Lyme disease, reactivated infections, serious narcolepsy as we found with the Swine flu vaccine of a few years ago.

Serious, serious damage to the point where teenagers can't return to high school when they were award-winning students and in the gifted and talented programs. I know a few in my church there in Carlsbad, and 15-year-old boys.

I mean why are we doing this? Of course, when they report the injury to the doctor, the doctor said "that's absurd, you're crazy. It has nothing to do with that, it has to be something else."

**Ty:** That was my next question. Are you seeing a lot of diagnosis that you're just, it's psychosomatic?

**Dr. Mikovits:** Absolutely, absolutely.

**Ty:** "It's not real. You're not really injured."

**Dr. Mikovits:** In the case of the 15-year-old boy I'm thinking of, he got the first injection and had an extreme reaction, extreme reaction. In bed, rashes on his feet, eruptions of things on his body and couldn't function, in severe pain, got over it, went to the doctor right away.

The doctor said, "Yeah, that seems like a vaccine injury and he reported it to the CDC." The CDC, "What are you thinking? That's not a vaccine injury. Go look at your patient and find out what else he's coming across." Of course, they blamed it on the patient and said, "He's a boy scout. He contracted Lyme disease when he was hiking."

**Ty:** Anything to remove the responsibility.

**Dr. Mikovits:** Of course, which is the most horrific thing. Five weeks later, they injected this young man again and sent him to his bed. He hasn't recovered since. Now he's full on narcolepsy and full on everything. If they'd just not injected him again, we might have recovered him. It's horrific.

**Ty:** I guess it's a rhetorical question but why are they not being held accountable for. If you did that to somebody on the street, you'd go to jail.

**Dr. Mikovits:** Yeah. The parents don't know. The doctors are bullied by the CDC. The doctors are bullied by the bottom line, by the health insurance, they're mandated, "get the next shot, get the next shot." Then they bully the families into saying, "Look how sick he is. If you don't give him this, he's going to get sicker."

**Ty:** He's sick because of the vaccine?

**Dr. Mikovits:** That's right. The parents don't know. They go to neurologists. Neurologists are not immunologists. This is not neurology. This is immunology. This is vaccine injury and we just haven't explored it for the entire least two decades.

We've done nothing since we've discovered an entire arm of the immune system that of the adaptive T-Cell immune responses. All our vaccines generated, we're not talking about a vaccine anymore, an antibody response is not a protective immune response.

If you say, I wanted to make a T-shirt for coming here that says on the front, "I'm not vaccinated." On the back, it says, "I'm immune." I had the measles as a child. I had chickenpox. I'm immune. I have a really nice strong immune system, and that's how you develop an immune system.

The vaccines are known not to generate the same response now to infection and that's something that I'll talk about in Friday, at my talk about HPV vaccines. Knee injuries we're seeing. I'm going to show that the T-Cell vaccinology doesn't support that they look like infections to the immune system.

**Ty:** That leads to my next question or comment that whoever determines the dictionary or the words, wins the argument. Now they have, whoever "they" is, they have made it to where vaccination equals immunization in our vernacular, but that's not true, is it?

**Dr. Mikovits:** It's not true, absolutely. Vaccination does not equal immunity. It doesn't, it doesn't, it doesn't. Why are you injecting anyone with any of this stuff? That's the point.

**Ty:** If it did equal immunity, you wouldn't need a booster, would you?

**Dr. Mikovits:** That's right. Why would you need two months, four months, six months? Why would you— My mom. I love mom. Sheesh. She called me up and I'd been going through all this. A year or so ago she called me up and she didn't tell them that she got injured from a flu and a pneumococcal pneumonia vaccine in 2013. For six months, she had horrific pain, she had horrific inflammation, she was sick, she couldn't walk, she couldn't walk her dog, all of the things she loved.

She finally got over that with a lot of good nutrition and a lot of good supplements and healthful living, so she went back to a doctor last September and he said, "Well it's time for your booster and we just realized that you need more of the pneumococcal vaccine because that one didn't finish the job."

She's said, "Oh, yeah right. You didn't kill the first time." Then she said, "I'm an anti-vaxxer and you won't come anywhere near with me with that needle. We're done." I'm like, "You go mom. That's great."

**Ty:** Good for her.

**Dr. Mikovits:** She didn't want to tell me because of course moms don't listen to kids and kids don't listen to moms.

**Ty:** Yeah. Isn't that the epitome though of where the medical system is today. Just the doublethink, she was injected. She's six months out of commission. As soon as she gets back on her feet, "let's give you another."

**Dr. Mikovits:** Yeah. "Or you're going to get sicker." This is the worst thing against the old people, the most vulnerable population. We see it on TV, the big bad wolf. You're going to make your grandchildren sick if you don't get this. Well those old people are immune.

They're like me. We're old. We're immune. We had these diseases. They're not going to make the kids sick unless they get that vaccine which doesn't confer protection and it's just spitting out the very antigens and infectious agents that you're trying to protect the kids from.

The pertussis, the whooping cough, as you know from Andy Whitefield is among the worst. It's not at all protective. It's the vaccinated spreading the whopping cough. Those are vaccinated kids in our colleges. They're 20 years old. That wasn't the unvaccinated.

You're right. The message and who controls the message, and that's what's wrong with everything about our public awareness. We're inundated. You can't turn on the TV without saying, "Opdivo, a chance to live longer."

These people just walk. What do you mean? You caused the fricking cancer and the side effects. Just the rest of the whole commercial is about what's going to happen. You can die from that. Of course, you can. Because if you get the pneumonitis, the inflammation of the lungs, you could die right away from Opdivo.

You have cancer, you have no choice, so you're their guinea pigs. They created their entire market and they're treating you. It's horrible. I have to turn off the TV. My husband goes

grocery shopping, my husband watches TV because I can't walk in a store and look at that and call it food.

**Ty:** Yeah. You're right. The brainwashing that we undergo with commercials is insane. I talk about that a lot so my kids are always watching for that. When we would watch a commercial about a new drug, the kids, even my 6-year-old, she's like, "Look at the side effects daddy. It causes the thing it's supposed to prevent."

You have a headache, take this. It might cause a headache, or it might cause a brain tumor. The list of side effects is insane. But we've been brainwashed to think that is medicine.

**Dr. Mikovits:** We've never before advertised drugs. It's not marketing to the patients.

**Ty:** DTC—Direct to the Consumer. We're the only country other than New Zealand that does that.

**Dr. Mikovits:** Yeah.

**Ty:** No other country allows consumer advertising on drugs.

**Dr. Mikovits:** Yeah, and it should be stopped because the consumer can't possibly know. Just like we should all be going to our doctor and saying, "No, you inject that in yourself, you tell me everything that's in that needle or you're not touching my baby."

Everybody says, "Well what do we do Judy? What do we do? What do we do when we go to the doctor?" I say, "You take your shotgun and you say 'you come anywhere near my kids and you die.' " It's simple. America has to take back their health. Nobody should be allowed to inject you with a toxin anymore then they should be able to walk in your house and shoot you with a gun.

**Ty:** I agree. That is a potential deadly weapon.

**Dr. Mikovits:** Absolutely.

**Ty:** You should be allowed to protect yourself.

**Dr. Mikovits:** Correct. When they do the damage because of the no liability rule of the vaccine courts, nobody can do anything to them.

That doctor was quick to get rid of that 15-year-old. "Go find another doctor, I can't help you." The doctors get rid of the patients. They won't do anything about it. It is the crisis. It is the holocaust of our time of the 21st century.

We've lost the generation. Will we lose more? I hope not. I hope we can protect the next generation. All those 20-year-olds, all those adults that are aging out and the parents who—

Your children are supposed to help take care of you, not the other way around. And here's whole families where we've lost the name and the fourth generation because the son is injured and he can't carry on the family name.

[End of transcript]



# Chapter 36:

*Interview with*  
**Neil Z. Miller**



**Ty:** Wow. I'm so excited to be sitting here with Neil Z. Miller, and Neil, thank you so much for joining us in this interview today.

**Neil:** Thanks Ty.

**Ty:** Yeah, you bet.

**Neil:** Appreciate it.

**Ty:** I have bene readings books that you've written for several years now, and studies that you've coauthored, and, wow, it's a real privilege for me to be sitting here and be able to interview you today.

**Neil:** Thank you. I appreciate that.

**Ty:** You bet. You are one of the, the forerunners in this industry, and as far as learning about vaccines and communicating the truth about vaccines to the world.

**Neil:** Well, I've been doing it for 30 years now. I've been researching vaccines, and when I first came on the scene I was a lone wolf. We had Barbara Loe Fisher with the National Vaccine Information Center was doing her work, and I came on the scene and it was sparse. So, I'm very ecstatic to see people like you, and so many others today, being involved in educating people about the problems with the vaccines.

**Ty:** Oh, well, thank you. What initially got you interested in learning about vaccines?

**Neil:** Well, actually, when my children were born, I needed to investigate vaccines. My wife and I, we really intuitively knew that we were on the same page with this. And we intuitively knew that this wasn't something that we were going to do – vaccinate our children. But my wife was pregnant, and I knew that I had to do my due diligence and investigate vaccines.

And at the time the internet wasn't anything like it is today. So I had to go to the medical libraries and dig up the information and the studies and do all of my research that way, early on. Very little could be done via the internet at that time.

But I was flabbergasted at all of the information that I was able to come up, documenting. Even back in the late 1980s and early 1990s the problems with the safety and efficacy of vaccines. I gathered all of that information.

I do my research pretty thoroughly, and, at the time, I made it into a little booklet. Because people started coming up to me and asking, these other women that were pregnant, and other families. They wanted to know about the vaccines, and they had found out that I had done this research. This was my early days, initial research.

And that's how it snowballed into my books, because I started to share my research with other people. Before I knew it I had written a book, and then I had done more research and had written more books. Then I started to do lectures and everything snowballed from there.

**Ty:** It kind of did snowball, didn't it?

**Neil:** Yeah. It really did. It wasn't what I was planning on doing with my life. I was in graduate school to become a doctorate of psychology.

**Ty:** Okay.

**Neil:** But I ended up veering off into representing this issue.

**Ty:** It's so important, this issue too, because it's affecting all of our children, isn't it?

**Neil:** Well, it's—

**Ty:** If you were vaccinated, there are a whole host of adverse events that can be associated with that vaccine.

**Neil:** Oh, absolutely. Absolutely. The studies and the documentation are absolutely clear. A lot of the health authorities will try to tell you that there's no documentation that vaccines are associated with autism, no documentation that vaccines are associated with adverse events, and if they are associated with adverse events, they're rare. One in a million.

But if you actually read the studies that are published in the peer reviewed journals, you'll find a very different story. You'll find that there are literally thousands of documented studies showing that vaccines increase your likelihood of developing allergies, increase your likelihood of developing epileptic seizures.

There's a study that I documented in one of my books that if you take the MMR vaccine you're statistically significantly more likely to be hospitalized than if you don't take that vaccine.

There's studies that show that, actually, if you contract these diseases, like chickenpox, measles, mumps, they are protective against cancers and heart disease in later life. So, there was a tradeoff with many of these diseases, and maybe a little bit later—

**Ty:** Yeah.

**Neil:** We can get into more detail about some of this.

**Ty:** Sure. Yeah. I saw a recent study that being exposed to the measles, not being vaccinated for the measles, but being naturally exposed to measles decreases your risk of leukemia and lymphoma.

**Neil:** Oh, yeah. Absolutely. And I've documented, I've documented dozens of studies that have come out that have shown that measles, chickenpox, rubella, when you contract these diseases—

They've done several studies where they take, they take several hundred, or several thousand people that contracted these diseases and they compare them to people that didn't get these diseases, and they show, without a doubt, that those who have contracted these diseases, those diseases have primed and stimulated their immune system to protect them in later life.

Those people are less likely to develop all sorts of different types of cancers. And they've also got several studies, that I've documented in my books, that show that they're protective against cardiovascular disease, and even death from cardiovascular disease.

**Ty:** I read one of those recently as well with cardiovascular disease. It's amazing, isn't it?

**Neil:** Yeah, it's absolutely important.

**Ty:** Yeah.

**Neil:** And now I'm working on another paper that's going to be published in a few months on aluminum. The aluminum that they put into these vaccines—kids at two months, four months, six months, are getting overdosed with aluminum, and there's very high aluminum content—

And children that receive their pneumococcal vaccine, their hepatitis B, hepatitis A, the DTaP vaccine, these vaccines have high aluminum content. The studies are showing that the aluminum is causing neurological and immunological damage. They're causing autoimmune diseases, and the FDA has established a safety level.

And children that receive the hepatitis B vaccine at birth receive 20 times the content of aluminum. Twenty times above the FDA's safety level. Children at two months of age are receiving 50 times above the safety level as established by the FDA for children that have a problem with their problem processing, let's say, aluminum. But we don't know which children are going to have a problem with processing aluminum.

**Ty:** Yeah.

**Neil:** So parents have to take their chances. Parents have to play Russian roulette every time they go ahead and vaccinate their children with aluminum in these vaccines.

**Ty:** And therein—the aluminum, you hear “Well, the vaccines don't contain thimerosal anymore, so they're safe,” but we don't even—and that's not necessarily true, but then we have the aluminum that's in most vaccines, and that's just as neurotoxic as—

**Neil:** Oh yeah. Oh yeah—

**Ty:** Mercury.

**Neil:** The studies have documented it, that aluminum is neurotoxic. That means that it is a poison to the neurological system, and we also know that it's causing autoimmune damage. And mercury, thimerosal, is still in vaccines.

And that's what I discuss in this new paper that will be coming out in a couple months, is that from 1999 through 2002, they told us, the health authorities told us, they were taking mercury out of vaccines.

But what they didn't tell us was that they were surreptitiously creating new guidelines that said that women in their—pregnant women, in their first trimester, were now urged to take these flu vaccines. Okay? And these flu vaccines had mercury in them. They did not even offer the option—

They had 100,000 doses approximately, approximately 100,000 doses of mercury, and about 5 percent of those were single dose vials, which means that they didn't have mercury. 95 percent of them were multi-dose vials that had mercury in them.

So they were urging pregnant women in their first trimester to receive thimerosal-laced vaccines, and they also created a new guideline recommending that infants, beginning at six months of age, receive two doses of mercury-laced influenza vaccine.

So at the same time that they told everybody that they were taking mercury out of vac-

cines, they actually put it into vaccines that they recommended for pregnant women. And put it into vaccines for infants, so babies in utero were being dosed with thimerosal-containing vaccines. When those babies were born, six months later, they were getting another dose of thimerosal. And these same babies were getting their hepatitis A, hepatitis B, pneumococcal, DTaP vaccines.

All that contained—and the Hib vaccine, the vaccine for Haemophilus influenza type B, all these vaccines contain aluminum that infants were receiving.

So they were getting mercury and aluminum, and no study has ever been done to document whether the synergistic effects of babies getting mercury and aluminum were safe. And today still, babies are still getting mercury and aluminum in their vaccines.

**Ty:** Wow. That's really amazing. No studies have been done to determine—but we're told that they're safe.

**Neil:** You're told that they're safe, but there's actually no scientific evidence. The CDC, in fact, has never documented the safety of their own recommended immunization schedule.

They did studies—the FDA has required studies on the individual vaccines, but they never did a study on the combination of vaccines in the way that they are administered to babies at two, four, and six months of age.

Because at two months of age, babies here in the United States, and many other countries, like Canada and Australia, and some European countries, are required to receive eight vaccines at one time. In one doctor visit.

**Ty:** Wow.

**Neil:** At two months of age they're receiving eight vaccines. At four months of age they're receiving eight vaccines. And at six months they're receiving eight more vaccines. And there's never been a study required or conducted by the CDC to confirm that this is a safe practice.

**Ty:** Wow, Neil. That's really amazing in light of the fact that, let's say, we were looking at drugs. Okay? So the FDA has approved thousands of drugs, right?

Many of them are a fail, and the FDA admits that they kill 100,000 a people with their drugs, but that's not the purvue of the conversation, but let's say that we're looking at drugs. Let's say that they've approved drug A, B, C, D, E, and F, and they're all safe.

**Neil:** Right. Right.

**Ty:** But if somebody goes out and they take A, B, C, D, E, and F at the same time—

**Neil:** Right.

**Ty:** It's likely they'll die.

**Neil:** Right.

**Ty:** Or have permanent impairment.

**Neil:** There's additive and synergistic effects. And synergistic, it's equivalent to the concept of

exponential. Exponential is quite different than additive. Additives, you take this and you take this, and you've got whatever the effect of this is, and the effect of this, maybe you have both of those effects.

But when you have synergistic, when you have exponential, that's above and beyond just adding the adverse effects that are possible from just two drugs combined.

**Ty:** Yeah.

**Neil:** And the CDC, by the way, has looked at the synergistic effects of combining drugs, and they know it's dangerous. They've just never done the study on the vaccines to confirm that it's safe. And they won't do the study because they know it's not safe, because I did the study. I did the study with Dr. Gary Goldman. He and I coauthored a paper that actually showed—

**Ty:** On infant vaccines, wasn't it? Talk about that.

**Neil:** Well, we coauthored a couple of papers. But one of the papers that Dr. Gary Goldman and I coauthored—and, by the way, Gary Goldman worked for the CDC for seven-and-a-half years—

**Ty:** Impeccable credentials.

**Neil:** He worked for the CDC before he got into a legal battle with them. Over his attempt to—when he worked for the CDC he found that the chickenpox vaccine was causing increases of shingles, significant increases of shingles.

And he tried to get that published, and the CDC blocked him from publishing that information. They allowed him to publish anything that was showing the chickenpox vaccine in a good light. But when he found that there was a problem with that vaccine, that it was responsible for causing increases of shingles, which is associated with chickenpox, they blocked him, and they said "This is our data. You can't do that."

He said "It's my data," and they went into a court battle, and he won that battle, and was eventually able to publish that information.

So, Dr. Gary Goldman is an expert on the varicella virus, which is the virus that causes chickenpox. And that's why they utilized him for seven-and-a-half years, to keep databases and to document the various changes in society when they introduced the chickenpox vaccine.

But he and I worked on a study together, and we looked at the Vaccine Adverse Event Reporting System, which is a jointly owned database, jointly owned by the CDC and the FDA. It's a federal database where people, doctors and parents, can report adverse reactions to vaccines.

If they get a vaccine and they think that that vaccine caused the problem, they can report it. And we, as independent researchers, were able to download the entire Vaccine Adverse Event Reporting System. We were able to extract out of that all the infants that had reports.

We had 38,000 reports of infants that had adverse reactions to vaccines. And then we looked at—Dr. Gary Goldman is a computer scientist as well, and created a program that was able to stratify these babies, these infants, by the number of doses that they received.

So we had 38,000 infants that had adverse reactions reported to the Vaccine Adverse



Event Reporting System, and then we were able to stratify these infants by did they receive two doses of vaccines, three doses, four doses, five doses, six doses, seven doses, or eight doses before they had their adverse reaction.

We only were interested in looking at “Did these children end up with a serious adverse reaction?” We weren’t interested in babies that had a mild reaction. Maybe they had a little pain at the injection site, or maybe they had a fever after they received a vaccine.

We only wanted to look at “Were these babies hospitalized? Was their adverse event serious enough that it required them to be hospitalized, and/or did they die after receiving that vaccine?”

And what we found was that babies that received eight vaccines were statistically significantly more likely to be hospitalized or die than babies that received seven, six, five, four, three, or two vaccines at the same time.

Babies that received seven vaccines at the same time were statistically significantly more likely to be hospitalized or die than babies that received six, five, four, three, or two vaccines at the same time.

So what we documented was that the more vaccines that a baby receives simultaneously, the more dangerous it is. The more likely that baby is to be hospitalized or die. So we did the study that the CDC and the FDA never required. To confirm that giving babies multiple vaccines simultaneously is dangerous.

**Ty:** And that was the study, if I remember correctly, wasn’t that the one that showed that the USA is the country that gets the most, that has the highest rate of—

**Neil:** That’s the other study. That’s the other study.

**Ty:** Okay.

**Neil:** Dr. Gary Goldman and I did another study, and in this other study, what we did is we looked at the vaccination schedules of nations around the world, and we found that the United States requires the most vaccines.

So we wanted to see if the United States has the best infant mortality rate, because we were told by authorities that “Vaccines are lifesaving. That’s why they’re giving them. They’re giving vaccines to babies to protect them from dying from infectious diseases.”

So, that was our premise. That’s what we wanted to look at. We wanted to look at—”Let’s look at the immunization schedules of different nations around the world. How many vaccines do they require?” Because in the United States they were requiring 26 vaccines for infants, and infant is defined by any baby up to one year of age.

That’s how the infant mortality rate is measured, by how many deaths per country, per 1,000 live births are there. It’s a good measure of the socioeconomic and health conditions of a nation.

Some nations, like Iceland, and certain European nations, they require as few as only 12 vaccines for their infants.

So we wanted to look at “Is there a difference between a nation that requires 12 vaccines versus a nation that requires 26 vaccines of their infants?” And we only wanted to look at,

essentially, first world nations.

And so what we found was that the United States had the 34th worst infant mortality rate in the world. The 34th. So there were 33 nations that had better infant mortality rates than the United States.

And yet the United States requires the most vaccines for their infants. And what we found was that we found a statistically significant correlation between the number of vaccine doses that a nation requires and that nation's infant mortality rate.

The more vaccines that a nation requires, that a first world nation requires, the worse infant mortality rate that it actually has. The fewest vaccines that a first world nation requires was associated with the best infant mortality rates.

So that was the other study that we did. And these were published in peer reviewed journals. Anybody that wants to go and access those studies, they can read them. They're very important, they're very significant, and I actually document those studies in my latest book.

**Ty:** Yeah, that second study is the one that I have cited many times, because how much more clear can it get? Most vaccines, highest infant death. Least vaccines, lowest infant death.

**Neil:** Yeah.

**Ty:** And it was not just—you didn't look at two countries or three countries.

**Neil:** No.

**Ty:** You looked at all the industrialized nations.

**Neil:** Right. Now if you go into third world nations, like in Africa, where there's a problem—and the problem is malnutrition. That's the main problem. Okay? They have high vaccinations rates.

95 percent of their infants are vaccinated against all the various diseases that they have vaccines developed for. And yet the infant mortality rates are still relatively high.

And the reason for this is—because if you actually read documentation from the World Health Organization and the CDC you'll find that these infant mortality rates in third world nations won't come down by high vaccination rates.

The only way that they'll get these infant mortality rates down in these third world nations is by feeding these children, feeding the pregnant women so that you can take care of the malnutrition. And by also cleaning up the water supply.

You have to provide clean water, and you have to clean up the sanitation, and you have to have access to healthcare. When you do these four things: increase the access to medical care, clean up the water, clean up the sanitation, and feed these children properly so that they don't have malnutrition, so that when they are exposed to a disease, they're likely to have complications or higher death rates, that will bring down the infant mortality rates.

**Ty:** Is that one of the things that led to the eradication of many of these childhood diseases that we're told were eradicated by the vaccines?

**Neil:** Absolutely. Absolutely.

**Ty:** Okay.

**Neil:** Now I think there's good evidence that with some of these vaccines they were able to lower the incidence of some of those diseases. I think that you would be dishonest if you were a researcher, and you researched the evidence, and you saw what actually took place, let's say with the measles vaccine when they went into places like the United States. They introduced the measles vaccine in 1963.

We had thousands of cases of measles before that vaccine was introduced. I do believe there's good evidence to show that the vaccine was largely responsible for decreasing the incidence of cases of measles. But that's not the whole story.

You have to look at "What is the tradeoff? How many children are being hurt from the measles vaccine itself?" And I document those studies. How many children are being hurt from the measles vaccine itself. You have to look at how many children that contract the disease, measles.

There's dozens of studies that show that children that actually contract measles naturally are protected in later life against cancer and cardiovascular disease. Fatal diseases from heart attacks.

Contracting measles, contracting chickenpox, contracting mumps, contracting these viral diseases in childhood protects against cancers and heart disease in adulthood. This is well established in the medical literature.

In the medical literature I document this. So there's tradeoffs. And if you're going to give parents informed consent before they take these vaccines, don't just tell them that the vaccine was responsible for lowering the incidence of cases of measles.

Tell them that there are studies that if you take this—showing that if you take this measles vaccine you're statistically significantly more likely to be hospitalized after receiving that vaccine. You're more likely to have epileptic seizures. You're more likely to have allergies as a result of that vaccine. That's well documented.

You're more likely to develop cancers and heart disease in later life if you've taken that vaccine, because it has suppressed you from being able to develop those protective effects that you gain when you are exposed to that disease naturally as a child.

So, if you want informed consent, you have to have all of that information, access to all of that information, so that then you can make an informed decision. And then you have to be free to accept or reject vaccines.

**Ty:** So you can't have true informed consent if you don't know the risks and the benefits.

**Neil:** That's right.

**Ty:** And so, basically, what I'm hearing you say, Neil, is that we're only given half of the side of the coin.

**Neil:** Oh, you're only—

**Ty:** We're only shown the shiny part.

**Neil:** That's right. You're only given one side of the equation.

**Ty:** Yeah.

**Neil:** If you're only getting your information from the medical establishment, if you're only getting your information from the CDC, the FDA, and the World Health Organization, and the pharmaceutical companies, then you're not getting informed consent. You're just getting information where the health authorities are trying to push vaccines on you.

And then when you have an adverse reaction to those vaccines, a serious adverse reaction, then they're going to deny that there was a connection to the vaccine.

You're going to be left on your own, having to deal with your damaged child, having to deal with your child that has autoimmune disease, or a neurological ailment. Or that even has autism, because there's numerous studies that document correlations between the vaccines and autism.

When the health authorities tell you that there's no link between vaccines and autism, they're lying to you. There's numerous studies that are providing significant evidence that there's a link between vaccines and autism.

**Ty:** One of which was suppressed, right? The CDC whistleblower story of 2002, 2004, with William Thompson.

**Neil:** William Thompson is only one story where there was suppression of evidence confirming that vaccines were linked to autism. They did a study back in 2000, the CDC, Tom Verstraten is a CDC epidemiologist. He's associated with the CDC.

He looked at whether or not babies that got mercury, and compared them to babies that got no mercury in their vaccines, or less mercury. He compared babies that got higher content of mercury in their vaccines to babies that got lesser content of mercury.

And then they waited a few years and they see how many of these babies ended up with neurological, neurodevelopmental disorders, including autism. And it was very clear.

Tom Verstraten said "This is the study nobody wanted us to do, and here's the evidence that we can't whitewash. Here's the evidence that shows that the mercury in the vaccines is causing statistically significant increases of neurodevelopmental disorders in these children."

And they had a secret meeting, held in Norcross, Georgia, to discuss this. They had pharmaceutical company representatives, they had the CDC represented there, they had the FDA, and they kept out the media.

They kept out anybody else that might have wanted to report on this information. And they discussed "What can we do about this? We'd better not release this information."

And then what they did do about it, was they decided over the next few years they were going to find ways to dissipate the statistical finding. They were going to manipulate and rework the data until they got rid of the statistical finding.

And then they published that information in a peer reviewed journal, that came up with the conclusion that there was no connection between the vaccines and autism, and that mercury was safe in vaccines.

But I have the original abstract of the original study that actually documents that they knew that the mercury in the vaccines was dangerous, and I summarized that abstract in my books.

**Ty:** Just yet another case of corruption, of suppression of information. You could say that it borders on criminal.

**Neil:** It is criminal. It doesn't border on criminal.

**Ty:** Yeah.

**Neil:** It's criminal behavior. They should be prosecuted. The CDC is involved in a cover up.

**Ty:** Yeah.

**Neil:** They're involved in a cover up. And health authorities and the allopathic industry are largely involved in a cover up of the true extent of damage that is being inflicted on our children, and adults, and adolescents, by vaccines.

It's criminal. It's corrupt, and it needs to be exposed. And some of us are trying to expose that information.

**Ty:** Neil, one of the things that you mentioned earlier in the interview was the fact that some kids aren't able to get rid of the aluminum, they're not able to process it. I interviewed another physician for this "Truth About Vaccines" documentary and he calls them "non-excretors."

He said "There's kids that are able to excrete the toxins, and some aren't." We don't know who those are. And that's the problem, is that vaccines don't damage everyone.

**Neil:** Right.

**Ty:** They damage some.

**Neil:** Right. Right.

**Ty:** We don't know who that some is. And he also mentioned the same thing that you referred to earlier, about the synergistic effect of the toxins. I call them toxins, they call them ingredients, but they're toxic ingredients.

Mercury, formaldehyde, aluminum. We're finding aborted fetal tissue. We're finding all kinds of things in vaccines, and we do not know that what 1+1+1 equals. It's not 3.

**Neil:** Right. Right.

**Ty:** It might be 100.

**Neil:** Right.

**Ty:** The synergy of these three toxins together might just be catastrophic, and the problem is that we don't know.

**Neil:** Right.

**Ty:** And, as you said, the tests haven't been done.

**Neil:** And some children have a predisposition to damage. There's genetic predispositions. Right now we're just in the forefront—we're just in the beginning stages of understanding who is genetically predisposed to being more damaged, or more likely to be damaged, from certain vaccines.

You can have a genetic predisposition to something and you might not get that adverse effect. You might not have that ailment unless you are exposed to some environmental toxin, and a vaccine qualifies as a potential environmental toxin.

Some children can get the vaccines, and there's no noticeable effect, there's no noticeable adverse reaction. But other children, they're going to have a severe reaction. And it could be from the aluminum, it could be from the mercury.

It could be from the synergistic toxicity associated with the combination of the aluminum and the mercury, or a combination of the formaldehyde, the glutaraldehyde. There's all sort of other—polysorbate 80.

There's all sorts of other ingredients that are in vaccines that we haven't even really looked at in depth. But right now we're just looking at the thimerosal and the aluminum, mostly. That's all we're really looking at.

But these genetic predispositions is one part of the problem. Some children can't eliminate the toxins from their systems as readily as others. All of this contributes to vaccine damage.

**Ty:** Yeah, one of the things that—one of the men that wrote one of the forwards to your books, Dr. Russell Blalock—he's a friend of mine that is brilliant, brilliant—

**Neil:** Oh, yeah. Absolutely.

**Ty:** Brilliant doctor. He understands the brain. And one of the things he talks about a lot is glutamate and the fact that there's MSG and maybe some of that's causing some of this brain damage.

**Neil:** Well, Dr. Blalock wrote the forward to one of my books, and in that book, he documents that he talks about what actually happens. He's a brain surgeon. He's a neurosurgeon. So he does surgery on infants', children's brains, and he talks and discusses what actually takes place inside the brain of a child when that child's been damaged by a vaccine. Which is very significant. So he brings up a lot of good information.

He talks about the monosodium glutamate. I had somebody at one of my lectures ask me at the end of the lecture, "What is Chinese food doing in vaccines?"

**Ty:** Well, that's what you do associate—MSG with Chinese food. It's a flavoring in Chinese food, but it also acts as a preservative, correct?

**Neil:** Yeah.

**Ty:** Actually it's an adjuvant in vaccines, correct?

**Neil:** It's an additive, it's an additive that there's a lot of different reasons that ingredients are added to vaccines. Sometimes mercury is added as a microbial agent.

They put it into multi-dose vials, because if you have to put 10 needles into the same vial,



it's cheaper to produce—once you produce the vaccine it's cheaper to put 10 doses into one vial, than it is to put one dose into one vial. And when they do that, they put the mercury in it as a antimicrobial agent.

**Ty:** To preserve it.

**Neil:** Yeah.

**Ty:** Right.

**Neil:** Because you're putting 10 needles in it. So it saves about \$.15 per dose.

**Ty:** Multiply that out times billions of doses.

**Neil:** Yeah. They're saving lots of money. But if you think about it another way, do you think your child is worth \$.15?

**Ty:** Yeah.

**Neil:** If the difference is between getting toxic mercury and not getting toxic mercury and it's \$.15, that's the difference? You're going to line some president or vice president of a pharmaceutical company's pockets with that extra money that they're saving by producing multi-dose vials rather than single dose vials that would be safer for children—

**Ty:** By damaging children they're going to save money.

**Neil:** Yeah.

**Ty:** Yeah, I interviewed an attorney, when I was at AutismOne this year, and he was one of the first attorneys to bring suits against pharmaceutical companies—

**Neil:** Yeah, good for him.

**Ty:** And this was before they couldn't be sued anymore. But he was one of the first, and he said he found out one of the vaccines that had damaged children, they were saving a half of \$.01 per dose by including toxic ingredients, or whatever it was.

And so he said what he did is he took a penny, he cut it in half, and when he would make his opening presentation he'd lay the half penny in front of the jury.

**Neil:** Yeah.

**Ty:** And then, later on, they didn't know why he had done it, and then he would talk about the fact that they saved half a penny. And then they would show the damaged children.

**Neil:** Yeah. That's a good prop, and maybe I'll bring \$.15 to my lectures in the future and ask people "Do you think your baby is worth \$.15?"

**Ty:** That's a good visual.

**Neil:** Because that's what they're saving. That's what they're saving when they put mercury into the vaccine that they want to give to your baby.

**Ty:** Right. Yeah, that's a good visual, isn't it?

**Neil:** But there's different reasons that—a lot of people don't know that, for example, the aluminum is an adjuvant, and that's used to stimulate and create a more robust immune response to the vaccines.

**Ty:** Right. Yeah, there are reasons for many of the different toxins being added, right?

**Neil:** Yeah, there's manufacturing reasons.

**Ty:** Sure.

**Neil:** Yeah.

**Ty:** Sure. I mean, none would say “Well, we're just adding the formaldehyde to cause brain damage.”

**Neil:** No, they're not doing it—

**Ty:** Right.

**Neil:** They're not doing it because they—it's just the only way they know right now, is to manufacture—or it's the cheapest way.

**Ty:** It's the cheapest. Right. And isn't that one of the things that has—or maybe that's one of the reasons that they've combined these vaccines?

Because if we looked at the mumps vaccines, or the measles vaccine, or rubella separately, they didn't have the adverse reactions that now the MMR has, because—

**Neil:** Right.

**Ty:** Now they're all given at once.

**Neil:** Right. Right.

**Ty:** So it's that synergy that you were talking about.

**Neil:** Well, they're combining vaccines for a few reasons. One, it is cheaper to manufacture vaccines that way sometimes. Two, it's more convenient for parents, they believe, to go to the doctor at one visit. And that's one of the reasons they say “Come at two months. Come at four months. Come at six months.”

There's no science to getting these vaccines at two months, four months, and six months. It's for convenience. It's because they think that a parent has to spread these vaccines out they're less likely to get them.

But if they come for all the vaccines at two months, and then at four months, and then at six months, than it will be more convenient for the parents, and then they're more likely to have their children vaccinated with all the vaccines.

**Ty:** Right. Neil, in one of your books you talk about there being a “hazard tax” on vaccines. What exactly do you mean by that?

**Neil:** Yeah. Actually I call it a “death tax.”

**Ty:** A death tax?

**Neil:** A “damage and death tax.” Well, what actually happens is that when parents go to the pediatrician to get a vaccine, they don’t realize that a portion of the money that goes to pay for that vaccine actually goes into a congressional fund.

Back in 1986 congress enacted a new law, and they said that you can no longer sue vaccine manufacturers. Instead we’re going to create a vaccine court. We know that so many children every year will be damaged or killed by vaccines. Congress acknowledged this back in the late 1980s.

And they said that—and also the pharmaceutical companies started to petition legislators and petition the CDC and the FDA, and said “We’re being sued every time our vaccine damages or kills some child.”

Back in the 80s it was DPT. The pertussis vaccine was very reactive, and it was causing a lot of neurological damage. Some of these children were ending up mentally retarded, or with some type of brain damage.

And they would also have psycho-motor—developmental problems. And so the pharmaceutical companies said “Would you please protect us against this? We’re going to stop producing vaccines if you don’t provide us with blanket immunity.”

**Ty:** Okay.

**Neil:** Okay?

**Ty:** That’s real immunity they got.

**Neil:** They got—yeah, they got—yeah, exactly.

**Ty:** Not like the vaccine immunity.

**Neil:** Yeah. They got the true immunity. Protection against lawsuits.

**Ty:** Yeah.

**Neil:** Okay? And so starting back between 1986 and 1990 the pharmaceutical companies could no longer be sued, all the way up into the present. And now they’ve got this vaccine court.

And so the vaccine court, if the vaccine court determines that a child was damaged by vaccines—and, by the way, thousands of children have already been confirmed as damaged from the vaccines. They’ve been confirmed by the vaccine court.

**Ty:** Over \$3 billion in payouts, correct?

**Neil:** Over \$3 billion has already been paid out to parents for their children that have been permanently disabled, or killed, by vaccines. And that was paid for by this death and destruction tax. It’s called an excise tax. It’s basically a tax on the product, so that a portion of the money—it’s \$.75 per vaccine.

MMR is actually three vaccines combined, measles, mumps, and rubella. So it's \$2.25. When a parent goes in to pay for it, \$2.25 actually goes into this congressional fund, and this congressional fund collects this money. It collects into the millions and billions of dollars over time, and then when a child is damaged, or killed, by the vaccine, they receive some of this money for lifetime expenses for their medical care and things of that nature.

**Ty:** So in a very real sense those families that have received money from the vaccine court, they actually receive some of their own money. They paid for some of it, a small, small portion of that.

**Neil:** Yeah, they paid for—

**Ty:** When they paid for the vaccine that damaged their child.

**Neil:** Yeah. Yeah, we all paid for it, as a society, and we're all paying for it. Every time a child is damaged by a vaccine and becomes autistic, or becomes neurodevelopmentally damaged, or has some kind of autoimmune disease that requires any kind of extra healthcare. We're inundating our healthcare system with all of these children that are vaccine damaged, but we're also overloading our social structures, our social systems, so that these children have to be educated.

**Ty:** Yeah.

**Neil:** It costs about \$40,000 a year per child to educate an autistic child. And so we've gone from rates of less than 1 in 10,000 children were autistic before these vaccines were introduced, all the way up to right now we've got more than 2 children out of every 100.

One out of 50, roughly speaking, are being damaged by vaccines. We have autistic children—the rate is now approximately 1 out of 50 boys—

**Ty:** Is autistic.

**Neil:** Is becoming autistic.

**Ty:** Wow.

**Neil:** And I would estimate that 95 percent of that is related to vaccines. And so we're going to bankrupt the nation if we have to continue paying for these extra social services that these children require, and that it comes out of taxpayer dollars.

**Ty:** Wow. And not to mention the taxation, the emotional taxation that goes—

**Neil:** Oh, it breaks up families.

**Ty:** With all of these families.

**Neil:** It breaks up families. I see it all the time. I've been doing this, like I said, for 30 years. I receive telephone calls, emails. I receive communications from parents every week, nearly every day, perfectly healthy children, damaged after they receive these vaccines. It's usually the husband that can't handle it and he splits.

It's just overwhelming what these families have to contend with in dealing with these autistic children. Or children that have become autoimmune damaged and that need round the

clock care. Children today that are being damaged by the HPV vaccine, and now they're giving this vaccine to boys.

They finally have a vaccine that they can claim is 100 percent effective. Not a single boy has ever developed cervical cancer after getting this vaccine.

**Ty:** And they probably will. They'll probably claim "Not a single boy has developed cervical cancer." And the way that we are conditioned, people will say "Wow, that's a good thing." Despite the fact that boys can't develop cervical cancer.

**Neil:** But it's breaking up families.

**Ty:** Yeah.

**Neil:** And families are being broken up. The divorce rates are off the charts.

**Ty:** Yeah, it's sad. Talk about the HPV vaccine though. The risk versus the benefits. Because if I understand it correctly there's over 100 strains of HPV. The vaccine only protects against three or four.

**Neil:** Right. Well, there's 15 oncogenic strains. That means that there's multiple strains of HPV. And you have this with families. You have this with the pneumococcal family, multiple strains. They're giving a pneumococcal vaccine that covers—originally they came out with Prevnar 7.

It was a vaccine that was developed to combat seven out of more than 90 different pneumococcal strains that are capable of causing pneumococcal disease. Same with—

**Ty:** And what is pneumococcal disease? Is that like meningitis?

**Neil:** It's similar to pneumonia.

**Ty:** Pneumonia. Okay.

**Neil:** And then you've got haemophilus influenza type B. Well, who remembers what type B means? Well, it means that there's other types. There's haemophilus influenza type A, type C, type E, type F. They were only combatting type B.

And now if you read the evidence—and I document this in my books—if you read the evidence, after you target let's say with pneumococcal vaccine, or even with the HPV vaccine—what they did with HPV vaccine, they said—

They initially came out with the HPV vaccine that they said "Okay, we know there's 15 different strains of HPV, human papilloma virus, that can cause cervical cancer, but we're going to target the two that are causing the most cases."

They also added two for warts. Sexually transmitted warts. So you had HPV 16 and HPV 18. Those are the names that they gave to these two oncogenic strains. So what happens is with pneumococcal or HPV or HIB, when you target only a handful of strains, when there's multiple strains, the vaccine is pretty doggone effective at reducing the incidence of disease caused by those particular strains.

But let me give you an analogy. When a big military like the United States goes overseas into Iraq or Iran or Syria, and we start combatting ISIS or the Taliban. And we take them

out, or we lower their ability to inflict harm, that's the same thing—that's an analogy as to what happens when we have a vaccine against HPV 16 or HPV 18, or against 17 strains or 13 strains of Prevnar. Prevnar 13. So we target 13 strains.

What happens is you create a vacuum. And now the other strains are going to come and take their place. Just like when you create a vacuum in a foreign country, another terrorist group is going to come and fill that vacuum and take over where the other, where the ISIS, or the Taliban, was knocked out.

And that's what happens in the world of microorganisms. There's a whole ecology there. There's a symbiotic relationship that they have, and that you have, within your microbiome. Within the relationship you have within your body with the microorganisms.

And you have this symbiotic relationship, but when you come in with the vaccine and you target these strains, what happened? So, to give you a good example with Prevnar. Within a few years of targeting seven strains of pneumococcal disease, those strains were knocked out, but new strains became more virulent, became more prevalent, and more virulent.

New strains took their place. Strains that weren't causing a problem in the past, now those are the strains that are causing problems. Why do you think they came out with the new and improved Prevnar 13? It's PCV 13. It's because they said "Here's the new strains that are causing the problems," and it only took place in a few small years.

And so they said "We have to add six more strains." So we went from Prevnar 7 to Prevnar 13. But within two years of Prevnar 13 being on the market, those little buggers, those microorganisms, quickly adapted.

There's now already new strains that are taking the place of the 13 strains and so there's evidence that this is happening with HPV as well. That when they're targeting a handful of strains, new strains are coming that are taking their place. And these new strains are more prevalent and more virulent.

**Ty:** Prevnar 22 coming soon, right?

**Neil:** Yeah.

**Ty:** I mean, it's creating more virulent strains.

**Neil:** Yeah. In fact, this has happened with *Bordetella pertussis*. You and I are being told that it's the unvaccinated children that are causing the spread of pertussis, and that everyone needs to be vaccinated to protect those that can't be vaccinated against pertussis.

Like the immune compromised. But the reality is is that there's at least three dozen studies—and I document these and summarize these studies in my books, that confirm that the pertussis vaccine actually caused evolutionary adaptation of the *Bordetella pertussis* microorganism. So that it has adapted and evolved so that the strains that were targeted are no longer the strains that are causing the disease. They've become new strains, and the vaccine is no longer effective against the new strains.

So the vaccine is no longer effective, because the new strains have evaded the vaccine. It's just like when you go to the hardware store and you say "I've got roaches in my home, and I want the best product that you have to kill the roaches."



So the best product that they have on the shelves today to go and kill these roaches is not the same product that they're going to have in a few years, because those roaches adapt.

It's the same premise with antibiotics. If you're really sick, antibiotics can help. Antibiotics can help you get better. They help your immune system to fight against some nasty disease. But what happens is the disease learns to adapt, and it evades the antibiotic.

This is what happens in the world of microorganisms. The microorganisms learn to adapt to the vaccines, and then new strains come in and take their place. They've evaded the vaccine, and they become more virulent.

So we have the same problem with, with haemophilus influenza type B, pneumococcal, there's evidence it's taking place with HPV, we've got this with Bordetella pertussis, with the whooping cough vaccine.

That vaccine has low efficacy rate, and the microorganisms that cause Bordetella pertussis have evaded the vaccine, and that's why the vaccine is no longer effective.

**Ty:** Great information. Neil, one of the things that you mention in your book, one of the events that you mention, is the tetanus vaccine being laced, causing infertility in, I think it was Mexico. One of the officials there was convicted of genocide. Can you talk about what went wrong with the tetanus toxoid.

**Neil:** Okay. So, all right. Before I get into this, I do want to clarify that I am not one of those that believe that vaccines are designed for population control.

**Ty:** Okay.

**Neil:** I know that there's a large segment of people within the non-vaccinating community that believe that vaccines are intentionally designed for nefarious reasons, to control population.

**Ty:** Right.

**Neil:** I don't believe that. I believe that they just don't have very evolved ways of manufacturing these vaccines, and they just cause damage. And they don't know how to get around the damage, and so they just deny the damage. They continue to vaccinate and deny the damage.

Okay. That being said, I do believe that health authorities did specifically develop a specific vaccine for population control. And this was then introduced surreptitiously into third world nations, under the guise of protecting women against neonatal tetanus, pregnant women.

**Ty:** Okay.

**Neil:** They were saying that pregnant women in third world nations, like Mexico, and Nicaragua and the Philippines—and this was a World Health Organization run program, and this was back in the 1970s, I believe, where they developed a vaccine. And they put in a product, a chemical product, into the vaccine, and they told these pregnant women in these third world nations that they needed to get multiple doses of this tetanus vaccine during pregnancy, so that when their babies were born they wouldn't be born with this problem.

So what they put into that was HGC.

**Ty:** HGC.

**Neil:** HCG.

**Ty:** Okay.

**Neil:** And what it does is it allows this current pregnancy to continue without problems. But future pregnancies, that woman is going to create antibodies against her own pregnancy, and she'll self-abort in the future, on future pregnancies. And this was documented.

There was a Catholic human rights organization that went and investigated these vials that were being given to these pregnant women in third world nations and confirmed that the HCG was in these vials. The World Health Organization denied it, but they had the evidence for it. So I do believe that they did specifically experiment in that instance.

**Ty:** So, Neil, one of the vaccines that you've discussed in your book, the *Vaccine Safety Manual*, is the polio vaccine, and how that actually caused paralysis and actually maybe even killed some children. Can you discuss that?

**Neil:** Well, still, to this day, if you go to India, there's a study that just came out a couple of years ago. And, again, I summarized this in one of my books, they show that the polio vaccine, when administered in India, is actually linked and responsible for 47,000 cases of what they're calling "non-polio paralytic disease."

They came up with a name to try to disassociate it from the polio. But it's only those people that were administered the polio vaccine that are being paralyzed. So that vaccine—the oral polio vaccine, is quite capable of causing polio, causing paralysis.

**Ty:** That's interesting that they changed the name to make it appear that it's not causing polio, right?

**Neil:** It does.

**Ty:** So they call it something different.

**Neil:** They've done this all throughout the years. I've seen many cases of doctors, themselves, for example, when a child comes into the office with the parents and the child's got a hacking cough, the doctor wants to know beforehand whether the child was vaccinated.

**Ty:** For pertussis, maybe.

**Neil:** Yeah.

**Ty:** For whooping cough.

**Neil:** Yeah. What do you need to know if the child was vaccinated for first before you make a diagnosis?

**Ty:** Yeah.

**Neil:** Okay? But the doctor will ask—and if the child received the vaccines, he might diagnose bronchitis.

**Ty:** Instead of whooping cough.

**Neil:** Yeah. If the child didn't receive the vaccines then that doctor might diagnose whooping

cough. The kid's got whooping cough and it's the parents' fault because they didn't vaccinate the child. You see?

But they actually do this—they actually legally change the definition so that—they did this back in the late 1950s and 1960s, they actually legally changed the definition of polio when they came out with the polio vaccine.

They made it much more difficult to diagnose cases of polio when they came out with the polio vaccine. So that was partially responsible for making the vaccine look more effective than it was at the time.

**Ty:** Because then it was much more difficult to diagnose. So, of course, the cases, the number of cases would have dropped.

**Neil:** Before the polio vaccine came out, you simply had to observe somebody and you could make the case that they had polio.

But after, you had to observe them for 60 days. You had to have laboratory confirmation that it was actually associated with the polio germ, the microorganism, the virus that was responsible for causing it.

Laboratory confirmation doesn't take—that's rare, on any of these diseases, with any confirmation. Very rarely is any disease confirmed with laboratory confirmation. And you have to observe for 60 days. Because a lot of people don't realize that for 60 days—a lot of people that caught polio, in the old days, you could get polio for a couple of weeks and it would pass. So you would get—

**Ty:** Right. Most cases, most cases.

**Neil:** They don't cause paralysis, most cases.

**Ty:** Right.

**Neil:** And in fact most people exposed to polio won't even contract polio. So, it's obviously not the polio that's the main factor in determining whether or not you're going to get the disease.

**Ty:** Yeah.

**Neil:** It's something to do with the ecology of your body, your immune system.

**Ty:** The microbiome, right?

**Neil:** The microbiome

**Ty:** Yeah.

**Neil:** Do you have good stability? Do you have a good synergistic symbiotic relationship in the body with—so that has to be well-rounded. If you have 100 people in a room and they're all exposed to polio and 99 percent of them don't contract polio but one person does, there's some factor in that person that is related to why that person out of these other 99 people caught the disease.

**Ty:** Yeah. I guess the same with the flu, right? I mean, when the flu's going around, we have

kids exposed to the same germs in school but only some of them get the flu. There's something different—

**Neil:** Right. Right.

**Ty:** In their microbiome. When we talk about the flu vaccine, I mean, you discussed that in several of your books, and the Cochrane Collaboration of 2006, we are told that the elderly and the infants need the flu vaccine more than anyone, but talk about the efficacy of the flu vaccine.

**Neil:** Well, the flu vaccine has virtually no efficacy, under most cases. Very little efficacy. The flu vaccine—in fact, several studies have come out to show that people that get an annual flu vaccine are actually more likely to have a more severe case of a pandemic flu, when a pandemic flu comes into society.

Here's what happens is generally speaking the influenza is circulating. It mutates very quickly, so every year it shifts a little bit. It changes a little bit. So this goes on for 10 to 15 years, maybe 20 years. Every year the influenza is circulating, it's endemic in society, everyone's exposed to it, and when you become exposed to it, by the way, you gain cross protection.

You gain heterosubtypic immunity, which provides you with cross protection against different strains that might come up in the future. This is well documented in the medical literature.

People that are vaccinated every year are not given that heterotypic immunity. You don't get the cross protection against future strains. Getting the vaccine suppresses you from getting that extra protection.

Now skip ahead to 15, 20 years, when there's not just a small shift, where the influenza virus didn't just mutate a little bit. It mutated a lot. Now it's kind of a completely different disease, and nobody's been exposed to that new strain.

But those people that did not get that vaccine on an annual basis, they were gaining all sorts of cross protection over the years, and their immune system remembers that.

And when they encounter a pandemic strain, a strain that really jumped, mutated—and most of the population hasn't been exposed to it, the people that have heterosubtypic immunity for having been exposed to the annual variations of the flu virus are the ones that are most protected against the pandemic strain.

The people that were getting the annual flu vaccines, those are the people that are statistically significantly more likely to end up hospitalized, when they are exposed to the pandemic strain. So, there's a lot of different angles to this issue that people need to understand. It's not as simple as "Get a vaccine and it's going to protect you."

**Ty:** Right.

**Neil:** The influenza vaccine causes all sort of problems. Guillain barre syndrome, which is a form of neuromuscular paralysis, well documented in the medical literature, that a certain subset of people will get the influenza vaccine and they'll develop paralytic symptoms, and they might be paralyzed for life.

They might need a wheelchair for life, as a result of having gotten that vaccine that they were told, by their doctors, was going to protect them against the flu. But these people now have to contend with a lifelong disability.

So you have that tradeoff, and all these other tradeoffs with the different types of immunity that you're losing. This cross protection. I document it in my books, several different studies, that show in different ways that the influenza vaccine does not protect the elderly against death. That was its original reason for being introduced.

Also the CDC and the FDA often claim that 36,000 people die every year from influenza. This is a flat out lie. If you actually go to the CDC's MMWRs, morbidity and mortality weekly reports. They publish weekly and annual reports on how many people die from influenza, and in any given year the average is anywhere from 750 to 2,000 people that succumb to influenza.

And most of these people have has preexisting conditions. They've had preexisting health conditions that have made them more susceptible to some other opportunistic disease that they've been exposed to.

**Ty:** So where did the CDC get the 36,000.

**Neil:** They make it up. It's made up. In fact, they were even called on it. They were called out on it, and there's no real clear answer on where they came up with that.

Sometimes they say that "Well, most of the cases of pneumonia are really cases that started out as influenza." They came up with some kind of estimate where they had some kind of mathematical equation where they tried to come up with after the fact, to come up with how they came up with that 36,000.

**Ty:** So they back into the number.

**Neil:** Yeah, basically. But essentially it was just a made-up number.

**Ty:** Okay.

**Neil:** There's no basis for that number. No real basis.

**Ty:** Wow. That's not what we hear, because you walk—I was in New York City a few years ago, and it was during October, so right at the first of flu season, and, I mean, literally, you walk around the block and you see a dozen signs, "Get your flu shot. Get your flu shot."

**Neil:** Yeah.

**Ty:** So I guess that's—the 36,000 is a number that people are afraid. "There's 36,000 people that are going to die this year. I don't want to be one of them. I'd better get the flu shot."

**Neil:** No, that's nonsense. It's made up specifically. In fact, in one of my books, I actually document where they had a secret meeting where they discussed techniques to actually frighten the population.

And that was, in fact, one of their tactics, was to contact the media, and let the media know how many people die every year from the flu vaccine so that people will become frightened and they will go get their shots.

**Ty:** Wow. And if you don't scare them enough you've got the Model State Emergency Health Powers Act of 2001 that you discuss in your book, in one of your books, the *Vaccine Safety Manual*.

October 31st, 2001, the CDC unveiled the Model State Emergency Health Powers Act

that basically gives the local police and military, via the National Guard, the ability to force vaccinate people.

**Neil:** The federal government always has opportunities to initiate police state powers under the declaration of an emergency. And this is whether or not there's riots. This is whether or not they believe there's a pandemic. They always have that opportunity.

Now, I do believe you would have the option to be quarantined rather than force vaccinated, under a condition where an emergency is declared, and they want people to be vaccinated against a certain disease. So, you can fight for your right to be quarantined, rather than to be vaccinated.

**Ty:** Okay.

**Neil:** Because this is the biggest issue we have today, facing us. It's a human rights issue, as to whether or not people can be force vaccinated, because the pharmaceutical companies and the allopathic health authorities believe that they own our bodies, and they believe that it's their responsibility to force vaccinate every single person on the planet. They don't have that right.

This is a human rights issue. We have got to maintain the sovereignty of our bodies, and the sovereignty of our children's bodies, and we need to retain the right for informed consent. Otherwise we're just being experimented on.

**Ty:** Yeah.

**Neil:** This is medical tyranny then. We are being medically oppressed, and we are just slaves to the medical industry, if we can't opt out of vaccination.

**Ty:** You mentioned we're being experimented on. Wasn't there—the measles vaccine, don't we know now that they experimented on Black and Hispanic children?

**Neil:** Yeah. I document that story in one of my books and I've written articles about it to where the CDC and World Health Organization went overseas and they had an experimental measles vaccine, and they experimented on black babies overseas in third world nations, and they found out that their experimental vaccine was a killer. It was killing babies at statistically significantly higher rates than if you didn't vaccinate those children at all.

And then once they found out it was a killer disease, they said "You know what? Let's check it out and see if it does the same thing to American black babies. Let's go into the inner cities of LA, Los Angeles, and let's pick out the cities, the counties, that have the highest black populations and let's give them our experimental measles vaccine so that we can determine if it's just babies in Africa or if it has the same effect on babies here in the United States." And they did that until they got caught.

**Ty:** And then they found out it was killing the black babies here too.

**Neil:** It was causing damage. You know, not as much damage, and, again, I attribute that to the higher nutritional status of most of the children in the United States when compared to most of the children in third world nations.

**Ty:** And so this CDC story with Dr. William Thompson where the CDC knew that the MMR was causing higher rates of autism in black babies, it almost seems like the CDC doesn't have



much regard for black children.

**Neil:** It almost seems like there's a conspiracy against black children.

**Ty:** Yeah.

**Neil:** It does.

**Ty:** We talked about the polio earlier, polio vaccine. You reference a 1992 study published in the *Journal of Infectious Diseases* that showed that children who receive a DPT vaccine were more likely to suffer polio. And there was also a *New England Journal of Medicine* article in 1995, showed the same thing, that the DPT was causing polio.

**Neil:** Well, they do know that there's several studies that do document that injections of any time. When polio is endemic, and you give an injection to a child, that's something that's significant. When you give an injection to a child, that child is eight times more likely to contract polio.

**Ty:** Wow.

**Neil:** So even if that person hasn't been exposed to polio, just giving them a vaccine, or giving them an antibiotics shot that's an injection, just the act of piercing the skin with an injection, the studies have documented that if polio is circulating in society, those that got injections versus those that didn't get injections are statistically significantly more likely to actually come down with polio.

**Ty:** Wow. Wow. And so it's not only just the polio, because we see documented cases right after the polio vaccine was introduced, where polio skyrocketed in many states after the vaccine. So it's not just the polio vaccine. It's potentially any—

**Neil:** Well, the early polio vaccine was very crude. It was very crudely developed, and it was causing polio in many of the people that got that vaccine. This is well documented in the medical literature.

**Ty:** Didn't Jonas Salk testify before congress that very thing?

**Neil:** Yeah. Yeah, there was all sorts of congressional testimony. There was research that had gone into this that had documented that the vaccine was causing these problems early on. You know, there were more problems than that with the polio vaccine.

One of the biggest problems with the polio vaccine was that they didn't realize that, at the time, that the polio—that, first of all, you need to understand something.

To make a polio vaccine, there's an entire industry that raises monkeys. They slaughter the monkeys, they take out their kidneys, and the polio virus is actually incubated in the monkey kidneys. Now what they do is they attenuate the virus in the monkey kidneys.

**Ty:** What does that mean?

**Neil:** Weaken.

**Ty:** Okay.

**Neil:** This is how they weaken the virus, so that it supposedly won't cause the disease when it's given to you, as the human. But they didn't know, at the time, that the monkeys had viruses, and the viruses were not a problem for the monkeys. But they were a problem, and they are a problem when they cross species.

So if you've got viruses that are indigenous to the monkey, but they've never been in the human, and then you incubate the polio vaccine in the monkey kidneys that have the virus, and you give those vaccines, 100 million people in the United States, and around the world, were vaccinated with these polio vaccines that contained contaminated—these were contaminated polio vaccines that contained SV 40.

This was simian virus number 40, the 40th virus that they found since they began looking. And that simian virus number 40 they have now documented in 62 different laboratories around the world that it causes increases in bone cancers, brain cancers, lung cancers, and leukemia.

So 100 million people were contaminated with SV 40 because it contaminated the polio vaccine. So even if the industry were able to show and to confirm that the polio vaccine was responsible for lowering cases of polio in the human population, the industry has to take responsibility for increasing cases of cancer in the human population.

**Ty:** So again it's risk versus benefit.

**Neil:** Exactly.

**Ty:** We need to have informed consent, and we don't.

**Neil:** Exactly. Exactly.

**Ty:** Yeah, Neil, we know that from studies from the 90s from children that got the pertussis shot, the adverse events: anaphylaxis, asthma, autisms, SIDS, and so forth. The list is endless of these adverse reactions. And at that point it was significantly significant, over 80 percent of the children that had the pertussis shot were suffering from these conditions. What are the recent studies showing?

**Neil:** Well, back in the 1980s they had a wholesale pertussis vaccine, and they realized that that vaccine was very reactive and was causing a high incidence of neurological damage.

And back in the mid to late 1990s they switched over to what they called an acellular pertussis vaccine. They believed that it was less reactive. It was causing less adverse reactions, but the tradeoff was it might not be as effective.

And, in fact, they know that for a fact that that vaccine is not very effective, because they're giving at least five doses of the pertussis vaccine to everybody.

**Ty:** Right.

**Neil:** To children, who are receiving five doses, but they've got studies that show within 12 months, within 12 to 24 months, those children might have already lost anywhere from 50 to 75 or 80 percent of their protection from that vaccine already. So, the vaccine has very poor efficacy, and the documentation is showing that many children are still being damaged from the pertussis vaccine.

**Ty:** Okay.

**Neil:** So that's still a problem. They did have mercury in that vaccine, so children that got that vaccine up to the 1990s, and the early 2000s, when they took it out, those children were severely damaged. Many of those children were severely damaged with all sorts of neurological and all sorts of autoimmune disorders.

So, absolutely. That was a problem.

**Ty:** Neil, earlier you mentioned the measles vaccine, and one of the things that you list out as a way to mitigate damage from measles is vitamin A.

**Neil:** Yeah. That's very important.

**Ty:** Can you talk about that?

**Neil:** Yeah. The World Health Organization has come out and stated that they've done the research, and I summarized the studies from the World Health Organization and from several other journals. Studies that confirm that children that have complications from measles, or that die from measles, have low quantities of vitamin A.

Their nutritional status is very low for vitamin A, and vitamin A will protect babies, will protect children, from complications and death associated with measles.

And so they went and did a study, for example, where they had like 200,000 kids, and they broke them up into two groups, and this was in Africa, and these kids were coming into the hospital with measles, and they gave one group standard treatment.

They gave the other group standard treatment plus high doses of vitamin A. And the group that received the standard treatment plus the high doses of vitamin A had, I forget the exact numbers, but it was like an 80 percent reduction in mortality associated with the measles.

And these were the kids that had the most severe cases. Not everybody ends up in the hospital when you get measles. And, again, when you consider measles can have a high fatality rate in third world nations where the malnutrition and nutritional status is very, very poor.

Vitamin A is very important, and, today, if we didn't vaccinate children in the United States, the best thing you can do to protect, not against measles—you're still going to contract measles, measles is very contagious—you're not going to stop children that are exposed to measles from contracting that disease.

You'll never stop them from contracting the disease, and you don't want to stop them from contracting the disease, because I talked earlier that contracting the disease will offer you many benefits in later life.

It will protect you against cancer. It will protect you against coronary heart disease. But it will protect you, if you take high doses of vitamin A, and you are exposed to measles, and you do get measles, it will protect you from complications of the disease and it will protect you from mortality.

**Ty:** You know, one of the interesting things that we've seen in the last couple of decades is many outbreaks of mumps, measles in the areas that were almost fully vaccinated. What does that tell us?

**Neil:** It tells us that the vaccine is not very effective. And we're being told that the small percentage of people that are not vaccinated are somehow responsible for causing the disease in the people that are vaccinated.

But I'll tell you something. Studies have just come out that confirm that people that are vaccinated against measles can spread the disease. They are carriers of the disease, and they can spread it to other people, and they are. And it's the same thing that's happening with the pertussis vaccine.

They have now documented that people that are vaccinated against pertussis are silent carriers of pertussis. It is the disease is developing inside their throats.

Now, the person that got vaccinated may not develop the disease, but they are infectious. And like Typhoid Mary from years ago who did not exhibit symptoms of typhoid, but Typhoid Mary was able to spread typhoid to other people. She was contagious.

The people that are vaccinated against pertussis are like Typhoid Mary. I call them Whooping Wally and Pertussis Peggy. They are silent carriers of pertussis and they are capable of spreading pertussis to other people. This is documented in the studies. I summarize those studies in my books.

**Ty:** That's amazing, that they are actually carriers.

**Neil:** This idea that people that are vaccinated, for example, against measles, and the small percentage of people that are non-vaccinated are somehow responsible for causing the vaccinated to catch the disease. No, here's what's wrong. How the vaccine is manufactured.

If people that are vaccinated against measles are exposed to measles in society and catch the disease, that means one thing only. The vaccine didn't work. The vaccine was ineffective. It didn't do what the manufacturer promised that it would do. It did not protect those people when they were exposed to the disease.

**Ty:** Right. If the vaccine worked, they shouldn't worry about it.

**Neil:** So don't tell the non-vaccinated that they have to go back—that those non-vaccinated have to be vaccinated to protect the vaccinated. No. Go back to the drawing board and create a vaccine that will protect the people that receive the vaccine.

The people that want the vaccine, let them take the vaccine, and create a vaccine for those people so that when they are exposed to the disease, they don't get the disease.

Because you're absolutely right. In many outbreaks of measles, in many outbreaks of pertussis, anywhere from 80 to 90 to 95, and there's even been outbreaks of the disease where 100 percent of the cases were in vaccinated populations.

**Ty:** And if the vaccine worked, we wouldn't have seen it.

**Neil:** That's right.

**Ty:** Bottom line. Great answer there. You mentioned a Swiss study. 180 Swiss physicians analyzed 320 scientific works from around the world. They concluded "there is no medical foundation for combining measles, mumps, rubella in one shot."

**Neil:** No. And of course this is what Andy Wakefield speaks about. Andy Wakefield said “There might be some evidence that combining the vaccines is potentially more detrimental than not combining the vaccines.” That’s essentially what he said.

Andy Wakefield said “I still recommend vaccination. I just recommend that you break it up.”

**Ty:** Right.

**Neil:** Here’s support for what Andy Wakefield said. These are 300, over 300 medical scientists from Europe that signed a petition that said “There is no good reason to combine these vaccines.” And they went and gave several reasons why that was not a wise thing to do.

**Ty:** But they still combined them.

**Neil:** Oh, of course they still combine them.

**Ty:** Yeah.

**Neil:** In fact, you have to make them individually.

**Ty:** So it takes extra work to combine it.

**Neil:** Yeah, when Andy Wakefield made that recommendation, within six months they they took away that option. The single vaccines were available when Andy Wakefield made that claim. And he didn’t make that claim in his article.

His retracted paper actually said “We don’t really have any kind of evidence confirming a link between the vaccines and autism.” Everybody misquotes that and says he claimed there was a link. But in a news conference that he gave, he said “It might be wise to separate them, or to take them in separate doses over time.”

**Ty:** Right.

**Neil:** And within six months the health authorities and the governments colluded with the pharmaceutical companies to take away that right.

But, remember, you have to make an individual measles vaccine. You have to make a mumps vaccine. You have to make a rubella vaccine, and then you combine it all into one vial.

**Ty:** Yeah.

**Neil:** Okay? But they said “We’re not doing it anymore. We’re not going to give parents that option.” And so vaccination rates dropped. Because people wanted the single vaccines.

**Ty:** Yeah.

**Neil:** And they blamed it on Andy Wakefield. No. Blame it on the pharmaceutical company. Blame it on the government officials. Blame it on the health authorities. Those are the ones that colluded to take away that right from parents.

**Ty:** And when you look at the MMR – measles, mumps, rubella, I interviewed immunologist Tatiana Obukhanych, and she said that it’s absurd to give the rubella vaccine to boys because the only damage that’s ever done from rubella is in a pregnant lady.

**Neil:** Right.

**Ty:** And so she said that it's absurd that we combine it.

**Neil:** Well, the idea was to take away the hosts that the—

**Ty:** The males—

**Neil:** Microorganism can jump to. See, the viruses and the microorganisms live inside you and me. Okay? We're their host.

**Ty:** Okay.

**Neil:** Just like you live on the Earth, they live inside us. We're the Earth to them.

**Ty:** Right.

**Neil:** And the reason they're giving boys is to—they believe then those boys can't be a host for that virus, and in that way, they would be protective to these pregnant women.

**Ty:** Got it. Okay. Talk about the different between ethyl mercury and methyl mercury because we'll oftentimes hear "Well, why should we even be afraid of ethyl mercury is not as damaging as methyl mercury?"

**Neil:** There's many studies that show that ethyl mercury—the type of mercury that's in vaccines, there are dozens of studies that show that the type of mercury that's in vaccines is dangerous.

First of all, in my estimation, they're splitting hairs between the difference between ethyl mercury that's found in vaccines and methyl mercury that's found from other sources.

Authorities tried to say when we caught them with their pants down, overdosing babies with mercury, they said "Oh, but—yeah, okay. You're right. The studies do show that methyl mercury is dangerous. Oh yeah, we'll admit that. But the type of mercury that's in vaccines is ethyl mercury, and that's different."

No it's not. No it's not. It's dangerous. It causes neurological, immunological damage. And the studies prove this, and I summarized those studies in many of my books.

**Ty:** Yeah. 2007, Generation Rescue study showed that—they looked at 17,674 children, they found that vaccinated boys were 112 percent more likely to be autistic, 158 percent more likely to have a neurological disorder, and 317 percent more likely to suffer from ADHD than unvaccinated boys.

**Neil:** Yeah. Yeah. Now, I will tell you, that information is important, but that is one of the few studies that I've actually put into my books that wasn't published in a peer reviewed journal. That was a private study that was conducted.

**Ty:** Okay. Generation Rescue?

**Neil:** Yeah, Generation Rescue, but it was never published in a journal.

**Ty:** Okay.



**Neil:** I just want to clarify that point.

**Ty:** Okay. Yeah.

**Neil:** Like I said, there are plenty of studies, published in peer reviewed journals, documenting links between vaccines and neurodevelopmental disorders, including autism.

**Ty:** And that's important to note, that most of these studies are published in peer reviewed journals.

**Neil:** Absolutely.

**Ty:** Yeah.

**Neil:** Absolutely. The studies in this book, Miller's *Review of Critical Vaccine Studies*, this book, there's 400 studies in here.

**Ty:** Yeah.

**Neil:** And these are studies—most of these studies are recent studies.

**Ty:** And they show the damage and the dangers of vaccines.

**Neil:** These are all studies that are showing problems with vaccines, because I got tired of hearing from pro-vaccinators saying, and medical doctors saying, "There are no studies show that vaccines are a problem, that vaccines are unsafe." What are you talking about? That is an outright lie.

**Ty:** Yeah.

**Neil:** There are hundreds, if not thousands, of studies published in peer reviewed journals documenting safety and efficacy problems associated with vaccines.

**Ty:** And you have listed—how many are in your book, in this *Critical Vaccine*—

**Neil:** 400, just in this book.

**Ty:** 400. So, there's 400 studies in just one book—

**Neil:** That's right.

**Ty:** That deal with the dangers of vaccines.

**Neil:** And most of it is just one study per page.

**Ty:** Yeah.

**Neil:** And I just use the entire page to give bullet points that summarize what that study is about.

**Ty:** Yeah, it's a great book by the way.

**Neil:** Thank you.

**Ty:** It's very easy to understand.

**Neil:** Yeah, thank you.

**Ty:** Yeah, I was going through that this week and—

**Neil:** Doctors use this. Medical doctors that know the problems with vaccines use this book to support when they go out and lecture. They use the information in this book because it gives them strength and it gives them the supporting documentation.

**Ty:** Yeah. I saw the quote on the back by Dr. David Brownstein, a good friend of mine up in Detroit, “This book should be required reading for every doctor, every medical student, and parent.”

**Neil:** Tony Bark wrote inside.

**Ty:** Did she?

**Neil:** Tony Bark. Tony Bark, she gave a really nice, nice reference.

**Ty:** Okay.

**Neil:** Brandon Weeks. I’ve got seven medical doctors in here that—

**Ty:** Yeah.

**Neil:** So people that think that medical doctors don’t know the medical problems with vaccines, they don’t know how many medical doctors know that the vaccines are causing problems. And pretty soon you’re going to see more and more medical doctors speaking out.

**Ty:** Yeah. And the reason that the medical doctors know is because they’re seeing it in their patients, some of them—

**Neil:** Right.

**Ty:** And they also know because there’s studies—

**Neil:** Yeah. Yeah. Yeah.

**Ty:** That tell us that vaccines are very dangerous.

**Neil:** They can read the evidence.

**Ty:** But if you listen to most pro-vaccine people, they’ll say “There’s no science that says that vaccines are dangerous.”

**Neil:** Plus, if a doctor speaks out right now, they risk having their medical license pulled.

**Ty:** Yeah.

**Neil:** And so some of them wait until they retire. Like Dr. Blalock is a retired neurosurgeon. I don’t know how much he was speaking out before he retired.

**Ty:** He is now.

**Neil:** But he’s definitely speaking out now.

**Ty:** Yeah. Neil, last question, just, in your books, you've addressed conflicts of interests many times. And so talk about the financial conflict of interest that we have in the vaccine industry.

**Neil:** Well, the doctors get incentives from the insurance companies for vaccinating a certain percentage of their clients, of their patients.

I've received letters, emails, and phone calls, all the time, from parents who say "I told my doctor I don't want to vaccinate," or "I told my doctor that I want to selectively vaccinate. I only want to give certain vaccines and I only want to give them at a certain time. I want to spread them out."

And he said or she said "If you don't take all the vaccines or if you don't listen to what I have to say, I don't want you coming back to my practice." So many, many families have been kicked out of doctors' practices, and they think that the true reason is because they're not vaccinating, and they won't listen to the doctor. And that's part of it. The doctor doesn't like his or her authority being questioned.

But another part of it is that they have to achieve a certain percentage, a certain percentage of the people that come in for the vaccines have to take those vaccines and the doctor then gets bonuses. He gets a kickback. This is documented. So, if you kick out patients, you increase the percentage of the remaining clients, and you get those bonuses.

But at the pharmaceutical level, and at the CDC level, the CDC is supporting the pharmaceutical companies. There's a revolving door between the authorities that run the CDC and then move over to take high levels of management within the pharmaceutical companies.

For example, Julie Gerberdink, she was the head of the CDC for many years. When she quit, she got a very high paying job as President of one of the top vaccine manufacturers, as the leader of the vaccine manufacturing company that she, just before, was actually supposed to be regulating.

**Ty:** Yeah.

**Neil:** Okay? So now the CDC has a conflict of interest because they are looking after vaccine safety, but they're also promoting vaccines. We have to take the ability for the CDC to be responsible for vaccine safety. We have to put that into an independent commission.

The CDC cannot be trusted to look after vaccine safety issues, because they have a conflict of interest where they are interested in pushing as many vaccines as they possibly can.

So that's a big conflict of interest. But the pharmaceutical companies have infiltrated the journals, they are buying out the journals, so that you don't have in many journals anymore, you don't have objectivity.

Studies that conflict with vaccines often won't get published in journals. Studies that show a problem with vaccines, studies that have findings where there's a safety issue associated with vaccines, often, they will be rejected by journals, because the journals get paid off by the pharmaceutical companies.

How do the journals get paid off? Because when the journal publishes a pharmaceutically-sponsored study that promotes vaccines, the pharmaceutical company will buy hundreds of thousands of copies of that journal article, which will account from anywhere from half a million, to millions of dollars into the journal's pockets.

And this is a substantial portion of the journal's income. And it's sort of like an unwritten, unspoken, understanding that when the journal uses its journal space to promote pharmaceutically-sponsored studies, the pharmaceutical company will, after that journal article is published, buy hundreds of thousands of dollars' worth of that paper.

**Ty:** Wow.

**Neil:** So that's a problem.

**Ty:** It is.

**Neil:** And then you've got the scientists and the professors working in the various colleges and universities around the country, and I have documented in my books several studies that have been done, that show that they are guilty of manipulating study results.

They leave out data points, or they drop some kind of a finding because they allow the pharmaceutical companies to vet their studies before they're published, and the pharmaceutical company doesn't like something that a certain conclusion or certain finding in the paper, so they water that finding down. This is very common.

**Ty:** Yeah.

**Neil:** There are many, many different ways that conflicts of interest find their way into vaccine studies so that it's very, very difficult to trust studies today. In fact, Dr. John Ioannidis is an expert on the validity of studies, and he has come out and said that studies, especially studies published in the biomedical field, half of them, he said that more than half of them are not valid.

So you can't trust half of the studies that are actually published in the medical journals. What does that mean if you can't trust half of them? Which half? Which half can't we trust?

I always tell people "Putting a man on the moon is science. Publishing a study in a medical journal that's been funded by the pharmaceutical company, or supported by people that are associated with the pharmaceutical companies, that's not science."

**Ty:** No.

**Neil:** Those studies are not science.

**Ty:** That's bought.

**Neil:** That's marketing. That's marketing.

**Ty:** Yeah.

**Neil:** It's much more efficient for a pharmaceutical company to—it's a much more useful way to spend their money creating a study that's bogus that shows their vaccines in a good light—

**Ty:** Well that way they can sell more.

**Neil:** Than to go and advertise that vaccine.

**Ty:** Well, two things that you said, and this—and we're done. You mentioned that sometimes pediatricians will fire their patients that don't vaccinate. I interviewed this man right here

behind the camera, and that exact same thing happened to Julius—

**Neil:** Yeah.

**Ty:** With their pediatrician.

**Neil:** Oh, it's exceedingly common. I have frequently asked questions on my website at Think-Twice.com, and that's the number 1 question that people write me, almost every week I get somebody who said "I just asked my pediatrician some questions about vaccines and he fired me."

**Ty:** Yeah.

**Neil:** And what I do I tell them? I tell them "You should be thankful that he was honest enough to end your dysfunctional relationship with him."

**Ty:** Yeah. True.

**Neil:** "Go find somebody that will respect your views and respect you and your family and the decisions that you want to jointly make with your healthcare practitioner."

**Ty:** So, Neil, one other thing that you mentioned was that doctors get paid based upon the percentage. I just got an email forwarded to me from a medical doctor, and it was a PDF file from Blue Cross Blue Shield, and it shows the rates that they need to get, and the bonuses that they get, in the PDF document from Blue Cross Blue Shield.

**Neil:** Yeah. You're not supposed to receive that.

**Ty:** I know. I got it.

**Neil:** I have a copy of it too.

**Ty:** So we're not making this stuff up. This is stuff that doctors are receiving and they know what percentage they need to get, to hit, in order to hit that bonus.

**Neil:** Exactly.

**Ty:** Yeah.

**Neil:** Exactly.

**Ty:** Well, Neil, this has been an amazing interview. I thank you for what you've done over the last 30 years in your research and the way that you've really shed light in this field. And like I said before, you were one of the forerunners, and now this momentum is starting to pick up, and it's largely because of some of these studies that you've highlighted. So thank you so much.

**Neil:** Thank you very much.

**Ty:** We appreciate it.

**Neil:** Really appreciate it.

[End of transcript]

# Chapter 37:

*Interview with*  
**Minister Tony Muhammad**





**Ty:** So, I'm here with Reverend Tony Muhammad. Thank you so much. I'm honored to be with you today. We just were in a meeting here at the National Press Club here in Washington D.C. You got up and you articulated some powerful stuff. We did a Facebook live, we had 28,000 people watching and you had more comments than anybody else.

So, what I'd like you to do is to share real briefly how you got involved in this vaccine issue and talk about the African-American fact because we're seeing African-Americans are being disproportionately affected at times by these vaccines.

**Tony:** Yes. First of all, it's an honor to talk to you about this issue. It was a little bit over a year ago, Mr. Kennedy, and others, Michele Ford, reached out for me through one of my colleagues. When I met with them and they showed me all the scientific data, a light bulb came on in my head because our teacher, the honorable Elijah Muhammad, had warned us that there could be scientists who were being used manipulate science that will cause injury to us through medicine.

And he forbade us in the 60s to take the polio vaccine. He said, "Something ain't right with that vaccine." Fast forward it now 40, 50 years later we hearing about a senior lead scientist by the name of Dr. William Thompson. I read his study. I listened to his words and this man, who still works for the CDC, he's admitting that he and his co-authors lied about his study that they used to beat everybody back from vaccines.

When we heard that, we said, "Oh my God. Could it be that this is happening to us all over again?" Because if people would just go look up the Tuskegee experiment, you know that study? Four hundred, nearly four hundred black men they knew had one of the most virulent form of venereal disease at that time, syphilis, was allowed to go co-mingle with other African-American women totally devastating an entire community. It took a whistleblower to make us aware of that heinous act and then it took a Kennedy to shut that down, 40 years later we're hearing about this.

As I have traveled to over 30 cities in America, I was commissioned by the honorable Minister Louis Farrakhan, packed room when I show that movie *Vaxxed* and we talk about vaccines, the scream and the cry of black mothers is so devastating that it rocks you at the core of your being.

In one city, St. Louis in particular, there was a black mother who said, "I knew it wasn't me. I knew it was the vaccines but I was bullied by the doctors and he made me think it was me genetically." She said, "I'm not crying so much so that it's my child" she said, "I'm crying because I believed those doctors and I went and had a hysterectomy because I did not want to have any more children."

That alone fumed me so much so that I will not stop until there's a movement because in every city I have recordings of names of black mothers of Latino mothers of Native American mothers and poor white because that's a group that no one is talking about it. The middle class is particularly aware but the poor have no idea.

In fact, in every city that I've gone to when I asked the black community, "How many of you know what autism is?" No one raise their hands. They have no idea. They're hard working but when they see the movie and they see the symptoms they say, "My God, my child may have autism and I don't know it," because they're poor.

I was invited to inter city schools by black educators. They say, "Come in my classroom, look at the black boys." And when you look at them, 70 to 80 percent of them, they look

spacey, they're tapping on their desks, they're not doing anything. You can't get them to interact. I'm saying, "My God, something is fundamentally wrong.

I'll close with this. When our community hear that the vaccine makers have been protected by congress under the Vaccine Injury Act the anger and the rage at whites in my audiences that have attended, Blacks and Latino mothers they say, "Wait a minute. We can't sue them?"

Even those that I have met that are pro-vaccine, when you let them know that the vaccine makers cannot be sued, even they say, "Wait a minute. I'm against what you're here for but I ain't for that. You're telling me that I can't sue the vaccine makers if it's proven that vaccine injured my child?" I said, "No. They're indemnified. You can't touch them." I say, "But we the taxpayers, we have to foot the bill of any proven act of malpractice by the pharmaceutical industry."

That alone is a movement in and of itself and that's what we're seeing that is causing it. I would say to you that I believe within one year this movement will get as much steam as Black Lives Matter, as the Female Movement that we're seeing right now. This too but when this one comes out and the press is absent from telling the people the truth, we believe that this one will cause so much anger because when you attack babies, that's not good.

**Ty:** That's something that everybody agrees on that it's wrong to harm a child. No matter what side of the aisle you come from all we want is to help the kids. How can argue about that?

**Tony:** Absolutely. There are countries who have better vaccines than we do in America. Why we can't go to Switzerland and say, "Hey, show us what you've done." Because we're not against vaccines we just want safe vaccines.

But again, this is the kind of movement that we have to have. But I'm telling you the Black community is waking up in droves. I'm going to go on another tour and I think with the cast that I've seen today and people like yourself and others, I think we should form a coalition. I can do a lot individually but as a team, oh my God. I believe we will pack our arenas to the tune of 15, 20 thousand people will show up to get the evidence for themselves and I believe that will quicken this movement.

**Ty:** I think you're right with the passion that you have I don't think we'll have any problems—

**Tony:** Well, thank you.

**Ty:** Thank you so much.

**Tony:** It's an honor

**Ty:** Honor to talk to you, keep up the great work.

**Tony:** Thank you sir.

**Ty:** All right.

[End of transcript]



# Chapter 38:

*Interview with*  
**Dr. Tetyana Obukhanych, Ph.D**



**Ty:** So where did you get started? You're from Ukraine but did you go to school there?

**Dr. Obukhanych:** No, I left Ukraine when I was 17. So, I came here for education, to do college, graduate school and then I stayed.

**Ty:** Where did you go to college here?

**Dr. Obukhanych:** Mount Holyoke College, it's a small liberal arts school.

**Ty:** What did you study there?

**Dr. Obukhanych:** Biochemistry and then switched to immunology in graduate school.

**Ty:** Immunology, immunology that makes me think of, we hear this it's very popular now-days to say that if you're vaccinated your immunized. Is it the same thing, is vaccination the same thing as immunization?

**Dr. Obukhanych:** Well, it depends. These terms are used very differently in academic immunology than the way lay people use it. So, the term immunization means something is injected into your body and that stimulates antibody production. So, the process of stimulating antibody production is immunization.

Now, vaccination is done not so much for the purposes of antibody production, although that's the part of it, but for the purposes of protecting from disease. So, we need to ensure that whatever antibodies that are there they're actually protective and not just any kinds of antibodies.

**Ty:** I know that one the vaccines that you're going to be speaking about here is the DPT or DTaP.

**Dr. Obukhanych:** Both, I will be speaking about both.

**Ty:** Talk about what is the vaccine? What's the purpose? And is it effective at preventing the diseases?

**Dr. Obukhanych:** There are three components to it and probably we are talking about pertussis here, right?

**Ty:** Pertussis, sure.

**Dr. Obukhanych:** That's part of the intention of the vaccine of both DTP, the old one, and DTaP the new one.

**Ty:** What's the difference between the DTaP and the DPT?

**Dr. Obukhanych:** So, DTP is whole cell pertussis. It includes whole cell pertussis component whereas DTaP, there is a little "A" in there, it still stands for acellular pertussis. So instead of including the whole pertussis bacterium in there, they isolate certain proteins from the surface of the bacterium as well as pertussis toxin and that becomes the vaccine.

**Ty:** So, the DTaP's the new one?

**Dr. Obukhanych:** The DTaP is relatively new one. It was developed in Japan in the 80s when it was noticed that DTP, the old one, is giving problems, it's reactogenic and sometimes results in death. And in Japan, interestingly, only after two cases of death were reported after DTP it was pulled and then Japanese researchers developed DTaP.

**Ty:** Okay, so there literally have been people that have been killed by the DPT vaccine, the old one?

**Dr. Obukhanych:** Right. Obviously, and it just depends how you judge whether that event is coincidental or causal. It's up to each government and each regulatory agency to determine and make a decision and action on that.

**Ty:** Talk about the current vaccine, the DTaP vaccine. How safe and effective is it at preventing those diseases?

**Dr. Obukhanych:** If we start on the level of safety first, that's what I'm looking into it. The thing is that they did really good job in making this vaccine safer than the old one in Japan and they do it by monitoring endotoxin levels in vaccines very strictly. They have certain requirements that endotoxin levels in vaccines have to be under certain limits.

In the United States, however these limits are applied only to drugs and not to vaccines. So, in terms of vaccines we have absolutely no idea what's going on in American vaccines or European vaccines with the levels of endotoxins.

**Ty:** What are endotoxins?

**Dr. Obukhanych:** What is endotoxin? Endotoxin comes from a bacteria, from certain types of bacteria called gram-negative bacteria. Pertussis is one of the gram-negative bacteria so natural pertussis has endotoxin on its surface.

Now, the problem is that endotoxin is very reactogenic and that's what was hypothesized was the problem with the old whole cell vaccine. So, it is imperative to remove that as much as possible from the new vaccine.

However, recently, as recent as 2012, Japanese researchers did investigation and comparison of vaccines that are produced in Japan using their own very stringent standards and vaccines that are produced abroad and imported to Japan. They found that the acellular pertussis vaccines that are produced abroad have as much endotoxins as the old whole cell vaccine. And this is not really picked up by any tests abroad and only in Japan they can distinguish that.

**Ty:** Wow, so basically what you just said, if I understand it correctly, is that the Japanese tested the new vaccine which they have made cleaner, less endotoxins, but because the fact that we are not – in the United States and Europe – not measuring that level of endotoxins that the new one for us is still as toxic as the old one was before they changed because people had died from it?

**Dr. Obukhanych:** It's not clear what vaccine industry is doing about measuring the endotoxin it's just that there are no regulations and so vaccines are exempt from those regulations that drugs have. It's a shot in the dark, really. A batch can differ from another batch and so some batches could be hot lots, so to speak.

**Ty:** What is a hot lot?

**Dr. Obukhanych:** Hot lot meaning the ones that are causing reactions and you would never know which batch you would get and which one is actually contaminated.

**Ty:** That's interesting because I just saw a documentary about a man that was thrown in



jail in the United States in 1996 for shaking his baby and he did eight years in jail. Then they later released him because they determined that his baby had been injected with a hot lot. They called it a hot vaccine lot. I think there were six or seven other children that died from that lot. So, what makes the lots different to where some might be more deadly than others?

**Dr. Obukhanych:** It depends how a vaccine is purified. So originally, they grow bacteria and then they purify components from that bacteria but endotoxin is very sticky and it could still stick to those components. It would really depend on batch per batch basis. It's unpredictable.

**Ty:** So, you never know?

**Dr. Obukhanych:** You never know and every single one needs to be tested for endotoxin to really know what's going on and if it exceeds certain level it has to be discarded. I think what's going on in Japan they really bring it down but there are no regulations in the United States.

**Ty:** Wow, so we're not testing for the endotoxin levels which could turn a vaccine batch into a hot lot that could be very, very damaging?

**Dr. Obukhanych:** We're not testing it. I think it's the government, sorry the companies that have to do it. Maybe they have their internal specifications but they're not letting us know what they are. And batches are not labeled with what amount of endotoxin they have.

**Ty:** What do you think about the—I think it was a couple years ago, California passed a law that mandates vaccines. What's your opinion on mandatory vaccines?

**Dr. Obukhanych:** Well it's absolutely impossible. It's absolutely inhumane to do that especially because vaccine safety is not established for 100 percent of people and it's always a Russian roulette who is going to be damaged and who's not.

Parents need to have a choice whether they are willing to take risks or not and has to be up to them. If they're not willing to take risks with vaccines they can go with other ways of protecting their children from complications from diseases.

**Ty:** Okay, so a couple questions I have from that statement. Number one, if they're not willing to take the risks, we don't even know what the risks are. If the vaccines aren't tested properly, we don't even know the risk of that vaccine because if it's a hot lot the risks are huge but if it's not then it's not as great of a risk but we don't even know.

**Dr. Obukhanych:** Yes, and that cannot be even determined from preclinical studies because lots that are used in preclinical studies would be very different from the ones that are in production. So, whatever testing is done may not even apply to a specific lot that you're receiving.

**Ty:** There's really not any informed consent at that point because we don't even know the risks.

**Dr. Obukhanych:** Well, I guess the informed consent is about that there are risks and they are unpredictable.

**Ty:** There are risks and we don't know what they are.

**Dr. Obukhanych:** Yeah.

**Ty:** So, you mentioned there's other ways that parents can protect their children. What are some alternatives if parents don't want to get their children vaccinated? What are other

ways to build their bodies?

**Dr. Obukhanych:** We have the immune system to do that and that's why we were given the immune system. Right now we think that the whole reason immune system exists is to be stimulated by vaccines produce antibodies and there is no really other purpose to it. But the truth is the immune system preceded vaccine development by a few million years.

So, what is it there for and it's about having those innate pathways that provide anti-viral defense, anti-bacterial defense. Also there are ways in which nutrition can strengthen those pathways there are actually certain vitamins are absolutely required for those pathways to work.

If you pay attention to nutrition and lifestyle and we ensure that those pathways are working properly, we still have infections, it will not shield us from infections per se, but those infections will go smoothly. The immune system will resolve them in due time and we won't have any complications or deaths resulting from those infections.

**Ty:** Wow, so really the key is, you mentioned certain vitamins stimulate those pathways, is to get nutrition into your body so your immune system functions and it fends off disease?

**Dr. Obukhanych:** Yes.

**Ty:** What are the vitamins that people could take that you mentioned about specifically?

**Dr. Obukhanych:** It's not about so much taking vitamins but having your body sufficient on all those vitamins. It doesn't have to be a synthetic pill, it can come from nutrition and this is how we were deriving our nutrition for so many thousands if not millions of years of evolution.

The immune system knows how to work with what was available naturally. It didn't have to wait until nutraceutical industry showed up in the last fifty years to make sure that the immune system works. The nutrients that to we must pay attention as far as viral diseases are concerned are vitamin A and vitamin C. For antibacterial ones vitamin D is very important as well as gut health, meaning probiotics because that helps to utilize the vitamin D and they work synergistically.

Now, actually it's kind of silly to talk about each vitamin separately because once you go through the list you see that all of them are necessary one way or another. And it's not only those vitamins like the alphabetical list of vitamins but also micro elements, minerals, phytonutrients. Pretty much everything in between the whole gamut of nutrition and lifestyle.

**Ty:** What foods are best to get these nutritional elements to our bodies?

**Dr. Obukhanych:** It depends where you live. For example, if you live in tropical country you'll have tons of vitamin D from the sunshine and you don't really need that. But if you are Alaska native and there is polar winter half of the year then you really need to rely on foods that are high in vitamin D and that has been part of their traditional diets for such a long time including the fermented fish and cod liver oil and all of that.

**Ty:** Yeah, the fish with a lot of fat.

**Dr. Obukhanych:** So, depending where you live you could afford to be vegan or you would have to really follow the native diets.

**Ty:** Right. And believe it or not, I've looked at the natives in Alaska and the diets that they eat and you would think that they would be really unhealthy but they're not. They're actually pretty healthy for eating diets that are high fat, lots of oils, they eat a lot of seal blubber, I mean it doesn't look like a diet that you would think is healthy but for them it works. So, you do what you have to where you live.

**Dr. Obukhanych:** Yeah and there is a really good research from Weston Price. He compared Alaska natives who were on their primitive diets versus those who adopted western diets which would include sugar, coffee, white flour and the level of health was very different.

On their native diets they were thriving and they were healthy. Once they adopted western diet their health would really suffer and they would be really affected by TB, for example, which again, TB needs a lot of vitamin D to be held at bay. So, once you change your diet then that's no longer the case especially in their territory that turned out to be detrimental.

**Ty:** Really, the key is to keep your body at optimal levels with nutrition so that it can fend off TB or other diseases. So the key is—you're an immunologist, right? So, you understand the immune system and so you just mentioned sugar. Is that something that we should be aware of in regards to its effect on the immune system and we want to stay healthy?

**Dr. Obukhanych:** Absolutely. Sugar has a very clear effect on a subset of cells called neutrophils. Neutrophils are cells that guard us from bacterial infections. They go through the body and if they detect bacteria where bacteria are not supposed to be, they engulf bacteria and this process is called phagocytosis.

When a sugar feed is given to people it has been shown that that reduces phagocytosis by neutrophils by twofold and that it can last for five hours. So, if you are eating a lot of sugar every five hours your neutrophils are not functioning properly.

You may get away with the physiological effects of that if there is no infection going on at the moment but if that happens while you are already sick and you keep eating sugar in the form of ice cream or whatever then you really risk developing or putting yourself at higher risk of your neutrophils will not be able to handle the infection.

Also, when people are diabetic and they're not controlling their sugar, their sugar is always high in the blood and they're the ones whose neutrophils are really performing poorly.

**Ty:** So, the neutrophils in this case, that's the part of the immune system that these sugar affects and it depresses neutrophil function by 50 percent for five hours?

**Dr. Obukhanych:** Yes.

**Ty:** If you're eating a diet that's high in sugar it's possible that your neutrophil activity has been decreased by 50 percent for a long, long time if you're eating it all the time. If you want to keep your immune system strong so that it can fend off these diseases without vaccines, really the diet, it's key and eliminating sugar would be the first step, wouldn't it?

**Dr. Obukhanych:** That would be the first step. And for babies who are most likely to be affected by bacterial diseases breastfeeding is what really fends off those infections. For example, in Sweden it has been shown that the risk of meningitis, Hib meningitis, was down four-fold in exclusively breastfed babies.

And the whole reason why meningitis even rose was because of the switch from breast-feeding to formula feeding that happened in the second half of the twentieth century.

**Ty:** Really, that's amazing. And so, in light of that, I didn't know that statistic, but it seems to me crazy at a hospital, it seems like they should keep the baby breastfeeding as long as possible but I've not seen that. My experience with our children is they try to get them on formula as soon as they can.

**Dr. Obukhanych:** Well, that's not really a good thing to do.

**Ty:** It's not a good thing, is it?

**Dr. Obukhanych:** I think it is the idea is that the breast milk is just nutrition. I think the establishment is not really understanding the immunological importance of breastfeeding and not paying attention to that, not encouraging women to breastfeed long enough and so we are reaping the consequences of that.

**Ty:** Yeah, and also when the baby is initially born, there's this film on the body isn't that good? From what I've read, that's part of the immune system or the nutrients that are on that film, on the baby, they are absorbing through their skin to help build immunity but we wipe it off as soon as they're born. That doesn't make sense to me in light of that research either.

**Dr. Obukhanych:** I'm not sure about that part. But that's something to look into.

**Ty:** Sure. So, the baby needs to be breastfed as long as possible because that's building the immune system. Then, in the case that you just talked about the four-fold decrease of meningitis just from being breastfed.

**Dr. Obukhanych:** Yeah, and instead of reversing meningitis by introducing breastfeeding or by encouraging breastfeeding they, of course, what they did they introduced a vaccine for it. So even though Hib meningitis in infancy is the problem of under breastfeeding the solution was not really to reverse that naturally but get the pharmaceutical product for it.

**Ty:** Why do you think that is?

**Dr. Obukhanych:** Why? Well, I guess there is no money in encouraging everyone to breastfeed but there's a lot of money in making vaccines.

**Ty:** How does that make you feel about the industry? These things that seem to be basic we're not being told about this and people are getting sick because they don't have this knowledge.

**Dr. Obukhanych:** So, without that knowledge we don't feel empowered. We're pretty much dependent on these pharmaceutical products from the beginning of our lives to the end. And something so simple as breastfeeding, nutrition, lifestyle choices that we can implement, staying away from sugar and knowing the importance of it, it's empowering.

**Ty:** Yeah, so that's something, if you were to tell the people that are watching this documentary, what do you need to know, what do they need to know about how to stay healthy if they choose not to vaccinate what's your message?

**Dr. Obukhanych:** They have to really follow Mother Nature and make sure that all the mechanisms that Mother Nature put into their bodies are functional. How do they know that? Well, you

don't really need to get a Ph.D. in immunology to know that you just follow what your ancestors did for many centuries. Their traditional diets that they were on and that they thriving and really there isn't much analytical thinking to do, you just have to eat healthy and stay fit.

**Ty:** It does make sense doesn't it because we see example after example of people that were healthy in their indigenous environment, eating what they had always eaten and then they move to the United States and they start eating what we eat here and they get sick.

It happens all the time. That's kind of the standard that we see now. That is what happens when people move away from eating what they've always eaten, eating natural foods into eating the processed junk.

**Dr. Obukhanych:** Yeah, and when you switch to processed junk of course the risk for chronic diseases go up but it's also for infectious diseases. I guess here this risk is a little bit masked by the fact that we brought many of these exposures down to very low numbers but really there was another way to do that. There was a way to let the infections happen and instead of work on the immune system so that you eliminate mortality or complications from those infections rather than reduce the exposure.

**Ty:** Right. When I was a kid—I'm 48—so back when I was a kid we had chickenpox parties, where if a kid got chickenpox all the parents would take the kids to get exposed because they'd get chickenpox and they'd be itchy for a few days and then they'd had it and never get it again, wouldn't have to worry about shingles or anything like that. But now it seems like we don't place any importance on the value of being exposed and letting the immune system defend us from that because that creates a lifetime immunity doesn't it?

**Dr. Obukhanych:** Well, in addition to lifetime immunity it also creates other benefits. We now have research where exposure to chickenpox, history of chickenpox is associated with reduced risk of brain cancers glioma, the same goes for mumps and ovarian cancers and also any type of childhood disease and reduced risk of blood cancers.

**Ty:** Now, is that the same though, let's say that we got the chickenpox vaccine, is that the same as being exposed to chickenpox naturally?

**Dr. Obukhanych:** So, there are reasons why it might not be the same. They've tested antibody or immune response that is generated by natural infection, natural chickenpox infection versus chickenpox vaccine and they can really distinguish between the two.

So, the vaccine response has a limited range of antibodies that are produced and right now it is not really clear what exactly protects or reduces the risk of glioma from the chickenpox infection. Could it be some type of antibody? Because the vaccination versus natural infections are not equivalent we cannot say, we cannot be confident that vaccination is actually going to be protective.

With mumps, however it is clear that it will not be protective because the way protection works after mumps infection, and I mean protection against ovarian cancer, is that when mumps infection happens and you have swollen glands, there is a protein that's expressed on those glands which is new it has never been expressed before and so the immune system recognizes this protein as foreign and starts immune response against it.

After infection goes away and this protein is no longer present but antibodies still remain and then ovarian cancer expresses exactly the same protein so the immune system is

already prime to recognize it.

**Ty:** But that's on a natural response, that's not from the vaccine, from the MMR.

**Dr. Obukhanych:** Yes, because a vaccine doesn't induce foreign glands.

**Ty:** The vaccines apparently are not going to produce lifetime immunity because you have to have boosters. They're not going to provide protection against these different types of cancers as you just said but it's possible that the vaccines could at least be produced in a less toxic fashion. If we measured for endotoxins like some of the ingredients that are in vaccines that are toxic couldn't we replace them with less toxic ingredients and still get the effect?

**Dr. Obukhanych:** I will say first of all we have to monitor contamination. I said that one problem is contamination with endotoxins that comes from bacterial vaccines or toxoid vaccines such as DTaP but another problem is DNA contamination. That one comes from vaccines that are grown in a human tissue or human cells and so the two that fall into that category are rubella vaccine and chickenpox.

The thing is that we don't have single vaccines. MMR is one vaccine and it has measles virus and also DNA contamination from rubella portion of the other component. So DNA is actually an adjuvant in itself and it induces a type of immune response which you call to Th2 which does not the elicit T-killer cells. And why is that important? T-killer cells are the cells that eliminate virally infected cells.

MMR is a live vaccine so there will be some viral replication and some infection of cells from the vaccine. If you mix DNA into the vaccine the response that will be elicited will not be the proper one. It will be the one that is mismatched to deal with a live virus and that can create a problem that the virus will not be eliminated. So vaccine virus can stay in the body for much longer than what it intended to be.

**Ty:** That's with the MMR vaccine?

**Dr. Obukhanych:** That's with the MMR vaccine. That problem wouldn't be in a single measles vaccine because there is no DNA from humans in the single measles vaccine that is grown in eggs and but when they put so many vaccines together they carry over this contamination.

**Ty:** I see. So, one way to make them less toxic would be to spread them out and make them separate?

**Dr. Obukhanych:** And make them separate and monitor contamination.

**Ty:** Why do you think that's not happening? It's more convenient to combine them into one?

**Dr. Obukhanych:** I think it's more convenient and also, for example, some people or some parents might decide that it's really worth for them to do the measles vaccine and not so much the rubella vaccine. But if you have everything in three then you're pretty much forced to do the rubella as well.

**Ty:** Yeah, because I don't know the last time I heard about rubella here in this country, being an outbreak of rubella.

**Dr. Obukhanych:** Usually rubella is dangerous when it happens during pregnancy. So, it's important in



the past that women would get the immune from rubella by going through rubella during their childhood so that by the time they are mothers, they don't have to deal with rubella infections. They wouldn't have any risk for it.

So, in a way rubella parties would be great to get everyone immune to this really mild disease. But, again, instead of doing that, instead of doing this self-empowering kind of method of getting over with rubella instead it was decided to eliminate it and for that you need to vaccinate both females and males. Males have absolutely no benefit from rubella vaccination for themselves since there are really no risks from that.

**Ty:** The male's rubella vaccine is useless?

**Dr. Obukhanych:** Well, it's not beneficial because the only time when rubella is dangerous, as I said, is during pregnancy.

**Ty:** Other than that, it's just a rash?

**Dr. Obukhanych:** Yes.

**Ty:** So, it doesn't make any sense at all to have the boys have an MMR vaccine. They should just have maybe the MM with no rubella?

**Dr. Obukhanych:** Probably, yes.

**Ty:** Well, it seems ludicrous to me that we have boys taking the Gardasil vaccine, boys taking the MMR vaccine when rubella doesn't pose a risk. But we see that though, we see that today that sometimes—I think one of the questions maybe we should ask is, is the vaccine necessary? Not just is it safe and effective but is it necessary? Could you elaborate on that? Are the vaccines necessary? Are there certain vaccines that are necessary? What's your take on that?

**Dr. Obukhanych:** Once you start analyzing one vaccine after another you will see that they're either not necessary or they don't guarantee always to be protective or they are very harmful. So, there is not a single vaccine that I could find, I put my finger on and say that it's necessary, safe and effective. There is none.

**Ty:** There's none?

**Dr. Obukhanych:** There is none.

**Ty:** Wow. Well, I'm glad to get your take on vaccines because as an immunologist you have a different perspective and very valuable perspective, I will add to that, on these vaccines because you understand the importance really of our own innate immunity as opposed to trying to inject immunity through a needle. Because it really, and I don't want to put words in your mouth, it really is not the same thing to get the immunity naturally versus through a needle.

**Dr. Obukhanych:** Yes, and I actually experienced that on myself because I had two measles vaccines and I still got measles later on. So, for me it was a bit shocking. I thought that after vaccines, as the theory says, that we get lifelong immunity. It wasn't the case for me and it's not the case for many other people who may not even realize that.

**Ty:** So, you got the vaccine twice and you still got the measles?

**Dr. Obukhanych:** Yes.

**Ty:** Okay, I got the MMR, I don't know if it was MMR, but I do remember that I got vaccinated for measles and mumps and I got both of those as a kid even after the vaccine. So didn't work for me either, apparently. I never got chickenpox vaccine, I don't know if they even had it back when I was a kid.

**Dr. Obukhanych:** No, they didn't.

**Ty:** But I did get chickenpox. So, I guess I don't have to worry as much about shingles.

**Dr. Obukhanych:** No, actually you do because in order to prevent shingles you need constant re-exposure from chickenpox which is no longer the case so you have to worry about shingles.

**Ty:** Okay, because I thought that if you had chickenpox naturally that you would not have to worry about shingles but that's not true.

**Dr. Obukhanych:** Not true. So, if you keep getting re-exposed to chickenpox the shingles will stay down.

**Ty:** I see. So maybe what we're seeing with this increase in shingles is the fact that we're not doing the chickenpox parties anymore? So, people aren't exposed to the natural virus and their immune system is not working constantly like it need to.

**Dr. Obukhanych:** Exactly.

**Ty:** Okay, interesting.

[End of transcript]

# Chapter 39:

*Interview with*  
**Dr. Tim O'Shea, D.C.**



**Ty:** Dr. Tim O'Shea, thank you so much for joining us today. I have read your stuff for about the last 15 years regarding vaccines so really excited to get an interview today about vaccines with you.

**Dr. O'Shea:** Pleasure to be here Ty, pleasure to be here.

**Ty:** Yeah, it's good to be here. We're going to get this thing done because we're both trying to get out of town. You're trying to be at an Atlanta Falcons' football game.

**Dr. O'Shea:** That's right, it's a long way to the airport.

**Ty:** Yeah, it is. Tim, how did you get involved with vaccine research initially? Can you talk about that?

**Dr. O'Shea:** I've a pretty extensive website as you know, thedoctorwithin.com. It started over 15 years ago. I just began writing monographs or essays on a number of topics. The first topic I wrote on was antibiotics actually. I still have that chapter on my site today, it's called The Post Antibiotic Age.

I got to realize that, wow, antibiotics are only useful in very rare occasions for life threatening illnesses. Doctors are giving them out like they are M&Ms and we're building this antibiotic resistance so that when we really need antibiotics they don't work.

So that chapter is still on the site but then I had an idea, I go wow, if this whole system of disinformation is in place with respect to antibiotics, what if it's like this with vaccines too. And the first book I ever read was by Walene James, *Vaccinations: the Reality Behind the Myth*.

I read all her references and I just went into the whole area. I read everything. Then I wrote the first edition of this book *Vaccinations Is Not Immunization*, this is presently the fifteenth edition of this book.

**Ty:** The title of the book I love *Vaccination Is Not Immunization*. Describe what that means because we are told that we should go get our kids immunized. When you see those posters, those ads, they're talking about getting them vaccinated but you're saying that's not the same thing.

**Dr. O'Shea:** Yeah, it's exactly like what you were saying before we started rolling this camera you hit it right on the nose. Every time you say, "Well, did you take your child in for his immunizations?" you are acquiescing to their programming of you because there are two separate physical entities. Vaccination means we are going to take a manmade substance put in a syringe, we call this substance a vaccine, we're going to inject it into your child, that's vaccination.

Immunization is something that has nothing to do with vaccines. Only one way that humans become immune to a disease, they either have to get the disease or be exposed to the disease somehow. Then the body builds up its own immunity via antibodies and that whole cascade of reactions. Then they are immune. That is immunity.

Like I say, immunization has nothing to do with vaccines themselves. So people have to start using these two words correctly.

**Ty:** But when you are injected with a vaccine aren't you exposed to those viruses?

**Dr. O'Shea:** Yeah.

**Ty:** So is it possible to obtain immunity from a vaccine?

**Dr. O'Shea:** They're definitely having some effect but here's what we have to remember, the scientists who make the vaccines, they're not putting the exact microbe, the exact bacteria or virus associated with each disease into that syringe, into that vaccine because they think that those microbes cause the disease. What they're doing is they're putting an attenuated, diluted, mutated version of the original microbe into the vaccine.

So how could something like that man made, laboratory made, possibly create immunity in a human to the original pathogen? That's the question. So it doesn't even make scientific sense.

**Ty:** That's a good point. I have not heard that before. I've read that before but I haven't had anybody actually say it in that way. In essence, vaccines are almost like a GMO food. They're a mutated form of the food or they're a mutated form of the virus but it's not the actual virus.

**Dr. O'Shea:** Exactly. So the next concept in this line of reasoning is the concept of the atypical form of the disease. Measles was almost gone by the time the vaccine was introduced in 1978 in this country and now measles is on the rise again but that's not from the original measles virus. That's from the attenuated version from the vaccine. So now we have a brand-new disease in the human species, measles, that is from the vaccine itself. Did you have measles as a child?

**Ty:** I did.

**Dr. O'Shea:** I did too. We got lifetime immunity from having measles but the problem is, Ty, we may not be immune to this new atypical version of measles that is coming out now that is caused by 90 percent of American children being vaccinated with MMR vaccine since 1978 in this country.

**Ty:** Okay, that's a great point. Typically, if you're exposed to a virus and you get the disease whatever the measles, mumps, whatever it is, you don't have to worry about that for the rest of your life but what you're saying is because the vaccines have been attenuated this is a different virus and we may not have that lifetime immunity confirm?

**Dr. O'Shea:** That's exactly right. It's the difference between artificial immunity and natural immunity. Natural immunity is by getting the disease, artificial immunity—and that's the other thing just what you said is perfect, Ty, artificial immunity is only temporary. That's why we give booster shots.

These kids at two months, four months and six months they're getting the same six vaccines over and over. If they just got the vaccine two months ago why are they getting it now? If they really conferred immunity they wouldn't have to keep giving these booster shots? Real immunity is for life.

**Ty:** Dr. Tim you've written an article or a paper and I remember it was something about the sanctity of human blood. Let's talk about that because what we do is we take of a newborn, where their immune system's not even fully intact and we inject them, which gets into the bloodstream, with these pathogens.

**Dr. O'Shea:** That was the original title of this book for the first few years. It was called *The Sanctity of Human Blood: Vaccination Is Not Immunization*. That's the exact idea. No child is born with an intact immune system. The immune system of a child is struggling, literally struggling,



into existence for the first two years and that's why most countries in the world don't vaccinate before the child is two years old and their incidence of autism and vaccine injury is much, much less than the United States.

So it's really a sacrosanct environment. This is arguably the most precious milieu in the development of the world, the blood system, the circulatory system of the human species. That's why I use that word sanctity. It shouldn't be used as an experimental laboratory for projects by the pharmaceutical industry.

**Ty:** So when you say it that way it seems to communicate an underlying monetary reason for vaccines?

**Dr. O'Shea:** Of course, with our children as guinea pigs. I talk about money and vaccines in the book and in the full day seminar. There's an eight hour seminar about what we're talking about here. It's on my website, [thedoctorwithin.com](http://thedoctorwithin.com). Here's an example, only about 20 something years ago, in the mid 90s we spent about three billion dollars on vaccines in the entire world, in the entire world. Today the U.S. spends in excess of 30 billion dollars a year on vaccines.

**Ty:** Wow.

**Dr. O'Shea:** And by the same token, when you and I were growing up if you got all your shots maybe you got four vaccines. When Travis was growing up, maybe it was 20 vaccines when he was growing up. When I started doing this research in the 90s it was 40 vaccines for the full complement in the mandated schedule in the United States.

Today, in the United States before the age of eighteen if a child is getting all his vaccines, he's getting 69 vaccines. There is no country on earth who has ever done anything like that. I just came back from a two week lecture tour in Europe and in most countries of the world they get about half of what American kids get.

**Ty:** In light of that fact that we get the most vaccines, do you think there's a correlation between the studies that Miller and Goldman have done showing America with the highest vaccine rate has the highest rate of infant deaths?

**Dr. O'Shea:** Of course, not only infant death and not only autism and vaccine injury. This is a whole section of my full day presentation. I go through all the infectious and degenerative diseases and talk about how among children and young people and now among adults as well, it's all the degenerative and infectious diseases together are not just increasing gradually, they are increasing exponentially in this country only.

**Ty:** And it's because of the vaccines in your opinion.

**Dr. O'Shea:** Well, that's definitely a correlating factor. There are multiple causes for it but the number of vaccines is certainly one of the primary causes.

**Ty:** But you hear, "Well, correlation is not causation," we always hear.

**Dr. O'Shea:** Right, of course, that's why I'm careful to say that.

**Ty:** But at the same time if I walk up to someone here on the campus of this military institute where we are today and they punch me in the face and knock me down and then walk off and nobody sees it and then I get up and I walk off and I'm wounded and somebody knows that I went out there and there was only one other person there. I walked back off and I've



got a bloody face and the person just left. That's correlation but it's enough circumstantial evidence to point a finger, isn't it?

**Dr. O'Shea:** Right, it's pretty obvious what's going on. The more research you do, the more apparent it becomes and the more difficult it is for them to hide it. What organized medicine has on their side is rhetoric, slogans, and fake statistics which they keep running over and over again in endless loops on all the media, "Vaccines are safe, vaccines are effective. If we stop vaccinating infectious diseases will return." All these are errors. They're incorrect but that's what most people believe because of the endless repetition.

**Ty:** Right, you repeat a lie long enough it becomes truth.

**Dr. O'Shea:** Heil Hitler.

**Ty:** Yeah, that's exactly the method that they used wasn't it?

**Dr. O'Shea:** Yeah.

**Ty:** So you mentioned measles already being on the decline before we started the vaccine. Is that the case with other vaccines?

**Dr. O'Shea:** Yes sir it is. I have charts, actually they are CDC charts, right down the road from here, but it shows the decline in virtually all the infectious diseases for which there are vaccines. Most of those diseases were 95 percent gone before the vaccine was introduced.

So the sales mantra here is vaccines saved us from the scourge of infectious disease but the truth of it, you have to do the research and actually look at the statistics and the timing of the vaccine when it was introduced and then you will see that the vaccine had nothing to do with the disappearance of the disease.

**Ty:** In your opinion, what played a large role in the disappearance of some these diseases or in the reduction at least of the death rate from these diseases?

**Dr. O'Shea:** Well, that's a very good question. We have to remember that for many of the diseases of childhood like measles, mumps, chickenpox, these are immune building experiences of childhood. That's why all over the world and even in the United States before the MMR vaccine came out, when your kid got measles or chickenpox you would call your friends and tell them to send their kids over so you could have a chickenpox party or a measles party. Everyone was sick together and then they all got better and then they had lifetime immunity after that.

This is the same in third world countries. They have always done this with these mild, self-limiting, immune building experiences of childhood. But in the past few decades organized medicine has seen these as opportunities, marketing opportunities, to build this enormous vaccine industry that we see today.

**Ty:** It is enormous. The money that's spent on vaccines, as you've already mentioned, it's unfathomable. It's bigger than the GDP of some countries.

**Dr. O'Shea:** Yes Ty, but it's not just the money that we spend on vaccines. This is why vaccines is the sacred cow, why you can't attack it, why they attack you if you say something about vaccines because this is this is the time—the well-baby program, when you bring your child in for his shots on shot day that whole program, this is the period of a person's life where

a lifetime dependence on organized medicine becomes inculcated into the person's mind.

If you take that away for the unvaccinated child, why do they need to go to the medical doctor? The only reason you really need to take your child to a medical doctor in between the ages of 0 and 21 is trauma and if something happens as far as trauma goes you don't take them to the pediatrician, you take them to the trauma surgeon.

**Ty:** They've lost a customer.

**Dr. O'Shea:** Yeah, but not only have they of the lost a customer but getting rid of vaccines gets rid of an entire industry, an entire profession, the pediatric profession. It's a threat, it's a major threat.

**Ty:** You mentioned trauma just now, what's your opinion on all of these parents that are in jail for shaken baby syndrome or SIDS or these unknown deaths of their babies? They've been charged with brutally shaking their baby causing brain swelling, encephalopathy and so forth, what could that be?

**Dr. O'Shea:** Of course, the number one expert on shaken baby syndrome in this country is an attorney in San Diego, her name is Toni Blake. I interviewed her for one of the editions of the book. I have sections on the book on shaken baby syndrome.

When that became popular, I would say to my colleagues I would say, "Doesn't it seem weird that all of a sudden after all this time thousands of people are deciding to kill their babies by shaking them to death? Doesn't that seem odd, doesn't that seem unreasonable?" Then the more I researched it then I realized that it was a cover up for vaccine injury and that's really what you find when you research this topic, shaken baby syndrome.

**Ty:** Last question for you, Dr. Tim, I know you've got a lecture to give and I want to be respectful of your time. We're here at a military academy.

**Dr. O'Shea:** Yes .

**Ty:** And the military, their job is to keep us free. So what do you think about the lack of freedom of choice that we have, that we're beginning to see especially in your state of California when it comes to vaccines. When it comes to forcing someone who disagrees with the theory of vaccination, forcing them to vaccinate their child or even themselves take a vaccine?

**Dr. O'Shea:** That's well said. I have several articles on my website that deal with this problem specifically and especially in the newsletter archive that I keep. In California, where I live all this furor that's been created in the past four years getting rid of our philosophical exemption law that we had for the last 75 years has been directed to 1.5 percent of the population. Only 1.5 percent of the parents in California even want to exempt their children from vaccines.

So this has been the experience of all this time and money being spent by California legislators in order to oppose the choice of the majority who want to get vaccinated but that's fine if you want to get vaccinated but this is not about that, this is about forcing the ones who choose not to vaccinate, forcing them to accept your opinion on vaccine.

It signals the approaching end of medical freedom. What's next, what's next? If they can force you to vaccinate your child, what's next? You're diagnosed with cancer and you no longer have an option about chemotherapy or radiation. We would say, "Well, that's completely impossible they would never do that." Well, five years ago I would have said it is completely impossible in California for them to remove the personal beliefs exemption from vaccines.

Let's say Lipitor, let's say you go to the doctor and they find high cholesterol or they find that you are type 2 diabetic and now they're going to force you to get Lipitor, to get insulin, fake insulin, and they're going to monitor you to see that you're taking your meds and if you're not taking your meds they're going to drop you from your insurance. All of this is possible once you start attacking medical freedom which is guaranteed in the Constitution.

So it's really the beginning of a slippery slope.

The slippery slope, that's the word.

**Ty:** Which is why it's so important for you to continue speaking out and for us to continue speaking out and to share the truth about vaccines with the world and let people make up their own minds rather than being forced.

**Dr. O'Shea:** Andy Wakefield, you, me, several others, it's important. It's critical what we're doing.

**Ty:** Well keep up the good work Dr. Tim I really appreciate what you've done.

**Dr. O'Shea:** Coming back at you, Ty Bollinger.

**Ty:** All right.

**Dr. O'Shea:** This is the latest edition of *Vaccination Is Not Immunization*. The interesting thing, this is a 200 page book, my target demographic is really parents about to have their first child. They may have some doubts about vaccines because of what they've heard or what they've read. This will really help them to make that decision.

My opinion is this is the most momentous decision in that child's life that these parents are about to make for that child whether or not to vaccinate. Do they really want to get all the information for making that decision from the people whose living is selling the vaccines?

In this 200 page book there are 300 references. These references are mainstream medicine, mainstream science, mainstream law. That is where the opposition to today's vaccine policy comes from not from the holistic alternative medicine contingent.

So my opinion is this is the most reliable guide for parents making this very important decision in the life of their child.

[End of transcript]



# Chapter 40:

*Interview with*  
**Dr. Larry Palevsky, M.D.**



**Ty:** Dr. Larry Palevsky, thank you for joining me today, really appreciate it.

**Dr. Palevsky:** Good morning. It's a pleasure to be here. Thank you.

**Ty:** I know that you have avoided interviews for the last seven years now.

**Dr. Palevsky:** Pretty much.

**Ty:** I appreciate you taking the time to travel down here today. You practice in New York City.

**Dr. Palevsky:** I do.

**Ty:** We're outside of DC, so you flew a long way there to come see us.

**Dr. Palevsky:** It was a pleasure.

**Ty:** Appreciate it.

**Dr. Palevsky:** I look forward to the interview. See what happens.

**Ty:** Awesome. Tell us a little bit about your education and your background Dr. Larry.

**Dr. Palevsky:** Well, I entered NYU School of Medicine in 1983, finishing in 1987. I did a three-year pediatric residency at Mount Sinai Hospital in New York, from 1987 to 1990. Then I did a year of an outpatient fellowship in the pediatrics department and then the ER department from 1990 to 91 at Bellevue Hospital at NYU School of Medicine.

Then, after I finished all my training, four years of medical school, four years of residency in fellowship, I went on to work in the Bronx in New York in a pediatric emergency room as an attending there. I did that for four years. While I was there, I also worked on weekends at a private practice in Manhattan covering sick calls, newborn babies, on call problems.

By 1995, I had switched over to being the director or the chief of the Acute Care Unit at Lenox Hill and Pediatrics. There I covered patients who were sick, who couldn't stay on the ward, who came into a more acute care setting.

I followed patients on the inpatient ward. I covered the ER when there was an emergency in pediatrics. I also covered the neo-natal ICU. I'd spend five nights a month sleeping in the hospital, covering emergency deliveries and any emergencies that happened in the neo-natal ICU. I also covered the newborn nursery when there were problems and had my own outpatient clinic.

After five years of being at Lenox Hill, I moved over to Beth Israel Medical Center's Continuum Center for Health and Healing, which was an integrative medical center for the public. It was really the first of its kind in New York starting in 2000.

I stayed there for a couple of years and then took some time off and then by 2005, I was practicing on my own and have been practicing on my own since then.

I'm seeing kids who are looking for solutions to their medical problems without the use of pharmaceuticals or over-the-counter drugs. That seems to be very successful for those families who are looking for more alternatives.



Then I see children who are looking for more wellness approach, interventions that don't involve suppression of symptoms, and parents who are looking for other ways of understanding how to raise their kids in a healthy manner, other than the way in which I was taught in medical school.

**Ty:** Okay. You have some experience with the little people.

**Dr. Palevsky:** I do, and the big people.

**Ty:** Both.

**Dr. Palevsky:** Sure.

**Ty:** When you mentioned the way that you were taught in medical school, what were you taught in medical school?

**Dr. Palevsky:** The majority of the material presented in medical school was these are the diseases and these are the ways in which you treat them. As I became a physician out in the field in the ER and in private practice on weekends, and even in the intensive care unit, I started to see things that happened, live, in person, with children in their course of disease that didn't model or didn't match what I was told was supposed to happen.

Rather than just ignore it, I actually tried to figure out why things weren't matching what I was taught. The other piece was that all these kids were getting these diseases and I had no handle on what was producing these symptoms.

Why they happened? Why they kept happening? I realized that nothing in medical school geared me towards thinking, in a way that pondered, why are these kids getting these symptoms. What do these symptoms represent? Is it something other than take a medicine, suppress it, everything's good, go home and go away.

I realized that actually symptoms happen in children mostly because the body was trying to re-create homeostasis, re-create balance. Try to find a way to take what was happening in the body, what stressors were happening in the body, and make it more balanced, more well. I realized that the suppression of symptoms was actually an inappropriate intervention in treating children. It's probably the same in adults, but I treat children.

My idea is to understand what brought the symptoms on, what are the stressors that created the imbalances in the body that moved the child towards the development of those symptoms, and how do I support the body so that the body can resolve those symptoms without suppressing them.

Most often, the development of symptoms is the body's attempt to remove excess wastes due to increased stressors. In children, almost all of those stressors come from diet and the emotional environment. A stressful emotional environment.

We learned almost nothing about nutrition in medical school. In fact, the Dean of my medical school got up there on the first day of medical school, 1983, and said, "Nutrition is not a field of medicine." It was geared towards, "Here's a problem, fix it. Here's a problem, here's a medicine. Here's a problem, here's a surgery. Here's a problem, here's a therapy."

It was not geared towards understanding what brought the child to that state of health and what is the significance of that state of health and how can we help guide it so that we

don't suppress it. So we understand what's really going on physiologically interesting in the body.

There's definitely a need for surgery. There's definitely a need for emergency medicine. There's some great work that's done in that field of conventional medicine. I can practice medicine without using pharmaceuticals.

That is a blow to me having being trained in conventional medicine. It's a blow to most physicians to realize that medicine is not needed most of the time in children. What's needed is an understanding of what's really going on physiologically and how to help children move through those states of symptoms so that they can heal and get better.

Even when I was a medical student in the mid 80s, the physicians who were teaching us medicine, had been practicing medicine in New York City since the 1940s. They used to say that when children had their illnesses, and you left them unsuppressed, if you just allowed them to be guided through their illness and their symptoms, they almost always had a developmental growth spurt after the symptoms were over.

The significance of that rings true today. Because in fact those illnesses are ways in which they clean themselves out, they prune their nervous system, they prune their immune system, they get rid of excess wastes, and they actually go on to heal and be stronger.

In Western Medicine, we're taught that germs cause disease. If we really look at the literature today and see what the literature is telling us, germs may cause disease, but in fact, germs may help children develop the illnesses to enhance the removal of the wastes. They may be part of the solution to the stress that creates the excess junk in their body, not the cause of the excess junk.

**Ty:** They might be part of the solution.

**Dr. Palevsky:** They might be part of the solution. Viral illnesses and even some bacterial illnesses may be part of the way that the body heals from stress, rather than the germs causing the stress. That shakes the foundational roots of conventional medicine.

**Ty:** The Germ Theory of Disease.

**Dr. Palevsky:** Everything about conventional medicine is based on, "Oh you have an infection. Here's a medicine to stop it." When in fact, science is showing us that those germs are taking part in the solution to the stress that's built up in the body that creates the excess waste that must get out.

Even today, scientists are using poliovirus, measles virus infections to cure cancer. The viruses themselves are playing a role in healing stress in the body, not necessarily causing it.

**Ty:** That's a great distinction because I think that maybe western medicine's lack of focus on cause and effect, it muddies the waters with the germs as well. Because we look at the Germ Theory of Disease and it's "destroy the bacteria, destroy the virus," as opposed to, what kind of an effect might that have on your internal terrain, and fighting off future—

**Dr. Palevsky:** It's not a consideration.

**Ty:** It's not, is it?

**Dr. Palevsky:** That's okay. For the model and the ideological standpoint, it's not a consideration. For

many people, both in the lay public and in the medical field and in the fields of other practitioners who don't practice western medicine, we're seeing that it is a consideration.

People are flocking towards that understanding that we need to consider what we're doing to the microbiome. We need to consider what we're doing to these germs with our choices in society. With our dietary choices, our environmental choices and our medical choices. More and more people are flocking away from, "Oh, the germs are bad." That's creating a little tremble in the conventional model.

**Ty:** You mentioned earlier, Dr. Larry, that we're seeing that exposure to these childhood illnesses actually protects them later in life from certain things. Then you mentioned the polio virus, the measles virus being used to cure cancer, to treat cancer. What childhood illnesses specifically were you referring to that can then protect children later in life?

**Dr. Palevsky:** Many people who hear what I'm about to say would be very angry at what I'm about to say. They would say that measles is a deadly disease. It's not. We create fear because we need to use that fear to get people to get vaccinated.

Measles is not a deadly disease. In fact, more than 99 percent of the time, it's not a deadly disease. In places where there's poverty, malnutrition, poor sanitation, dirty water, starvation, any virus can be a deadly virus because the conditions are what create the opportunity for the symptoms to develop.

What my mentors were telling me when I was in medical school, when we were in medical school, was that these illnesses are uncomfortable. But with the right setting, with the right nutrition, with the right environment, they actually promote the pruning and the healing of the nervous system and the immune system.

These diseases: measles, mumps, rubella, chicken pox, even flus, other viral illnesses, are actually considered rites of passage because they play a role in pruning the immune system. In getting rid of toxins that were accumulated in utero, of cleaning out excess genetic material between the mother and the father, and creating a more stronger, more vibrant organism.

These diseases actually play that role in strengthening the immune system. What we're seeing by stopping these viral illnesses, is the creation of something else in its place which is chronic illness. We've traded the pretty benign, not difficult to manage acute illnesses, that in the right circumstances go on to develop very few if any, sequelae, horrible side effects, to the development of what we now see.

Now, here we are in 2016. Based on a study that was done, a national survey that was done in 2007, looking at around 91,000 children, that 54 percent of children have at least one of 20 chronic illness.

**Ty:** Wow.

**Dr. Palevsky:** That's based on 2007 National's data, health survey data. In 2011, there was a study published that surveyed over 91,000 children that showed that 54 percent of those children had at least one of 20 chronic illness.

Here we are in 2016. I started medical school in 1983. These were not the date we were seeing. 54 percent of children with at least one of 20 chronic illness. Everyone is sitting around going, "We don't care how or we don't care why, we're just going to find the treat-

ment that's going to stop the symptoms or make the symptoms better." No one's looking at what's creating this imbalance, this disease in the immune and nervous system.

From a 1997 to 2008 survey, it was clearly shown that one in six children had some form of a neurodevelopmental disability. Here we are in 2016, one in six children with a neurodevelopmental disability, and boys were three to four times as likely than girls to have these neurodevelopmental disabilities.

One in six children with neurodevelopmental disabilities that doesn't demarcate what is the incidence of neurodevelopmental disabilities in vaccinated children and what is the incidence of neurodevelopmental disabilities in non-vaccinated children. All we know is one in six children with neurodevelopmental disabilities as of 2008.

Here we are in 2016. We don't have any new data. If we look around at the schools, the therapists, the guidance counselors, the teachers, we know the incidence in children of neurodevelopmental disabilities continues to rise because more and more children are requiring services. Something is happening to the brains of our children. Something is interfering with the normal neuro-sequencing of brain development.

Because when babies are born, their brain is not developed. When babies are born, they have more nerve cells than their brains need. It's through life experience, that the tracks are laid down to create the proper sequencing of muscular development, speech development, cognitive development, and emotional development.

Something is interfering with the proper sequence of those steps. Something is getting in the way of the brain developing properly. No one is asking the question, why?

Why are so many kids having an interference of the proper sequencing of brain development? Why as of January 2016, are we seeing one out of every 20 children under the age of five with a seizure disorder?

Something is happening to the brains of our children that is exciting, igniting, inflaming, irritating, agitating, and interfering with the proper sequencing of how the nerve cells sequence, develop, and proceed towards normal brain development.

Speech delay is not a given. Learning disability is not a given. Low tone, weak muscles, lack of coordination, not sitting still, not focusing, not paying attention, these are not things that are a given. They are only happening because something is irritating, inflaming, agitating the brain and interfering with the way in which the brain is supposed to properly, sequentially develop.

Vaccine ingredients cause brain inflammation, period. All anybody has to do is open up the package inserts, look at the ingredients and go into the literature, and read about the characteristics of those ingredients and see that those ingredients in the vaccines get into the brain and cause inflammation.

There are plenty of studies to demonstrate how the vaccine ingredients, singularly by themselves and in combination with each other can pass the blood-brain barrier, get into the brain, and interfere with brain development.

**Ty:** The studies are there?

**Dr. Palevsky:** Not in humans.

**Ty:** Okay.

**Dr. Palevsky:** But when you look at the actual chemical, biological characteristics of these ingredients and you read about them, you'll see that they directly infiltrate the brain across the blood-brain barrier.

**Ty:** Dr. Larry, these things that you're sharing with us, I would assume that in medical school, when you went through your courses on vaccines, that you learned about all the potential side effects of these ingredients?

**Dr. Palevsky:** Vaccines were not very much discussed in medical school other than, "this is what vaccines do, they save lives, they protect people from disease and this the schedule you need to use in your pediatric clinics to give to kids."

I started medical school 1983, and it wasn't until 1998 that a mother came over to me and said, "Dr. Larry, did you know that there's mercury in vaccines?" I said, "No." Instead of just pushing it aside and saying, "Oh, it's just such a small amount, it doesn't matter," I actually started looking to what else is in vaccines. I realized that there's a great amount of material in vaccines that impairs many cell structures and cell functions.

Mercury is still in vaccines. It's not just in the flu vaccine. It's still in trace amounts, in the vaccines that previously had tremendous amounts of mercury in it. Thimerosal is still in the vaccines, ethyl mercury being the organic form of mercury that's in the Thimerosal, is neurotoxic.

But now there's more aluminum in the vaccines. Aluminum and mercury together potentiate its dangerous properties of creating death in nerve cells than if you had just the aluminum and mercury alone. Aluminum is a neurotoxin.

One time in New York, I think in maybe in 2011, 2012, I gave a talk on the H1N1 vaccine. I talked about the vaccine ingredients. I went through the package insert and showed how it says, that it's not been tested on pregnant women, so its effects on fetuses are unknown, even though pregnant women were being told to get the vaccine. I went through all the ingredients. I went through the properties of the ingredients.

A physician who is interesting he audience, came up to me and said, "Why did you tell the people what was in the vaccines?" I just looked at her and she said, "Of course there's going to be stuff in there that's not good for you." I just didn't know what to say.

**Ty:** I don't even know how to respond to that. Was she upset that you shared the ingredients?

**Dr. Palevsky:** She was upset that I was scaring people. She was upset that I was scaring people about what's in the vaccines. She wanted to hold and uphold the sanctity of vaccines. That they were much greater than any side effect could be.

Everyone knows there's a risk benefit to every decision we make. Parents know that all the time. The question is, is there a greater risk to vaccination, then there is to a benefit? More and more of the science is showing, more and more life experience is showing that there is a greater risk to vaccination, then there is benefit.

The public is learning this. They are learning it first hand and they are learning it by doing their research. Every attempt is being made to stop them from learning it. The science is clear. The vaccine ingredients are clearly poisoning the body and the brain.

One of the disease states that's rising exponentially right now is a disease state called mitochondrial dysfunction. The mitochondria are the fuel pumps of the cells. They provide the energy for the cells to function properly.

Many of the chronic illnesses that we're seeing actually have mitochondrial dysfunction. Which means that the cells are sluggish and when they're sluggish, when they're not providing the energy to make the cells work properly, cell function diminishes, even to the point of developing cancer.

Vaccine ingredients are known to directly impair mitochondrial function. Vaccine ingredients are known to directly impair mitochondrial function. It's in the literature, what some of the vaccine ingredients can do and do do to the function of mitochondria.

You have one in six children with neurodevelopmental disabilities, many of them with mitochondrial dysfunction. You have 54 percent of children with at least one of 20 chronic illness, many of them with mitochondrial dysfunction.

You have one in 20 children under the age of five with seizures. I imagine there's mitochondrial dysfunction in those cells as well. You have all these kids who are being vaccinated with materials that impair mitochondrial function, and get into the brain past the blood-brain barrier causing inflammation and interference with brain sequencing and development.

No one is saying, what are we doing. People are actually saying it's okay to develop these kids with neurodevelopmental disabilities, with brain damage, with seizures, with mitochondrial dysfunction because we're saving lives with vaccines.

If you're a parent that's not okay. Because almost all of these chronic illnesses are lifelong debilitating impairments. Most of these illnesses that we vaccinate against can be cured and are self-limited. Most.

**Ty:** What you're saying is that in this theory of vaccination for the greater good, when you damage my kid, it's not worth it to me, right?

**Dr. Palevsky:** There's definitely a philosophy that it's okay to sacrifice the health of a few in order for the good of many. When you see politicians, medical doctors, parents, governmental officials saying "vaccines are safe, they've been properly tested, they are effective." Anybody who runs with those statements has only read the title of the article. They've not gone further than the title. It's very difficult.

What we're dealing with is an actual psychological warfare. It's very difficult to create any inroads into ideological thinking. What we're seeing is a very, very strong position of ideology. There's no self-reflection. There's no taking a step back and saying, "What are we doing?" People's lives are being threatened for asking the question, "What are we doing?"

In medical school, we were taught something called the scientific method. I blame my medical school training on what I'm about to say. We were trained to create a question, go through the steps of evaluating the answers to that question, and be willing to look at the data and not eliminate it if we don't like it.

Then come to some conclusion about our original question, even if we don't like the conclusion we come to. The scientific method requires us to think and ask a question, even if it's an uncomfortable question.



In our current state of affairs, we're not allowed to ask the question. That's not science anymore. That's ideology and dogma. What's happening is, people are asking the question. The authorities don't like it. You have presidential candidates who are saying, "the science is clear, vaccines are safe, the earth is round. Vaccinate your kid. Grandmother knows best."

Has she read past the titles? Has anyone who says that read past the titles of the articles? What we have is a lot of people who are espousing what other people tell them.

If I presented my medical research around vaccines to my colleagues in medicine, they would be ashamed of themselves because they would never know that the aluminum in vaccines is not the same aluminum that you ingest or inhale. That the aluminum in vaccines is in such a structure that it can easily pass into the brain, and bring with it viruses and bacteria.

That the emulsifiers in vaccines, called Polysorbate 80, are used by the pharmaceutical industry to get drugs to pass into the brain across the blood-brain barrier. They're also in vaccines. They also attach really strongly to aluminum.

As an adjuvant, aluminum has a kind of structure that binds tightly to the bacteria and the viruses. Then the Polysorbate 80, the emulsifier, binds really tightly to the aluminum and to the bacteria and viruses, and can walk into the brain the way a ghost can go through a wall. The pharmaceutical industry uses particles like aluminum that are in vaccines to attach to drugs, to get them to go across the blood-brain barrier because drugs don't go across the blood-brain barrier otherwise.

Then the pharmaceutical industry uses an emulsifier like Polysorbate 80 to attach to the nanoparticle, that aluminum-type particle that is bound to the drug, to increase the entry of that drug into the brain twenty-fold. That same technology that the pharmaceutical industry uses to enhance delivery of drugs across the blood-brain barrier into the brain is the same technology in vaccine.

Knowing that science, the question has to be asked, do vaccine materials enter the brain? No studies. Are vaccine materials supposed to get into the brain? No. If vaccine materials get into the brain, what happens? One in six children with neurodevelopmental disabilities. One in 50 with autism. One in 10 with ADHD. One in 20 below the age of five with seizures, until proven otherwise.

**Ty:** But, they've not done the studies?

**Dr. Palevsky:** Correct. But we're told vaccines are safe. Anybody who reads that article, vaccines are safe, they've never read below to see well, have the ingredients been tested to see if they have entered the brain, to see if they impair mitochondria? The blood-brain barrier has the highest concentration of mitochondria of anywhere in the body. Vaccine materials can go right through it, penetrate it, destroy it, go right into the brain.

**Ty:** That's why we're seeing the mitochondrial dysfunction?

**Dr. Palevsky:** That's one of the possible reasons. Again, theory. This matches what's going in the lab, the animal studies. We're seeing the same thing in humans that's happening when these type of ingredients are injected in animal studies.

The question is, if these ingredients do this in the animal studies, and we're seeing this in humans, is there a correlation? People who say vaccines are safe don't know a thing about what vaccine ingredients do to the body. They don't know anything.

**Ty:** They do the thing that the parents do. Right? “Why should I do this?” “Because I said so.”

**Dr. Palevsky:** Correct.

**Ty:** They did the same with vaccines. Vaccines are safe and effective because we said so.

**Dr. Palevsky:** Correct. What you bring up is a really important point. In today’s climate, you have the, “get your kid vaccinated now.” Then you have a growing climate of, “don’t vaccinate your kid.” Now neither standpoint allows for owning a decision and understanding why you make that decision.

If I give you information about vaccines and vaccine ingredients and then I show you the data of neurodevelopmental disabilities, mitochondrial disabilities, allergies, asthma, and immune dysfunction and then show you that these vaccine ingredients can do that. Now, what’s your decision?

**Ty:** That’s called informed consent, isn’t it?

**Dr. Palevsky:** Correct, correct. Doctors would be ashamed to know that the vaccine ingredients do this to the body. They don’t want to know. Even though we’re seeing so many chronic illnesses in kids.

**Ty:** It’s odd to me that I find that the doctors don’t want to know but as you referred to earlier Dr. Larry, the scientific method means you test and you make an unbiased decision based upon the results. You don’t back into a decision. But isn’t it odd that if we question vaccines, which is scientific, we are told that we are anti-science?

**Dr. Palevsky:** And heretics.

**Ty:** Yes, it’s like a church.

**Dr. Palevsky:** Doctors rely on Big Daddy, the governing bodies to tell them what to do. They’re not supposed to break out of line. They’re not supposed to get out of the marching orders. They just follow what they’re told and that’s okay.

The parents know that it’s different than that. The efforts to keep educating the public should be maintained and put forth because the doctors are not going to be the first to get onboard, they’re going to be the last. Because the public already knows the information about the vaccine ingredients. They already know it and they’re learning it more and more.

Nowadays, everybody knows somebody who’s vaccine injured. It’s no longer a secret. It’s no longer under the table. It’s right out in the open. People don’t want to know that it’s happening, because they want to be able to rely on Big Daddy.

They want to be able to trust that their authority is protecting them. Every story about kids who’ve been vaccine injured, the parents almost always state, “I didn’t want to do it. I knew it was wrong. I had this gut feeling, but my doctor bullied me into doing it.”

**Ty:** One of the things that—I’m not knocking church because I got to church every Sunday. This is like a church. The vaccine mafia, well vaccine lobby, whatever you want to call it. My good friend Robert Scott Bell calls it the vaccines, he says the vaccines are “the sacred cow of the church of biological mysticism,” because of what we’ve been saying, we’ve been talking about and you’ve been sharing the fact that they’re not supported by testing safety.

They haven't been tested. They work because we say they work and he equates that to a church hierarchy saying this is true because the church says is true and you just believe it.

**Dr. Palevsky:** Again, if anybody says vaccines are safe, are they saying that because they actually investigated the issue themselves or, they're saying that because they just accepted what they were told true is true? You get a lot of angry people who are realizing that they accepted what they were told is true and are now realizing that it may not have been.

I don't blame them for being angry. Vaccines have never been proven to be safe anywhere in the literature. Anybody who says that they are, hasn't read past the tittle. They haven't done their due diligence. They haven't done their true scientific exploration. They're not supposed to in a dogmatic ideological state.

**Ty:** Many of the inserts that I have personally read and I don't remember the specific vaccines, but they say, "this vaccine has not been tested for mutagenicity or carcinogenicity." In other words, on the package insert they're telling us they have not been tested if they're safe, but they tell us they are.

**Dr. Palevsky:** In the realm of mutagenicity and carcinogenicity, correct, they're not safe because they've not been tested. In 2005, the FDA put out a report about the contaminants of foreign DNA in vaccines. They said in their presentation, "we do not know if any of the contaminants that we know exist in vaccines from foreign DNA will lead to the development of any event."

They left it as "an event." They didn't know what event that would lead to. Whether a take-over of the DNA in the body, cancer, cell death, inflammation, they have no idea.

In 2005, admitting that there are foreign DNA particles in vaccines, that are unavoidably in there, they said "we don't know if any of these foreign DNA particles can lead to an event." Okay, so you don't know. How are you going to find out if they do? Were you just going to leave it up to chance?

**Ty:** They've left it up to chance, apparently.

**Dr. Palevsky:** It seems that way.

**Ty:** Dr. Larry, in 2000 there was an article in the Pediatrics Journal that describes that before World War II, we looked at pertussis, measles, flu, tuberculosis, scarlet fever, all of these childhood diseases were actually being reduced if not almost completely wiped out before the introduction of the vaccine. How do we explain that?

**Dr. Palevsky:** The actual article discussed the decrease in mortality in children between the ages of one and 19 before World War II. What the data showed was a very large decrease in the mortality rates of children dying from infectious diseases.

In the article, the author concludes that without the presence of antibiotics and vaccines, these disease states and the mortality went down. The reasons for the reduction in mortality were due to improved sanitation, improved water, better living conditions, and better nutrition.

Some people have stated that the diphtheria vaccine was introduced in the 1920s and that's the reason diphtheria mortality rates went down. And that the pertussis vaccine was introduced in 1949 in the form of the DPT and that's the reason the death rates went down.

If that were true, how do you explain the reduction in mortality rates of all the other infectious

diseases for which there were no vaccines? Because they went down without vaccines.

There is evidence in the literature to show us that lives can be saved without vaccines. That death doesn't have to happen with infectious diseases and without vaccines.

**Ty:** The CDC and the American Academy of Pediatrics, state that there is no connection between vaccines and autism. Have they done proper studies with proper controls to make this statement?

**Dr. Palevsky:** The whole subject of vaccines and autism is a very, very hot topic. It's very controversial, because everybody goes back to Dr. Wakefield's study. What gets lost in the conversation is the science. Putting aside Dr. Wakefield's science, and his study and the whole issue around him and what people think of him, what is autism?

Autism is an interference of proper brain sequencing. It's improper development of brain. It's loss of many milestones that should be seen in normal brain development. It's part of the one in six umbrella of children with neurodevelopmental disabilities.

Something has interfered with proper brain development and proper sequencing of brain development. We just happen to call one in 50 of them "autism."

What we really need to do is look at them as children with neurodevelopmental disabilities, whose brain development has been interfered with by one or more factors. Vaccine ingredients can be one of those ingredients, one of those interventions that can create an interference of normal brain sequencing.

I'd rather not call attention to autism because it's only a small part of the picture. I don't mean to demean the children who have autism. That's not what I meant by saying it's a small part of the issue. One in 50 is within the one in six, and in the 54 percent of children with some form of chronic disease with immune and neurological dysfunction and mitochondrial dysfunction.

You never know what vaccine ingredients are going to do in each person's body. You never know where they're going to land, at what stage of development the child is introduced to these ingredients.

What parts of the cells and what parts of the brain are at most rapid development at that time that are most affected with the introduction of those ingredients. You never know. For one kid, it may really be autoimmunity. For another kid, it may be brain damage.

**Ty:** Again, it sounds to me almost like a crapshoot and if you're going to play craps then maybe you need to know your benefit versus your risk.

**Dr. Palevsky:** Correct.

**Ty:** It goes back to informed consent.

**Dr. Palevsky:** Right. One of the other disease states that's on the rise besides neurodevelopmental disabilities, immune dysfunction, mitochondrial dysfunction, is autoimmunity. Autoimmune diseases are tremendously on the rise in both the pediatric and the adult population.

**Ty:** What exactly does autoimmunity mean?

**Dr. Palevsky:** Auto-immunity means—Well let me step back. The immune system is meant to protect us from harm. It attacks whatever the immune system perceives is a threat to the safety of the body. If the body perceives part of our own self as a threat, our immune system is going to attack us and that's autoimmunity. The immune system attacks us, thinking that something within us is an enemy. We literally start eating ourselves alive.

No one has stopped to question whether there's anything in vaccines that could be leading towards our bodies developing an immune response against ourselves. Now Dr. Yehuda Shoenfeld in Israel has come up with the "Asia Syndrome," where he's showing the adjuvant aluminum is contributing to the increase in autoimmunity. But there's more.

Anytime you inject a foreign material into the body, you increase the chances that the body is going to see that foreign material as an enemy. The body will mount an immune response to reject it, to attack it. If any part of the material that's injected is also similar or the same to your own body, those vaccine ingredients will trigger an immune system to start attacking you. Autoimmune disease is on the rise.

Are there ingredients in vaccines that the body amounts an immune response against? Are there ingredients in vaccines that the body mounts an immune response against, that then tells the immune system to find that particle anywhere and attack it and end up finding part of yourself?

No one has questioned whether the rise in incidence of cases of autoimmunity in the pediatric and adult population could be attributed to the use of vaccinations.

The way autoimmunity works is the body perceives that there's something inside the body that's a threat and mounts an immune response to reject it. Now, if the body then sees that same protein that exits as part of the self, the immune system is not going to differentiate. It's just going to attack itself. That's what autoimmunity is.

We've never explored whether the injection of vaccine ingredients, which creates an immune response against those ingredients, actually has some component in the ingredients that the immune system rejects but then finds is also part of the self and then rejects the self.

The mere injection of material into the body is a medical problem, because you will always, always create an inflammatory response and the body's need to reject that material and attack it.

Why do you think we're having so many food allergies? Because there are food proteins in vaccines, starting from the vitamin K shot that babies are given at birth.

**Ty:** What's in the Vitamin K?

**Dr. Palevsky:** Egg phospholipid and castor oil. All you have to do is do a literature search. Does castor oil cross-react with peanuts and tree nuts? The answer is yes, it can. If you inject egg into the body, the body will see that protein as a foreign enemy.

You then eat it and the body will reject the egg, mount an immune response, and try and get rid of it. That's why you get symptoms, to get rid of what the body has perceived as wastes that don't belong in the body.

If you inject castor oil into the body, the body will mount an immune response against it. If you then expose yourself to any part of that food, that the body has perceived and reprogramed to reject, you're going to attack it and thus develop symptoms. The onset

of symptoms is meant to get rid of excess wastes that have accumulated in the body in response to something that the body perceives as a threat.

**Ty:** April 2005, Dr. Larry, there was an article in the *Journal of Allergy and Clinical Immunology* that looked at the health outcomes of children who were fully vaccinated, partially vaccinated and then not vaccinated at all. When they assessed the data, they found that the largest number of reports by parents of children with atopic illness were kids that were fully vaccinated. The lowest reports were the unvaccinated. What is this specific study telling us?

**Dr. Palevsky:** Well, number one the study tells us that we have to do another study. Is this repeatable? Is this an aberration or is this something that's real? Do parents of children who are not vaccinated continue to report lower amounts of atopic illness in their children versus parents who have children who are fully vaccinated? Let's do it again.

If you can't accept that that's possible, or if you think that having an atopic illness is an okay, acceptable disease just so that you can get vaccinated, well then there's a problem. Because an atopic illness is a permanent impairment. It's a permanent impairment of the body.

**Ty:** What is an atopic illness?

**Dr. Palevsky:** The word "atopi" just means allergic, allergy. Adverse response to whatever you're exposed, whether it's through the air, through the food, or on the skin. The purpose of an allergic response is to attack what the body perceives as a threat. You're creating a very excitable, very inflamed response on the immune system. Potentially, based on that study, if you vaccinate. What you create is a very stressed immune system.

**Ty:** We have a system that's called the Vaccine Adverse Events Reporting System, the VAERS. I've interviewed other pediatricians and a couple of them didn't even know that it existed. Isn't the fact that we have the VAERS system, doesn't that in and of itself tell us that there are adverse events that are associated with vaccines?

**Dr. Palevsky:** Well, there are several issues here about VAERS. One is anyone can report. It's not a specific scientific body of information. A nurse can report, a parent can report, a doctor can report, a grandparent can report, a neighbor can report. It's just a belief. There's no full scientific proof that what is being reported actually is related to the vaccines.

Doctors are not taught what a vaccine adverse reaction looks like. In fact, when a parent calls the doctor and says, "My child was vaccinated, I can't wake them up, he'll only wake up to feed. He's sleeping for two days." The parent is told "that's normal."

When the parent raises the question, "Could this have been from a vaccine," meanwhile the kid had never done that before. The doctor almost unanimously says, "No, it's just a coincidence."

That kid suffered brain damage. Sleeping for two days as an infant, not waking up, other than to feed, that kid was brain damaged, had brain inflammation. Not waking up for two days, other than to feed is a neurological event. That's not normal. That's from the injection of material into the brain.

Doctors don't make the connection. Reports show that maybe 10 percent of true vaccine adverse events are really reported. If you don't have doctors who are educated, and you don't have a system that's streamlined to be scientific, how do you really know? If the



doctors are made to believe that adverse events can't be happening from vaccines, how do you have a reporting system that's legitimate?

**Ty:** It's almost impossible, isn't it? It's like the whole deck of cards is stacked against ever implicating vaccines in any damage.

**Dr. Palevsky:** Correct. Then you're back to an ideology, you're not back to a discussion.

**Ty:** Yeah. We're back to the point that we get to—there's almost nothing that inflames discussion like posting anything that questions vaccines on any social media. Literally, on our Truth about Cancer Facebook we have seven or eight hundred thousand likes or whatever, followers whatever they call it.

I can post on just about anything. If I post something that questions vaccines, they come out in droves and say, "You're a quack, you're anti-science. Vaccines are proven safe." It's just like this—

**Dr. Palevsky:** "You're a baby killer."

**Ty:** Yeah. "You're putting my child at risk." There's this long litany of talking points that they always regurgitate if you question vaccines.

**Dr. Palevsky:** Again, I don't even talk to those people. I won't even answer them because they're not open to, "Hey, where did you get your information from? How come you're such an expert? What research have you done to understand all of this, all of what you're saying?"

"Are you aware that there's more information? Have you looked to see if there's more information? Have you blindly accepted what you've been told? Or have you actually done your own research?" You can't even ask those questions because they'll feel shame and embarrassment and arrogance that you would even think that their authority should be questioned.

**Ty:** Someone recently responded to one of the vaccine posts. They said "The science is settled. Vaccines are safe and effective." Isn't that statement, in and of itself, unscientific? Science is never settled, is it?

**Dr. Palevsky:** No.

**Ty:** Isn't it always a progress of learning and learning more?

**Dr. Palevsky:** Right, but you see there's a growing group of people in this world who believe that they have all the science that's needed. In every system, there are people who believe that they're at the highest level of knowledge. It's true in intelligent systems, it's true in social systems, it's true in religious systems, it's true in advertising systems, it's true in governmental systems, it's true in medical systems.

That keeps people down, because you end up believing that those in authority are at the top of what there is to know, until you start thinking for yourself. In a totalitarian system, you're not supposed to think for yourself. You are supposed to blindly follow. The people are waking up.

**Ty:** I think that blind acquiescence to the safety and efficacy of vaccines is required in this medical system, isn't it?

**Dr. Palevsky:** Well again, it's the livelihood for many people. It is an ideological slant for many people that they have to hold on to, because to question it would not work in their system. Their foundations will crumble if they actually said, "My basement is cracked" or "my basement is broken," or "my house is sinking."

**Ty:** Right. Herd immunity.

**Dr. Palevsky:** Oh God.

**Ty:** You knew that was coming.

**Dr. Palevsky:** Don't.

**Ty:** Is that a real thing? Because we hear about herd immunity. We hear about herd immunity and I think that's part of the logic that goes into parents claiming that if "your child isn't vaccinated, then you put my child at risk who is vaccinated." It's part of this herd mentality. Is herd immunity a real thing and if it is a real thing, is the herd immunity that we hear about today the same thing as the real thing?

**Dr. Palevsky:** The concept of herd immunity is based on the idea that disease can only be transferred from one person to another. The concept of herd immunity is based on the idea that contagiousness is the only way for disease to spread.

It's based on the idea that the only way I can get sick, the only way I'm exposed to the germ, is if you who are sick give it to me. As if there's no other possible way I could be exposed to that germ without being exposed to someone who's sick.

That is the biggest problem regarding infectious diseases, contagiousness and herd immunity, because it doesn't allow for all the permutations, all the ways in which you could have a germ in your body and still not get sick, that you could be exposed to a germ from the environment without having been near anyone who had the illness.

As if the only vector of exposure is someone who's sick. If you break down that understanding of how disease spreads, herd immunity can't exist because it's not people spreading it from one person to the next anymore. It's the germs having a different life cycle based on completely different criteria.

There's an article that was in the CDC, published in 1999, that actually states that "science forgets that germs actually are subject to forces other than human beings. That the life cycles of germs can be turned on and turned off having nothing to do with humans."

When babies are in utero, they have little to no exposure to germs in the world. Recent study show that there are some bacterial particles in the amniotic fluid that come from the mother's mouth or the mother's intestinal bacteria. Otherwise the amniotic fluid is basically sterile. There's almost nothing in it.

We as adults have over 100 trillion bacteria and microorganisms in our body. How does a baby go from almost none, to a person with over a 100 trillion? Just by living. Life is your exposure.

You can't tell me statistically that a baby comes in to the world, develops his or her path towards over 100 trillion microorganisms, but if never exposed to someone who's sick with these germs, those organisms aren't in his or her body. Statistically impossible.

If you don't get a disease during an epidemic, it doesn't necessarily mean you don't have the germ. It just means that the relationship between you and the germ didn't get to a place of activity of that germ.

Herd immunity is based solely on the idea that you can only get sick if you pass a germ from one person to the next. If enough people have the disease in a community, they'll be less of that germ to pass on to those who have yet to get sick.

Therefore, those who don't get sick are protected by the herd. That's the theory of herd immunity in live infectious illness. Then that myth is extrapolated down to vaccination, because the belief is that if you vaccinate you get rid of the germ.

That's a myth. You can't vaccinate the germ out of the air, nor can you vaccinate the germ out of your body. What you can do is change the way the germ expresses itself. You don't get rid of the germ.

The herd immunity thinking in vaccination is that vaccines will stop the germ from being carried in your body. That's preposterous. Therefore, there's less ability for you to transmit the germ to others, again thinking that vaccination wipes the germ out of your body, when it doesn't.

**Ty:** Haven't we even seen instances over the last several years where the vaccinated actually spread the disease?

**Dr. Palevsky:** Correct. There was a study recently in baboons that even vaccinating them against pertussis, they still had the pertussis bacteria in their airway. Well that makes total sense because vaccines don't eliminate the germ from your body, nor can they eliminate the germ from the air because exposure is due to living.

Again, the myth that's transmitted, or the myths that are transmitted is one, "exposure to a germ can't happen unless you are near someone who is sick." Not true. Two, "exposure to a germ will make you sick." That's not true.

**Ty:** So, it's built on a foundation of untruths?

**Dr. Palevsky:** Correct. Because contagiousness is not the only way that disease happens in a community. Sometimes, there are other forces that turn organisms on and off that have nothing to do with me giving it to you or you giving it to me.

Therefore, giving a vaccine to someone doesn't necessarily stop the person from transmitting the germ, because anyone who lives can be equally exposed even if no one is sick. The whole foundation of contagiousness, infectious disease, and vaccines and herd immunity are based on untruths, myths, and incomplete statements about what we know in science.

**Ty:** Great information. Zika Virus, mosquitoes, at the filming of this interview, we're literally seeing mass spraying in South Florida, dumping pesticides from helicopters to kill the mosquitoes that carry the Zika Virus that allegedly causes microcephaly.

**Dr. Palevsky:** Right

**Ty:** What's the truth about? Because, the reason I ask this in regards to vaccines are, I'm already seeing on the news almost daily, we're working on a vaccine for Zika. We're work-

ing on a vaccine. Vaccine for Zika virus is coming. What are some of the common maybe misconceptions about Zika?

**Dr. Palevsky:** When a child gets a vaccine and develops brain damage, regression of symptoms, the entire medical community says there's no correlation. Even though one event occurred directly after the other event.

With the Zika virus, there's direct correlation if the virus is present with microcephaly. Can't have it both ways. You can't deny correlation because you don't believe in it, and then apply correlation because you need to believe in it, in order to put forth another myth.

This is what I know, but based on just my research, I wasn't in Brazil, microcephaly only occurred in the northeast section of Brazil. Zika virus occurs everywhere. The incidence of microcephaly don't. The presence of the Zika virus doesn't necessarily correlate with microcephaly because the Zika virus exists in many places other than the northeast section of Brazil.

**Ty:** What happened in the northeast section of Brazil?

**Dr. Palevsky:** That's the question. Many theories have been put forth. I don't know which one is true, if any of them are true. One of them is that that section was sprayed with an excess amount of pesticides including Roundup. Glyphosate.

Another one is that those pregnant mothers were given a DPT vaccine and/or an MMR vaccine. Both vaccines, in the literature, are known to contribute to the incidence of microcephaly. We don't see the incidence of microcephaly where there's also a large increase in Zika virus infections.

As far as I know, based on the literature, the Zika virus illness is benign. In New York, in the month of August, because of the threat of Zika virus, they sprayed different communities. When I read the list of all the communities, it was all the communities where minorities live.

It wasn't the white wealthy areas of New York City or Long Island. It was all areas where there are known to be minority populations. I don't know any conclusions from that, other than to say, why?

**Ty:** It's a good question. I guess the mosquitoes don't travel to Manhattan.

**Dr. Palevsky:** Or, only the people of color and Latinos are the ones who have the Zika virus or something else.

**Ty:** Yeah, good question. Speaking of New York City, I was up there a couple of years ago. It was during October. It was flu season. Literally I walked down, in a square block, I passed six pharmacies that all had get your flu shot, big signs in the windows. What's your opinion of flu shot?

**Dr. Palevsky:** Well it makes no sense and here's why. Number one, the virus most likely to cause the flu illness is rarely an influenza virus. The incidence of actual influenza virus illness is very, very low.

Most illnesses that lead to flu-like symptoms are not caused by the influenza virus. The vaccine itself is toxic. When people say they got the vaccine and got the flu anyway. No, they got poisoned.

The body's response to being poisoned is to get sick, to remove the poisons because you were injected with poisons. For those people who don't get sick after the flu vaccine, the

materials stay inside, or if they're lucky, they'll just excrete them out without being affected.

Most flu illnesses happen because the body's been stressed. There's a buildup of wastes, the body needs to get rid of the wastes. By injecting these materials, you're creating more stress. There was a study in the journal *Vaccine* back in 2012 that looked at the injection of flu vaccine into pregnant mothers.

No one had ever measured what happens to the immune system. What they found was that by injecting the flu vaccine into pregnant mothers there was an increased circulation of inflammatory immune markers.

No one really understood what those inflammatory markers actually meant to a growing fetus. There are studies in the literature that clearly say schizophrenic disorders, psychiatric disorders, and autism have all been found to have as its precursors a history of inflammation in utero.

Inflammation happens in the body because the body perceives that there's a threat. The immune system mounts an immune response to attack it. Vaccines create inflammation, period. That's their role. That inflammation can destroy any part of the body including the brain, including the immune system, including the mitochondria. Inflammation is a way for the body to protect itself.

All the chronic illnesses that we see have too much inflammation because the body is constantly working to attack what it perceives as some threat. Rather than trying to identify what's creating all these inflammation, we just keep medicating it.

We don't realize that we're actually causing the excess inflammation which leads to wastes. That's why the body gets sick, to get rid of inflammation, to get rid of wastes that have come through every avenue of entry into the body, vaccines notwithstanding.

**Ty:** Flu vaccine's a viral vaccine. Are there any safe viral vaccines? Injecting viruses into the body is—

**Dr. Palevsky:** There's no safe injection of anything. The injection of material into the body forces the body to see that material as an enemy. If any of those materials, you then eat, you will have an inflammatory reaction against that food because you've been told to attack it.

If any of those materials are part of your body, you will start attacking yourself leading to autoimmunity. If any of those viruses or bacteria are actually embedded in your own DNA, you will then attack your own DNA.

Remember, because the belief about vaccines is that the bacteria and the viruses are not in your body yet because no one's been around you to give you the bacteria and the viruses, because, the only way to get those bacteria and viruses in your body is to be exposed to someone who's sick with them. That's a myth.

We don't even entertain the idea that you could already have bacteria and viruses in your body, laying dormant by the time you're vaccinated. If that material is embedded in your DNA, you can potentially start attacking your own DNA. As I said, autoimmune disease is greatly on the rise.

**Ty:** Dr. Larry, last question for you. You practice medicine outside of the realm of believing that the vaccines are the answer. What are alternatives to vaccines to keep kids healthy or do

we even need an alternative?

**Dr. Palevsky:** Many people say, “If I’m not going to vaccinate, how do I keep my kids strong?” That’s based on two assumptions. One, that your child’s immune system is not already strong. And two, that vaccines protect you and make you strong.

The body is already strong. There’s a way to keep it strong. There’s a way to prevent it from weakening. But that doesn’t utilize pharmaceuticals. It utilizes good food, good water, and healthy environments. All studies have shown that good food, good water, and healthy environments create healthy kids. The dirtier, the healthier, because germs are not our enemy.

**Ty:** Not what we’re hearing in the typical school where we believe that children are deficient in Ritalin. They’re not going to be normal unless they have the Ritalin. What you’re saying is that the environment and what we put into the body has everything to do with keeping your child healthy?

**Dr. Palevsky:** Correct.

**Ty:** Well Dr. Larry, this has been an excellent interview. I really appreciate you spending the time with us today.

**Dr. Palevsky:** Sure.

**Ty:** I appreciate you breaking your seven-year hiatus.

**Dr. Palevsky:** Thanks.

**Ty:** Awesome.

[End of transcript]



# Chapter 41:

*Interview with*  
**Dr. Muhammed Rafeeqe,**  
**A.A., B.H.M.S.**



**Robert Scott** We're back here at the Homeoprophylaxis Conference. Another doctor has visited us all the way from India. We're very excited to have Dr. Muhammed Rafeeque. He works from India into the United States as well. Believe it or not, there's a Department of Homeopathy in the government in India there in a place called Kerala in the south of India.

**Dr. Rafeeque:** Yes. The southern part of India on the coast of the Arabian Sea.

Nice. We'd love to visit and have some spicy food. The use of homeopathy to have it in as part of a department within the government is probably unusual for us in the United States to hear about that. Did this happen recently or has this been going on a long time?

In 1950 we had—fifty years back. Exactly 50 years back, the government of Kerala approved homeopathy as a system of medicine. Officially approved. Later on, they started a department of homeopathy for the treatment of people. Through this department free treatment is given to the people.

**Robert:** Free treatment?

**Dr. Rafeeque:** Yes, of course. Once a person comes, he will have to pay two rupees for the registration. It's only for the name's sake. Then lifelong free treatment will be given, medicines and also prophylaxis will be given. Because in our department we have a special body called RAECCH, Rapid Action Epidemic Control Cell Homeopathy.

Through this we give prophylaxis anytime. Not only during epidemic even for endemic disease or even for all diseases that may appear. For example, tuberculosis, ptosis, any other disease. We give on regular basis homeopathic prophylaxis.

**Robert:** Tuberculosis around the world is the scourge of the infectious disease world. It kills more than any other infectious-

**Dr. Rafeeque:** Yes. In spite of besieging.

**Robert:** Of course, there are many drugs now that are resistant, strains of tuberculosis. So, you're utilizing homeoprophylaxis, you're not waiting for them to show signs of tuberculosis. Are you using the tuberculinum or other—?

**Dr. Rafeeque:** Of course. We use tuberculinum often because we can make out from the attitude, the mind of the child, how the child behaves, you can make diagnosis that there is possibility of tuberculosis because the tubercular nature can be expressed.

Nowadays children, they will not sit in one place. They keep on moving from one place to another. That is called tubercular nature of the child. They don't even sit up steady properly. They don't listen. They often develop attention deficit problems and all.

We often manage such cases with a nosode like tuberculum. Of course, we have other remedies, not only tuberculum because we have to take the case. In homeopathy history, taking is the most important. You have to go into the core of the patient and then diagnose what could be the reason. How to diagnose an asthmatic.

Sometimes people get a lot of money from the parents. Sometimes they don't get anything but they get the miasms, the diseases, the tendency to tuberculosis, tendency to diabetes, a lot of diseases.

So as a homeopath, our duty is to individualize the patient and study his totality and even diagnose the probable diseases he may suffer from. Because some individuals when we see they look very healthy but when we take their case, we get there is hidden cancer miasm.

So, within a few years or months they may have some cancerous problems. So, we have to diagnose. Basically, homeopathic treatment is nothing but prophylaxis. By giving a homeopathic medicine I prevent cancer. By giving a homeopathic medicine I prevent other diseases, degenerative diseases.

Now we have many degenerative diseases. Joint pain, joint erosion and autoimmune disease. Now we have more autoimmune diseases because the body will kill that body tissues, own body tissues. These are the areas that homeopathy can do a lot.

And in our department, we get many such cases because we have different sections within our department. We have gynae clinic, pediatric clinic and there are some infertility clinics. In our department, we have a special body called Seethalayam is only for the problems of the female.

Infertility maybe 10 percent maybe due to the problem of the husband, 10 percent female. Like that it may change, 30 percent. But every time the community, the society will blame the females. That's why we have a Seethalayam project.

We take the case in detail. Recently we had almost 300 cures of infertility cases. And most important thing is almost all cases had gone IVF. They had done—

**Robert:** In vitro fertilization.

**Dr. Rafeeqe:** Spending a huge amount. But in our department, we give that. Of course, even private homeopaths, they also have many successful cases. They also manage. Homeopathy can do a lot in infertility also.

**Robert:** Now Rafeeqe, you are also a review board member of the American Medical College in Homeopathy in USA in Phoenix. You travel back and forth.

**Dr. Rafeeqe:** No, occasionally. Because I'm staying in India. I'm in a government service. I cannot travel often. That's why I do online. They send me the details when someone, some groups are doing a clinical research, they have to submit all the details.

They mail me all the details for the review. Then as per the data available I approve or I cannot. Every time I have to go through that I have to make sure that the people don't suffer from clinical trials because it is called the protection of human rights as per U.S.—

**Robert:** Right. We've covered this here in America as well. They call this the therapy naive. They'll often go to the countries where the people are not educated and they will take advantage of them.

**Dr. Rafeeqe:** Many times, free treatment is given. They've announced that it is free. So, people will come and later on they suffer.

**Robert:** They don't know the dangers.

**Dr. Rafeeqe:** The IRB is the authority whether to approve this project or not to.

**Robert:** The Investigational Review Board.

**Dr. Rafeeqe:** Of course, it is mainly for the modern medicine but even in homeopathy it has to be applied.

**Robert:** So, if we look at the tests that may have been conducted, or in the case of the Japanese encephalitis that we see 20 million people, children, were benefited by this. What other diseases? We mentioned tuberculosis.

Other types of diseases that people normally think that only vaccines can protect them that we've utilized or you've utilized homeoprophylaxis to help?

**Dr. Rafeeqe:** Yes. We have many successful cases in the management of chikungunya. Chikungunya is a wild infection that can produce a lot of problems, post-chikungunya arthritis. People suffer even now. We had an epidemic in 2007 and 2008 and '09.

Since then they're suffering from joint pain because they cannot work because of the pain, swelling and all. So, we had many successful cures using homeopathy. Also, the prevention of dengue. Even now dengue fever is a threat.

**Robert:** Dengue fever, chikungunya and now they're saying Zika all similar, related.

**Dr. Rafeeqe:** Zika virus recently appeared in Brazil. But it is also said that it's not a real epidemic made by some—I don't know that reality.

**Robert:** It's good to acknowledge that. So, chikungunya, will you use a nosode for chikungunya?

**Dr. Rafeeqe:** Actually, the way of managing an epidemic is when the epidemic appears first we must check the cases, affected patients. We must try to identify the genus epidemicus. That is the remedy for that particular epidemic which can be used for prevention as well as cure.

So, in case when the genus epidemicus is not so clear, then we have to use the nosode. First we started with eupatorium perfoliatum after studying the cases. We got a wonderful result. But unfortunately, we did not get results in a few cases. So, we had to give other remedies. We had to give a miasmatic remedy thuja. Thuja was very useful for the dengue.

**Robert:** You mentioned earlier eupatorium perfoliatum. Also, we look at the nosode for dengue as a virus.

**Dr. Rafeeqe:** Yes. Dengue nosodes we have. The Central Council of Homeopathy has approved that remedy, the dengue nosode. And even for influenza, there is a nosode for influenza now like that.

What Hahnemann suggested, first try to take the case and study for the selection of genus epidemicus. If the genus epidemicus is not clear, especially in dangerous diseases like dengue, we need not wait for the remedy to be selected. We can directly start with the treatment of use of nosodes.

**Robert:** In your area in Kerala, how many people are in that area that are being helped with homeopathy and homeoprophylaxis?

**Dr. Rafeeqe:** Most. Almost all patients, people come. Even those who take modern medicine they also join our homeopathic treatment because it is like that. Some of the people, they're under the treatment of a diabetologist or taking antihypertensive medicines also. Even they come to homeopathy. Now I am on leave so my patients are in trouble. After seven days, I have to go back and treat them.

**Robert:** But are we talking in the area, hundreds of patients, thousands of patients, millions? What's the number we're looking at here?

**Dr. Rafeeque:** For a day, I get an average 100 patients in a day in our dispensary. We have almost nearly about 500 homeopathic medical offices in our department. Apart from that, there are central homeopathic and NRHM dispensaries.

There is another department called ESA Dispensary. That is called Employment State Homeopathic Dispensary. Through that we give treatment to the public. So, its number is a huge number of people get benefit of homeopathy.

**Robert:** Dr. Rafeeque, what can you say about the government expenditures? The cost of homeoprophylaxis versus allopathic intervention?

**Dr. Rafeeque:** It's very less, because with one bottle of homeopathic [remedy] we can manage hundreds of people. So, it's very negligible, very, very negligible. Because I remember I have managed almost 4,000 patients.

I have distributed medicine to almost 4,000 patients spending only 300 rupees. Please remember, that is very important. Only 300 rupees' expense we have. 4,000 patients we could distribute. Just imagine the scope of homeopathy.

**Robert:** Well, many governments are very over budget. They don't have the funds to do this. You're telling me that we can take—I don't know the exact translation of 300 rupees but that's not a lot.

**Dr. Rafeeque:** 300 rupees is almost \$3 to \$4 dollars.

**Robert:** \$3 to \$4 dollars for 4,000 patients? So, look at that for the governments around the world, how much more efficient the resources could be utilized.

**Dr. Rafeeque:** Definitely. It's a financially, economically, homeopathy is the best remedy. I will tell you in our dispensary we have a government allopathic hospital, homeopathic hospital, and Ayurvedic hospital. Every year they allot funds for us.

Normally 10 lakh rupees goes to modern medicine, six lakh rupees goes to Ayurveda and one lakh goes to homeopathy. So, you may think that they're ignoring homeopathy. Never. Because using one lakh we get medicine for three years almost most.

But in modern medicine it is not sufficient because 10 lakhs are nothing for modern medicine. Even for Ayurvedic medicine, Indian system of medicine, six lakhs are nothing.

**Robert:** So, you're talking about annual budgets that might be tens of billions versus a hundred thousand?

**Dr. Rafeeque:** Yes. The revenue will come down. The people will be definitely—

**Robert:** Affordability, as such. So, any other diseases that you want to mention for the folks that are watching that don't know of homeoprophylaxis and how it can work in so many areas?

**Dr. Rafeeque:** Yes. Chickenpox. We can do a lot for chickenpox. And even conjunctivitis. We had an epidemic of conjunctivitis in Palakkad area when I was working there before I got transferred to Ernakulam. We could manage many cases using Merc Sol. Mercurial Sol is normally

prepared from the mercury.

People had a lot of troubles, itching, irritation. So, Merc Sol was given as a prophylaxis and that helped many because sometimes the eye conjunctivitis becomes even panophthalmitis, rarely, even it can be keratitis. Or they suffer for a long time. But with homeopathy we could easily manage.

**Robert:** The only safe way to use any form of mercury is in a homeopathic remedy because the attenuations are—

**Dr. Rafeeqe:** Yes of course. We don't use the crude form. What is painful is many countries, they don't have opium, homeopathic opium, I mean, they don't have homeopathic tabacum, they don't have cannabis indica, they don't have nux vomica because these are toxic.

But in homeopathy we make use of that therapeutic nature and it becomes a curative remedy but non-toxic. Unfortunately, they don't allow the homeopathic potency. What is the funniest thing is in most of the countries they have these crude substances in excess.

I can show you there are countries where tabacum is not available but they smoke, tobacco is everywhere. Cannabis indica, they smoke cannabis but homeopathic cannabis is not. So, this is the dual nature because most of the governments are under the impression that these homeopathic medicines are toxic. There is another group they say that there is nothing in homeopathy.

If there is nothing, how can the system exist? People are not fools. They come when they suffer. Even when they suffer from acute appendicitis. I have successfully managed many acute appendicitis cases only using homeopathy. Very simple.

**Robert:** I've read that in the medical literature many years ago, how in America and allopathic medicine they think the only thing you can do is cut the appendix out and we can manage cases homeopathically.

**Dr. Rafeeqe:** Appendix, what they say it is a rudimentary structure. No. Never. Appendix is actually a storehouse for the bacteria, the intestinal flora. When the digestion goes wrong they will supply excess of intestinal flora for the digestion. So, cutting it is of no use. Homeopathy is the best choice. We have wonderful remedies like belladonna.

**Robert:** Have you used phosphorous?

**Dr. Rafeeqe:** Yes. Phosphorus, bryonia. Bryonia often we get that. Iris tenax, we often get results with that.

**Robert:** Duke University in America years ago, published that they might have figured out what the appendix was for and they said exactly what you've just said. Imagine that, God didn't make a mistake.

**Dr. Rafeeqe:** Of course. God never makes things—it's not a rudimentary part of us that God wants.

**Robert:** And to have a medicine that can do no harm, that can only bring healing, I think that's very Godly.

**Dr. Rafeeqe:** Hippocrates said, "Do no harm." Unfortunately, only harm is done nowadays.

**Robert:** In allopathic medicine. Well, Dr. Rafeeqe, it is such an honor to have you here to be on "The Truth about Vaccinations." I appreciate so much all of your work in India and here in

America. And may it continue to help those who are in need.

**Dr. Rafeeqe:** Yes. Thank you.

**Robert:** Thank you so much.

[End of transcript]







*Chapter* **42:**

*Interview with*  
**Dr. Heather Rice, D.C.**



**Ty:** Well, Dr. Heather Rice, thank you so much for joining me today. I really appreciate it.

**Dr. Rice:** You're welcome. My pleasure.

**Ty:** Yeah. Looking forward to having a nice conversation here about your perspective on vaccines. And I know that you have a unique perspective on a couple of different issues. So, let's just get into it and let's have a conversation and see where it goes.

**Dr. Rice:** Okay.

**Ty:** So, first of all, tell the viewing audience a little bit about yourself, your education, where you're from and what you do.

**Dr. Rice:** I've been a chiropractor for over 30 years. I practice up in Vermont right now. And my practice is very much wellness-based. So, not so much back pain, headaches, see you for a few visits and off you go, but people that really want to have the highest level of function in their bodies for themselves and their families. And so, that's what I specialize in.

**Ty:** Okay. And how long have you been doing that?

**Dr. Rice:** Over 30 years.

**Ty:** 30 years? You've been a chiropractor for 30 years then?

**Dr. Rice:** Over 30 years, yep.

**Ty:** Alright.

**Dr. Rice:** I'm an old timer.

**Ty:** Interesting. The older I get, the more I realize that's not really that old.

**Dr. Rice:** That's right.

**Ty:** I'm getting close to 50, and I used to think 50 was really old. Now I'm like "No, it's not that old."

**Dr. Rice:** Yeah.

**Ty:** One of the interesting things about chiropractors that we covered in the last documentary, *The Quest for The Cures*, *The Global Quest for The Cures*, was that in 1913, I think it was, the American Medical Association actually set up an internal department to slander chiropractors and make them known as quacks.

**Dr. Rice:** I know.

**Ty:** Yeah. And so, a lot of the things—because chiropractors typically, "Oh, you're going to a chiropractor? Why don't you go to a real doctor?" Well actually, chiropractors are real doctors.

**Dr. Rice:** Mm-hmm, yeah.

**Ty:** Chiropractors know more about the way the body works than most doctors, most medical doctors. But they took a beating a hundred years ago, when the AMA started attacking them with the first time that the term "quack" has ever been used in the United States.

Going after naturopaths and chiropractors and homeopaths. Making people afraid of these doctors that actually know something about the body. Just an interesting tidbit.

**Dr. Rice:** Well, it's because we were competition and they knew it.

**Ty:** Yeah. And the whole thing was the Flexner report of 1910, which was funded by the Rockefellers. What was John Rockefeller's main mantra through his whole business career? "Competition is a sin." Right?

He got rid of competition, and that was really what they were trying to do at that point was get rid of competition. So, about vaccines. How long have you been interested in the risk/benefit analysis of vaccines, and are they really worth it?

**Dr. Rice:** I grew up in a traditional family, with traditional medical model, until my dad became a chiropractor. But my mom always never really liked going to the doctor. That was just kind of her way. So, we did get the traditional childhood vaccines at that time, which were just a handful.

When I went to chiropractic school, it was the first time that I encountered another way to look at things. And I remember going to a conference. Barbara Loe Fisher was there. And when I heard her story and I was with a group of colleagues and peers where we got what she was saying, that was the moment that my paradigm shifted around vaccinations.

Otherwise, I didn't think of them in any other way. I hadn't thought about them deeply at all. I was a student in chiropractic school. But once I heard what her story was, there was no going back. And from then on, of course, in chiropractic school we had a toxicology course.

So, we learned about medications and that our approach was different because we understood that medications were coming from the outside in, and our bodies were actually designed to be healthy. And so, vaccines are just in that same category. They are medications. They're no different. And people try to position them in a different way.

**Ty:** Yeah. Barbara, I interviewed Barbara a few months ago. We tried to hook up at that time when we were up there, if you remember, when I was in Washington, DC.

**Dr. Rice:** Yeah.

**Ty:** But during the same period of time, I also interviewed Dr. Larry Palevsky. And Barbara and Larry just sat down and just started going at it. Not with each other—not at each other, but with each other. Just back and forth about some of the absurdities that some doctors believe today. And you mentioned something that was really interesting. You just said inside-out. Contrast health from the inside-out versus outside-in.

**Dr. Rice:** Well, I think that if we just look at the most basic level of how the human body was designed, it's brilliant. Our bodies are brilliant. They're designed to be healthy. We have everything we need to not just survive in this world, but to thrive in this world.

Our bodies were just designed that way, even down to the genetic level. So, if we look at what the genetic demands are from ourselves to live a healthy lifestyle, then it becomes easy. And what we realize is it's all in there to express itself normally and healthily, healthy normal, but we just need to provide the right building blocks and clear any interferences that are stopping that perfect genetic expression of our highest potential.

So, genetically, we come from a long line of successful human beings. We wouldn't be

here if that wasn't true. And what we get passed down is potential, genetic potential. And then how we live our life will determine how that genetic potential gets expressed.

If we know that everything is in there and we're designed to be healthy, we just need to make sure that that can express itself outward. So, the idea of our nervous system being the primary control of everything in our body, and that then allows all the organs to function at their highest level.

As long as the messages are getting from the brain to the cells and back again without interference, you get to be healthy. And that will impact your immune system as well. And so, as long as that's happening in a clean, clear way, then our ability to adapt to the stresses in our life, including the exposure to acute illnesses, we're designed to have that happen.

But if we interfere with that, either from interference in the nervous system or from not living in a genetically congruent lifestyle, then we start to see breaking down in the body. And then we may start to look for other ways to address it.

**Ty:** Dr. Heather, you just mentioned a couple of things that I want to pursue a little bit. First of all, you didn't use the word, but you're talking about epigenetics.

**Dr. Rice:** Yes, exactly.

**Ty:** Our genetic expression is influenced in certain ways. And it looks like, in certain instances, maybe not all instances but many times, vaccines can actually have a negative epigenetic effect versus a positive. Because what we're trying to do with vaccines, the theory behind it is we want to create an antibody response and protect us from disease.

But the reality is, as you just mentioned, our bodies are already designed to do that. So, by injecting a vaccine into the body, we potentially have a negative epigenetic effect versus a positive one, don't we?

**Dr. Rice:** Absolutely. Yeah. So, if we just think about the design of the body and how perfectly it's designed to encounter any kind of foreign particle, we can call it a disease, a virus, whatever you want to call it. Normally we would—and when I say normally, I'm always going to mean healthy normal.

So, with healthy normal situation, a virus would come in through our respiratory system, our digestive system. We would have our skin to protect us, our mucus membranes to protect us. That virus would then come in, if it was through the lungs, before it ever got to the bloodstream, if it was through the digestive system, before it ever got to the bloodstream, it would have been knocked out, destroyed, altered in some way, and the body would have recognized it at a certain level of entry.

We then produce the aspects in our immune system to fight against that at the earliest sign of it. So, we'll use our immune system for that, to start with. And then, if somehow that virus gets into the bloodstream, then we have the backup emergency way of handling that in our immune system.

It's all designed that way. And in our natural state, that's how we're going to encounter viruses. If we inject it right into the bloodstream, we've now gone past all those natural designs that would have kept us healthy and would have allowed us to identify that virus at the earliest level, to then address it in the easiest way in the body.

When you inject it into the bloodstream, now the emergency backup immune system has to try and manage this. But in the meantime, those viruses and all the other things that accompany those viruses, they now have access to all the inner organs that they normally wouldn't ever get to.

And so, we are using up our emergency immune system, which some say we have a certain capacity for our life that we use that for, that it may be using that up much faster. Instead of the design, where we use the other part of the immune system to just recognize it and take care of it before it ever gets to that deeper level.

**Ty:** Okay. You also mentioned encountering viruses or bacteria, or whatever. That takes me back to really, I think what might be the fundamental difference in the perspective that different camps have on health.

You have two different theories of disease today, right? You have the germ theory that was championed by Pasteur, and you have the law of the terrain by Antoine Beauchamp, right?

Talk about how that might be a fundamental difference that leads to whether to vaccinate or whether to not vaccinate, right? Because if the internal terrain, as Beauchamp proclaimed, is healthy, which we would now call the microbiome, basically—

**Dr. Rice:** Yes, exactly.

**Ty:** Then we don't worry about diseases. We don't worry about germs and bacteria because the germs and bacteria aren't the thing that we should be concerned about. It is our internal terrain in a state that it can deal with the germs as opposed to attacking the germ with a drug, or a vaccine, or whatever it might be.

**Dr. Rice:** Mm-hmm. Well, I think what you're saying is when we look at this idea of injecting a vaccine in to try and do a certain job, as soon as we inject it in, we have no more control over it. And we don't really know what's the exact amount in a healthy normal situation that we would encounter.

They're just guessing about how much to inject in, and they're not even being precise about the specificity, the diversity of a human being, how big or small they are, what their ancestral background is. So, by injecting it in, it's a crap shoot, pretty much. Once that then happens in our bodies, our bodies have to respond in some way, and they'll do the best they can, but it's not going to be optimum.

**Ty:** Let me ask you this. When we look at vaccines, whether they're effective, what the definition that the medical system today says effective means that it creates an antibody response with a vaccine. So, is it the same thing as creating—is creating an antibody response the same thing as protecting us from that particular disease?

**Dr. Rice:** Well, it's not. It's not the same at all. Creating an antibody response is a good way to measure something, but it doesn't actually measure whether we're going to get the disease or not. It's not about clinical effectiveness. It's only about something that can be measured.

The thing that's interesting about that is lots of studies are showing, now, that completely vaccinated populations are still getting those same illnesses they were vaccinated for. And if you do the titering, they have the antigenic response, but it didn't protect them from the disease.

**Ty:** What do you mean by titering?

**Dr. Rice:** When they actually take a blood test to see whether or not there is a record in their immune system that they have an antigen already made to address that disease. Which if we had a natural exposure, chances are we would have created that as part of the design to be ready for the next time we encounter it.

But there's no correlation—I mean vaccines themselves tell us—the vaccine research tells us that there's actually no correlation because we see in completely vaccinated populations that the diseases are still happening.

**Ty:** Dr. Sherri Tenpenny, I interviewed her on this. I asked her a question similar to that and she said that she's got papers from mainstream medical researchers and medical schools that basically say "We know that vaccines are creating an antibody response, and we know now that an antibody response has nothing to do with protecting from the disease."

**Dr. Rice:** Yeah, right.

**Ty:** I mean they're admitting it. She's going to send me those papers. That reminded me of that. I need to get those papers from Sherri. Because it's interesting that they know that that's not necessarily equivalent. But we think it is.

**Dr. Rice:** Right.

**Ty:** We think it is because we're told that they're effective. They're effective at what? Creating an antibody response.

**Dr. Rice:** Right.

**Ty:** What does that mean?

**Dr. Rice:** So, a couple things that are interesting about that. I know that there's a small group of people that have, I don't know if it's a genetic piece or not, but they don't have the ability to create the antigen response.

**Ty:** Now what's the difference in antigen versus antibody?

**Dr. Rice:** Oh, yeah.

**Ty:** Antigen versus antibody response, just for people that are watching that don't know those terms.

**Dr. Rice:** The antigen is the thing that we encounter that triggers us to have a response. The antibody is what we create in response to that antigen. What I find interesting is agammaglobulinemic children, which basically is the long way of saying children that actually don't have the ability to produce antibodies. They seem to be doing just fine in recovering from diseases. That's fascinating.

**Ty:** That's a tongue twister, too.

**Dr. Rice:** It is, yeah. And the other piece that I think is interesting, so we have these little places where there's something unusual in a person that allows us to see and understand more about the body. So that's one example.

Not very many people on the planet can't produce antibodies, but the few that we can observe that can't, they seem to be doing fine with adapting to and recovering from diseases.



Another amazing example is the surprising story of Masha and Dasha, which were—

**Ty:** Siamese twins.

**Dr. Rice:** Siamese twins in the Soviet Union, who were observed throughout their lifetime to try and understand more. It's a little bit of a tragic story because they were taken away from their mother and institutionalized so they could be observed, but we got some amazing information from it.

And so, here's the thing that I found was most interesting. Just imagine this. Masha and Dasha, they're Siamese twins. They're attached at the hip, which means that one of them is growing out this way and one of them is growing out this way.

But they shared a bloodstream. What was so interesting is that sometimes one of them would get a cold and the other one wouldn't. And then sometimes, in fact, their childhood diseases, one of them had the measles and the other one didn't. So, how does that work, if measles is really from a virus moving through the bloodstream, when they shared a bloodstream? Interesting, right?

**Ty:** So, what are the theories on exactly what caused one to get measles and the other not?

**Dr. Rice:** I don't know what the scientific theories are from other people that have studied it, but I have an idea from people I've learned from. That one of them had a more crooked spine than the other. So, they shared the bloodstream.

They shared—they had their own kidneys and heart, and so on. But they still shared the bloodstream with that, right? They had separate central nervous systems. So, they had separate brains and spinal cords, and nerve systems, that were controlling their part of their body.

And one of them was a little bit more bent over than the other, because they're trying to be upright in a world designed for single-spined, two-legged people. And so, one of them had more distortion in their spine, which may have made them more susceptible to being in a more weakened state. One of them was a little bit more sickly than the other.

**Ty:** Well certainly, having a crooked spine hinders cellular communication.

**Dr. Rice:** Exactly.

**Ty:** We know that. I mean there's not really a lot of debate about that. So, it could be that the fact that the one that had a more crooked spine just the body wasn't communicating as well, couldn't mount the typical response. So again, we see—

We go back to the germ theory versus the law of the terrain. They were both exposed to that measles virus. I mean they're Siamese twins. So, they both were exposed to the virus.

**Dr. Rice:** Right.

**Ty:** One got it and the other didn't.

**Dr. Rice:** Right.

**Ty:** It wasn't because the virus was different, because their body, their internal terrain, their

central nervous system at that point was different.

**Dr. Rice:** Yeah.

**Ty:** One was more prepared for it, the other wasn't.

**Dr. Rice:** That's right. And they would have eaten the same things. So, their microbiome should have been exposed to the same things coming in. But how the nervous system was managing it may have been different. So, we know that the nervous system actually has an impact on regulating even the DNA expression of the microbiome.

The nervous system is key with if we don't keep our nervous systems healthy, then we're going to make ourselves more susceptible to diseases and not recovering from them.

**Ty:** When you talk about the nervous system, what bodily organs comprise the nervous system?

**Dr. Rice:** The central nervous system would be the brain and the spinal cord. And then the peripheral nervous system are the branches of the nervous system that then go out to every cell in the body.

I actually wish that the spinal cord was named the brainal cord, because then people would get that it's the part of the central nervous system. It's the part of your brain that lives in your spine. And then people would take better care of their spines. Because it does have a dramatic effect on your health if your spine isn't healthy.

**Ty:** And we've seen that over the years, with the interviews that I've done with people on cancer. It's a common thread that the first thing that you should do, that they did to successfully treat cancer, was get their spine aligned initially.

And then they go from there. I got that. In fact, I interviewed a man in Kentucky that that's basically what he did, was he kept getting his spine aligned, and he was diagnosed with I think it was 4th stage pancreatic cancer. I can't remember exactly.

**Dr. Rice:** I remember hearing a study about someone that had liver cancer that had used chiropractic care. I want to just come back and address one other piece, the idea of the measles. So, with Masha and Dasha, one of them expressed the measles illness and the other one was sharing the bloodstream, and may actually have gained the immunity without having expressed the illness.

I remember being at a conference, the National Vaccine—it was in Washington, DC. I don't remember the name, national vaccine conference. And I happened to meet a woman who was telling me the story of her son, who was about in his 30s, and decided he wanted to go into some sort of health profession.

And he was being required to get vaccinated in order to continue his studies at that institution. And when he was a child, she didn't agree with the idea of vaccinating and didn't vaccinate her kids, but kept it quiet because it was not popular at the time.

And so, in order to avoid him having to go through all the vaccinations as an adult, they said "Let's just titer him," meaning "Let's see what immunities he already has, and then if there's anything that needs to be filled in, go that route."

He got titered. He had everything. So, even polio, that he had never had the illness of polio, he titered for polio. Yeah. He already had that immunity because he was just living in our

culture where we're exposed to those.

**Ty:** We're exposed to it. We're exposed to millions of bacteria, germs, and viruses on a daily basis.

**Dr. Rice:** Absolutely, yeah. And our bodies were designed to manage that. And the other piece that was important also is when we look at this idea of the design being, that early on we want to be exposed to childhood illnesses, because they're actually part of the developmental process of the immune system.

There was an interesting study that just came out. It was in *Science Magazine*, November 2016. And it's saying that—I actually love the summary. It says it right here. "The first influenza attack that a child suffers can affect the way that their lifelong immunity to the virus builds up."

What they found is the actual imprinting process that happens, that when we're exposed to the virus, it imprints our whole neuro-immune system so that later on, we'll recognize that and we've got that handled. And so, they found that in older individuals who were exposed to the viruses as youngsters, it meant that they were less susceptible when they were older.

**Ty:** Wow.

**Dr. Rice:** Yeah.

**Ty:** That's a pretty powerful reason to let them be exposed.

**Dr. Rice:** Exactly.

**Ty:** Not fear exposure, let them be exposed.

**Dr. Rice:** That's right, yeah. I remember hearing in my training, and I don't remember where it came from, but this quote of "103 by 3." And it meant that you want your child to have a temperature of 103 degrees before they're three years old in order to coordinate the nervous system and the immune system so that for the rest of their life, they have that robust immune response to anything that they encounter.

**Ty:** But in states like California, if you try to allow your kid to get natural exposure by not vaccinating, you could have your kid yanked.

**Dr. Rice:** I know. It's terrible.

**Ty:** So, this forced vaccines, I mean Pan, Senator Pan, he was the author behind SB 277. It was actually the big pharma, the lobbyists basically, he was their puppet. But there is another Child's Bill of Rights now that he's looking to pass in California that says that a child, a minor that can't make a decision on anything else, can now override the parents if they want to be vaccinated.

And you can bet your bottom dollar they're going to scare the living daylights out of those kids in school, that they need to be vaccinated, otherwise they're going to die. And so now, they're trying to pass a Child's Bill of Rights. What do you think about this, the forced vaccines and lack of parental consent here?

**Dr. Rice:** I think it's evil. I think there's something really wrong about it. Just think about it. Vaccines,

they are a medication. They're in that category of substances that we want to deal with in a very careful way. We want to be able to decide.

In every other medical decision, we're deciding what goes into our bodies. And we're deciding, as parents, what's going to be best for our child. And now, we're having those rights taken away from us.

They are using it as a tactic to try and get all children to be vaccinated, but it's not going to stop there. It's already set up that this is moving towards mandatory vaccinations from cradle to grave.

**Ty:** Healthy people 2020.

**Dr. Rice:** There you go. Yeah. And so, people don't realize. I mean in our population 85 percent of our population is using some sort of non-pharmaceutical approach to deal with their health and their children's health. 85 percent of our population. What people don't realize is, they're going to be losing their opportunity to choose that for themselves, even as adults. Never mind for their children.

**Ty:** That's in direct violation of the Nuremberg Code.

**Dr. Rice:** There you go.

**Ty:** I mean you can't force-medicate people.

**Dr. Rice:** Yeah.

**Ty:** It's in violation of many other national regulations, not just international, but on a nation-by-nation basis, it's illegal in almost every nation. But we do it here. We're passing these laws to force medical procedures, force medications, on people that don't want them.

**Dr. Rice:** Yeah. So, there's something that has happened in our culture, where we've forgotten that there are different ways to approach health. And people are assuming—when I say people, I mean when these government regulations are imposed, they're forgetting that there are different ways to think about how you want to manage your health.

So, the pharmaceutical approach is one way, but there's a whole vitalistic approach that many people are using all of, or parts of, to make their best decisions for their families.

**Ty:** And we should have that right.

**Dr. Rice:** We should have that right, absolutely. And if we don't do anything about protecting that right, it is being taken away from us. So, in the state of Vermont, we have had our philosophical exemption taken away. And there are a lot of people that were surprised after it was taken away, like "What? How could that be possible?"

They didn't know that they needed to say something, that their lawmakers needed to hear from them about how they felt about this. People were complacent about it.

**Ty:** Well, you know, it reminds me of a quote by—sometimes attributed to Thomas Jefferson, sometimes Ben Franklin. I don't know who said it. But "All it takes for evil to win is for good people to say nothing." And that's what we've seen happening.

People are just so complacent. I just mentioned the fact that, in the UK, I guess you can't sell the *Vaxxed* movie. But isn't it absurd that you can probably sell child porn, snuff movies? I mean you name it. Anything's legal.

But you can't sell a movie to give people the knowledge they need of whether they should vaccinate or not. I mean it's like the Holy Grail of this medical church, that you can't question vaccines. You can't sell a movie, but you can sell any other kind of vile filth, but you can't sell a movie about freedom of choice in vaccines.

**Dr. Rice:** Yeah. In 2012, in Vermont, we had our first encounter with trying to take the philosophical exemption away. And we talked to our legislators freely about the reasons why we didn't think that was a good idea. And a lot of people spoke up about it, and they heard, and they didn't pass that.

But last year, when the same thing came up, something had changed where it was not okay to be talking about not wanting to vaccinate your child. So, there's something that has happened in our culture that has now demonized people for wanting to just take care of their family the way they see fit.

And informed consent has always been part of making any kind of medical decision, and now there's no informed consent if your rights are being taken away on whether you can make that choice or not.

**Ty:** Absolutely.

**Dr. Rice:** So, in Vermont, we have the religious exemption. And I remember having a conversation with one of my lawmakers where I was explaining to him what my personal viewpoint was on why I would choose not to vaccinate my child.

And he asked me "Well, is there anything that would change your mind?" And I thought about it and I said "No, because I understand how the body works, and I understand how vaccines work, and the whole concept doesn't make sense to me. And my purpose on the planet, for my child, is to protect my child from harm. So, I wouldn't."

The reason he asked it is he wanted to know if we could provide research that showed that the vaccines were safe and effective, would I change my mind? That's why he asked the question.

So, my response was no, and he interpreted that as "Oh, then you're not open-minded. And those anti-vax people are close-minded and don't know what they're talking about." So, it was interesting to watch how he was asking one question and I was answering a different question than what he thought he was asking.

**Ty:** Well, you know the reality is, Dr. Heather, that most of the pro-vax crowd are the ones that are not open-minded.

**Dr. Rice:** Yeah.

**Ty:** I would love to have discussions with them. I can't count the number of doctors that I have contacted for this documentary, that are pro-vax, asking them to be on camera and explain why they support vaccines. Nobody will come on the show. Nobody has agreed to an interview. Some of them just don't respond. Some of them email back with expletives.

**Dr. Rice:** Oh, yeah.

**Ty:** It's like "Really? I'm just asking you to support your position. You won't even come on camera." And I saw a recent interview with Polly Tommey, well Polly's cameraman did in New York City. They tried to get an interview with Paul Offit. Did you see that?

**Dr. Rice:** Yeah.

**Ty:** I mean he tells them—he uses the F word and tells them to get out of there. All they wanted was just for him to have a conversation explaining his position. So, I guess if you ask the pro-vax crowd to explain why they're pro-vax, they just cuss you out now.

They don't want to have the conversation. That's the only thing I wanted was just I really wanted to get somebody on the other side of the fence to explain why they vaccinate. I can't get anyone. I'm trying. Because I want this documentary, I'm not coming from an anti-vax position.

I'm just coming from an investigative journalist position. I'm letting the doctors share their positions. And at the end of the day, you can see what they say and you can make up your own mind. I can't get anybody that supports vaccines to tell me why they support them. It's frustrating. It's frustrating nobody will talk.

**Dr. Rice:** Right.

**Ty:** And I think that they're afraid that I'm going to challenge them, and they can't defend it.

**Dr. Rice:** That's right.

**Ty:** And the reality is, I'm not going to challenge them. I just want them to share, "Why do you support vaccines?" Nobody will share. Okay. Last question, Dr. Heather.

**Dr. Rice:** I have a couple other thoughts that come to my mind.

**Ty:** Yeah?

**Dr. Rice:** Okay. Early on in my career as a chiropractor, I encountered a woman who had chosen not to vaccinate her children. And when I asked her "How did you come to that decision?" And this was a woman who was a chemistry major, right?

So, she had that background. And she said "Well, it's scary either way. Either I'm worried that my child is going to get a disease and potentially die from that disease, or from the research that I've done, if I vaccinate her, there's all kinds of side effects that could happen from the vaccination and I might be harming her by vaccinating her.

So, I thought about it and I realized that if I was responsible for injecting a known toxin into my child and she got harmed from that, I wouldn't be able to live with myself.

But if I trusted Mother Nature, and something happened and she got a disease that she, for some reason couldn't recover from, I could live with myself. So, I'm going to put my trust in Mother Nature." That's what she said. And I said "That makes sense to me."

**Ty:** I like that response. And also, if you know that you're injecting a known toxin, a known carcinogen, into someone, doesn't that violate a criminal statute somewhere?

**Dr. Rice:** It certainly—

**Ty:** It seems like it should.

**Dr. Rice:** It certainly violates a spiritual context. So, some parents are concerned, now that their philosophical rights have been removed in certain states, if they still have a religious exemption to use, some parents are concerned that they don't belong to a religion that has it in its doctrine that you do not vaccinate your children.

And it depends on your state on how they define religion and religious exemptions. But if you have a strong moral belief about something, that's in the category of religious.

And so, if you feel you have a strong spiritual imperative to never harm your child and you have information that may potentially harm your child, it is your responsibility to protect that child and not go on with that procedure.

**Ty:** And I think that people need to be aware of that, and they should lean on that.

**Dr. Rice:** Yes.

**Ty:** If it goes against what you believe, it doesn't even have to be religious related. I mean it's just a strongly-held conviction. You shouldn't have to—here's what's interesting regarding when I mentioned a criminal statute. So, if I take formaldehyde and I force a child to drink formaldehyde, that's a crime, right?

**Dr. Rice:** Yeah.

**Ty:** I'll go to jail. You get a doctor with a white coat on and injects the formaldehyde, that bypasses all the natural immunity, then it's good. I mean that is just insane.

**Dr. Rice:** It is upside down.

**Ty:** It is.

**Dr. Rice:** Yeah, no question about it.

**Ty:** So, you know about the Great Spanish Flu of 1918, right?

**Dr. Rice:** The Great Spanish Flu of 1918, when a lot of people were dying. And when we looked at the statistics of people that were using medical care to address it, it was like 1 in 15 was dying. But the people that went to chiropractors, 1 in 866 died.

**Ty:** Wow.

**Dr. Rice:** Yeah, it was dramatic.

**Ty:** I wasn't aware of that. I knew that there was a large percentage of those were using homeopathy. I remember the statistics on homeopathy, but I didn't know the chiropractic. Like that's very interesting.

**Dr. Rice:** Yeah. So, the vitalistic professions were saving people's lives. And then, if you look at the people that survived the Spanish Flu, later, when another big flu epidemic came through in 1968 or so, those people were protected. Because their immune systems had been imprinted early on.



**Ty:** It recognized it.

**Dr. Rice:** And they had their lifelong immunity from it. Yeah. And so, now as more and more children are being given, for example, the flu vaccine, they're being robbed of their innate immunity being created from that imprinting process that will now harm them for the rest of their life. They will now be more susceptible to dying from diseases that they would have been able to recover from easily if they had that robust programmed immune system from natural immunity.

**Ty:** Yeah. And the flu vaccine, we hear that the vaccines have had the mercury taken out, right? The Thimerosal's gone. Well, not in the flu vaccine, not in the multi-dose.

**Dr. Rice:** No.

**Ty:** As a matter of fact, I think the multi-dose contains 25 times the legal limit, the EPA limit.

**Dr. Rice:** I don't know the specifics on that, but I know that stay away from it. Run the other way.

**Ty:** And especially if you're a pregnant mother.

**Dr. Rice:** Oh my goodness.

**Ty:** That mercury goes straight to the baby through the umbilical cord. And that's who they're pushing the flu vaccine on, is if you're pregnant, get the flu vaccine.

**Dr. Rice:** I know.

**Ty:** That doesn't make any sense.

**Dr. Rice:** We've no studies being done on whether it's safe for pregnant women.

**Ty:** Right.

**Dr. Rice:** No studies.

**Ty:** Right. Speaking of studies, so the Gardasil vaccine, which has maimed and killed countless, hundreds if not thousands of young ladies, what did they do? Four days of studies on Gardasil, I think it was.

**Dr. Rice:** Oh yeah.

**Ty:** It was something insane. A few days of studies. Any drug that goes on the market, as much as I don't like drugs, they're tested for a long time.

**Dr. Rice:** Yeah.

**Ty:** Vaccines, I mean they don't get any testing. They just, four days of testing, it's on the market.

**Dr. Rice:** Yeah. When you look at the actual research that's been done on the safety of vaccines, if you look at the methodology used, I know that there were times when they had studies where kids were dying and they just backed out, they narrowed it down until it was only four days of testing and then made the statement "During our testing period, no children died."

**Ty:** It's the same methodology that Monsanto used when they studied GMOs, right? The rats

didn't start getting tumors until 150 days, so what did they do? They studied 90 days.

**Dr. Rice:** Yeah.

**Ty:** “No rats got cancer in the first 90 days. It must be safe.” Well, by the time that two years were gone by, 80 percent of them had cancer, or something ridiculous.

**Dr. Rice:** It's junk science.

**Ty:** It is. It's total junk science. Dr. Heather, talk about herd immunity, because that's a concept that everybody's heard of, a different heard. Everybody's heard of herd immunity. But what exactly is herd immunity? Is the concept valid when it comes to vaccines?

**Dr. Rice:** Well, it started from an observation that in a natural immune system, where children were getting the disease and gaining their natural lifelong immunity, that when 68 percent of those children had gone through the disease, it protected the rest of the children so that the whole herd had that immunity.

It was never based on artificial immunity from vaccination. And so, now when they talk about herd immunity, that number seems to just keep going up and up and up from “Now it's 90 percent. Now it's 95 percent.” Now they're looking for 100 percent. Well, if it's 100 percent, it's not herd immunity. That means everybody has to be vaccinated. That's only protecting the one individual.

**Ty:** You're right. I remember reading the studies. It was 68 percent. This was almost 100 years ago. And now, I always hear the 95 percent term, or the 95 percent statistic. But where did that come from?

**Dr. Rice:** They made it up. It didn't come from anything. Well, the number is going up and up because herd immunity isn't happening in an artificially-based population at 68 percent. It's not happening.

**Ty:** So, what you're saying is that they said—okay, herd immunity by definition is natural immunity at 68 percent. And now we're trying to artificially give them that immunity with vaccines. It's not working. So, they keep increasing the percentage because herd immunity's not working.

**Dr. Rice:** Yeah, exactly.

**Ty:** Okay.

**Dr. Rice:** And I will tell you that, again, if we go back to the idea of living in a genetically congruent lifestyle, if we go back to that, we realize that at the genetic level, we actually are designed to follow the herd. Because in paleo man, if you were not part of the herd, part of the tribe, it was a death sentence.

You had to go along with the herd. So, there should be a part of us that it makes sense to go along with the herd. Now we also have these very smart prefrontal cortexes, this front part of our brain, that has actually allowed us to be the super species on the planet because we can identify and be creative and adapt to any situation.

We can live anywhere on the planet and thrive if we're using the smart part of our brain. So, when I observe the herd, I'll tell you what. If the herd was healthier and happier, I would

follow the herd, and it would be right down to the genetic level that my body would say “That’s the right thing to do, to be part of that group.”

But what I’m observing, what my prefrontal cortex, the smart part of my brain, is witnessing is, I don’t want to be part of that herd. That’s a herd that is going over the cliff, and I’m not going to be part of that herd. My job is to protect my child and my own health, so I’m going to make my smartest decisions based on what I know.

And that goes right down to a genetic level in my body, that I can’t do something to harm my child. So, that genetic expression influences our spiritual beliefs as well. And even though they like to separate science and religion, you’re living your life. That’s the truth of it. And you have to make the best decisions for your family based on that.

**Ty:** Not going to be a lemming.

**Dr. Rice:** No, exactly.

**Ty:** I like that. So, last question, Dr. Heather. Regarding Raggedy Ann. Share with people the story about Raggedy Ann and how that applies to a childhood disease.

**Dr. Rice:** Yeah. So, a lot of people think of Raggedy Ann as this cute little rag doll. And actually, in 1921, Johnny Gruelle was the father of an eight-year-old girl who was vaccinated against his will in school for smallpox. And in the months that followed that vaccination, when her body became limp like a rag doll, he created the idea of Raggedy Ann from that.

So, that puts a different spin on that whole idea of Americana and Raggedy Ann. If people really knew that this objection to mandatory vaccination has been occurring from the very beginning, and it’s been being beaten down from the very beginning, and people are being harmed from it.

**Ty:** That was almost 100 years ago.

**Dr. Rice:** There you go.

**Ty:** Yeah. A lot of people think that this concept of forced vaccines is a new deal, but it’s not.

**Dr. Rice:** It’s not.

**Ty:** I think I’ve got a newspaper clipping from 1904, from I think it was Boston, about the crowds are protesting the mandatory vaccines. So, it goes back a long way.

**Dr. Rice:** Yeah.

**Ty:** I mean the real—I think the power of what you’re doing, what we’re doing together, and all these people that I’ve interviewed for this documentary, is just bringing light to the fact that vaccines are—they’re not really proven science. They’re an option for people, if they want to do it, but they should never be forced because it removes our right to choose.

**Dr. Rice:** Absolutely.

**Ty:** And I think that this whole movement is really just about our own freedom to treat disease, to prevent disease, to treat our bodies the way that we see fit without government involvement.

**Dr. Rice:** I think a key part of that is that people need to take greater responsibility for their own health and wellbeing, and their families. They can't rely on the media that tells us at every commercial that every problem is solved by injecting or taking a pill.

So, they have to learn. They have to actually—someone has to cook. Someone has to get the body moving. Someone has to make sure that they're getting good sleep.

Like all those things, we need to relearn how to live in that genetically congruent lifestyle. And if we do, the benefit, the gain from that, is we get that robust immune system that we were born with, and it gets to express itself at that highest level.

**Ty:** That's good. That's a good way to end the interview. It reminds me of one of my good buddies down in San Antonio, who's a surgeon. And he said people today, he said he's just seen this massive amount of laziness that has taken over society.

He operates on people's backs, and he said people don't want to lose weight. They don't want to exercise. They don't want to change their diet. They don't want to become active. They want him to cut them, fix them, and give them a pill.

And so, I think that that is kind of pervasive throughout most of society today. We want the easy fix. And what you're saying is it's a whole lifestyle that needs to be congruent with health.

**Dr. Rice:** Mm-hmm, yeah.

**Ty:** Well, Dr. Heather, thank you so much for this interview. I really appreciate you traveling all the way down from cold Vermont to not quite so cold Nashville.

**Dr. Rice:** Yeah. Thank you very much.

[End of transcript]

# Chapter 43:

*Interview with*  
**Dr. Marco Ruggiero, M.D.**



**Ty:** So, just tell us a little bit about yourself, Dr. Ruggiero. Where were you born, and what's your education?

**Dr. Ruggiero:** Well, I was born in Florence, in Italy, in 1956. So, I'm right at 60 years old.

**Ty:** Okay, 60 years old.

**Dr. Ruggiero:** 60 years old, yes.

**Ty:** Amazing.

**Dr. Ruggiero:** And I graduated from The School of Medicine of the University of Florence in 1980. Then I entered the military service, that in those days was compulsory, as a medical officer. And I was first exposed to the basics of biological and chemical warfare.

So, I began to learn a lot, and I began to be fascinated with the field of research, in particular in molecular biology. And because of this, in 1984, I moved to the United States. I went to Burroughs Wellcome in Research Triangle Park in North Carolina, where I had the honor and the privilege to work with a Nobel Laureate, Sir John Vane.

And even to publish a seminal paper on protease and cyclooxygenase inhibitors with Dr. John Vane, Nobel Laureate. Then I moved to the National Cancer Institute of the National Institute of Health in Bethesda, Maryland, where I worked with top scientists, like professors Stuart Aaronson and even I met one of the mentors of my life, Professor Peter Duesberg, who was visiting from Berkeley.

And we shared the office for quite a few months. And I became fascinated with his theories about the genesis of cancer, and most importantly in those days, about the role of HIV in the protogenesis of AIDS that was just exploding in those days of the mid-80s.

And then after five years at the NIH, I moved back to Italy. I worked for a couple of years in the pharmaceutical industry, near Milan. Then I got my tenure at the University of Florence, where I kept on teaching, first as Associate Professor, then a full Professor, for about 20 years.

And during these years, researcher in the United States, Italy and also in England. I published about 150 peer reviewed papers that you can retrieve from PubMed, basically in the fields of oncology and neurosciences. So, I've always kept my feet in both fields, in oncology and neuroscience.

And even I've published some papers describing how the two fields may be interrelated. That's why I'm here now, for the third year in a row, at the Autism One conference, talking about autism, even though I must say I'm not an autism doctor.

But let's say I'm an autism researcher. Because autism, just like many neurological conditions, shares many things in common with cancer. Why? Simply because at the cellular and molecular level, cells have the same basic mechanisms.

So, if we can target those mechanisms, we can think that we can do something, both for cancer or for neurological conditions. About three or four years ago, I had the privilege to meet and then to work, research with Dr. Jeff Bradstreet.

We published two seminal papers, and one tragically after his death, was published at the



end of 2015. Where we put forward a hypothesis that might explain once and for all the etiology, which means the cause and the protogenesis of autism.

And at this meeting here, at AutismOne, I presented those results. And most important, how, based on this discovery of ours, we can approach this epidemic of autism, that as we know, is on the rise all over the world.

**Ty:** You worked for National Institutes of Health and the NCI, the National Cancer Institute?

**Dr. Ruggiero:** Yes. I did work at the end of the 80s, beginning of the 90s, and together with the research group over there, we published several papers in major journals, like *Science*, *PNS*, which is *Proceedings of the National Academy of Science of the United States*, *Journal of Biochemistry*, and also on the prestigious *Oncogene Journal*, describing these genes that are involved in the genesis of cancer.

So, it was a very fruitful period of my time. I had the opportunity to work with top scientists over there. I was kind of a junior in those days, but I did my job. I did my part. And so, this is a sizeable part of my CV.

**Ty:** So yeah, you have experience with some pretty reputable institutions here in the U.S. You worked with big pharma over the sea in Italy, correct?

**Dr. Ruggiero:** Yes.

**Ty:** And then one of the things you mentioned is you had the privilege of working with Dr. Peter Duesberg.

**Dr. Ruggiero:** Yes, I did.

**Ty:** And regarding the etiology of HIV and/or AIDS, right?

**Dr. Ruggiero:** Right.

**Ty:** So, answer some questions that I have about that, regarding you kind of hear HIV/AIDS used synonymously. Are they the same thing?

**Dr. Ruggiero:** No, they are not the same thing. And if you talk with experts all over the world, they will all agree that HIV infection is one thing, and AIDS, which is the syndrome of immune deficiency, is another thing. The two things do not necessarily coincide.

And I began to learn this in the early 80s, when I had the serendipitous privilege, because we didn't choose this, to share the office with Professor Peter Duesberg. Actually, Professor Peter Duesberg was visiting the NIH as a visiting scientist, and I happened to share the office simply because there was no other room available.

And so, they put us in the same room, and we became friends quite immediately, because he is a lovely person. And I became fascinated with his idea that contrary to what other scientists, mainly Dr. Robert Gallo, were saying in those days.

Please remember, we were in the first floor of building 36 at the National Cancer Institute, and Robert Gallo was at the sixth floor. So, we were in the same identical building. We went to the same cafeteria. And by the way, Gallo is of Italian origin, and there were many Italians working with Gallo in those days.



So, we went partying together. We were very close community in those days. And so, it was a kind of very fascinating debate about the role of HIV in AIDS. As you know, Gallo was the first one to propose that HIV was the cause of AIDS, and you remember the famous press conference with then Minister of Health of the United States.

And in the very same days, Peter Duesberg had begun to question such a theory. And being Peter Duesberg, one of the most renowned world virologists, he was questioning the theory that HIV was the only cause of AIDS, that was at the same time necessary and sufficient. So, he began questioning that theory about 30 years ago, and still he has not stopped questioning such a theory.

And then Montagnier came into play. And as you know, Montagnier, not Gallo, was awarded a Nobel Prize for the discovery of HIV. Maybe you remember all the controversies on who did discover HIV. In the end, Montagnier and not Gallo, got a Nobel Prize for the discovery of the HIV.

And as you know, in a sense, Montagnier has always been very doubtful about the exact role of HIV in the genesis of AIDS, and he has said repeatedly that if you have a good immune system you can get rid of the virus in a few weeks.

But if you don't have a good immune system then the virus can stay there, cause chronic inflammation and can indeed bleed to the immune system, and it is a chronic inflammation, the chronic fight between the immune system and this virus that the immune system cannot get rid of that eventually may lead to immune deficiency.

So, Montagnier many, many times has said this, and I think that we all agree. And in the end, I think that the position by Peter Duesberg and these so-called AIDS re-thinkers, or dissidents, coincides somehow with the idea of Luke Montagnier saying that the virus, by itself, is not sufficient.

You need to have other co-causes, that could be malnutrition, mainly protein malnutrition, as you quite often observe in Africa, or other things like exposure to toxic substances from recreational drugs to other substances, and so on.

And by the way, this is common for all infectious diseases. It's not particular of HIV. I always make the example of tuberculosis. Something that here in the United States is not so frequently understood, because fortunately, tuberculosis has never been endemic in the United States.

But in Europe, and in Southern Europe, as I told you I come from Italy, tuberculosis, before and after World War II, was absolutely endemic. Which means that everybody was exposed to the microbacteria in tuberculosis, including myself.

And because of this, like all the Italian population of those days, I have scars of tuberculosis in my upper lungs, which is absolutely normal. And my father was a radiologist. He told me "Don't be afraid. This is absolutely nothing. Remember, you have such a scar. If in the future somebody says "Oh, what you have?" Nothing. It's a scar because I was exposed to the tuberculosis agent."

Because of this, I could say I am seropositive for tuberculosis, which simply means that I am defended against tuberculosis. So, I always score positive at a Tb test, like all Italians of my age, but this doesn't mean that I have active tuberculosis.

This doesn't mean that I am coughing blood, fortunately. And most likely, as long as my immune system stays healthy, the microbacteria in tuberculosis will never bother me and I will die of some other cause. But it is very unlikely that tuberculosis will ever bother me.

Well, a similar reasoning can be applied to the HIV. We know that there are patients who are HIV positive and who, for 20 years or 30 years, do not develop AIDS. And many of them, they don't know of being HIV positive.

So, that's the reason why they don't take drugs, simply because they don't know to be HIV positive. And then they discover it, just serendipitously maybe 20 or 30 years after having been supposedly infected. And there are many, many statistics demonstrating that in certain instances, the difference in survival is the same whether you begin taking drugs early in the course of infection or late in the course of infection.

So, there are many, many controversies, many papers. The field of AIDS is one of the most prolific in terms of publications. If you go to PubMed, you'll probably find more publications about HIV and AIDS than on cancer, not to mention deadly diseases like heart conditions that kill definitely more people than cancer or AIDS and HIV.

But the field has been very prolific, very well-funded. So, there are thousands of studies. And essentially, if you pick and choose a study, you can find everything in the country of everything.

**Ty:** Right, you can cherry pick.

**Dr. Ruggiero:** Right. So, that's why it's rather difficult to orient yourself in such a complex field. You may know that in 2011, we eventually published a paper together with Peter Duesberg, Professor Henry Bower of the Polytechnic of Virginia, plus many other HIV/AIDS doctors and researchers.

This paper was published in a rather obscure journal called *The Italian Journal of Anatomy and Embryology*, that is the official organ of the Italian Society of Anatomy and Histology. And even though it was published in a rather obscure journal, it received an incredible number of hits, because now you can see everything on PubMed, and therefore, everybody who is connected to the internet can take a look. Even at obscure journals that years earlier could not have been found anywhere else, anywhere but in the local libraries.

So, in this paper, we demonstrate how actually many numbers that have been attributed to HIV and AIDS are not consistent. And I suggest you go and take a look at that paper and you will find many, many surprises. But the title in itself it's intriguing, because it questions whether there has ever been an epidemic of AIDS in Africa or elsewhere. So, I don't want to spoil the surprise. The paper is freely available on the internet.

**Ty:** What's the title?

**Dr. Ruggiero:** Well, just look for Duesberg and Ruggiero in PubMed, and you will find it.

**Ty:** Okay. I'm going to definitely check that out. So, what you said, Dr. Ruggiero, makes a lot of sense regarding AIDS/HIV link or cancer, or other diseases. We're here at Autism One in Chicago. And so, we've had a lot of children here that are vaccine-injured. But we see not everybody gets the disease.

You're exposed to the same vaccines, or you've been exposed to the same viruses or bacteria, and some people get sick, and some people don't. And so, the key is, really, is

you've already gone over it. It's the immune system. If the immune system's in order, then that's what separates the people that get sick from those that don't. Am I correct?

**Dr. Ruggiero:** You're absolutely correct. But I wish to point out another example, that it is even more poignant in this point. Let's talk, for example, about lung cancer. And if I ask you, which is the cause of lung cancer, what would you answer? Tobacco smoking, essentially.

**Ty:** Well, that's what we hear.

**Dr. Ruggiero:** That's what we hear. That's what has been demonstrating since the 40s. Just imagine this. In the middle of World War II, some German doctors, they had the time and will to discover the link between tobacco smoking and lung cancer, and they did it.

So, I think that was in 1942. But even earlier than that, scientists and doctors had postulated that there was a link between the increasing smoking of tobacco, because of the industrialization of cigarettes, and lung cancer.

**Ty:** And even though we did see magazine articles in the United States in the 1940s and 50s that showed that lung cancer was supposedly good for you.

**Dr. Ruggiero:** Yes, I remember.

**Ty:** We knew at that time that it wasn't.

**Dr. Ruggiero:** I remember. Well, that was not only United States. I think it was all over the Western World.

**Ty:** Okay.

**Dr. Ruggiero:** But let's talk about lung cancer, a topic that I've been studying in the past. I've published a number of papers on lung cancer. So, I think that the association between tobacco smoking, cigarette smoking, lung cancer, is very well-established.

Nevertheless, if we take the statistics of my country of origin, Italy, we see that every year there are about 4,000 people who die because of lung cancer, and they were non-smokers. Not even exposed to passive smoking. So, they were absolutely—they were breathing healthy air, we could say.

And nevertheless, 4,000 people. 4,000 people is a sizable number. So, what do you go and tell them, or their families, that they died and they had never smoked, and they were never exposed to smoking? So, this means that lung cancer may happen.

And tobacco smoking increases the probability, but if you don't smoke, you have no certainty that you will never develop lung cancer, and vice versa. You take heavy smokers, and out of 1,000 heavy smokers, 250, that is 25 percent, will die of lung cancer.

The other 75 percent will die of some other disease. Even in the case of lung cancer, where everybody thinks to know the cause and how to avoid the cause of lung cancer. Reality, medical science, is never black and white.

So, this means that if you smoke, you don't have the certainty of dying of lung cancer. But conversely, if you don't smoke and if you pay attention not to be exposed to any type of smoke or pollution, unfortunately, you don't have the certainty of dying of something else.

You may die of lung cancer just the same. So, this tells us. One thing is exposure to environmental factors. Then there is the individual response that is based both on genetics and epigenetics. The case of autism is the same.

You cannot find one single cause for autism. You can find a multitude of causes. And then the individual response. So, in the end, it's very difficult to identify one single cause. I would further elaborate that in medicine, there is almost never one single cause for one disease.

It's always a combination of multiple environmental factors, the individual response. And so, we may say that in the end, it is a rather serendipitous. That's why, together with Bradstreet, when we say we found a cause for autism, we are oversimplifying it. What we have found is what in medical terms we call "anthogenesis," which is how the causes help develop the disease. So, if you wish, we can elaborate on this.

**Ty:** Yeah, what did you and Dr. Bradstreet find when it comes to autism?

**Dr. Ruggiero:** Well, when it comes to autism, the story is rather complex, because the disease is complex. It was in 2013 and 2014 that being myself a radiologist, I developed a technique to study the brain of autistic children, older adults as well, with a common technique that is called ultrasonography.

So, the same ultrasonography that you use during pregnancy, or to find gallbladder stones, common ultrasonography. So, using a few technical tricks, I was able to adapt this common and inexpensive technique to study the brain.

And together with Dr. Bradstreet, we made a number of observations, and we found that in the brain of autistic children, there are sort of black spots, or black holes. In ultrasonography, black holes correspond to areas of accumulation of fluid.

We noticed that there was accumulation of fluid inside the brain, inside the grey matter, the cortex of the brain of autistic children. And also, we noticed that the degree of accumulation of fluid, that we called cortical dysplasia, was associated with the severity of the symptoms.

So, to make it simple, the more black holes we could identify, the more severe the symptoms were. Now we published this paper, these observations, in a prestigious journal that is called *Frontiers in Human Neuroscience*.

It is published by *Nature*. So, we're talking about the [indiscernible 0:20:09] of the scientific publishers. And this was in 2014. At that time, however, we didn't know which was the cause of the accumulation of this fluid inside the brain.

Now you can easily imagine that since the brain is inside a closed cavity, which is the skull, it cannot expand. Therefore, if there is fluid accumulating, the connections between neurons and glial cells, these are the cells of the brain, are disrupted.

And if this happens in a certain critical time of brain development, then you can easily expect that some serious, major defect in neuronal function may occur. In 2014, we didn't know, however, which was the cause of the accumulation of this fluid, and we were thinking about genetic terms like inflammation.

Inflammation may mean everything and nothing. Because if you don't know where this inflammation comes from, definitely those children had not meningitis or encephalitis, so

inflammation was rather a tame term to use to try to explain that accumulation of fluid.

Then in 2015, some researchers from the University of Virginia and from Canada, they made a seminal observation. It was unrelated to autism. They observed that in the brain there are lymphatic vessels, just like in all the other organs.

Now these lymphatic vessels, this lymphatic system, had gone unnoticed for centuries, if not millennia. And the anatomists who studied the brain and the meninges, they had never noticed such tiny lymphatic vessels. Because of this, it was thought that, in 2015, the brain was an immune-privileged organ.

It is an organ. It was sort of outside of the general immune system. We knew that it had its own immune system, but we thought the brain was separated from the rest of the body's immune system. Now with this discovery that the brain has lymphatic vessels, now the brain is part of the immune system, just like any other part of the body. Just like the liver or the spleen or the kidneys.

Now intuition by Jeff Bradstreet and myself was the following. Where does this lymph from the brain go? And we went back to the textbook of anatomy, and we knew that the lymph from the brain went into the deep cervical nodes.

So, I'm indicating my throat because the deep cervical lymph nodes are exactly located here, next to the jugular vein and the carotid artery. And what is interesting is that these deep cervical nodes, they drain the lymph also from the nose, the throat, the mouth.

Now what does this mean? That every time you have an infection or inflammation in your nose, in your mouth, in your throat, and this is extremely frequent, then these inflammatory cells, they end up in the deep cervical nodes.

That become inflamed. This means that they become clogged. And if they're clogged, they cannot drain the lymph from the brain. And the lymph accumulates inside the brain, and this explains those lesions that we had observed in the brain of autistic children one year earlier.

Now this was the turning point, because we had understood now why autism happens. If you have an ear, throat, nose, mouth infection, or inflammation, in a critical time window of brain development, such an inflammation reflects in the deep cervical nodes.

The deep cervical nodes become inflamed, become clogged. Because of this, the lymph cannot drain from the brain, accumulates. Accumulation of fluid inside a closed cavity, as the skull is, leads to disruption of neuronal connections.

And when this happens at a critical time of brain development, some significant damage may occur. Plus, there is another harmful side effect. If you block the circulation of lymph, you decrease the immunological defense of the brain.

So, the brain becomes more susceptible to all types of injuries, heavy metals, toxicants, whatever. And then there was, in the past six months, another observation of ours that truly changed our perspective of autism and many other neurological conditions as well.

Now I think that by now in 2016, everybody is aware that we are not as human as we thought we were. Because we all know now that in our body there are about 10 times more microbial cells than human cells. There are books on Amazon that are entitled *10 Percent Human*, which is true.

Because if we count our human cells, we end up with a figure. A different count of the microbial cells that are in our body, mainly in our gut, but not only there at this very moment, we end up with 10 times more microbial cells.

So, if we look at the number of cells, we are only 10 percent humans. But if we look at the number of genes, things are even worse for our human ego. Because the human genome is made by about 22, 000 genes, and the genes in the microbes that are in our body at this very moment are between 2 million and 8 million.

So, hundred, or maybe 5 or 6 hundred times more genes. And as you know, life is genetic information. Now all this is widely acknowledged. So, we know that we have this beautiful organ, it is called a microbiome, made by all these microbes that produce a number of substances that influence the health and wellness of our body, and all this is known.

What was not known until we noticed was the following. Let's go back one moment to my involvement with HIV and AIDS. I'm not working on HIV and AIDS now for several years, but still I keep an interest. So, I read the literature on HIV and AIDS.

And I was puzzled to read a paper that had gone completely unnoticed, in particular by those who are interested in neurosciences, that was published by Canadian researchers working on AIDS. Now these researchers were performing a research that, at the beginning, it doesn't sound too exciting.

They were examining the bacterial population in the brains of people who had died of AIDS. Now their goal at the beginning was rather simple. People who have AIDS have severe immune deficiency. People who die of AIDS, of course, they have a very severe immune deficiency.

Therefore, it is logical to expect to find pathogenic, opportunistic microbes in their brains. And this made full sense, and they found those microbes in the brains of people who had died of AIDS. Since this research was performed in 2012 or 2013, of course they didn't look at microbes with old microscopes trying to look at bugs.

They used molecular techniques, identifying the peculiar genes of microbes. So, they found all the microbes they were looking for in the brains of people who died of AIDS. The surprise came when they began to analyze control brains, that are brains of people who had died of other causes, but they had perfectly functioning immune systems and perfectly functioning brain.

Now they began to find microbes over there as well. And which microbes did they find? The same microbes that are in the soil and in water, and therefore, the same microbes that are in our guts. So, they found, to their great surprise, that inside the brain of healthy people, there are the same microbes that there are in the environment and that we assume, through what we eat, drink, and breathe.

And so, they were puzzled because the existence of microbes in the brain of healthy individuals had never been described. And it is interesting that this paper, even though it was published in a prestigious journal, *Plos One*, went almost unnoticed.

Now because sequences are in all of us, first of all they identified the vehicle that carries the microbes from the other parts of the body to the brain, and these are our old, good friends the macrophages. These are cells of the immune system.

And second, they identified, or they observed that the role of these microbes in the brain, in influencing the function of the brain, was their word, “immense.” And this makes sense. So, now we have to deal with a completely new concept, the existence of a brain microbiome.

So, if you go back to the textbook of anatomy or histology, and you look at cells of the brain, you end up with neurons, glial cells, and then a number of subdivisions, microglia, astroglia, and so on. Well now you have to add another type of cells, microbial cells.

So, inside our heads, there are neurons and glial cells, the human part of our brain, but also microbial cells. And what do we know about these cells? Well, I would say almost nothing. This is a completely new concept. And we are still adapting to the concept that we are only 10 percent human, but we were thinking only about our gut.

Now we have to adapt to the concept that our supposed free will is maybe not so human as well. Because inside our heads, there are microbes who fight for their survival, there is a fine balance between the bacterial population inside the brain and inside the gut, and we know almost nothing about this.

We know that the brain lymphatic system is important to maintain such a microbial population in good shape, but we are just at the beginning of a new revolution in the field of neurosciences.

**Ty:** That’s fascinating. So, these microbes that are in the brain, could that have anything to do with the corresponding infections of the ear, nose, and throat that could then stop the lymph from draining? How is all that related?

Let’s say we have an infant—because I’ve talked to numerous parents over the last couple of days that said “Hey, my kid was vaccinated with MMR, and then within a few days, he’s exhibiting autistic characteristics.” How does all that work together? Could the vaccine be a trigger for an infection that stops the lymph drainage from the brain that causes the swelling? How does that work?

**Dr. Ruggiero:** Well, I am not an expert on vaccines. So, on this point I don’t take any position. Because as you correctly pointed out, millions of children are vaccinated, and fortunately, not all of them develop autism. And it is also to the contrary that many children with autism develop the symptoms of autism independently of vaccination.

So again, it is like tobacco smoking. It’s difficult to establish a cause and effect relationship. This having been said, however, the second part of your question can be easily answered. Any insult that blocks the circulation of lymph from the brain, so it could be an infection, could be an inflammation, could be an adverse reaction to something, any insult that blocks the circulation of lymph, of course impairs the brain immune system.

Because the lymph is not there as a case of coincidence. The lymph has to circulate. If you stop the circulation of lymph in your leg, it becomes this swollen, this big. Women who have had their lymph nodes removed for breast cancer, they develop lymphedema, as it is called, in their arms.

They become this big, so swollen. So, lymph has to circulate if you want to maintain a good immune function. If you block such, or if you impede such circulation of lymph from the brain, you cannot expect good things to happen.

So, brain probably doesn’t become as swollen as the arm of a woman whose lymph nodes



have been removed, but nevertheless, lymph accumulates inside, disrupts the connection within neurons. In addition, since you're impairing the brain immune function, you can expect maybe some overgrowth of pathogenic microbes or maybe some imbalance in the microbial population.

Please remember, microbes are friends of ours as long as they are in a certain equilibrium. But even microbes that, generally speaking, are friends of ours, if they're imbalanced, if there are too many or too little, they may not be our friends.

So, we're just at the beginning of this research, but it is very easy logic to assess that if you disrupt the circulation of lymph, you have two main effects. Accumulation of fluid that disrupts the connections between neurons and glial cells, and also, sort of immune deficiency, or alteration of the immune system inside the brain with possible overgrowth of not so friendly bacteria and unbalance in the microbial population of this newly discovered organ, which is the brain microbiome.

**Ty:** That's very fascinating. So, one of the things that I know that Dr. Bradstreet was looking into was treatment for autistic children called GcMAF. Could you explain what is GcMAF?

**Dr. Ruggiero:** Well, this is a topic that has caught my interest since the early 90s. GcMAF is an acronym for GC, globulin-derived microphage activating factor. MAF stands for macrophage activating factors. Macrophages are cells of the immune system, and I was working on these cells when I was at the NCI, National Cancer Institute, in the early 90s.

And one of my first papers on macrophages is published in *PNS* with many other colleagues. So, it's a topic that I have been studying for the past 26 years. And there are many proteins, or factors, that may activate macrophages.

And a Japanese researcher worked, because now he's retired, in Philadelphia, identified another protein called GCMF. Now this GCMF activates macrophages, and therefore, we can define this protein as an immune stimulant.

And I began working with this Japanese doctor, whose name is Nobuto Yamamoto, in the late 2009-2010. And we published a paper that we presented at a World AIDS conference in 2010, postulating that stimulation of the immune system would eradicate HIV infection, actually using the same words of Professor Luke Montagnier, when he says that if you have a good immune system, you can get rid of the virus in weeks.

So, we published together this paper and we kept on working on this molecule. Then I began collaborating with a biotech company in England, and at the first GcMAF conference, immunology conference I had in Frankfurt, Germany, I had the honor and privilege to meet Dr. Jeff Bradstreet.

Now Dr. Jeff Bradstreet had a good idea in those days. He knew that at least some forms of autism are associated with viral infections, mostly latent viral infections, but he knew that there was a relationship between multiple viral infections, or in general infections and autism.

So, it was known that in autism there is a dysregulation of the immune system. Not that autistic children are immune-depressed. They are not. But definitely there are several signs of dysregulation, imbalance of the immune system.

So, he thought that to try to rebalance the immune system of autistic children with GcMAF could have been a good idea. And so, this is what he did. He published his first paper on

this topic, I think in 2013, describing how treating the children with GcMAF improved some serological markers, but also, and this is most important, improved the symptoms.

So, he began his research on this protein. And we kept on doing our own research in the laboratory. And the more we studied this protein and the more we published on the effects of this protein on cancer cells, on macrophages, and so on, the more we understood that the protein in itself was not the most important, or the most active part of the molecule.

Now this becomes rather complicated because we have to enter to biochemical details. But when you stimulate a cell, let's take a macrophage, with a factor, could be CSF-1 or GcMAF, actually it is never a single event.

Usually, there are many events that are coordinated and lead to the response. So, by studying the molecular structure of GcMAF, we found out that the active sides were essentially four different things, four different molecules.

One is a molecule called alpha actin galactosamine. Now that is the molecule, by the way, removed by an enzyme that is called nagalase. And then we have vitamins of the D group, D2 and D3, a fatty acid whose healthy properties have been known for centuries, oleic acid, basic principle of olive oil.

And this was our major contribution to the field, glycosaminoglycan, that is a complex sugar called chondroitin sulfate. Now this chondroitin sulfate is the molecule which mediates the activation of macrophages. In other words, the GcMAF does not activate macrophages in and by itself.

It does so through the interposition of this sugar that is called chondroitin sulfate. At that point, we were asked by Dr. Bradstreet if we could develop a molecule that was not extracted from human blood, as the old GcMAF was, that was not a protein, because protein, they have a series of difficulties to be handled, that had the same power, the same activity of GcMAF.

So, we began researching, we began studying, we began doing experiments in the laboratory, and we ended up with a new molecule that actually is not new at all. It is what happens in nature. And because of this, we gave a Latin name that means about nature, *Rerum*.

In Latin, *Rerum* means "of things." And it refers to the essay by the Roman philosopher of 2,000 years ago, Titus Lucretius, who wrote an essay entitled "De *Rerum Natura*," which means about the nature of things. And also, it refers to an encyclical letter of Pope Leo the 13th in 1891, who wrote "*Rerum Navarum*," which means "revolutionary changes," describing the new social doctrine of the church.

So, we thought that *Rerum*, which means about the nature of things, or something like this, was an apt name for something that we had not invented, we simply copied from nature. So, copying the working of nature, we developed this molecule that actually is a supra-molecular complex.

Usually people get confused. Supra-molecular doesn't mean super molecule, like Superman No, supra-molecular simply means many molecules bonded together that accept one single function. So, this *Rerum* is nothing else than the active parts of the old GcMAF without the GcMAF in itself.

**Ty:** So, Rerum, R-E-R-U-M?

**Dr. Ruggiero:** Exactly.

**Ty:** And it's the active parts of GcMAF?

**Dr. Ruggiero:** Exactly.

**Ty:** Okay.

**Dr. Ruggiero:** It is, let's assume you have your nice car that you use every day to commute to work. Now you want to go and race on the race track. What do you do? First of all, you remove from the car all the parts that are unnecessary, the upholstery, the cup holder, many other things, the cigarette lighter, that you don't need to race on the race track.

So, you make the car much lighter. And because of this, even if you don't work on the engine, it goes faster because it is lighter, it is more versatile, more apt to run on a circuit. This is what we did. We studied the GcMAF. We knew that vitamin D, oleic acid, and chondroitin sulfate were bound to GcMAF.

And then we began to remove one molecule at a time and observe the effect. If we removed the chondroitin sulfate, the effect was lost. But if we removed the protein and we kept the chondroitin sulfate and all the rest, the effect not only was maintained, it was more.

Because just like a race car that is lighter, then you have more effect. So, this is what we did. We worked like mechanics. But instead of playing with brakes, engines, and transmission, we played with molecules and we removed what was not necessary.

So, we were left only with the very active parts of the molecule, and this is how we developed the Rerum. We simply looked at the work of nature, and based on this, we developed this new concept. As you have heard at this conference, as you will hear this afternoon, many doctors and scientists are beginning to report incredible results by the use of Rerum.

**Ty:** Yeah. I've seen a couple of the interviews that you've done online about the Rerum. Is this available for people to purchase?

**Dr. Ruggiero:** Well, the Rerum is registered in the European Union and Switzerland as a supplement because it is a supplement and it is made by components that have been used in human medicine for years and years, for 30-some years, chondroitin sulfate, oleic acid, and vitamin D.

And it is available from Germany. Don't ask me for state-by-state regulations, because I don't know them. All I know is that it is manufactured in a state-of-the-art GMP. GMP stands for Good Manufacturing Practice, that is a worldwide rule in Northern Germany.

So, it is a highly controlled, all registered. And then don't ask me about the state-by-state regulations, because I don't know. Simply I don't know them. I suggest that you check with your local health authorities about how to purchase and so on. What I'm saying is that it is on free sale all over Europe and Switzerland. Therefore, I guess that it could be freely acquired from other parts of the world as well.

**Ty:** Yeah, I bet you could get it. So, people have had—I know that I've seen good success with kids with autism using GcMAF. Now you're saying Rerum is like a race car of GcMAF.

**Dr. Ruggiero:** Yeah, it's like a race car. The comparison that I like to do is let's assume you have a propeller plane. Propeller planes, they're very good. They fly. They bring you from one place to another place. But let's assume that at some point in time, somebody has prohibited the use of piston engines, or has prohibited the use of propellers, for whatever reason.

Then you end up with a jet plane. A jet plane definitely uses a completely different concept. It doesn't have pistons. It doesn't have propellers. And it goes faster and higher. Both planes fly, which means I am the first one to testimony that GcMAF was extremely effective, both in vitro and in vivo.

However, like everything else, it had its own fair share of problems. Now the Rerum is more effective in vitro and in vivo, and it doesn't have the same problems of the old GcMAF that was derived from human blood. That was its original sin.

A protein that is extracted from human blood has a number of regulatory and also biochemical problems. Rerum is not. So, you can make the comparison between a jet plane and a propeller plane. They both fly, but if you have the opportunity to choose, maybe a jet plane is better.

And also, what I would like to say, that here at this conference, we are observing that both in vitro and in vivo in patients, with Rerum they are not only reproducing the effects that had been observed with the old GcMAF, they are seeing more effects.

Just let me give you an example. Autistic children, they have low level of expression of a factor that is called TGF beta. Don't be scared by its name. TGF stands for Transforming Growth Factor beta. It doesn't transform cells.

That was a misnomer of 30 years ago. Actually, it is an essential hormone, or interleukin if you prefer, for the functioning of the brain and the immune system. Now it had been demonstrated that autistic children have a very, very low level of TGF beta.

Whatever it means, it is not a good thing because control children, they had normal level, and autistic children had much lower level of TGF beta. If you treat those children with GcMAF, you do not raise the level of TGF beta.

It remains the same. You have a number of good effects, no doubt about this, in particular, on the endocannabinoid system, but not on TGF beta. With Rerum, TGF beta goes up to normal levels after only five weeks of treatment.

That's why doctors all over the world, to name one, Dr. Nicola Antonucci, who will speak tonight, this afternoon, are reporting results of children who already had had benefits from GcMAF, but not yet 100 percent. Let's say with GcMAF, they had gone from 20 to 60 percent. Now they add Rerum, now they use Rerum, because GcMAF is no longer available, and they are completely in a good shape.

**Ty:** Wow.

**Dr. Ruggiero:** So, this means that it does what all the old GcMAF did plus more, just like a jet plane. It flies like the old propeller planes did, but more.

**Ty:** But better.

**Dr. Ruggiero:** Even more.

**Ty:** That's why we're taking jet planes back to wherever we're going today, or tomorrow, instead of the propeller planes.

**Dr. Ruggiero:** Exactly.

**Ty:** That's fascinating. That's a great option for people that have children that already are autistic, is to find a doctor that they can be under the care of that will be able to use Rerum.

**Dr. Ruggiero:** Alright, yes. This is a very important statement of yours. Being a medical doctor, I always advise against do it yourself in the field of medicine. This could be extremely detrimental. Let me use just a couple of minutes to tell you, however, that even though we are very proud of the Rerum, nevertheless, don't think that Rerum is the miracle pill.

Rerum has to be integrated into a protocol that is a protocol that takes into account, first and foremost, nutrition. If you eat junk food, don't expect the Rerum to do miracles. It won't do them. So, first of all, control the nutrition.

And the best nutrition approach for autism is a so-called ketogenic diet, a diet very, very low in carbohydrates and very high in healthy anti-inflammatory fats, like olive oil or coconut oil and amino acids, crystallized amino acids that do not overload the kidneys or the liver.

So, the ketogenic diet has to be the best. On top of that, you can reconstitute the microbiome with probiotics. We developed one that is called Bravo Probiotics, for example. And on top of that, you can add the Rerum to rebalance the immune system and to rebalance also the immune system inside the brain and protect the neurons.

What I'm saying is that do not look for the magic pill. It doesn't exist. If you don't fix nutrition first, if you don't fix your gut, your microbiome, then the Rerum or anything else will do poorly. But if you do this under the supervision of a good and competent doctor, and there are very many, let me tell you. There are very many good doctors, both in the United States and elsewhere. Then you can expect very good results.

**Ty:** That's great advice, Dr. Ruggiero. Much the same with cancer patients, you know? A lot of the research that I've done is in cancer. If you have a patient that's eating the old crap that might have gotten them sick, and their treatment's not working and they wonder why.

Well, it's because nutrition is foremost. And so, what you just shared when it comes to autism, vaccine injury, whatever it is, nutrition, you've got to make that primary. And the ketogenic diet is very important for kids with autism, right?

**Dr. Ruggiero:** Right.

**Ty:** High quality fats, low on the carbs. And then once that is in order, when you've got your diet regulated properly, the Rerum is a good addition to it. But there's no magic bullet.

**Dr. Ruggiero:** Exactly so. Not yet. We are looking for the magic bullet, and we have come rather close. But not yet so magic.

**Ty:** Okay. Well, I think that what you said earlier, that you were like a mechanic, I think you're like the molecular mechanic.

**Dr. Ruggiero:** Yes.

**Ty:** That's what you do is you're a mechanic on molecules.

**Dr. Ruggiero:** Right.

**Ty:** So, keep on doing your mechanic work, Doc, and I'm sure that if there is a silver bullet that's found, you're going to be part of it. Thank you so much for sharing.

**Dr. Ruggiero:** Yeah, thank you so much.

**Ty:** I really appreciate it.

**Dr. Ruggiero:** Thank you.

[End of transcript]



# Chapter 44:

*Interview with*  
**Dr. Irvin Sahni, M.D.**





**Ty:** Welcome, everyone. I'm sitting here with my good friend, college roommate actually, Dr. Irvin Sahni, here in his condo in Austin, Texas.

**Dr. Sahni:** Good to see you, bud.

**Ty:** Yeah, thanks for joining me, Irv. So, I wanted to talk to you briefly today about the subject of vaccines. So you're a medical doctor, and vaccines, pretty controversial subject. You were telling me some stories about people that you work with, and it's a real dividing issue, right?

**Dr. Sahni:** It is a dividing issue. In fact, I've learned a lot myself, just through the process of the awareness that's been created through movies like *Vaxxed*. And the fact that you've been involved in this project. And there's a lot of things that I didn't know when I dug a little deeper.

**Ty:** Did you learn anything much about vaccines when you went through medical school?

**Dr. Sahni:** Well, we learned about the theory. We certainly were taught that vaccines were a good thing and that everyone should be vaccinated, and that herd immunity protected people against disease. And obviously, people used smallpox and polio as a big example, that were both early vaccines.

Those were vaccines that were given in a single dose, monovalent vaccines. Things have changed a lot. They've really just created vaccines for all kinds of things.

**Ty:** You said that in medical school, they told you that vaccines are good and give them basically, right? That's the gist of it?

**Dr. Sahni:** Sure. So, when you're in basic science, believe it or not in most cases there's not a political agenda. They're basically just teaching you the mechanism of action. How does the immune system respond? How does vaccination work?

How does it stimulate your immune system to create immunity? Things like that. So, it wasn't like a basic science professor stood there and said "You'd better give a vaccine." But when you start your clinical rotations, when you're actually seeing patients, certainly it was just sort of assumed and understood that "Everyone's got to be vaccinated. You'd be crazy not to be vaccinated. That would be insanity."

You didn't really question it. In fact, I would have thought it would have been crazy not to be vaccinated. Because we are exposed to a lot of things in the hospital: Hepatitis B, Hepatitis C, HIV.

And so, there's lots of exposure, especially as a surgeon. I'm a surgeon. If I get stuck with a needle or I get exposed to blood, splashed in my eye or something like that, that can certainly be a big problem for me.

**Ty:** So, in your years in medical school when you were taught about the immune system and vaccines, and so forth, were you ever taught about the dangers of vaccines or the potential risks?

**Dr. Sahni:** No, not to the level. It's kind of like nutrition. We covered it briefly. "Here's what vitamin D is. Here's a vitamin D molecule. There's your nutrition." That's it. We didn't study vitamin D in this food. We learned that certainly the whole physiology behind vitamin D, it actually goes from cholesterol and then it's metabolized in both the kidneys, the liver, and ultimately in the skin to become vitamin D3. Goes D1, D2, D3. Complicated metabolism.

But just like nutrition, as far as the mechanics behind it, there certainly wasn't any advice on what foods to eat necessarily. Maybe briefly, but we're talking a few hours.

**Ty:** People might say, and you hear it frequently, "there's no risk to vaccines. They don't harm." Is that true?

**Dr. Sahni:** No, it's not true. Okay? But your initial question was did they teach us that in medical school? And the answer is, I don't remember. It certainly wasn't pressed upon me enough for me to remember. I certainly don't remember anyone mentioning Thimerosal, some of the ingredients that are in vaccines.

We certainly didn't talk about reactions that people have. We certainly didn't talk about autism. So, my answer is, more than likely, no. Probably we never really covered any of those things. Certainly, they would talk about injection site reactions, the redness on the skin, a mild fever, those kinds of things.

People have said "Sure, you could have a little mild reaction to the vaccine." But no, not some of the more severe things that have affected so many people, including small children. But certainly, there is injury. The Supreme Court has stated that there's injury.

There's been a lot of money that's been awarded in lawsuits, 3.6 billion. And there are codes in the actual—as a medical doctor, we use diagnosis codes, called International Classification of Disease. It's actually International Statistical Classification of Disease.

And we just transitioned from something called ICD-9 to ICD-10, which just means it's a different version. Europe specs have been on ICD-10 for a while. We've been a little bit late to the game. So more, it's just more specific.

They break things down a little bit more. But in ICD-9 codes, there's 18 different codes that specifically define vaccine injury. If someone wanted to Google them and look them up, they would type in ICD-9 and look at 978 and 979, and each of those ICD—those are ICD-9 codes, have sub-classifications, 9 each, discussing the different injuries that are created by vaccines.

So, clearly, if there was no injury from vaccines, there would be no need to have an ICD-9 code. I mean why would you create it? Why would you put that in your coding system if there were no vaccine injuries? So, you specifically can show that this patient had 978.3, which I don't know which one it is, but posits a specific vaccine to say "Flu" or whatever it is.

It's broken down that way. So, people can look that up for themselves. The medical classification system defines it, defines it and says "Here they are. Here's the 18 different injuries that we're going to list that you can give the patient as a diagnosis when they come and see you."

**Ty:** If there wasn't potential injury from vaccines, there would not be codes that doctors bill for, for a vaccine injury.

**Dr. Sahni:** Right. I mean why? Why would you have it if it didn't? It certainly seems strange if people are making that claim. But I think that people are becoming more aware that vaccine injury is real. And a lot of the information that we just discussed, I think alludes to that, proves that.

**Ty:** Sure. So, Dr. Sahni, how are vaccines grown? How are they manufactured?

**Dr. Sahni:** So, vaccines are grown in a substrate. A substrate would be a petri dish. It's basically a

medium that the vaccine can be grown in. So, there's viral vaccines, there's bacterial vaccines. And the vaccines can be grown in human as well as animal tissue.

Basically animal and human living tissue. Some examples are chick, chicken fibroblasts and embryos, chicken retinal and kidney cells, monkey and dog kidney cells, human embryonic tissue, lung tissue, specifically the fibroblasts found in aborted human fetal tissue, as well as monkey brain tissue.

And there's others, but these are some of the more common substrates that live vaccines are grown in living cells. The problem is that now we're finding that these substrates also contain other harmful additives like glyphosate.

So, glyphosate, which is Roundup, which is a pesticide, herbicide/pesticide made by Monsanto, is making its way into the vaccines as well. We spray glyphosate ubiquitously, almost on so many food products, that they're actually finding their way into vaccines.

When you're getting injected with a vaccine, we're typically worried about things like Thimerosal, mercury, phenols, other chemicals, things—glycols, ethylene glycol, basically antifreeze, but also glyphosate. So, in 2015, the World Health Organization actually declared glyphosate to be a probable carcinogen, okay?

So it's probably a carcinogen, and it's being injected into your body when you get a vaccine, along with possibly other things that are also harmful. Injecting a vaccine into someone's body that is contaminated with a probable carcinogen, glyphosate, probably deserves some congressional investigation in terms of its safety.

**Ty:** Yeah, I would agree with you. It certainly does. So, Dr. Sahni, the flu vaccine I believe is one that does not contain glyphosate. I don't think I've seen that.

**Dr. Sahni:** Okay.

**Ty:** But the flu vaccine's one of the most popular vaccines. Would you take the flu vaccine?

**Dr. Sahni:** This is a very big issue for medical staff, personnel, people who work in hospitals. Doctors, nurses. Nurses have been fired for refusing to take the flu vaccine. A nurse died, a young, healthy 22-year-old, I forgot her name, died shortly after receiving a flu vaccine, like within—she got very sick within hours of having it and died shortly after that.

So, these are people who essentially—or she was I guess not forced, but certainly pushed into having a vaccine. Others lose their job. I have had contention with hospitals that I've worked at in terms of getting a flu vaccine.

I haven't had the flu vaccine in over 10 years. So, why do I not get the flu vaccine? The only time I've ever felt sick is after getting a flu vaccine. I haven't had the flu or had a serious illness in over a decade, which knock on wood, right? Knock on wood.

Certainly, I should feel very blessed in that way. But the flu vaccine has been shown to be relatively ineffective. So, prior to 2015, 2016, the CDC claimed that it prevented flu in 70 to 90 percent of cases, and this was essentially debunked in January of 2016 by the CDC itself.

And so, they even said now “No, it's not 90 percent or 70 percent, whichever one they were claiming, it's more like 50 percent.” It can be lower than 50 percent. In some studies, it's been shown to be between 39 percent and 66 percent.

So, why would it be so variable? It doesn't make any sense. Well, for the same reason that you have to get a flu vaccine every year. Because the virus itself mutates. It changes. So, when they go to—most vaccines typically are either trivalent or quadrivalent.

What does that mean? That means that they insert typically two strains of influenza A and one strain of influenza B, or the quadrivalent vaccine is two strains of influenza A and two strains of influenza B. They have to pick them.

You can't just manufacture a vaccine five minutes after you've decided which strains to use. These are manufactured the year before, they're well in advance. And so, they have to predict. It's like trying to guess the weather.

Do I need an umbrella or do I not need an umbrella a year from now on this particular day? And so they have to try to predict what the strains will be. Sometimes they'll do a good job. Sometimes they get lucky, really. Sometimes they get lucky and sometimes they don't.

And so, when the vaccine itself matches the strains that actually occur out in the population, then it works well. It might be 66 percent, not 90. Sixty percent would be a good year. And that's even what it says on the CDC website.

50 percent they claim is the average, but there's also cases where they've failed miserably in terms of matching, guessing which strain is going to be the one that, whether it's going to rain or not, which one's going to actually affect people a year or more in advance.

Because they have to produce millions of doses of this stuff, so they have to have lead time to produce that stuff. There's been further studies showing that it's ineffective. First of all, you don't give a vaccine to a six-month-old or younger.

That's just not done. That still is the case. And they've shown that even in six months to 24 months that it's ineffective. Now some CDC studies show that it reduces the incidence of influenza in kids, but there's a big Cochrane study, this is a meta-analysis.

A meta-analysis is a study that looks at a bunch of studies, 50, 60, 100 studies, and it takes that data, it's kind of hard sometimes, and finds the way to commonly mesh all that together and come up with a number. And they actually showed that in certain age groups, six months to 24 months, that those kids actually were three times more likely to get sick after having a flu vaccination.

It's hard to say exactly what that means, but certainly there are studies out there that show that the flu vaccine in certain age groups and young children, is ineffective. The CDC themselves, if you look at their website, will tell you that in certain years, I forgot which year it was, but in a couple of years, that for patients older than 65, the vaccine was essentially zero.

People who got it versus people who didn't, exactly the same. There was zero benefit. So, I'm a surgeon. I'm a spine surgeon. Are you going to let me do a surgery on your back for back pain that you might someday have?

In other words, whenever we—the Hippocratic oath says "First, do no harm." So, if I'm going to give you a treatment that has potential detriment, there ought to be a benefit from that treatment that makes it worthwhile.

And so, in certain populations, in certain strains, you're going to have a very, very low probability of a vaccine actually protecting you from getting flu. Yet, you're always going to

have the downside of getting a toxic dose of mercury, say Thimerosal.

Again, like you said, I think glyphosate is not a problem with the flu vaccine, but any of these preservatives and having something foreign injected in your body isn't natural. It isn't good. And if it isn't going to provide a benefit, what's the point of doing it?

I would argue that by injecting mercury, and I believe it's—so there's a certain amount of mercury that's considered toxic. And the typical dose of Thimerosal, which is in the multi-dose flu vaccine, is enough mercury to be toxic.

You've had all the mercury you should have for the next 250 days. So, you get that vaccine, you better not get any more mercury exposure. You better not go eat any tuna. You better not have it get into your system any other way for 250 days. The toxic dose for 250 days.

That's a lot. To me, that's a pretty big dose of mercury. And mercury clearly is not good for your immune system. And so, why would I want to be injected with a vaccine that is not effective, yet will trash my immune system, so now I can't fight off other infections or other problems?

Maybe cause cancer. Who knows? So, I believe that if you eat well, if you take care of yourself, if you have good nutrition and your body's healthy, that you don't need to be injected with the flu vaccine, and that's been the case for me.

So, the argument being, to be fair, that I could be a silent carrier, I could carry the flu and give it to someone else. And so, in theory, if you don't get the flu vaccine, you're supposed to wear a mask. In 10 years, I've never given the flu to anybody that I'm aware of. But I think that the flu vaccine is, in my opinion, not worth it. It's not worth the danger to your body.

**Ty:** The risk benefit's not there.

**Dr. Sahni:** The risk benefit's not there. It's not there. It's not shown to be that effective. Maybe in their luckiest year, they get 66 percent, or 60 percent. But in their worst year, they get well below 50 percent. And so, I'm not going to get injected with mercury with those odds.

And there's also some further information that shows that especially in children, even I believe is also in adults, that people who are given the vaccine, then when there's a flu pandemic, can't mount an immune response as well as those who are not given the vaccine.

In other words, being exposed to it actually strengthens your immune system. And by getting a flu vaccine, they showed—they divided out the patients and actually were able to show that people who got it naturally, who weren't immunized, just basically their body dealt with it, built a more quality immune response.

So, then when they were hit with a more severe type of flu in the future, they actually did better. There were fewer people hospitalized. Whereas the people who got the vaccine were more likely to be hospitalized.

There's a lot of information. It's very confusing. It's on both sides of the fence. Obviously, there's people generating information who are pro-vaccine, because they're, in my opinion, interested in selling lots of vaccines. But there's a lot of quality literature that's considered mainstream, the Cochrane study and stuff you'll find on PubMed, that shoots holes in the whole idea of taking vaccines. And a lot of stuff has come out that's certainly not supportive of having a vaccination in just the last few years.

Even the British medical literature, some stuff came out in 2015. You can look all this stuff up, just Google vaccine, the flu vaccine, and there's lots of information out there. But what I think people are starting to—the whole thesis is starting to fall apart; the narrative is starting to fall apart.

**Ty:** So, at birth nowadays in the United States, most babies are given a vitamin K shot. What's the purpose, and is it necessary?

**Dr. Sahni:** So, in rare instances, kids can be born with a bleeding pathology called VKDB, which basically means that they don't have enough vitamin K. Vitamin K is extremely important in the ability to clot, to basically clot and stop bleeding, internal bleeding or external bleeding if you have a cut on your skin.

And so, they're given a synthetic drug, the generic name is phytonadione. And this drug contains preservatives, kind of like a vaccine, including benzyl alcohol, antifreeze, ethylene glycol, these sorts of harmful substances which are not natural.

And so, another alternative is that the mother eats green, leafy vegetables containing adequate amounts of vitamin K1 and K2, a month before, or during the pregnancy, a month before the birth, some period of time before the baby's born.

And that gets transferred through the placenta. So, why inject a child with a liquid substance, with a vaccine-like substance that contains aluminum, benzyl alcohol and propylene glycol, which is antifreeze, when you can get the same, honestly better, source of vitamin K through diet?

The mother can eat green, leafy vegetables for a period of weeks before the child is born. The vitamin K from that would be transferred through the placenta. You could give an oral form of vitamin K as opposed to an injection.

And although that's not going to be absorbed probably in the gut as well as transferred from the placenta, another completely reasonable way to get vitamin K into the child to have normal clotting for a problem that doesn't occur that often to begin with. I don't think that VKDB, vitamin K deficient bleeding, is that common. It's another opportunity to inject a child with pharmaceuticals, in my opinion.

**Ty:** While we're on the topic of children, of infants, we talked about the vitamin K, what about vaccines and SIDS? Is there any kind of a connection between the two?

**Dr. Sahni:** So, there is a study, and I'm actually going to quote from that study, but it was in the *Journal of Medicine and Chemistry*, and it was this year. It was in 2017, actually. And a 2017 study, published in current *Medicine and Chemistry* concluded that there exists a "need that deaths occurring in a short space of time," in other words, shortly after "a hexavalent vaccination are appropriately investigated and submitted to a postmortem," which basically is an autopsy "examination, particularly of the autonomic nervous system," a specific part of your nervous system, "by an expert pathologist."

So, we're talking about taking tissue and looking at it under a microscope "to objectively evaluate the possible causative role of a vaccine in SIDS." So, I don't know that it's definitive. It certainly doesn't sound like it's definitive. But this study concluded that in other words, if I hit you in the toe with a hammer and you have pain one second later, I wonder what caused your toe pain? Probably the hammer.

So, if I give you an injection and shortly after that you become extremely ill and die, I think there probably needs to be an investigation as to why that child died. I mean SIDS is an enigma. There's probably lots of causes of it.

But there obviously have been cases where a child has received a hexavalent vaccination and died in a very short period of time from the time that the vaccination was given. And that's what that study concluded. So, do vaccines cause SIDS?

I don't know. But it looks to be possible. If it walks like a duck, it talks like a duck, if I hit you in the toe with a hammer and it hurts right after the second I hit you, it probably wasn't something you did yesterday, it's probably the hammer that I just hit you with. You get hit with a vaccine, you die, it probably needs to be looked at.

**Ty:** Well, Irv, thank you so much for spending the time today. Your answers were really concise and very understandable, and I think it's going to be—some of that information's going to help some people that are watching this video. So, I really appreciate you spending the time and going out there on a limb for us, buddy.

**Dr. Sahni:** Well, I'm always honored to participate in your projects. So, the truth resonates with people.

**Ty:** Yeah, the truth does. Thanks, brother. Appreciate it.

[End of transcript]



# Chapter 45:

*Interview with*  
**Dr. Stephanie Seneff, Ph.D**



**Ty:** Stephanie, one of the things that I'd like to be able to talk to you about today is the relationship of vaccines and glyphosate and the way that those have a synergistically detrimental effect on us.

**Dr. Seneff:** It's pretty remarkable, we are finding. I'm really worried about it. I began by studying the vaccines. I was looking at autism starting about nine years ago and I suspected a connection to the vaccines. I looked at, of course, mercury. There's been a lot of chatter about mercury. Then aluminum which I think is a probably more serious problem than mercury at this point because there's aluminum in a lot of vaccines especially for example the Gardasil which is really turning out to be a very potent vaccine.

The other thing that I identified was glutamate which is a neurotoxin and the flu vaccine and the MMR vaccine. The live virus grown on gelatin which is high in glutamate and also in glycine. Glutamate and glycine together activate NMDA receptors in the brain which can really put the brain on fire.

**Ty:** What receptors?

**Dr. Seneff:** They're called NMDA receptors. N-methyl-D-aspartate I think it's called, that's the technical term, but NMDA receptors in the brain which receive neurotransmitter signals but glutamate is a neurotoxin if there's too much in the brain. And autism is connected to excess glutamate in the blood, excess glutamate in the feces, and excess glutamate in the brain.

So you can see autism has a problem with glutamate but then the vaccine also has glutamate in it which is injected directly into the body. So I'm suspecting that the glutamate in the MMR vaccine and in the flu vaccine are causing symptoms. In fact, I've looked very extensively at the FDA's vaccine adverse event reporting system which is quite interesting.

When you look at an MMR and you compare it to other vaccines you find that there's a lot of symptoms that occur with MMR that are connected to MSG, the symptoms of MSG toxicity, monosodium glutamate, people who are sensitive MSG. Because the reactions to the vaccine resemble the reactions to MSG then you can suspect that glutamate might be playing a role in that reaction to the vaccine.

That's all vaccine stuff. I'd sort of learned all of that up to the point where I discovered glyphosate which was really only about three and a half years ago. Hard for me to believe because as soon as I learned about glyphosate I dropped everything else and started studying extensively on glyphosate.

**Ty:** Okay. What exactly is glyphosate?

**Dr. Seneff:** Glyphosate is the active ingredient in the pervasive herbicide Roundup which people can go down to the hardware store and buy it and use it to kill the dandelions in the yard. But it's also used really extensively on the food and exponential increase in the amount that's being used on the food every year over the past couple of years ever since they introduced the GMO Roundup-ready crops.

They have a bunch of crops that they've designed them to put a bacterial gene inside the crop so that the crop doesn't die if it's exposed to glyphosate otherwise glyphosate kills all plants. So the fact that it kills all plants might make you suspicious that it might not be benign for humans.

**Ty:** That should flick on a light in our brains saying, "Whoa."

**Dr. Seneff:** Yeah, you can't say, "It kills all plants but it's great. We're humans. We don't have any problems with this stuff. It's completely nontoxic to humans." That's the message we're given. They don't even measure it. The government says well we don't need to measure how much glyphosate is in the food because it's nontoxic to humans.

So once you have that assumption and then you carelessly are using it—so they had a complete problem with runaway weeds in the Roundup-ready crops so they had to keep on using more and more glyphosate. Now they're in a really terrible situation where they're starting to add back in all these other herbicides that they know cause terrible developmental problems.

Animals are born with all kinds of bizarre stuff. Their body's not configured correctly, two headed pigs and things like that, with these other chemicals that are known to be toxic to development. So they're going to put those back now because the glyphosate is not working anymore. They're going to add them on top of the glyphosate so a few things are going to get worse.

The glyphosate is a sleeper because it's toxicity is insidious and cumulative. It slowly erodes your health over time but it works synergistically with the vaccines. This is what I'm finding and this is what I believe in particular because glyphosate opens up the barriers. It opens up the gut barrier and it opens up the brain barrier.

The brain has usually a very secure barrier that keeps toxins out but the glyphosate messes that up. As a consequence those things that are in the vaccines get into the brain whereas they wouldn't if you didn't have all the glyphosate exposure from the food.

So the children who have sort of the leaky gut and they have the sensitivities to foods, they have gluten intolerance, those kids are the ones that are especially vulnerable to damage from the vaccines because those are all indicators of glyphosate poisoning and they're also indicators of leaky gut and leaky gut is an indicator of leaky brain.

You can get these things that are in the vaccines, the aluminum, the mercury, the glutamate, a healthy system, a healthy vasculature and healthy immune system you'll be able to just—and a healthy antitoxin capability in the liver—you'll be able to just clear those and flush them out through the kidneys. But because the glyphosate has messed up, it messes up those barriers and it also messes up your ability to detox other things.

**Ty:** So it messes up the liver and the kidneys?

**Dr. Seneff:** Yes. It attacks the liver, it attacks the kidneys and when the kidneys are damaged then you don't flush toxins, you retain them and you put them into the tissues and if you got a leaky brain you put them into the brain.

So the poor child is getting these vaccines and the stuff it's going to the brain and it's causing neurological damage with exciting these NMDA receptors from the glutamate and the glycine. But it's worse than that, this is something I've discovered recently because, really fascinating story that I have developed. We haven't published this yet, Anthony Sampson and I are working on a paper that really makes me understand why MMR is so toxic to these kids.

I've looked hard at MMR. I was puzzled by it, as I said, because it didn't have the aluminum, it didn't have the mercury but it does have the glutamate and it has the live virus. It has a live measles, mumps, and rubella viruses. Measles in particular is the one that Andy

Wakefield has zeroed in on as being problematic.

The sad thing is that he knew that back in 1998. He published a great paper and he has follow-on papers that I've read and they're all terrific. He was on to so many things about autism way back then, almost two decades ago. It is a crime that here's a person is giving us the answer and instead of saying, "Thank you very much. Here's your Nobel Prize," they basically tried to destroy his reputation.

They took away his license, they retracted the paper. It's incredible to me that the governments don't want to know what's happening to the children. They would rather just kill the messenger and make sure that no other doctor is going to go there because here's what happened to him if you want to do the same research then you can just be in that same place yourself. Who's going to do that?

As a consequence, we sit for 20 years and we still don't know what's causing autism whereas he had the answers. He already had the gut problem way back then and then he had the measles, he said measles virus is causing autism. So I think the mechanism is pretty clear and actually there's other papers that have been written that show that.

I can talk about a paper from 2002, Singh is the last name of the first author, 2002 paper. Amazing because he looked at 125 autistic kids and he measured the levels of something called hemagglutinin antibody. Hemagglutinin is a protein that's produced by the measles virus. When you get the vaccine you need to develop antibodies to the virus in order for the vaccine to take. That's the whole point of the vaccine. But if you develop too many antibodies you can get autoimmune disease.

He looked at 125 autistic kids and something like 90 something normal kids, kids who didn't have autism. He found 60 percent of the autistic kids had very high levels of this antibody to the hemagglutinin, 0 percent of the controls that had this high antibody. But worse than that, 90 percent of those kids who had the high antibody also had autoantibodies to myelin basic protein.

Myelin basic protein is a central protein in them myelin sheath, in the nerve fibers in the brain. So what this means is that these children were getting measles infection from the live measles virus because they have a very weak immune system.

The virus flourishes in the gut and then it gets into the brain because there's a leaky barrier and then the brain's immune system develops antibodies to the virus. Then, because the virus protein resembles the myelin basic protein, you get a mistake in antibody to the myelin basic protein. This is how this whole molecular membrane stuff works.

**Ty:** And that's what causes autoimmune.

**Dr. Seneff:** Yeah and all these autoimmune diseases that we have, the rheumatoid arthritis, multiple sclerosis and even Alzheimer's. People have written papers saying autism is an autoimmune disease, it's something that's controversial.

But to have those autoantibodies to the myelin means that the body's immune system is going to attack the myelin sheath and take it apart. It's going to really destroy the neuron's ability to do the long distance communication that you need because these are the long axons that go to the physical world.

These kids have sensory input problems, they have communication problems. They're lost

in their own world because those long, long axons that get you to the outside world are not working. They've been completely – it's like attacked by bugs – they've been completely eroded away.

**Ty:** Wow.

**Dr. Seneff:** Like termites. You might say that the autoimmune reaction is like termites attacking those fibers so that they don't work anymore. To me that makes a whole lot of sense.

What's extremely interesting is that Anthony Sampson and I are working on a new idea that glyphosate can substitute for glycine during protein synthesis. When you make a protein from a DNA code you have a bunch of amino acids, there's like 20 of them. The code from, the four letter code which goes to the three letter sequence, all the stuff with the DNA, you see the three letter code. When you're making amino acids you see the code, you put the particular amino acid in for that code, and you build the beads on a chain.

When you see the code for a glycine GGC and you're the machinery who's making the protein and you say, "Oh, good. Here's the glycine," you put it in there. But it turns out it's glyphosate because glyphosate is a glycine molecule. It just has something stuck on for the nitrogen. If this is true it's absolutely huge. I gave a talk about this yesterday at this meeting. I'm going to talk more about it tomorrow morning.

**Ty:** So we could be synthesizing glyphosate in our protein build?

**Dr. Seneff:** It's incredible because collagen, for example – Collagen contains tons of glycine, a quarter of the amino acid residues in collagen are glycine all of those could become glyphosate.

So if you've got collagen in your joints, which of course you do, and it's loaded up with glyphosate it won't form the proper structure. The helix structure of the collagen will be disrupted and then you'll get all kinds of joint pain, all the joint swelling, all these problems that we have with our joints.

**Ty:** All the stuff that we're seeing happen today.

**Dr. Seneff:** Exactly, and the rheumatoid arthritis. You're getting all kinds of issues with the joints. And the bones too, of course, also depend upon glycine in the collagen. But the collagen is what's used to make the gelatin that the vaccine is grown on. They harvest the gelatin from pigs, from the ligaments of pigs, and the pigs are fed a heavy dose of glyphosate.

So you do the math. The pig's eating the glyphosate, there's tons of glycine in the collagen. If we're right about glyphosate going into the protein then the collagen with the glyphosate in it is used to make the gelatin and the virus is grown on the gelatin. So the virus has access to glyphosate.

We have a theory. We haven't proven this, we need to get measures. We can do it but we're working on getting numbers, those hard numbers but right now we just have it as a theory. If the vaccine contains glyphosate that's embedded in the proteins that the measles virus makes and in particular the hemagglutinin which contains glycines that are essential for its function. So if those glycines are replaced by glyphosate, first of all, the glyphosate makes the protein less able to be broken down. Furthermore, glyphosate disrupts the immune system of the child.

So the child has a weakened immune system and a weakened immune system is not able



to clear viruses well anyway. In fact, the whole point of the vaccine is to weaken your immune system so that you will make these antibodies because if you had a strong immune system you wouldn't make the antibodies and the vaccine would fail. Ironically, you have to have a weak immune system in order for the vaccine to succeed.

But it succeeds too well with these autistic kids because they have such a weak immune system and this hemagglutinin can't be broken down because glyphosate's in there. The hemagglutinin sticks around, the measles gets into the brain, the body develops the antibodies, and then you have the autism. To me that makes a lot of sense. That's sort of my best explanation at the moment for what's causing autism.

**Ty:** It's a fascinating theory and it sounds like you've got a lot of evidence to back that.

**Dr. Seneff:** I feel that way. It's also speculative at this point but there's a lot of literature that backs it up and there are plenty of people who are talking about autoimmunity is actually very clearly connected to viruses having protein sequences that resemble the protein sequences in our own proteins. That's really how autoimmune disease work.

**Ty:** Right. That's why we attack our cells, the immune system attacks the cells.

**Dr. Seneff:** Yes. It's because we first attack some something that's living in us like a virus or bacterium. We have this innate immune system which is a strong one that could simply kill them off. That system depends on sulfate and glyphosate induces a severe sulfate deficiency problem. That's why these autistic kids have a weakened immune system.

**Ty:** Wow.

**Dr. Seneff:** The whole thing is a complete set up for failure. To me it's just really, really terrifying.

**Ty:** Yeah, it is. Do you deal with children that are autistic?

**Dr. Seneff:** I don't. I'm completely theoretical. I haven't had so much of a chance to even get to know an autistic person which is quite remarkable. But I'm very fascinated by the disease and I really feel happy that I'm making progress in understanding what's causing it because we need to get to the bottom of it and then we need to fix it. The really good news, if I'm right, is that if we simply ban glyphosate we go a long ways towards the solution.

**Ty:** Sure, I was at a health conference in Vegas a couple weeks ago and Mike Adams chimed in via Skype. His whole lecture was glyphosate.

**Dr. Seneff:** Oh great, that's wonderful.

**Ty:** It is a big elephant in the room that we need to start talking about.

**Dr. Seneff:** It is, it's really been a sleeper. It's incredible to me how well the company has been able to suppress the information about its toxicity.

**Ty:** What kind of logic is that logic is that?

**Dr. Seneff:** Yeah, I know.

**Ty:** "It kills the plant, it kills everything living but it doesn't hurt you."

**Dr. Seneff:** It's just really incredible. It kills microbes, they know it kills microbes, it kills the plants and they say, "Well, it doesn't hurt us at all."

**Ty:** What do you think we're made of? We're made of microbes.

**Dr. Seneff:** Well, I know. That's right. We have so many. There's like ten times as many of them as there are of as and more than a hundred times as many genes. So that's pretty amazing.

**Ty:** Yeah, that makes no sense.

**Dr. Seneff:** But you look at all the food allergies and that's also so easily explained by glyphosate because the kids have trouble with the casein in the milk, the gluten in the wheat, they have the soy, they have the peanuts. Those four are all loaded with glyphosate.

It's so clear from the way they're grown. The weed is sprayed with glyphosate right before the harvest, so are the peanuts. The soy is GMO Roundup-ready. The casein comes from the milk of cows that are fed huge amounts of glyphosate in their diet and Zen Honeycutt has shown that the glyphosate gets into the milk.

**Ty:** And Mike has shown that it actually survives digestion. It survives human digestion.

**Dr. Seneff:** There's an interesting thing that I learned about multiple sclerosis which is quite similar to what's going on with the MMR vaccine I think. First of all, the sugar beets, sugar beets produce a protein and non-coding amino acid called Aze. This amino acid is an amino acid analog of proline.

It's just like glyphosate being amino acid analog of glycine. It's the same thing but it's proline instead. Researchers have found that people who live near sugar beet fields where there's lots of sugar beets being grown in that area have a significant increased risk to MS, multiple sclerosis. In Japan, in Europe, in the United States and Canada, all those places there's an increased risk to multiple sclerosis.

The hypothesis is that it's because these Aze gets into the proteins just like glyphosate does and prevents them from being broken down and ends up with an immune reaction to the proteins and then by analogy then an autoimmune reaction to proteins in the brain and furthermore that the brain itself has essential proteins that get disrupted when their proline is displaced by Aze. That also makes it difficult to break them down.

So it's exactly the same story as goes on with glyphosate. Then what's really amazing is that there's a couple of microbes, acinetobacter and pseudomonas aeruginosa, those two microbes are on the very short list of microbes that can metabolize glyphosate, fully metabolize it. They can break the C-P bond. The C-P bond is very difficult to break in general but those microbes can do it. Acinetobacter hangs out in the nose, a patient with a runny nose, making it a problem in the hospitals because it's got multiple antibiotic resistance. Both of them will help you out by clearing your glyphosate.

But the problem is that when they take in the glyphosate, they can get it into their proteins, if we're right. In fact, multiple sclerosis is linked to an autoimmune reaction, again, the myelin basic protein gets attacked – just like the first story with autism MMR – myelin basic protein gets attacked because it has a peptide sequence that resembles a peptide sequence in acinetobacter or in pseudomonas.

So they actually showed in this paper, they had three different peptide sequences from the



microbes and three corresponding peptide sequence from the proteins that show up in the myelin sheath and every one of those sequences they were short. They had maybe eight or nine amino acids and every one of them had glycine in it.

So that's how you can do the same thing. You can get the glycine into the protein that's produced by the acinetobacter who's taking up the glyphosate and digesting so that the acinetobacter can metabolize glyphosate and in metabolizing it gets exposed to it. So some of it ends up in its proteins so if the glyphosate is there instead of the glycine then you have a protein that can't break down. Then you get the multiple sclerosis because of the mimicry. It's pretty amazing stuff.

**Ty:** That's pretty amazing. The synergistic effect of these different toxins is pretty amazing. I've not heard it explained that way but thanks for sharing that today Stephanie, really fascinating. I think it's going to be neat addition to the documentary that we're doing on vaccines, to get that bit of information there.

**Dr. Seneff:** I think it's quite different from what most people are going to tell you. It's new information. I don't know that it's right but I feel that it is. I feel that there's a lot of evidence to support it.

**Ty:** Well, Stephanie, thank you so much. I appreciate the interview today.

**Dr. Seneff:** Great.

[End of transcript]

# Chapter 46:

*Interview with*  
**Dr. Sherri Tenpenny, D.O.**



**Dr. Tenpenny:** Three generations of chiropractors in my family. I wasn't vaccinated as a kid. Vaccines never really hit my radar screen. So, after I left that meeting I thought I should probably look into this.

So, I started with reading the CDC documents. And now all these years later I put more than 20,000 hours of my own personal time into researching the problems associated with vaccines.

What we actually came—it boils down to just a few things that are consistent across the board. Vaccines are not safe, they're not effective, and they definitely do cause harm.

**Ty:** Let me ask you this, Sherri. We're told that they're safe and effective. But when we're told that, what exactly does that mean?

**Dr. Tenpenny:** Well, what "safe" really means is that it shouldn't harm you at all. That it shouldn't be any problem. But in safety studies when it comes to vaccines, one thing for sure is they don't use a true placebo as the control.

When you're looking at a new drug say for high blood pressure you're given a high blood pressure medication and you're giving something like a sugar pill. With vaccines, they bring a new vaccine to market. They use either another vaccine with a known safety profile or they use a shot of a substance that they consider to be inert.

For example, when they brought the Gardasil vaccine to market, Gardasil has the highest concentration of aluminum of any vaccine. And in the safety study what they used as the placebo was a shot of aluminum.

When they looked at the information at the end and they looked at the side effects, they said the side effects were the same for the shot of Gardasil as they were for the shot of aluminum. So therefore, the vaccine was as safe as the placebo.

**Ty:** That's dishonest.

**Dr. Tenpenny:** That's very dishonest. And the other thing that's deceptive is that when they start doing a vaccine trial they need to get enrollments. The children that are enrolled or even the adults that are enrolled into the trial are all completely healthy.

They have no underlying health problems like asthma or allergies or seizure disorders. The vaccines are initially tested on children and adults that are completely healthy.

But when the vaccine is approved for use, it is recommended for all children even those children that are chronically ill. So, that becomes a new form of an experiment when they start using the vaccines on those chronically ill children.

**Ty:** That is like medical experimentation there. As far as being effective Sherri, are they not effective at preventing disease? Or what does it mean when they say that these vaccines are effective?

**Dr. Tenpenny:** What it means by the Webster's definition of "effective," it means that you do something that achieves the intended goal. So, the intended goal of when I inject a vaccine into your arm is for you to create an antibody.

And so, if the vaccine does that, if I inject you and it creates an antibody, it's effective. It's created what it was intended to do. But just the mere presence of having an antibody is not

the same thing as protecting you from getting sick.

Vaccines are effective if you use the scientific word, but they do not protect you from getting sick. Because there are many, many substances or circumstances in the medical literature that shows that you can have high antibody levels and still contract the illness.

That's even true for tetanus. That you can have very high tetanus antibodies and unless you thoroughly clean out the wound, there's a strong possibility you may contract the infection called tetanus.

**Ty:** I see. It reminds me of the phrase, "He who controls the language wins the argument." Really what you're saying, Sherri, is that they have kind of changed the definition when it comes to vaccines of what effective is. So, when the general public hears "effective," they think it prevents disease. When really it just means it created an antibody which might not even help.

**Dr. Tenpenny:** Exactly. That exactly sums it up. We assume that it's "safe" meaning that we've tested it and we know that when we get it injected into our body it's not going to cause harm.

**Ty:** Sherri, what about doctors in medical school? Aren't they taught about the safety and efficacy of vaccines?

**Dr. Tenpenny:** When I went to medical school, I graduated in 1985. At that period of time when I went on in to practice there were only three vaccines that were used in children. There was DPT, MMR, and Polio. It wasn't until 1991 when there was the big ramp up of the vaccine schedule starting with the hepatitis B vaccine at birth.

And then they added the Hib and then chickenpox and Prevnar. Now we have 46 doses of 16 vaccines that are given to children by the time they're five years of age.

So, I would say that when I was in medical school there wasn't much to talk about. There was only the three vaccines. But then we had this big ramp up. So, anybody who's graduated from medical school and gone through a residency program from 1991 forward which has been 25 years, the only thing that they're told is "here's the schedule and here's how you give it."

"And you really need to deal with those parents who are doing this whole thing called vaccine hesitancy now." Which is being published in all of the medical literature saying that all of these crazy people, why wouldn't they want vaccines?

They're actually even combing information off of Facebook of the arguments that people get into and try to come up with arguments to convince more and more people why they should be vaccinated.

**Ty:** It sounds like dirty poker to me. They've co-opted a language. They're censoring information. Zuckerberg with Facebook has openly said that if you come out with anti-vaccine posts on Facebook we're going to delete them.

So, that's not even disputable. That's their policy. They're not going to embrace this anti-vaccine propaganda. But the reality is you hear people say, concerning vaccines the science is settled. But science is never settled. Is it?

**Dr. Tenpenny:** No. Science is never settled. The more vaccines that they add to the schedule the more complex it is. Think about just from adding ingredients when you're baking cookies. The

more ingredients you put into your soufflé or whatever, it creates a more challenging problem.

So, the science is never done. It's disturbing that many people who have spent as much time as I have and others have investigating the problems with vaccines, and have come across from anywhere from 700 to 1,500 articles that have been published in the main-stream medical journals showing the problems associated with vaccines. We're called "anti-science" when what we're doing is presenting an argument using their science.

**Ty:** Yes. I did an interview with Neil Miller in Austin. And he's written a book called 400 Critical Vaccine Studies. And that's 400 of literally thousands of studies that have been published in peer reviewed medical journals that show that vaccines cause injury. But if we bring that to light, we're called crazy.

**Dr. Tenpenny:** Yes. Or other things.

**Ty:** So, Sherri, talk about potential side effects of vaccines.

**Dr. Tenpenny:** Any one of the vaccines can cause a long list of side effects. And all you have to do is read the package inserts to see them.

**Ty:** But if you do you're a conspiracy theorist.

**Dr. Tenpenny:** Yes, you are. If you read the VAERS reports, the vaccines adverse events reporting system that collects more than 30,000 reports every single year on vaccine injuries.

The injury that they can report can be anything from a sore arm all the way up to a death. And they feel like that's less than 10 percent of the people that are actually injured. Can you think of any other product that has 30,000 consumer reports per year about problems would still be on the market?

**Ty:** None.

**Dr. Tenpenny:** None.

**Ty:** You mentioned the package inserts. I know you're familiar with this. But it was Sanofi Pasteur Tripedia that it was the DPT vaccine that was pulled off of the market a couple of years ago. They've since then put it back on the market. They removed these potential side effects from the package inserts.

But it said literally that autism is one of the side effects. Can you imagine any product on the market other than a vaccine listing "may cause autism" and still being allowed to be sold?

**Dr. Tenpenny:** I know. The other thing that they're doing in terms of manipulating the package inserts is they used to report the entire study on the package insert. They would show you how many children were involved in the study, how many children converted in terms of the antibodies on the first, second, and third vaccine.

Now all of that is removed. The other thing is that many of the side effects are listed as occurring at less than one percent. Well, they're saying that that's not enough information and not really necessary for people to know. So, they're pulling that off too.

So, they're hiding the data. They hide the information inside of the vaccine safety data link that nobody is allowed to see it. They've hid the information from VAERS.

They've made it extremely complicated for anyone who doesn't normally go into the VAERS database and look for information to use it. It's really clunky and difficult to use.

So, they're constantly hiding information. They're hiding things. And they're making it more and more difficult for people to track down the association between vaccines and any type of side effect.

The hepatitis B vaccine I think has one of the longest lists of side effects in terms of neurological disorders. If anybody asked me what I thought were the worst vaccines? The two I would say would be Gardasil and hepatitis B in terms of side effect profile.

**Ty:** What are the side effects that you know of the Gardasil vaccine?

**Dr. Tenpenny:** The Gardasil vaccine causes so many debilitating things. In terms of autoimmune conditions, like something called POTS syndrome. I think there's something upwards to 180 confirmed deaths from that vaccine. I'd say that's a pretty serious side effect.

The hepatitis B vaccine has a very, very long list of neurological complications from blindness to Guillain-Barre, to all kinds of—a very long list of neurological complications. There really isn't any reason to even give that vaccine at birth.

**Ty:** Right. Because the only people that are at risk are intravenous drug users or those that are sexually promiscuous, of which I don't know any newborns.

**Dr. Tenpenny:** No. And the worst part about that one that it's given at birth is the fact that if children are born prematurely, if they're born at 36 or 37 weeks, they're underweight or even younger, the pediatricians will want to give the hepatitis B vaccine on schedule as if they were born at a full term 40 week infant and a full weight.

I've had parents that have told me that their child was born very prematurely, was only two pounds. And the pediatrician in the neo-natal intensive care unit wanted to give them the full dose of hepatitis B vaccine while they're in the intensive care unit.

**Ty:** That would be the equivalent of taking that adult pediatrician and giving them three ounces of the same vaccine. I bet they wouldn't take it.

**Dr. Tenpenny:** I know. The original paperwork on the hepatitis B vaccine actually said "you should never give a partial dose. You should always give it on time as though the child was full term and full weight even if they are premature and underweight. You're supposed to give it on time."

**Ty:** Here's the bizarre thing, Sherri, and this vaccine what Robert Scott Bell, our good friend, calls the vaccines being "the sacred cow of the church of biological mysticism."

**Dr. Tenpenny:** I love that. That's really good.

**Ty:** If you question them you're a heretic. If you read the package insert you're crazy. If you actually list the side effects that are known you're a conspiracy theorist. It's like completely anti-science the position that vaccines are safe and effective.

Science should always be a dialogue coming to a conclusion. Looking at the pros and cons and coming to a conclusion of what something really is. But we're told "don't question vaccines. Don't read the package inserts."



If you have somebody who was vaccine injured, it was just a coincidence. Even though it happens a million times a year, and then just do it. Just shut up and take the vaccine.

**Dr. Tenpenny:** And what's the worst part of all of that Ty in terms of parents—what parents really need to have someone in their community that is a medical professional such as a nurse, a nurse practitioner, a pediatric chiropractor, a naturopath, or even their mother or their grandmother who's raised children before.

Because if you have a new baby what you kind of want to know is, is this normal? Are they sick enough that I should be concerned? They're kind of fussy. Should I take them to the pediatrician? They just need a partner in that.

And instead they take them to the pediatrician. The pediatrician says, "no, you have to vaccinate. If you're not going to be vaccinated we're going to kick you out of the practice." Because that's money to them.

The problem is that parents don't understand that the early childhood vaccine preventable illnesses really consist of nothing more than a fever, a cough, a rash, and some diarrhea.

So, if they learn some simple tools to take care of their child when they have a fever, a cough, a rash, and some diarrhea instead of vaccinating them with all of these doses of vaccines. The exchange for that is a lifetime of chronic illness, serious autoimmune diseases, maybe even a death. Or on the autism spectrum. You're going to trade that for a fever, a cough, a rash, and some diarrhea? It's really, really ludicrous.

**Ty:** It is ludicrous. What you just described, pediatricians kicking parents out of their practice. They tried to do that to us. Before I knew anything about vaccines. We were just starting to learn with our eldest daughter Brianna.

We were told that if you don't—because we questioned, "are these really necessary?" "If you don't vaccinate, we don't subscribe to that anti-vaccine propaganda. You're not welcome in our practice."

**Dr. Tenpenny:** Yes. And it's gotten even worse since then because your daughter is older now. Well, this year in the Blue Cross Blue Shield handbook that came out it actually talked about something called the "combo 10."

That in a pediatrician's office if they have all the children under the age of two that have been fully vaccinated with all 10 of these vaccines called the combo 10 by their second birthday, the vaccination rate in the pediatrician's office needs to be 63 percent of their entire practice, needs to be fully vaccinated by this combo 10.

And if they are, they are rewarded by Blue Cross Blue Shield at \$400 per child per eligible member. So, if you've got 1,000 kids in your practice and 63 percent of them are fully vaccinated you get 1,000 times 400 in terms of a bonus from Blue Cross Blue Shield for following through on their standards.

**Ty:** \$400,000 bonus if you have 1,000 patients. That's insane.

**Dr. Tenpenny:** That's insane.

**Ty:** So, there's not really any independence from the monetary influence of these vaccines?



**Dr. Tenpenny:** There isn't. And this is the reason why parents are being kicked out of the practice. Because they have this 63 percent amount that they have to have their kids vaccinated. The 63 percent of their patient population needs to be vaccinated.

That's what we know about from Blue Cross Blue Shield because that's the manual we have. We don't really know or no one has actually discovered yet if that also applies to Medical Mutual, to Etna, to any of the other big carriers across the country. If it applies to any of those things.

So, the bottom line is that parents always have to know, follow the money. Follow the money. Now pediatricians can't even look at your child and say, "well, they've had a horrible reaction before or they have these side effects, maybe it would not be so good to vaccinate them," because that deeps into the money in their pocket.

**Ty:** And pediatricians that are saying that are being persecuted. We were just talking about on the way over here, a local pediatrician here in Nashville came out and said, "you know what? We're just not going to vaccinate in this practice anymore."

He has been threatened with his medical license in Tennessee for not vaccinating. And it's not like people can't find another place to get vaccinated if they want to. You go to any Walgreens you can get your flu shot. You can go to any CVS corner store you can get vaccinated anywhere.

**Dr. Tenpenny:** Or the health department or any place. Exactly—

**Ty:** Nobody is threatening their health by not vaccinating. You can get vaccinated anywhere. They just don't like people bucking the system.

**Dr. Tenpenny:** Right. Which goes back to that whole issue of "vaccine hesitancy" that they're trying to even comb Facebook posts and saying that we're trying to find data in order to figure out why these parents wouldn't want their kids to be vaccinated. And craft pervasive convincing arguments to train the pediatricians on how to get their patients to overcome this vaccine hesitancy.

**Ty:** You know what Sherri, I've talked to pediatricians that have graduated medical school recently. They actually give them lessons on how to persuade parents into vaccinating. They don't teach them about the vaccines at all. They just teach them how to persuade a parent that may not be compliant.

**Dr. Tenpenny:** Right. "Compliant" is the word. And we've talked so much Ty about all the things that have to do with kids and pediatricians. I think it's really important to understand that adults are being put into this pot of mandatory too.

**Ty:** Talk about that. With Healthy People 2020.

**Dr. Tenpenny:** With Healthy People 2020 and with the use of electronic medical records. Electronic health records came into vogue in around 2010 when all doctors were told you're going to have to start using these electronic medical records in order to get billed.

So, we need to have you install these in your office. The problem was how expensive they were. You had to buy a module from the government. If you bought a Medicaid module it was \$43,000 per physician in the practice.

Well, if there were four people in the practice, this is \$43,000 times 4. And the same thing you had to buy a Medicare module which was \$62,000 per module. Physicians' offices are small businesses. Where are you ever going to recoup that investment? Like never.

So, the government said "not a problem. We'll pay it for you." And in exchange for that, you just have to give us all the data. So each year starting in 2010, which of course is when Obamacare came into being, by 2012 they'd installed more than 500,000 physicians across the country had bought into the system.

And they were teaching them how to use the electronic medical records. That each year they had to add a few more boxes that needed to be checked, and that data gone off to the government.

In 2016 they added the box that needed to be checked was "immunization status." That goes into what's called the immunization information system or the local regional and district vaccine registry. Your information goes into this registry to always be there.

The intention of these registries are to be cradle to grave tracking of your vaccination status. This is rolling over now into physicians. This is rolling over into adults now because now there are at least 10 vaccines that are being required for adults.

And there's precedence being set up in Australia where if you aren't fully vaccinated you aren't going to be able to access your equivalent of Medicare. The National Adult Vaccine Plan was released in February of 2015.

And at the same time, they introduced an implementation plan. Some of the things that have been bubbling around in the background that haven't come to the forefront yet in terms of implementation are if you're not fully vaccinated will you be able to travel?

Will you be able to renew your driver's license? Will you be able to go to a public place? Like a football game or basketball game? Will you be able to go to a grocery store unless you can show that you're fully vaccinated?

That's the type of plan that's coming down the road. I just see these people as just needle wheeling maniacs that every single person needs to be injected with every possible vaccine.

The adult vaccination plan actually has language in it that says that they want adults to "demand and request their vaccines." And if they haven't demanded and requested them that they will be offered to them, there have financial incentives to give it.

And it's to be required for every vaccine that's currently on the market and every vaccine in the future. We know there are at least 140 vaccines in the developmental pipeline.

**Ty:** That's scary.

**Dr. Tenpenny:** That's where we're headed. When a lot of people listen to "The Truth about Vaccines" Seminar or they listen to talks about vaccines they say, "well, my kids are past that. I don't have to worry about that anymore if I have to make that decision.

Or my kids are having grandkids and they don't ever listen to me anyways." But here's the thing, many of these vaccines that are now in development are headed directly towards adolescents and adults.

The adult vaccination plan is a five-year escalated ramped up system to get people on-board by 2020 for the implementation of the Healthy People 2020 guidelines that have become goals.

**Ty:** This is in essence mandatory vaccine under the guidelines of not being mandatory?

**Dr. Tenpenny:** Yes. It's sort of like the paying your taxes, right? They're all voluntary until you decide not to volunteer.

Everyone. Not here and around the world. In 2000, the Gates Foundation funded an organization called GAVI, which is the Global Alliance for Vaccination and Immunization.

They started that organization with a donation of \$750 million. Since that time, they have invested \$6.8 billion into vaccinating the world. That started in 2000.

**Ty:** For those that are watching Sherri, what exactly is Healthy People 2020?

**Dr. Tenpenny:** It actually started in 1990 when the Surgeon General came forth and worked with the department of health at that time and they created what was called the Healthy People guidelines for 1990.

What they looked at was the health of our overall society. And they were laudable goals. They were looking at things like smoking cessation, wearing motorcycle helmets, and obesity and clean water. So, they set up goals to go from 1990 to 2000 and to see where we could get.

So, every decade they have established these new goals. So, there was goals from 2000 to 2010. In 2010 they created the goals to be set up for 2020. The difference is that the original goals in 1990, there were 15 goals and about 225 objectives.

In the Healthy People 2020 guidelines there are 44 goals and 1,200 objectives to look at every single corner of our health and every single corner of our life. There is a sector in there for vaccines that they want to have 90 percent of the population vaccinated with flu shots, DPT shots, MMR.

All of these were set up initially to be guidelines. But they have become goals. And the goals now—one of the steps in the goals is to take away your right to refuse. That has been rolling down the pipeline since we set up SB 277 in California.

**Ty:** So, it's really antithetical to the American way of life, right? The right to freedom.

**Dr. Tenpenny:** The right to freedom. The SB 277 has taken away parents' rights to refuse. Has been published in the public health literature to become the model legislation for all 50 states.

So, what Healthy People 2020 is supposed to do is it's supposed to get everybody vaccinated and get everybody onboard, and get all the funding for adults and adolescents.

How this all kind of came about at the same time as we developed the Healthy People 2020 guidelines, it started in 2010. In 2010 this was declared "the decade of vaccines."

And 2010 the Gates Foundation put up \$10 million to start this to be the decade of vaccines. And within this decade of vaccines from 2010 to 2020 and these Healthy People guidelines we need to have electronic medical records in tracking.

We need to take away people's right to refuse, we need to ramp up all of these guidelines and turn them into goals. They are well on their way. We're in 2017. We only have three years left for people to become really aware of this and get involved in not allowing this to happen in the future.

**Ty:** So, what can we do? What are action steps that we can do where we can join together and make sure that these Healthy People 2020 guidelines don't become mandatory and they start not letting adults fly if they haven't been fully vaccinated? Or you can't go buy groceries if you're not vaccinated. What can we do?

**Dr. Tenpenny:** I think the most important step is education. Ty, you know as well as I do that most people still think the vaccines are great. And if you don't get your flu shot you're probably going to die. That flu shots are just as good for you and healthy and as benign as a B12 shot.

So, we have to get this education out. We have to get information to people to understand that vaccines are not safe, they don't protect you, they are causing harm. We are creating a multigenerational destruction of the DNA of the human race.

I always thought that this could be done at the grassroots level. If we got enough people at the grassroots level to just say no. Just say "no, thank you. I'm not doing this." That it would stop.

But now we've got the pressure, the downward pressure on these rules of these guidelines, of these laws that are being passed to take away our rights to refuse. So, I think that everyone needs to get onboard. They need to get educated.

We need to somehow wake up the doctors. We need to get the politicians educated. We need to get them to understand that they're destroying the human race and it needs to stop.

**Ty:** What about polio? Didn't vaccines wipe out polio?

**Dr. Tenpenny:** When people are new to the topic of discussing problems associated with vaccines it always starts with, "what about smallpox? What about polio? Didn't we eradicate smallpox with vaccines?" Which no we didn't, it was public health. And didn't we eradicate polio? No, we didn't.

And we're still causing more polio than we're possibly eliminating by continuing to use the oral polio vaccine. Even the CDC and the World Health Organization said, "We're never going to eliminate the polio virus as long as we keep using the live virus oral polio vaccine."

But here's the thing, polio is not a synonym for paralysis. The vast majority of people, even at the height where people were contracting paralysis, they would get exposed to the polio virus which is a gastrointestinal virus that looked like the stomach flu. And it would just come and go in a few days.

More than 98 percent of people exposed to that virus had no side effects, no symptoms from it at all. And now since 1991, the entire western hemisphere has considered to be polio-free. It's astonishing to me that we still give children five polio vaccines before they start kindergarten.

And then some people might say, "well, if we don't give them the polio vaccine then will polio re-emerge from these developing countries that still have that virus around?" Well, the last time I looked, they looked over an 18-year period of time and less than 20 cases

of polio were actually imported from around the world.

So, it really isn't a valid argument. The most important take home about polio, polio is not a synonym for paralysis. It's like when we talked about effective is not a synonym for protection.

**Ty:** Right. One thing that we have seen over the last couple of years is that the vaccines they were using in Africa to prevent polio they're actually causing what they're calling "non-polio paralysis."

**Dr. Tenpenny:** From the oral polio vaccine. And what people don't realize is there are at least seven or eight other families of viruses that can cause paralysis. So, when they show you these pictures of kids from Africa or people with a limb that's deformed or they're dragging a limb and saying, "see, this was polio."

Well, it may have been one of the other viruses that cause paralysis. It may have been they fell out of a tree. It may have been that they were born with a deformity. It doesn't necessarily mean we need to have more polio vaccine going on in Africa.

**Ty:** What about the whooping cough? I remember a discussion that I had with a pediatrician years and years ago, when I was first learning about vaccines, about the whooping cough.

I've forwarded research over that shows that whooping cough is not all that effective. It has side effects. It's just not what we're being told. We're being kind of misled about the whooping cough. He came back. This is a pediatrician.

He said, "Forget about all of that stuff. If you've ever seen a child with whooping cough die you wouldn't even question the vaccine." It was like he goes to this emotional argument. He's a physician.

He didn't want to see the data. He's goes to this emotional argument. "If you've ever seen a whooping cough patient die, you wouldn't even be questioning the vaccine." What do you have to say about that?

**Dr. Tenpenny:** It's the propaganda. Like you said, "He who controls the language." It's the propaganda because they always go to worst case scenario. Like very child that contract pertussis is going to die, which is just such propaganda and so not true.

The children under three months of age are at a higher risk of contracting pertussis and having it be a serious illness because their windpipe is so small and they really can't cough. That can be a real problem.

But the older that people get the less likely they are to contract with anything serious. What is pertussis? It's a cough that's persistent, that doesn't have a fever, and is worse at night and can go on for an extended period of time. It can happen in any age group.

Now that we know for sure, the CDC even says that pertussis vaccines really doesn't work much anymore. We don't really know why. We don't know if the bacteria has morphed or changed. We know we're seeing more of a bacterial infection called parapertussis which the vaccine doesn't do anything for that.

So, when they have these outbreaks of pertussis that they're diagnosed. Then they retrospectively do the analysis. They find out that 80 some percent or more of the people who

contract pertussis have been fully vaccinated. So, the numbers of unvaccinated are extraordinarily small. But of course, they're the ones that we blame for all of these outbreaks.

**Ty:** And I did an interview with Dr. Suzanne Humphries and she mentioned vitamin C has tremendous effects on pertussis.

**Dr. Tenpenny:** Absolutely. Her documentation on the vitamin C in treating pertussis for all age groups, even from little infants is just extraordinary. Parents should really get hold of that documentation and should read it.

I've got the transcript, it's about this thick from around 2000 where they sat and they talked about these antibodies and they go "well, we aren't even going to talk about antibodies because we know for a fact that we don't know what they're supposed—no it was just a regular meeting of like the ACIP committee.

That they just actually sat around and talked and said, well, we don't really want to bring up the whole discussion about the antibodies because we don't really know what it means. We don't really know if they work. Let's just sort of drop that. I've got the whole transcript.

**Ty:** Really?

**Dr. Tenpenny:** It's the biggest scam perpetrated on humanity ever. When you go back in time and look at the smallpox vaccine. It was all based off of lies, manipulation, the physicians and the government and the scientists were all in collusion. It was all about big money and big government from the very beginning.

When the mandatory vaccination laws first went into effect in the UK in 1853, at the same time was the start of the anti-vaccine movement. They called it Our Babies' Battle. And it was parents whose children had died after a smallpox vaccine. Either of infection or sepsis or gangrene and they all died.

So, they were refusing all of these mandatory vaccines which were just filthy and they spread syphilis all over the world. It was based on faulty science from the beginning.

And just because we are in a modern day and we have more vaccines doesn't make it any less filthy or any more destructive. In fact, a lot of times on the radio interviews I do I would say what's coming through that vial is vile.

**Ty:** It is vile. Most of the ingredients, if you weren't a physician injecting it into a baby, but if you were the baby's parents giving it to the baby orally, you could be arrested.

**Dr. Tenpenny:** Or injected it.

**Ty:** Or even injected it. Yes. You'd be arrested.

**Dr. Tenpenny:** Could you imagine if you took a two-year-old and laid it on the dining room table of the house and had two adults holding them to the table by arms and legs and someone else injecting all of those ingredients into the baby.

How fast would childrens services show up at your door and arrest you for child abuse and take the child away? But that's a normal day in the doctor's office because we do it in a room where someone has on a white coat and we can bill insurance for it. We call it a vaccination day.

**Ty:** Yes. You're right. Formaldehyde, antifreeze.

**Dr. Tenpenny:** Aluminum, mercury, polysorbate 80. What's worse for me is—what's equally as bad as those ingredients to me are the stray viruses in the viral contaminants that come off of the animal cells that the vaccines have grown in.

Those retroviruses could be incorporated into the DNA of children and adults that we don't even know what the outcome can be, because you can't track a retrovirus that has been woven into the intracellular DNA.

**Ty:** Yes. That's exactly what Dr. Judy Mikovits shared when I interviewed her. She was studying retroviruses with National Institute of Health.

**Dr. Tenpenny:** And you know that there's two stray viruses that can couple with oncogenes. The stray viruses that are in flu shots have oncogenes that they can turn on breast cancer genes. Those are the two that we know about.

How many others are out there that we don't know about because you can't find what you're not looking for. And there isn't any vaccine researcher out there or any vaccine manufacturer out there that wants to know that a vaccine is causing problems.

**Ty:** Right. Out of sight out of mind.

**Dr. Tenpenny:** Right. Exactly.

**Ty:** So, I'm really looking forward to this one. This is much more in-depth. I really appreciate you weathering the cold out here next to the Cumberland River of Nashville, Tennessee.

**Dr. Tenpenny:** But it's a beautiful day. We keep moving away from the shadows in order to do this. So, it's been a lot of fun. Thanks for asking me. Thanks for having me participate.

**Ty:** I appreciate it.

[End of transcript]





# Chapter 47:

*Interview with*  
**Dr. Paul Thomas, M.D.**



**Ty:** Dr. Paul Thomas, thank you so much for inviting me to your office here today in Portland, Oregon.

**Dr. Thomas:** Thanks for coming, TY.

**Ty:** Yes, really excited to talk to you today about vaccines, right? It's funny, when we first checked in, Alan, Travis and I with your secretaries up front, we said, "We're here to get our teeth cleaned. Is Dr. Thomas a dentist?" They said, "No, he's not the dentist."

**Dr. Thomas:** Oh, very good, and this whole complex is loaded with dentists, so it's the perfect question.

**Ty:** You're a pediatrician, right? So, talk about your training as a pediatrician. Where'd you go to school and all that good stuff.

**Dr. Thomas:** So, I grew up in Africa, came to the States for college, went to Dartmouth Medical School, that's where I got my degree in 1985. Graduated from Dartmouth. 85 to 88, I was in residency, pediatric training, to become a pediatrician in California.

University of California system, I was at the Fresno Branch of San Francisco division and then San Diego where I finished my training. So, that was 1988, I was a board eligible pediatrician. I went on to become board certified and have remained board certified, so I'm a member of the Academy of Pediatrics.

That may come up later in our discussion perhaps. We're supposed to be the Academy of Pediatrics, the organization that guards the health of children. And when it comes to vaccines, which is what we're going to be talking about, I feel like the academy has not been as thorough as perhaps I would like them to be in investigating what's going on.

Anyway, back to my training. So 1988 I moved to Portland, Oregon, where we are today. I taught residents and medical students for five years over at the Emanuel Children's Hospital. Students would come down from OHSU, the Oregon Health Science University.

And after that, in 93 I went into private practice. I was in a group practice with several pediatricians and just practicing regular pediatrics. Academy of Pediatrics brand, CDC, vaccine schedule. Things were going just fine I thought. And then around early 2000s, those who might be watching who understand vaccine history here.

We had Dr. Wakefield's study back in the late 90s suggesting perhaps there might be something going on with the MMR. I read that with sort of kind of "huh, I wonder." But we really didn't have any more research after that to help clarify that question and then in 2004, the main journal that pediatricians read, it's just called *Pediatrics*, came out with a study, DiStefano I think was one of the lead authors, saying that there was no link between MMR and autism.

Because they had been charged, I guess the CDC had been asked by Congress to look into this. So from then on within that next year, the Institute of Medicine, the IOM, came out with a huge report, "it's been proven there's no link between vaccines and autism, no link between vaccines and Thimerosal." And they made this strange statement, "and we shouldn't study it any further."

I remember reading that going "that makes no sense." Because we were in the midst of a crisis in our country with regards to children's health, and I'm speaking a lot about autism, but it's not just about autism. I think we need to think of autism as the tip of the iceberg.

In other words, we're seeing these kids with severely damaged, but the iceberg that's under the surface is just about everybody else is being damaged in some way. So I have a huge practice. 13,000 patients. Actually, before I get into my current practice, maybe I should digress a little bit to why I started my new practice.

So, I mentioned I was in a group practice with four other pediatricians and around 2004/5, I saw my first case in my own practice. A child that I am taking care of who is completely normal at age one regress into severe autism over a matter of months. So, by age two, this child was non-verbal, no eye contact. Suffering. Some of these kids suffer. They have pain, they have severe abdominal pain and GI stuff.

Some of the stuff that Wakefield was charged to look at back in the day. And I'm thinking, I'm reading "there's no link. We don't know what's causing it," so I'm thinking it's a coincidence. It's clearly nothing to do with vaccines. That's what I'm reading almost daily.

We have what we call "throwaway journals" for pediatricians. So there's an infectious disease journal, I mean if you look at all the ads in it, it clearly comes from—it's supported by pharma. But it's very well-written, I mean it looks good, it's glossy and it comes across your desk weekly.

And you read, pretty much every copy of that will have something that's elevating vaccines and putting down any possible connection. Putting down Wakefield as a fraud. And they would just repeat that. So, you read that over and over again. I'm sort of reminded of weapons of mass destruction and off we went to war. I mean you hear it enough times, you start thinking it must be so.

But anyway, next year, I get another case. A kid in my practice who was doing great, perfectly normal at one, becomes severely autistic. I was seeing at that time about a hundred babies a year. Maybe slightly more. 100 to 150 babies a year would join my practice at that time.

So, that's an autism rate of 1 in 100, 1 in 150, which is about what it's been reported to be back then. I should remind you or tell you when I was in medical school in 1985, I saw not one case of autism. So, I'm at a regional center, Dartmouth, Hitchcock Medical Center, and I didn't see a single case.

In my residency training in California, again, major centers, I had one case that I recall of what we called PDDNOS, pervasive developmental disorder not otherwise specified. That's sort of another code for autism spectrum, that's the term we used back then. One case in all those years. So, it is true that the autism rate has just skyrocketed. I mean absolutely skyrocketed. I mean you'll hear people say, "well we're just better at diagnosing it."

Oh, come on. These cases that I'm telling you about, you can't miss them. They weren't missed, they didn't exist. You cannot miss a kid who's got no eye contact and is flapping perhaps and not talking when they were talking before. This was something new, this was something different.

So fast forward a couple more years, I had had 4 cases. So, in November of 2007, I walked into a room and there's a little fellow I knew his name, he's still my patient. He'd been normal at one when I'd seen him, he'd seen my nurse practitioner at 18 months and was doing great, and he was, we're behind the window, he had his back to the window in a stroller and he was just doing this.

I went up to him and I said, called them by name, tried to get his attention. I can usually get

kids to interact. Nothing, he was gone. And he ended up being my fourth case in four years of normal one-year-olds who are completely, severely autistic by age two.

And that was the last straw for me. I had already been doing my own research about toxins and I knew all about the thimerosal and how huge—the dose we were giving of thimerosal, mercury, was so far exceeding the safe limits, it was criminal.

And I'd also been starting to become aware of the amount of aluminum that we were injecting, and I'll tell you something that most people who weren't in the trenches like I was as a pediatrician might not realize. Is that in 2001, at least here in Oregon, we had this huge push, and I think it happened nationwide for pediatricians to move the Hepatitis B vaccine from teenagers to newborns.

And I remember when they made that push and I'm going, "this makes no sense." So, you catch Hepatitis B from sex and IV drug use. Babies don't do that. Well, you can catch it from the mother. That's true, that's the only way a baby can get Hepatitis B it's if their mother has Hepatitis B. And the babies in my practice, to this day, I haven't had a single mom with Hepatitis B. That's how rare it is.

You go to the CDC website and they say it's 1 in 100 moms have Hepatitis B. But even that, I think it's less than that. Depending where you work, I suppose. But even that, we're injecting a huge toxic dose of aluminum to a newborn on day one of life for a vaccine they don't need. You might ask, how did they talk you into doing that?

Because I remember walking down the halls of the hospital, talking to a couple of fellow pediatricians, can you believe this, we're supposed to give Hepatitis B to newborns? And they said, "well, they're saying we might develop a population immune to Hepatitis B. We can eradicate it." Sounded good.

**Ty:** The herd immunity concept.

**Dr. Thomas:** Yes, and I couldn't argue with it, it hadn't been tried. So, I'm a pro-vaccine pediatrician. Vaccines are the best thing we can do to protect children, and so we did it. In 2002 in our office, we made this huge shift and we started— not only were we giving all the newborns their first Hep B in the hospital, at 2 months get your second dose, and at six months your third dose.

On top of the already fairly busy schedule. And we were catching up the other kids. So my own kids were in that sort of catchup phase. They were past the infant stage, but they weren't teenagers. So, a lot of Hepatitis B vaccine being done at that point and that was the same time we took thimerosal out of the vaccines.

And I just think about that, because when people talk about the autism rates that have continued to go up. Some of the studies have said, "well there was no change in the autism rate when they stopped thimerosal, so therefore it wasn't the thimerosal.

Yeah, but we added the Hepatitis B at the same time. A huge, huge increased dose of that neurotoxin right at the same time. Aluminum. So, that might be part of the reason why we never saw a significant dip in the autism rate when we got thimerosal out of the vaccines.

**Ty:** Now, when you say they took thimerosal out of the vaccines. All of the vaccines?

**Dr. Thomas:** Not all of them. And this is the ongoing crime when it comes to thimerosal. It makes absolutely no sense to me why they chose to leave it in the multi-dose flu shot. That's the major

source of thimerosal today. The multi-dose flu shots still has 25 micrograms of thimerosal. That's a huge dose, especially if given to an infant. Or, I'm horrified that we're doing vaccines to pregnant women.

No testing, there is absolutely no testing. You just read the package insert from the vaccine manufacturer. It says "never tested in pregnancy," alright? And yet our CDC has recommended over the past few years they've added the flu shot for pregnancy. And in fact, some moms are getting two flu shots because their pregnancy spans two seasons. And then, just the last couple of years, they've really made a huge push to add the TDaP, the tetanus, diphtheria and pertussis.

That's another whole story, but the problem with that one is a huge dose of aluminum, injecting it. So you're kind of like mainlining a toxin to a developing brain. No testing. You can go to the CDC website and go to "vaccines and pregnancy," and you can look at the articles that they list as justification for doing those. I've looked at them. I've pulled every single article and read it word for word. There are no long-term studies.

They're all very short term, very small numbers. Sometimes 100 or less pregnancies, and what they're calling safe has nothing to do with looking at neurotoxicity. So, they're looking at birth weight, things that are insignificant.

**Ty:** So, my question is this, I'm really baffled. I don't understand how the CDC can say that a vaccine is safe if it hasn't been tested long term. I just don't understand the logic or the reasoning behind that.

**Dr. Thomas:** I share your concern. As a pediatrician, you're trained to believe that the CDC is the top. NIH and CDC are the top institutions where all the smartest people are, right? So we just accepted what they fed us without questioning.

That's where I was when I got out of medical school and that's where I was from the first few years of my practice. That all changed in 2001 when they pushed the Hep B on the newborns because it made no sense. It is scientifically illogical and absolutely insane to inject that much toxin into a baby who doesn't even get any protection from the vaccine.

We now have almost 20-year data, actually there are some 20-year data studies showing that the Hepatitis B isn't even giving lasting immunity. So about 24% of 20-year-olds who got the vaccine as an infant still have immunity. So, when they need it most, when they're sexually active as late teens, 20s, they don't have the protection.

That was when my blind faith in the CDC just went out the window. And I started going, "there's something going on here." And sadly, those who really understand what's going on this revolving door between CDC and pharma that has been documented. I mean people who work at very high levels in the CDC end up working for pharma. They're conflicted. I think, sadly, when you have conflicts of interest, people like to say, "well there are no conflicts of interest here." But there are, and they've been documented.

**Ty:** True, we've had several people talking about Gerberding going from CDC.

**Dr. Thomas:** Yes, so there was Gerberding, there's Paul Offit who made the rotavirus vaccine. He sat on the very committee, the ACIP committee, that makes vaccine recommendations right before his vaccine ended up being recommended or the rotavirus was recommended.

He was working on a vaccine, he knew that, he got himself off the committee before the



actual vote was made, I believe was how it went. But I mean he was so involved. It's such a conflict of interest. I think if viewers are not aware of this, people need to see the CDC at least as it is today as just a marketing branch of pharma.

So, their job, I mean you can even look at their mission statement, it's to promote vaccines. And if we could just change their mission to promoting healthy children. Let's get healthy people, a healthy society, and look at vaccines. Are they helping or not? And that's what hasn't been done. We still don't have big, long term studies that compare unvaccinated or perhaps comparing partially vaccinated. So, you know, I wrote this book, *The Vaccine Friendly Plan*, and—

**Ty:** So, people know, you're not anti-vaccine?

**Dr. Thomas:** Absolutely not. The dilemma I was in in 2008, after I had those four cases of children who regressed into severe autism, and I'd already learned about toxicity. I'd read studies on thimerosal and aluminum toxicity. There's books on this topic. I could no longer ethically keep doing vaccine business as usual with the CDC schedule.

And the things that concerned me the most were that Hepatitis B dose for newborns. Back then they weren't pushing vaccines on pregnant women, that's happened since. And the sheer number of vaccines that were being given, for example, the two month visit we were giving six different vaccines.

Three of which had too much aluminum. So, you're multiplying huge toxins, adding on top, adding on top, and it was just clearly not a scientifically justifiable approach when you understand toxicity. So, I started my new clinic, *Integrated Pediatrics* in 2008, and my goal was to really do something called informed consent. And this is something that is being destroyed in our country today.

**Ty:** What is informed consent?

**Dr. Thomas:** So, informed consent is this. Let's say you have a surgical procedure that you want to get done. You've got a mole that might be cancerous. And the surgeon should tell you that by removing this mole, there is a slight risk of death from anesthesia.

It's very minimal. You could have a scar, but if we don't remove that mole, it could become cancerous. So, the surgeon will give you the pros. Here's the advantage, you're not going to end up with cancer, but disadvantage, you could die under anesthesia and we could leave you with a scar and what are your alternatives?

One alternative is do nothing and take your chances, and one alternative is do this surgery that they're recommending. And there might be others, right? So, informed consent is you're told the risks, the benefits, and the alternatives.

So it's kind of "first do no harm" which doctors are supposedly, they say we take that oath. I don't know if schools really do that anymore. But we are taught that. There's a term I remember vividly being taught in medical school and that's "iatrogenic."

So, iatrogenic is caused by what we do. If you take a medicine that I prescribed and it makes you ill, or causes you harm, that's iatrogenic. And I think we've lost our way in looking at vaccines and looking at what are the iatrogenic effects.

What harm is being done by our vaccine program? And in an attempt to have a safer vac-



cine approach, I did something in 2008 when I started integrative pediatrics that it is pretty much unheard of for a pediatrician to do. That is to one by one give parents the real facts about the vaccine, the benefits of the vaccine, the risks, and the alternatives.

So, informed consent. And I truly believe this is what doctors should do. We need to get back to doing that if we're doing something to a healthy person. You've got a healthy child in front of you, and you're saying, "Well we're going to do this thing to you, this vaccine, and it's a good idea."

And all they're being told is it's safe and effective and do it. "Oh by the way, if you don't do it, you're going to leave my practice." That's what's happening today. That should be illegal. I mean if you have a doctor that's telling you to leave your practice if you don't do what I say, that's called "paternalism" and we were taught in medical school that is the worst way to practice medicine.

And yet the Academy of Pediatrics is now saying that's okay. So anyway, I'll go back to 2008. I'm starting my new practice, and what I set up was what I've outlined in this book, The Vaccine-Friendly Plan. And that is a way to vaccinate that's a little gentler, way less toxic.

You don't do Hepatitis B for newborns who don't need it. And we know. Our OBGYN colleagues have done a great job in testing women who are about to have a baby, and we know when they're delivering that they don't have Hepatitis B.

So, that baby does not need that vaccine. Let's do that one before they're pre-teen, before they're sexually active or early teens, so that one you wait. You also wait on polio. Not because I'm against the polio vaccine. The elder generation, I have a nurse who's retired who lived through the polio era, and my mom in fact, and she's a nurse. And they were both like, "I don't know about the polio, you better do the polio."

But here's a fact, there hasn't been a case of polio acquired in the United States since 1979. There is no risk. If we want to do it, we can still do it later when the immune system is more developed, when you're not bombarding that little baby's developing immune system with so many challenges.

So we wait on the polio. We don't do the rotavirus. The rotavirus vaccine—Offit developed the initial one. So, the first one that came on the market was clearly causing an intussusception, an intestinal obstruction, and got pulled. And there's world data that that vaccine is still doing that.

So, it's a vaccine that has some real risks, and for me, the benefits are negligible, if any. I've been practicing pediatrics for 30 years and I have had maybe two or three kids end up in the hospital for IV fluids, from severe vomiting and diarrhea that was caused by rotavirus.

That's the worst-case scenario. If you live in a country or if you live in a city, or if you live in a place where you can get to a hospital and get IV fluids. That's probably 1 in 10,000, I'm just throwing out a guess number just based on my experience. But it's a very rare likelihood that you're going to need IV fluids. I've actually looked at my own data because since I don't do rotavirus I thought I should look at the data and see, are my kids sick or are they having more vomiting or diarrhea and are they ending up in a hospital more often?

And you might be surprised to find out, the rotavirus patients, they joined my practice, they've already gotten that vaccine, had more diarrhea, more vomiting, more ER visits, way more office visits, for what? Vomiting, diarrhea, gastroenteritis.

So, the data doesn't support using that vaccine. Period. There's one other fact that people may not know about that vaccine. If you don't start that vaccine by nine months of age, you can't give it at all. You have to give it to little tiny babies.

**Ty:** The rotavirus?

**Dr. Thomas:** Yes, if you're one-year-old or two-year-old, or you or I, you can't take that vaccine. You might say, well why? It makes us sick. It clearly makes us worse. It's dangerous for us, but somehow it's okay to give it to a two-month old with a very immature immune system.

You're putting a live virus that's contaminated. These vaccines are not pure. They're contaminated with other viruses. Both vaccines that are on the market have been proven to be contaminated. It makes no sense. So, we're skipping Hep B, polio, rotavirus, and in the vaccine-friendly plan, what we are focusing on is the TDaP mostly because of the pertussis.

Now this is a tough because—let me give you the informed consent talk about the pertussis. So, whether or not you got it while you were pregnant. If it was my wife, I wouldn't. There are no safety studies of injecting aluminum into pregnant moms.

But whether or not you got it during pregnancy, we have a handful of deaths a year in the United States from pertussis. Whooping cough. And any death, if it's your baby, that's bad, right? So, the way pediatricians think and infectious disease experts and a lot of times it's the infectious disease experts who end up at the CDC and make all these recommendations. I mean they are the most well-read on infectious disease, right? And they also see the worst-case scenario.

So, if you talk to any pediatrician or infectious disease person, we've probably treated or known about a child who is on a respirator fighting for their lives for whooping cough. And so that's why pediatricians are just adamant. "You've got to do this vaccine."

And it might, probably would reduce your risk to getting whooping cough. The current TDaP that we have. Acellular pertussis vaccine is not very effective. In fact, it's so ineffective that the CDC now recommends for pregnancy, you get it every pregnancy. So, if you just had a baby, and you've just delivered and you get pregnant again, it's only been a year, they're going to want you to do it again.

Why? It's not giving very good protection. So, if they give you another one, maybe it'll give you some protection for that baby. So, how many deaths are there in a year in the United States from whooping cough?

**Ty:** Do you want me to take a guess? Less than 10.

**Dr. Thomas:** You're right. It's usually 5 to 10. So, most people would probably think millions because of all the fear, right? There's 5 to 10 deaths, most of them are in infants. In fact, most of them are three months and under. So, if you're going to get any protection, maybe you should give it during pregnancy.

That's their rationale, right? Because those few deaths are happening the first few months of life. That's the rationale but they're not looking at the toxin side. So, if you're giving an informed consent, people need to know. Do I want to poison my baby? Guaranteed poisoning, for the possible chance—how many births do we have in the U.S. per year?

**Ty:** Four million?

**Dr. Thomas:** Perfect. Four million. So, we have about four million births and let's just say we have four or five deaths per year. So, it's a one in a million risk of you losing your baby for pertussis. It's literally one in a million. If it's my baby, I'm willing to take that risk.

In other words, not do that vaccine and take that one in a million chance. Much more likely to be struck by lightning probably twice or in the same spot, I don't know. That's not to underestimate the tragedy for that person who loses their baby. But if you're doing scientific research, you need to look at data, right? So, you've got a guaranteed risk of toxicity because you're injecting aluminum to a very small body.

How much aluminum is safe? This is something I want us to talk about. There's an FDA document that's live today. It's been up since 2000. That says not to exceed five micrograms per kilogram per day or you can cause neurological problems and bone deposition and probably other problems.

The New England Journal of Medicine article, I think it was in 1998 by Bishop, they found that for every day you're on more than 5 micrograms per kilogram per day of hypural which had that aluminum in it. You lost one point on your Bailey's developmental score.

This is significant developmental damage from aluminum. Now the interesting thing that gets debated and it drives me nuts is that was a study of hypural. Aluminum that's in the food that goes in the vein. And they talk about parenteral aluminum. That's what the FDA put in their document. That's what Bishop was talking about.

"Parenteral" means outside of the enteric system, so in other words, it's injected. It's either directly in the vein, which is what they were referring to there. When you give a shot, that's parenteral. You are not giving it through the oral cavity.

And the CDC has articles and statements about the safety of aluminum and they're using enteral doses. Our GI track is like our skin. It has an epithelial lining whose job is to protect us from toxins, and there's a whole system set up in the GI track to help you not have toxicity from what you eat. Because when you eat food and dirt or whatever, there's toxins.

We have a mechanism for avoiding toxicity when you take it orally. You bypass those when you inject. And so, this is why it is vital that we start looking at the aluminum content of vaccines the same way we did for mercury. Thimerosal.

Because we are far exceeding the safe doses. Just use the newborn Hepatitis B dose as an example. It has 250 micrograms of aluminum. Remember we're not supposed to exceed five micrograms per kilogram. What is a baby weigh?

At the most, five kilos. I mean that's an eleven-pound baby, practically. So, five times five, a five-kilo baby don't exceed five micrograms per kilogram. 25 micrograms of aluminum is what is supposedly the safe limit. With any toxin, we've learned like what we did with lead, there's no safe dose.

But even if you go with that dose, we know if you exceed that, it's not safe, and we're injecting 250 micrograms. 10 times the possibly safe dose. Known toxin injected into every baby born in America, and what parents don't realize is when you go into a hospital and you sign and give permission for them to do all the routine care, you just gave permission for that vaccine.

It will happen shortly after you deliver that baby. There won't be another discussion about it, because you're not going to see the pediatrician till hours after birth. You're going to finish delivering your baby, you'll get a little bit of skin time, and the nurses "we're going to dry the baby off" and they take the baby away and bam, bam, ointment.

It happens like that. Like clockwork in every hospital in America, it is a standing order. At least it is in all the hospitals in Portland, Oregon, and in my understanding, it is that way everywhere.

The system to promote vaccines. So, if you make vaccines, you want them given. And if you can have it become a standing order, that is a guaranteed sale. So, the push has become vaccinate and the push has become, let's get the message out there.

Vaccines are safe and effective and let's squash any idea that there's a problem with vaccines. And if our media would be honest, they would look into things like this. I mean this is what bugged me since 2001, when they moved that Hep B to newborns and nobody cared. Nobody made a fuss. Nobody looked into it. It was like, "All right, we got a problem." And the magnitude of the problem is just growing.

**Ty:** And you mentioned the DTaP. That's a vaccine that you give here if the parents want it, and is that on your list of—you discuss the pros and the cons, you give the informed consent and let them choose.

**Dr. Thomas:** Right. If we're going to study and get some good data, about what's a safer way to vaccinate, if there is such a thing. Then, we need to come up with some alternatives to the CDC schedule. And so, when I branched into my practice here and I'd been doing the CDC schedule at my old practice, until 2008.

I mean I was starting to educate my patients about the problems, but for the most part they were following that schedule. And the reason I had to leave that practice was over this vaccine issue. My partners thought it was unethical not to do all the vaccines.

I thought it was unethical to do all the vaccines. I felt like you have to give informed consent. What people don't realize is informed consent is only as informed as your doctor is who's giving the informed consent.

So unfortunately, most of my peers don't even realize there's aluminum in these vaccines. Or if they do, they don't know how much is in there. If they do, they don't know what the safe dose is for aluminum because you see, we were trained that aluminum's safe.

It's been in vaccines since the beginning of time and it was studied and it was proven to be safe. At least that's what we were told. If you don't really look into it, there's hundreds of studies. I have two books, entire books just on aluminum toxicity.

There's ample information that should have us questioning what we're doing.

**Ty:** You just said something that caught my attention. You said most of your colleagues don't even know it's in the vaccines. I don't understand how that can be.

**Dr. Thomas:** I've got a daughter in medical school and a really good friend in medical school. I've asked them, because they're already being taught "vaccines are safe and effective, and they're the best thing you can do to further the health of the population," they're already being

taught this. I was never taught when I was in medical school 30 years ago, what was in a vaccine. We were only taught that “they are wonderful and do them.”

Most doctors trained today have no idea what’s in the vaccines. And if you look at package inserts for pharmaceutical products, they’re folded up nice and small on very thin paper, and they’re usually about this big, tiny print, both sides. Hidden somewhere in that maze of tiny print you can’t quite read would be the actual ingredients in the product, whether it’s a vaccine or medication you’re taking.

And somewhere in there is this long list of potential side effects, and as a physician, every time you wrote a prescription, if you were to stop and go through all of that, well you might as well close your doors.

There is not enough time in the day to do that level of informed consent. So, it does take people like you with the training and education that you’re putting out with programs like this to start educating people about things like what’s in the vaccine. It’s an important point. People need to think about that.

**Ty:** So, let me ask you this, Doc. Once you educate your patients—educate their parents, because most of your patients are tiny. You educate their parents, let’s say about the DTaP vaccine. You want them to know about the aluminum and the potential side effects. You still have parents that get the vaccine?

**Dr. Thomas:** Oh, absolutely. So, when I opened my practice here in 2008, and I was making this huge shift from doing them all to just doing a few, I would say most of my patients followed the vaccine-friendly plan. Which is promoted in my book.

**Ty:** Which is no rotavirus, no polio, no Hep B, TDaP if you want it.

**Dr. Thomas:** Two months, you do the TDaP and the Hib.

**Ty:** What’s the difference between DTaP and TDaP? Different manufacturers?

**Dr. Thomas:** Well, if you have the little a in there, that’s acellular pertussis. The A before the P is acellular pertussis, and since about early 90s, we changed in the U.S. from the DTP without the A, so that was the Diphtheria, Tetanus, Pertussis. That was the wholesale.

**Ty:** So, it used to be the DTP, not TDaP. The A before the P is acellular Pertussis.

**Dr. Thomas:** Yes, there’s DTaP and the TDaP. The TDaP is the seven and above, seven-year-old and above. There’s just a little age difference, slight difference. But if it’s got the little A, it’s acellular, which, by the way, has not been working very well.

It worked okay in the beginning and the organism, some of these bacteria, in the case of pertussis organism, they adapt to the pressure. Environmental pressure and natural selection and so, the pertussis organism has changed over these last 20 years or so. And now, they’re finding there’s this prolactin protein and there’s a change in that so the vaccine isn’t effective.

**Ty:** And that’s the one you’re saying they recommend for a pregnant woman every time she’s pregnant.

**Dr. Thomas:** It’s just not working very well. But to just finish describing my schedule of the vaccine-friend-

ly plan, it's at two months you do the Hib, preventing Haemophilus type B, we'll talk a little more about that, and the Tdap. So, you're protecting against tetanus, diphtheria, and pertussis.

The tetanus and the diphtheria are not an issue, really, for a kid that age. But it's the pertussis. You don't want that whooping cough and death, those five deaths per year or whatever. And then rather than doing the Prevnar, which is the other bacterial—serious bacterial disease can be caused by pneumococcus. So the Prevnar 13, it replaced the Prevnar 7.

That will prevent some meningitis and some serious infection as will the Hib. Instead of doing them at the same time at 3 months, we move the Prevnar to 3 months. It also contains aluminum.

So, at 2 months, you're injecting Hib, which is a fairly safe vaccine, Tdap which has too much aluminum. And then at 3 months you do the other aluminum one, the Prevnar. Then you repeat that. 4 months, 5 months, 6 months, 9 months.

And then you do your final Prevnar and Hib at a year. That's still a lot of vaccines, but it's half of what it would have been. I've studied my data so I pulled my data in February of 2015 and broke it into 3 groups. I got an IRB, Institutional Review Board, to look at the data retrospectively.

We weren't changing anything, we were just looking at our data. So, we were approved to do that. In the first group, it was the children over a thousand who did the vaccine-friendly plan or less. Because, when you do informed consent, people do different things.

I think about how before I really was doing informed consent. How did we get everybody to do the CDC schedule? Well we were very "this is the right thing to do." End of discussion. There was no informed consent. People just did it. You're their doctor. People trust their doctors. So, you do what they say. And in fact, today, pediatricians are being trained on how to—I would just use the word "coerce" their patients into doing all the vaccines.

**Ty:** Don't lose your train of thought because I know where you're going. I was on the AAP website and I reviewed some of the videos. They literally have videos showing the physicians how to coerce the patient.

**Dr. Thomas:** It's really, really tragic, what's happened. And we were slowly—how do you boil a frog or something? I don't know if you put it in hot water, it jumps out, but if you turn up the temperature slowly, it just goes to sleep. We've been lulled to sleep, pediatricians. And doctors in general.

I would deny that back in the day before I kind of became aware that that was happening. Oh no, I'm an independent thinker, I do my research, I read the most prominent journals, *Pediatrics*, *New England Journal of Medicine*, *JAMA*. I'm reading all these journals, but are you really getting all the information you need? No, I wasn't. You have to really go searching for it.

**Ty:** What about MMR? You didn't mention MMR.

**Dr. Thomas:** So, for on the vaccine-friendly plan, I made a somewhat arbitrary decision. That one worried me. It just—for two reasons. Wakefield's data was reproduced, so even though he was discredited, I've heard the man speak, he's brilliant. But as people say, he's nuclear, don't mention his name or by association you're guilty of fraud.

The guy is brilliant. And he had published a lot of articles that are not retracted and the findings that he found of ileum lymphoid dysplasia that he found in the gut of autistic kids who had been vaccinated with the MMR, that's been reproduced.

So, it's interesting. I had that piece of information and I had several patients tell me personally, to my face, "my kid was normal. Got the MMR, and regressed almost immediately". So, in medicine, new information usually comes in the form of what we call a case study.

You're going along doing the standard and then something happens that makes you question what you're doing and it's a case. So, I had multiple cases of parents telling me this had happened. So, you have to start going, "well, what's going on? Could this be real?" Then you find out that our Congress commissioned the CDC to do a study, and it was reported in *Pediatrics* there was no link.

Then, in 2005, I read the article written by Brian Hooker, published in *Translational Neurodegeneration*. Not a journal I read daily, but I scan for information about vaccines and autism because you have to look for it. I wake up every morning, I look at all the world literature, what's new. That's my routine.

And so, I saw that article, and thought as I read it, it showed data. Whistleblower William Thomson from the CDC, he was actually and I hadn't known that till I read that article, he was actually the head researcher for that *Pediatrics* 2004 study that DiStefano had published.

And it showed no link between MMR and autism. Well, when he got a hold of the data that had been intentionally excluded, inappropriately so, you don't change study design after the design just because you don't like the results. And this is what they had done.

So, the actual data showed a 300% increase in autism in African American boys, and this finding of isolated autism. A huge increase in everyone. And this was like the smoking gun when it comes to the MMR. All that data was sort of made public in the movie *Vaxxed*.

I'm sure you've heard of that and probably seen it. And everybody should watch that movie. It's a documentary. I called a fellow colleague here in town, I was going to go watch the movie. I said, "Hey, come watch this movie with me." He's a fellow pediatrician. He says, "Why would I watch that? That's just nonsense propaganda."

So, it's like, here's a documentary, but if you don't want to learn what it says, you just cast it aside as propaganda. And this is the problem we have with our media. I feel like they pick and choose how they're going to report on things. If there's something along the lines of vaccines are safe and effective, you hear about it immediately. I read studies all the time that should be headlines, and nothing.

**Ty:** I was literally watching TV and this was a year or two ago, and you guys Alan and Travis have seen this clip. It was a medical doctor on one of the major networks that says, they're talking about vaccines and she said, "Just get your damn vaccine." No debate about it. Just shut up and do it.

**Dr. Thomas:** So anyway, I had all that information about the MMR. We'll get back to that. And I just decided I'm going to wait till age three. Because I had never seen a child regress into autism after age three. That was in 2008. I now have over 13,000 patients in my practice. I acquire all the patients in the area who want informed consent. Who want to vaccinate differently.

I acquire a lot of families who have autism in their family because they're not getting the



kind of care they need. I have since heard one story of a child the parents did exactly what I was thinking of doing, wait till age three then do the MMR.

And so far, in my own population, that's been fine. We haven't had any new autism in over a thousand patients who followed the vaccine-friendly plan. But I did have one case where the family did that, not at my recommendation, they just came later.

Got the MMR at age three and their kid regressed. They actually have a family history of autism so that does put them at a higher risk. If you don't have family history, what I promote, if you're going to vaccinate according to the vaccine-friendly plan, make sure you do not have a family history of autism or severe neurological problems and no autoimmune problems in the family.

Those two groups seem to be at highest risk for regression into autism. And perhaps if vaccines are part of the problem, I'm not saying they are but they sure look like they are. I mean if you look at my data, group one over a thousand patients followed the vaccine-friendly plan. No autism, no autism spectrum. When you look at two years and up, four years and up, no new autism.

Group two, we have 238 unvaccinated kids. No new autism, no new autism spectrum. And group three, was my more vaccinated kids, and they have about 15 cases out of 900. About one in sixty. It's about what the rate is now. This was a retrospective study, so obviously you can tear it to shreds. But the P value for researchers who want to know, it's amazing. 0.0001 is like 1 in 100,000 chance that this was by accident.

So, I think if we do the good studies, let's take large groups of unvaccinated, selectively vaccinated, and CDC-vaccinated children, and just follow them over time. We did this for tobacco. Back in the 50s, doctors were promoting this brand. Doctors will tell you, "it's good and it will relax you, it will help you." The tobacco companies back then knew, they had their own data, they knew that tobacco is a carcinogen. There were problems.

And once we did the huge studies, followed millions of people over years, decades. Everybody today knows, tobacco is a leading killer. We need to do those same sorts of studies for vaccines.

**Ty:** Just educate the viewers a little bit about what is the theory behind vaccines? Why do they work or what's the theory behind why they work?

**Dr. Thomas:** Well, before I get into that, I just want to mention, what we've lost in this whole vaccine discussion is that what really keeps us healthy is a strong immune system. Having said that, is it possible to use your immune system and promote some aspect of it so you develop immunity against something that might be causing harm?

And I think the theory of vaccination goes way back to small pox, cow pox, Jenner, and all those pioneers. And they were able, at that time, to take a little bit of something that was causing disease or that was similar to it, and get it under the skin and get your body to mount an immune response so that in the future, when you got exposed to small pox, let's say, your body was ready to go. So, in a simplistic term, I think that's what we're trying to do with vaccines.

We're trying to prime the immune system with the organism that's been killed or pieces of the organism that's enough for the body to recognize it and you develop antibodies so that

next time you're exposed, your immune system reacts quickly and you don't actually get sick. So you'll have a huge immune response.

To some extent we've been successful, but where we have lost—we may have won a battle but we've lost the war, in my opinion, is the collateral damage. If you take the Hib, I was in training in California the year that was introduced. 1987 in Fresno, California, was when we introduced it and it came down to the CDC do it, and we just did it.

The CDC knows best and that's how it has always been for pediatricians. The CDC says "do," we jump. And we just take it at face value, it's the right thing to do, they've done the research.

And in that particular case, I'm a brand new medical school graduate, and I'm being told this is a great idea, and actually, at that time, we were seeing a lot of meningitis from Haemophilus type B. I mean a lot. As a resident, I was doing lumbar punctures where you put a needle in the spine and you draw out the fluid, send it off to the lab. 3 to 6 a night.

These were really sick kids in the emergency room and you get called, you're on call, you're basically not sleeping but you try. And you stumble down and you do a lumbar puncture and start them on antibiotics. Hospitals had a lot of kids with meningitis back then.

We used to see epiglottitis, that little thing at the back of your throat would get really swollen. You'd have to intubate them and make sure they're okay so they didn't obstruct their airway. We saw cases of that.

Those things are gone today. You almost never see bacterial meningitis, you certainly didn't see type B, and that vaccine didn't have aluminum, didn't have mercury, so it felt like it was a pretty safe vaccine. It did have formaldehyde which is not a great thing to be injecting, but I palpably saw a huge drop in meningitis that following year after we instituted that. And some of the data showed that to be the case.

So now, I'm a believer, right? I mean, this is amazing. So, it just reinforced my belief in vaccines. What we need to know though today if you're going to give informed consent. You're my parent and I've got your two-month-old baby and we're going to talk about the Hib.

What you need to know and this data's on the CDC website, that Haemophilus influenza type B, that's Hib, causes only a handful cases of disease, serious disease a year in the United States. So again, it's one of those one in a million cases. Now there might be 200 to 400 cases of Haemophilus meningitis non-typeable or other, but not type B. Why is that?

It possibly is that that vaccine was so effective that we don't see that strain anymore. That happened with the Prevnar, we used to have a Prevnar 7, that's pneumococcal, the other major cause of meningitis and serious bacterial disease, and we started seeing other strains. So they came out with the Prevnar 13. Will there be a Prevnar 21? I don't know. We keep chasing these things as they shift. I digressed, I believe.

**Ty:** Well, you were talking about Hib. We don't see—with just a handful of cases of type B.

**Dr. Thomas:** Right, so the informed consent for the Hib. Some families who are really averse to vaccines, they're just afraid that it's overstimulating their child's immune system and they want natural immunity. They might be comfortable with that risk of one in a million from type B.

**Ty:** You mentioned SIDS. What do you think of SIDS? Is it possible that some SIDS deaths are actually vaccine injury that's unclassified?

**Dr. Thomas:** I think it's absolutely possible. As a pediatrician, I was trained that vaccines are safe and effective, and of course they have nothing to do with SIDS. SIDS is Sudden Infant Death Syndrome. Whenever you hear "syndrome" at the end of something, it means we don't know.

These kids just died. In fact, I just saw an article this morning. I was looking over some things and I think it was from 2007, but there was some overseas, there were twins who died within hours of getting their vaccine. Within the next day.

Both of them. And it's like, boy when you read that, it was presented as a case report of you can have—I forget how they named the study but twins who die of SIDS. So, this unknown death of unknown cause, hmm, they incidentally both got vaccinated the day before.

To me, that's not a coincidence. Once again, we don't do good risk follow up. We give our vaccines and then off you go. In the United States, we have the VAERS, Vaccine Adverse Events Reporting System, and this is the system that doctors or patients, anybody can report a possible vaccine reaction to. The reason it doesn't work is this Ty. I'm a pediatrician, I should be seeing all these vaccine reactions, right? And you ask any pediatrician. How many vaccine reactions have you seen?

"I haven't seen any. I need a little bit of redness where the shots given. Some fever. We expect that. But no, I haven't seen any reactions." How can that be? Well, either there are no reactions, or we don't know what to look for. I think it's the latter. Here's the thing. Kids will have seizures after vaccines and we'll say, "oh that's normal" because you can have febrile seizures and that's a normal thing. We're taught that febrile seizures are normal.

Are they? I don't know. Let's look at the vaccinated and unvaccinated. Let's follow them and see. Do the unvaccinated have febrile seizures as well? SIDS. I'm trained to think that's just normal. We don't know what causes it but it's normal. Let's look at the unvaccinated and the vaccinated and see if they both have the same amount of SIDS.

Neurological problems, autism, which remember's the tip of the iceberg. What about all the ADD, the ADHD, the autism spectrum, the anxiety and the depression that we're seeing. We're not even talking about all the autoimmune stuff we're starting to see at higher levels. Diabetes type 1, and we're seeing way more allergies and eczema, hearing more and more about people with peanut allergies that have to carry EpiPens around.

Would that still be in that unvaccinated arm? Would they have all those same levels of these disorders, these chronic diseases that we're seeing in kids? I'd love to see this study be done. That's what we need to do. Let's quit pointing fingers at each other because basically we're all operating in an area without information, right?

If we're going to answer these questions and save the children of America and of the world, we need to do the right studies. And they just keep studying one vaccine at a time and they look for a few months or for a year and then they're done. Well no. Follow these kids and compare them to unvaccinated. It's got to happen. We've got to do it.

**Ty:** What you just said, it really struck a chord with me. I think that all of us have in common regardless of what your perspective is and I think that it's a caricature to say that you're anti-vax or pro-vax, because most people are in the middle somewhere.

They're just not sure. But I think we have in common is everybody just wants healthy kids. We want the kids to be healthy, and if we want the kids to be healthy, these vaccinations should be studied to find out if the risks outweigh the benefits. That's just the bottom line.

**Dr. Thomas:** Right, that's what we need to do. It appears the CDC is incapable of doing those kinds of studies, so we just need to move that research and move those dollars out of the CDC and into a new branch that is charged with really doing this kind of research. Because they're conflicted, and I don't know if you can change that culture.

We need to just accept them for who they are. They're great at collecting data but only if it serves the purposes of pharma, it appears, so we just need to change it and really do the right studies long term and get going on those.

There's a glaring example of sort of tobacco science, I'll call it, when we look at the HPV vaccine. So, that's my least favorite vaccine and I'll tell you why. When it first came out, the HPV 4—how do doctors learn about new things?

I've been in practice 30 years, so obviously this was brand new, and I might go to a conference on something and learn something new. Or I might have—well they call them drug reps. I actually let them in my practice because I just want to know what's going on out there.

There are practices there, "we're not going to talk to drug reps," and I honor that as well. I see the value of just trying to keep it pure, but I want all of the information I can get and then I'll go and do my own research and try to figure out what's really going on.

So, a drug rep comes into my office with the new HPV information, and they're touting this great vaccine. In fact, I'm invited to a dinner that's put on by a professor at the University, OHSU, one of the infectious disease professors. I don't drink but my colleagues start drinking wine and we're getting served wonderful food and we're hearing this wonderful talk about HPV and how wonderful it is, how it's going to prevent cancer.

Look at these studies showing decreased cancer, and we walked out of there thinking this is a really great vaccine. In fact, I ordered some for my office, so that's why you shouldn't have drug reps in your office, I just answered my own question. But I learned really quick.

So, I'm looking at the studies that were done by the company, that makes those vaccine, and there was something that bothered me. In vaccine studies, if you're really going to compare the side effects for the vaccine compared to not, you need to do placebo.

And placebo, if you're injecting a vaccine, should be injecting saline. That's the placebo. Well they injected the same huge dose of aluminum as was in the vaccine. I'm already aware that aluminum's a huge toxin, so there's studies associating aluminum with Gulf War Syndrome, with all sorts of neurological problems, so that's not a valid study. But it was accepted—they actually stopped their research early because they saw a slight decrease in cervical dysplasia.

It has never prevented a single case of cancer, but they got what they wanted. They found some decreased cervical dysplasia in their study group and they stopped the study. This is our wonderful vaccine, we're going to prevent cancer. And it went to market.

Down the road, they come up with the HPV 9, the new Gardasil. And guess what they used for that placebo? HPV 4. So instead of injecting that along with saline, they use their own vaccine that never had a proper placebo as the placebo. And they just compare those two and "look at these side effects, they're the same so it's safe."

Well if you look at the actual deaths, just look at deaths. There will be more deaths from

that vaccine than there will ever be cervical cancer. You just look at the number of studies and the number of deaths and it's horrendous.

So, that vaccine is no longer being done in Japan. They had huge patients coming forward with severe autoimmune problems, deaths. In Japan, they're allowed to talk about side effects. So Japan always tends to be ahead of the U.S. when figuring out when there's a bad vaccine. That was actually why we got rid of the wholesale DPT because Japan figured that out and went to the acellular seven years before the U.S.

Well in Japan, two years ago, I think 79% were still doing the HPV. I think last year it was two percent. Once the real information comes out, people can make informed decisions. We don't get informed information here in the U.S. We need those studies.

**Ty:** That's great information on the Gardasil. It boggles my mind that they can actually put out what they say is a randomized controlled test that doesn't have a true placebo.

**Dr. Thomas:** It's happening all the time. That particular vaccine was the most blatant, and yet it got fast tracked. Approved by the FDA, fast tracked, and now it's being pushed big time in the U.S. I see commercials on TV. "I wish I had known, I wish my parents had told me."

It's just pulling at the heartstrings. It's just marketing. So, they've got a faulty product and they want to make money on it so what do they do? They do marketing. And we're all subject. We're victims of the marketing.

There was a study in *JAMA*, in February of 2013. I get the *JAMA*, *Journal of American Medical Association*. I'm a member, just to keep track of what's going on. And that was on my desk and I'm looking at this and any time I see the word "autism" in the study, I want to know what they're doing because we need more studies.

So, here's a huge study out of Norway. I think it was 60,000 moms and the children followed for an average of six years and they looked at the rate of autism in the moms who took folate while they were pregnant and the moms who didn't. It was a huge study. Prospective, long-term, comparing these two groups.

**Ty:** What is folate?

**Dr. Thomas:** So, folate is a B vitamin, B3, and we've known that you need folate to prevent huge brain defects. Anencephaly, meningomyelocele, those sorts of things. So, it's obviously important for something to do with brain and we've been giving folate for well over a decade. Maybe two for pregnancy.

But this was a great study to show the value. The moms who took folate while they were pregnant, their autism rate was in a thousand, and the moms who didn't was one in 500. So, this is 2013, and I'm thinking, I just read it's 150 here in the U.S.

What's the difference? Why is it 1 in 1000—because we give folate in the U.S. So why is it 1 in 1000 there when it's 150 here. That was the ah hah, but there's no mention of that in the article.

So, I pulled up the vaccine schedule for Norway, and they don't do the Hepatitis B vaccine. I'm not saying that's the whole reason because they do breastfeed longer and much higher breastfeeding rates there. We know breastfeeding is protective.

They have less toxins, there's no GMOs, or at least I don't think there are. So, I'm sure there's lots of variables, but the exciting thing about that is just think about it, Ty. If we could do a few things here in the U.S. and get our rate from 1 and 50 back to 1 in 1000, how wonderful would that be?

I mean you're talking we now have a million autistic kids. We're creating over 100,000 a year with our current program with whatever it is we're doing that's creating this. I do believe, this is to talk about vaccines, that's the big piece of the puzzle.

But that's not the only piece. It's toxins, toxins, toxins and it's getting your nutrients, like folate in that study. It's actually good to have methyl folate, not regular folate for most people. It's boosting the immune system. It's all about having a healthy immune system.

That's what we need. We need to be eating real food. I know in your book on cancer, you made a big push about that. You're not going to have a healthy immune system if you're eating the SAD American diet.

**Ty:** You mentioned the immune system. Is vaccination the same thing as immunization? Are those terms, do they mean the same thing?

**Dr. Thomas:** Well, we use them interchangeably. We say immunization, vaccination. But immunity is a whole different ball game. Immunity is how robust is your immune system to fight anything. So, there was this study out of Canada, I think it was last year. Where they looked at people who had gotten the flu shot every year compared to people who hadn't gotten the flu shot and how did they respond to a new flu virus? Because they're always trying to predict what's going to be the next flu virus.

Those who have not been getting those yearly vaccines were much less likely to be infected by a new strain. So, there's something about over vaccinating that actually harms your ability to fight other infections and that's another piece of data that we really need.

So, in my own study, what I found was that unvaccinated group of 238 patients by far were the least ill. I also tracked how many office visits they came in for illnesses. I mean, it was like a fraction of the visits. These are healthy kids, and they're not vaccinated. So, they have a robust immune system through your natural state and probably better nutrition, maybe longer breastfeeding. I didn't have enough data to look at those factors.

But immunity is different from vaccination. Vaccination, you're targeting that organism. And yes, you might boost the immunity against that organism but what are you doing to the whole picture? And we're not looking at the whole picture. We need to.

**Ty:** Talk about chickenpox. Chickenpox vaccine. What's it the ZostaVax?

**Dr. Thomas:** Varicella. The Varivax, they now have one for adults, for Zoster, for the older folks. But for children, it's the varicella vaccine. Varivax. It's recommended at age 1 by the CDC. So, I had chickenpox. I'm guessing you did too, as a kid.

My kids all had chickenpox. It used to be one of those rights of passage, right? It's not fun. It's itchy. You miss school for a week, most kids love that. Deaths from chickenpox are obviously always the big scare. And historically and traditionally, there were about a hundred deaths a year in the U.S.

Almost always, it would be somebody who is immunocompromised so they were already at

risk for death from some infection. But any death is not a good thing, right? So, we would like to prevent those deaths.

So, in comes the varicella vaccine. The chickenpox vaccine. And in my practice, ever since it was introduced, I've always had a number of families that didn't want to do it. They just felt like they wanted their kids to have natural immunity.

The vaccine actually works fairly well. I just had a case of chickenpox yesterday at my practice. It's rare. I think I could count on one hand the cases I see in a year. We used to see it every week. Almost every day. We'd meet them in the parking lot so they didn't come into the office and contaminate everybody. It's very airborne. It's very contagious. And it's just not around anymore.

But guess what is around now? Zoster. Herpes Zoster, which is actually a reactivation of chickenpox. And you can get Zoster whether you're vaccinated or whether you had natural chickenpox. And what we're now seeing is the elderly—but we're even seeing Zoster in kids and that never happened before.

But we're seeing the elderly are having debilitating zoster and sometimes death from chickenpox, reactivation, and that is now a new epidemic. And I've read, I don't remember the exact numbers, but we are losing more adults to chickenpox than we ever lost anybody to chickenpox prior to vaccines.

So, what's happened? I'm pretty sure what's happened is because the chickenpox vaccine works fairly well, kids aren't getting chickenpox anymore. Those kids who got chickenpox were actually the people who kept our immunity boosted through the years, so my kids had chickenpox, they boosted my immunity.

Well now, the kids aren't having chickenpox anymore, nobody's getting boosted. Now you're having this rise in zoster cases—

**Ty:** Now is that Shingles?

**Dr. Thomas:** Shingles. And so we've made a trade. From kids who got chickenpox and who could handle it to now the elderly and older people getting reactivated chickenpox, zoster and shingles, and sometimes it's more debilitating if not deadly at times.

I don't think it's necessarily a good trade off. I think we might actually be wise to just go back to letting kids get chickenpox, but it's so controversial. You'll hear the argument, "well, your child having chickenpox is putting my chemotherapy kid, my cancer kid at risk. Because they have to take their chemotherapy which blasts their immune system and they don't have any protection.

But the truth of the matter is I have patients who are getting chemo, they don't go anywhere when their immune system is suppressed. It's not just chickenpox. Those kids are vulnerable to everything. So, their oncologist will tell them, "you don't go to school, you don't go out in public until we get your counts up."

And so, in reality, that's just a theoretical thing used to scare people. You're not going to send your immunocompromised chemotherapy kid to school anyway until their counts are back up.

**Ty:** So, I guess what you're saying is we're seeing the natural exposure to something like chickenpox. We've even seen it with measles. It confers some kind of a longer-term immunity,



whether it would be shingles or with measles, we're seeing a cancer protective effect for being exposed to measles. So that natural exposure gives lifelong reduction with other things.

**Dr. Thomas:** Right, so I read that study. I can't remember where now, about the cancer protective effect of actually having the measles or mumps infection. There's so many unknowns. We do this and we think it's the right thing to do but then we need to be able to step back and look at the outcomes of what we're doing and does it really make sense. It's so hard to go back once you've embarked on this vaccine program. How do you dial it back? It's tough.

**Ty:** Discuss a little bit about some of the antibiotics that we have in vaccines. And the way that that might actually be affecting brain development or even have implications with autism.

**Dr. Thomas:** I'm not an expert on which antibiotics are in vaccines but I could tell you that the use of antibiotics to treat infections in little children, is a real concern for somehow being associated with increased autism. Back 20 years ago, and 25, 30 years ago, when my kids were younger.

As a new pediatrician, and we were just dumping antibiotics into kids. It felt like every kid had an ear infection. You'd go through the day, I remember the days I would see 50, 60 patients and half of them were ear infections and we were just writing off prescriptions for antibiotics. My youngest son had 13 ear infections in nine months.

That's constant. So, he just lived on antibiotics. Sorry, sorry, son. We did some things that don't make a lot of sense when you really understand the full organism. So our immune system involves gut immunity as well, and antibiotics destroy a lot of your good bacteria and there's this whole understanding now that's just finally reaching the MDs. I think the naturopaths, the alternative folks have known this for some time.

I've been involved with integrated medicine for almost 10 years. Interested for 20. I've been aware of these things with microbiome and importance of having good diversity there. We were destroying that with antibiotics. And I remember when I first heard that as a new pediatrician.

"Well, that's ridiculous. That has nothing to do with your immune system." We now know, of course it does. I don't know if that answers your question. Antibiotics overuse, besides the fact that we're creating these superbugs, I am less worried about the superbugs than I am about what we're doing to the microbiome. And so it is so important to have a vaginal birth through a healthy birth canal that's teeming with good bacteria that then become the beginning of that child's gut flora.

You have a C-section in a sterile environment, you're in a hospital, where there's hospital-acquired organisms and that becomes your flora and you get c-diff, and you're pooping blood and mucus and that's not a good start. In fact, the best way to cure those poor kids is to get good probiotics and get that going. I think you talk about it in your book, part of a healthy diet is fermented foods. You need that good flora.

**Ty:** Just two more questions based on what you just said. You just talked about having a healthy vaginal birth. Talk about the way that different vaccines can cause inflammation in the womb and what effect that might have.

**Dr. Thomas:** We understand that autism for example is an inflammatory condition in the brain. The Vargas study back in I think 2005 showed universal autistic kids at autopsy had brain inflammation. They just looked at motor vehicle accident kids who happened to be autistic and had some controls who weren't and there was a huge difference. So, inflammation is

part of the process. We want to avoid inflammation.

There was a study that showed—I think it was the flu shot in pregnancy causes an increase in CRP which is an inflammatory marker. So right there, that's telling me that's probably not wise to be injecting a vaccine that causes inflammation in the womb when we know there's another study that shows that inflammation in the womb shows an increase in autism risk.

So, we don't want to trigger inflammation while you're pregnant or probably any time in our lives. I think the whole process of healthy immunity is avoiding inflammatory conditions, avoiding toxins.

**Ty:** Dr. Thomas, with your book, *The Vaccine-friendly Plan*, you've got various families that choose different levels of vaccination. Some of your 13,000 patients will do a lot of vaccines, some will do very few, some will do none. For those that do very few or none, what are your suggestions on how they might get natural immunity so that they feel better about not vaccinating?

**Dr. Thomas:** So natural immunity, if you get your nutrients and you avoid toxins, unless you have a genetic autoimmune or immune deficiency, and those are so rare you don't need to worry about them, that's the key. So, let's start with avoiding toxins. It starts before you get pregnant.

I wish I could get people before they got pregnant which means everybody. Your kids. Start living a toxin-free life. Avoid pesticides, avoid herbicides, drink filtered water not just the tap water. Avoid acetaminophen. Acetaminophen is the great multiplier of toxicity.

So, we all have our body burden of toxins, and acetaminophen blocks your production of glutathione. Glutathione is the major detox molecule. So just think of it, acetaminophen, Tylenol as multiplying your toxicity times 10, 20, 100, I don't know. You need to avoid that. Flame retardants are huge. So, we get our brand-new baby, we buy them all new furniture and we get a brand-new mattress and it's off gassing flame retardants. We put them right down on that.

So, that's a problem. Fluoride in the water. There's a huge debate and controversy about fluoride but it competes with iodine. Iodine is important for thyroid function, and thyroid function is hugely important for brain development, so avoid fluoride.

If you have to do a topical and spit, that's probably fine. But ingesting fluoride regularly with fluoridated water, taking fluoride supplements, even though they're promoted as the best thing you could do for your teeth, I think it's not worth the tradeoff for what it's doing for your thyroid or your possible brain development.

Plastics, BPA, the list goes on, right? And it gets overwhelming for people, so I think you ought to start with just a few basics. Eat healthy, eat organic or at least GMO-free but preferably avoid toxins in your food. Toxins in your water. Toxins in your air, in your environment.

If you want to, you can take this to your whole new level. Individualized medicine, it's here if you have the extra money to spend and you can get to a physician who understands it. You can get your genetic analysis and understand all your single nucleotide polymorphisms and know that you're at greater risk for toxicity from this or that, and oh gosh, I happen to be a carrier of the MTHFR. That's just one of tons of little genetic glitches that I carry.

But by knowing that I have that glitch, I need to take methyl folate and I need to avoid regular folate like the plague. So, I understand that. But if you're going to eat fresh, whole real food, you're 90 percent there, as opposed to something in a box or a can that came from a factory.

**Ty:** I guess what you're saying then it's an individualized approach is what makes sense because people are different.

**Dr. Thomas:** Absolutely. The idea that you would have one vaccine schedule and that's good for everybody. In a world where we now understand, we can understand our genetics and our risk factors, it just doesn't make any sense. I think individualized medicine, if we really use it to its best, although I was going to say individualized medicine is the way to go.

But really for simplicity's sake just eat healthy, eat real food, and stay away from toxins and don't forget, there's a lot of toxins in the vaccines. We ingest them but when you inject them, you're mainlining those toxins.

**Ty:** And if you are one of the parents that still wants to vaccinate your kids, then the Vaccine-friendly Plan is a good place to start.

**Dr. Thomas:** Way better. I'm hoping to have more data over the years but there is no question, the outcome data from doing it this way—the vaccine-friendly plan is a compromise. You're saying, "we can vaccinate slower without putting our kids at any greater risk. For diseases that vaccines protect against."

So, you're not putting your baby at risk for Hep B, they're not at risk anyway. You're not putting them at risk for polio, there's none in America. You're not really at any greater risk skipping the rotavirus and you are reducing risk by spacing out aluminum-containing vaccines and you're reducing your risk by waiting a bit on MMR.

So, measles scares people. We had that big "epidemic" in Disneyland, a couple hundred cases. The next year, there are only a couple hundred cases in the whole country. The whole decade, we've never had more than 700 cases a year.

That's not an epidemic, that's just a little cyclical thing that happens. And it's no big deal. But there is no question that our vaccinating with the MMR has reduced measles in the population. So if we went to no vaccines, I think it would be okay, but will we have more measles deaths?

Sure, we would. And some people can't tolerate that idea because they don't see any negative sides to vaccines. But when you see both sides that there's risks and benefits then you can start having a scientific dialogue about what really is best. I think that's what we need to do.

**Ty:** That's informed consent, right?

**Dr. Thomas:** Yes, that's informed consent. That's what we should be doing.

**Ty:** Paul, thank you so much.

**Dr. Thomas:** Thank you, Ty. Appreciate talking to you.

[End of transcript]



## Interview with Dr. Paul Thomas, M.D. & Dr. Jennifer Margulis, Ph.D

**Ty:** One of things I want to focus on with the two of you together, I want you to kind of bounce off each other, is this notion of all or nothing with vaccines. Is that a mischaracterization of where we really are today? Is it an all or nothing equation?

**Dr. Thomas:** Well, Ty, as pediatricians most of my peers follow the CDC schedule completely. This is the recommended schedule. In fact, when I left my last practice eight years ago, it was over that very issue. I did not want to follow the CDC schedule for all patients because I can see that there is a patient who exists I think, for whom the entire schedule makes sense.

That would be a patient whose mother has active hepatitis B and it's putting her infant at risk. They live in an area where there is so much rotavirus and no access to healthcare that you might consider doing the rotavirus and they're living also in an area with active polio all around, which would be really hard to find, actually, today. I don't think that even exists anywhere in the world. Well, no there's a few countries in Africa once in a while that have a little epidemic.

You see theoretically you could be in such a place where you're at risk for everything that we're injecting as the full CDC schedule but if you live in the United States of America that doesn't exist. And so, the all or none sort of mentality just doesn't make sense.

We really need to do individualized medicine and an individualized vaccine schedule that makes sense for the risks that person has, both family history risks for side effects from vaccines but also the risks in the community.

**Dr. Margulis:** Here's the problem when parents look at the schedule and they decide not to do rotavirus

and they decide not to do hepatitis B their children are counted as if they're not vaccinated. So, we have this false idea that parents, that there is this huge amounts of children who are completely unvaccinated.

What we really have is we have a lot of kids whose parents are picking and choosing based on the available evidence. Those kids have not been completely unvaccinated but they are kids whose parents have made evidence based decisions to do some vaccines but not all.

It's very difficult when you start looking at state statistics or national statistics to actually know how many kids have been exempted from vaccines.

**Dr. Thomas:** One thing that as a pediatrician I'm subjected to is quality measures. If you're a pediatrician the health plans who set out quality measures invariably have one two or even several quality measures that are basically how well are you vaccinating.

I just got a report, for example, from one of the health plans this past week that had my vaccine status level at zero, and I can tell you that probably 95 percent of my patients are vaccinated but the zero is because almost none of them have done the hepatitis B vaccine because they're not at risk for that one and that automatically puts you in the un-vaxxed category.

**Ty:** Really? So according to that quality measure if they're not fully vaccinated by everything, they're considered unvaccinated?

**Dr. Thomas:** Well, its poor quality. So, we're going to establish a quality measure where, have you done all the recommended vaccines by age two? And then we're going to pull the charts and pull our statistics from our insurance claims and, "Oh, Dr. Paul here, none of his patients are fully vaccinated. He's really a bad doctor." And I am at risk of losing insurance contracts and losing bonuses for those insurances that have bonus programs because I'm not doing all the vaccines.

So, there is this pressure on doctors to do them all, do them all now, follow the schedule. This keeps you in line with quality measures, recommendations from the CDC recommendations from the AAP. It's a lot of pressure on doctors to conform to the one size fits all that you're talking about.

**Dr. Margulis:** And then the thing about that is that if you want to look at real quality, if we want to give hepatitis B we want to make sure that it works and the problem is when you give hepatitis B to an infant we know that 70 percent of the time it's worn off by the time they would be sexually active.

If you're actually doing quality based vaccination you would give hepatitis B when a child is a teenager. You would not get hepatitis B to have a hepatitis B negative family when a child is an infant. So, these standards are actually absurd.

**Dr. Thomas:** They're creating arbitrary quality standards that really don't measure how healthy the population is. We need quality standards that look at what's your autism rate, what's your ADD, your anxiety rate, your diabetes rate, your asthma, your eczema, your hospitalizations, your E.R. visits, your clinic visits, all these real quality measures that look at the health of the population.

I would love for those studies to be set up and let's look at the differences in populations that are highly vaccinated, selectively vaccinated or unvaccinated. Follow them and look at long term outcomes and then we'll have some quality data that's worth shouting at the mountaintop.

**Ty:** Sure, in the same line of thought, I have a Blue Cross Blue Shield document that shows that if a pediatrician has 60 something percent of their patients fully vaccinated they get a \$400 per patient bonus.

**Dr. Thomas:** I read that document. I haven't seen that in my own practice. I think it might not be applicable in Oregon.

**Ty:** It maybe regional.

**Dr. Thomas:** I think it was a specific area of the country.

**Ty:** I think it's Tennessee because I've got it and I've got it from a Tennessee doctor. So, it may be Tennessee.

**Dr. Thomas:** But just to speak about the financial incentive to vaccinate. I'm a busy pediatrician I have 13,000 patients and I started my practice eight years ago, with about 1,000 patients who came with me from my old group practice.

We've grown from 1,000 to 13,000. We've got a selective schedule. We've got an informed consent process that results in less than CDC schedule vaccinating. Probably less than half of the CDC doses are given here. We're still vaccinating but we're vaccine quite a bit less. I've done the crude math on it. I've lost over a million dollars just in administration fees.

For each time my nurse gives a vaccine there's an average reimbursement of somewhere around \$12 to \$14 and if you're giving two vaccines it's double that or in other practices where they're giving six different vaccines for a two-month-old multiply 12 to 14 times six and then you multiply that by all those recurring visits. It's a huge money maker for pediatricians even though they don't like to admit it. They don't want to acknowledge that they're making money on vaccines. It's a huge part of your bottom line.

Pediatric practices are very expensive to run. We have nurses giving advice, we have doing referrals, we have billing costs and reception costs, there's huge overhead. It usually runs around 80 percent for most practices. Most pediatricians wouldn't survive without the income that comes from vaccines.

**Ty:** So, the real question that we all want to answered and I guess the thing that both pro-anti and most of the people in the middle of vaccine debate share, is we want healthy kids. So how do we keep our kids healthy? What are the best strategies for somebody that may have fully vaccinated or not vaccinated or somewhere the middle, how do we keep kids healthy because that's the goal?

**Dr. Thomas:** Why don't you hit that one first. She's good at the very beginning, pregnancy. Let's start there.

**Dr. Margulis:** That's what everybody wants. Every parent and every doctor wants to have healthy kids. So how do you do it? Some of the ways sound so simple but they're actually really hard. The first thing is that we need to feed our kids real food.

Real food for babies means breast milk exclusively and real food for kids means food that is in its recognizable form. That's not a very exciting thing to say, "Feed your kids food," but the very vast majority of children are not actually eating food.

If you even just look at the guidelines for how many vegetables kids are supposed to have,



I recently did an interview in a middle school and I talked to more than a dozen kids, not a single child in that school had eaten a single vegetable as of two o'clock in the afternoon and were supposed to be eating vegetables with every meal because we know healthy vegetables help you have a healthy microbiome, help you have a healthy brain.

Kids need to eat real food. We need to avoid toxins. Two of those toxins which are given like candy are acetaminophen the main ingredient in Tylenol and antibiotics. Kids need to have as much exercise and outdoor time as possible. They need sunlight they need vitamin D. But we have kids in chairs sitting all day when our bodies want to move and be outside. We need to have kids playing in the dirt, let them get dirty, let them get messy.

And I'm not saying that because I think kids should wallow in mud, I'm saying that because we know that exposure to dirt helps you create a better immune system and reduces your risk of autoimmune disorders. So, what did I forget?

**Dr. Thomas:** Well, you forgot one really important thing especially for this particular broadcast and that is be very careful what you do with vaccines. I'm particularly concerned about any vaccines during pregnancy. Until you have really good long term studies on primates, let's even start with rats shall we, but let's move on to primates and let's follow the offspring for a decade and look at health outcomes, neurological outcomes, until that's done, come on.

We tell pregnant women don't eat fish. It's too high in mercury. But we're going to inject a mercury laden flu shot. It's insanity. So, no vaccines while you're pregnant, that's absolutely critical. When I'm meeting with a new couple, if you're a new couple and you're thinking, "What can I do?" You are the world if you're pregnant mama, that's the environment. So, what you eat, what you drink, stress.

Stress is a huge toxin. So, I always like to emphasize, if it's a partner or a spouse treat her like a queen. I'm telling you, just turn off the T.V. that's usually a stressor and get out in the garden if you're not in the snow zone. Just do what you can to just be Mother Earth that is a huge benefit to the development of that developing brain and neurological system and just be careful what you're putting in your system.

I have to second the acetaminophen. We just have to stay away from that. It magnifies all other toxins. You see, we have a body burden of toxins and I tease the guys when I'm at a prenatal ward we're just as toxic, probably worse, than the ladies who tend to take better care of themselves with their diet but regardless of how good you've been we all have these body burdens.

Our world is so toxic that the polar bears in the Arctic Circle are still carrying DDT around and we know this and the uterus shunts nutrients but also shunts toxins to the unborn child.

So, do everything you can to limit toxins and then as soon as they're born don't forget vaccines include toxins. Do not get the hepatitis B vaccine if you, the birth mother, does not have hepatitis B. That one is a no brainer.

Then look very carefully at the rest of the vaccines as we outlined them in the vaccine friendly plan. At the very least, be that cautious and if you have any risk factors, family history of autism, neurological disease, autoimmune disorders you might choose to do none. I know that sounds crazy for a pediatrician to say but until we have better data you've got to be cautious, precautionary principle.

**Ty:** Precautionary principle, you're not the first person that's mentioned that in these interviews.



**Dr. Margulis:** One thing that Dr. Paul touched on, stress. Stress during pregnancy can have an effect on the outcome of the baby and the child's health and also stress during childhood.

Our kids get really, really stressed out and we forget that kids don't need expensive clothes and they don't need Gymboree and they don't need 15 different activities. They need to sit on your lap and read a book together. They need lots of hugs and kisses and skin to skin time and family time.

Again, that's not an exciting thing to say like, "Remember to kiss your kids and remember to hug them and remember to spend time with them and remember it's okay to just be together doing nothing." What would that have as an effect on health? Well, it turns out it has a big effect on your mental health, on your physical wellbeing.

The more time that we spend just paying attention and being with our kids, often the healthier those kids are going to be. So, we get this idea that we need to buy things for them, that we need to do things for them, that we need to take them places, that we need to pay for expensive lessons and expensive activities and the truth is sitting on the floor and playing pretend with two stuffed animals is going to go a lot farther than any expensive class that you could buy for them.

**Ty:** That's great advice.

**Dr. Margulis:** You agree?

**Dr. Thomas:** I agree, yes.

**Ty:** I like to do that with Charity, "Hey, honey, let's have a sip of tea." She's our six-year-old. So just make believe.

**Dr. Margulis:** Yeah, you know we spend a lot of time thinking about our kids like wanting to feed them good food and thinking about their bodies but also just letting kids be imaginative, letting kids be bored, letting kids come up with fantasies like it's often – we actually say this in our book – like just sit there don't do anything.

We have this idea like you should always get up and you should always be doing something. What are you doing? Why you sitting around? And actually just letting your kids sit around without a screen. So, letting your kids sit around and daydream is going to have a positive effect on their physical and mental health.

I think a lot of parents come to understanding about how to create lasting health in their kids because something goes wrong with their kids. I want to talk to the parents before anything's gone wrong. So, I don't want you to start paying attention to what your child is eating after the child has type 1 juvenile diabetes.

I want you to avoid the kid getting type 1 juvenile diabetes in the first place. And that's what's so hard is that we don't start asking the questions until we've already made the mistakes often and there are a lot of ways to not make the mistakes.

Dr. Paul said this before but it really does start in pregnancy and it also starts with childbirth. We forget that we spend nine months trying to protect the child and not take drugs and try to avoid toxins and eat right and then during childbirth, if we have babies in the hospital we're often suggested to do drugs and to do interventions and it turns out that the most scientific birth is the least technological. And the more that we can protect our child

from all that kind of stuff, the healthier the child is going to be in the long run.

**Camerman 1:** I have a question. You may not have the answer to it but I'll throw it out there anyway. Let's say a parent or parents have come, maybe they've had a vaccine damaged child or whatever but they become polarized to one side of things.

How can we create, you talked about everyone's committed to the health of children, the future of the country and all that stuff, right? How can we—it kind of goes with what I was asking earlier like with the government agencies it seems to be trickle down from the top, mandating this, putting pressure on doctors if this doesn't happened, parents feeling alienated from that system.

What are the steps that somebody that is, a parent who is polarize against the system, what actions could they take rather than just saying this is wrong, what could they actually do that could help move things towards a better solution for everyone?

**Dr. Margulis:** I like your question.

**Dr. Thomas:** Ty, if you had a vaccine damaged kid or let's say you don't know it was vaccine but your kid ends up autistic and you're pretty sure it was the aggressive medical system that contributed to this. What can you do? Is that sort of the question?

**Ty:** Yeah.

**Dr. Thomas:** Number one thing, it saved my career is I had parents come to me and say, "Dr. Thomas have you looked at this article? Have you read about this? Have you thought about that?" And physicians who know it all are not interested. So, you're probably not going to get through to some physicians who just aren't open to getting any advice or knowledge from somebody who's not a doctor.

But I am so grateful to the various patients who came to me and said—well, the very first one was a gal who is an attorney here in town. She had a couple boys who were doing quite well, I think they were a little quirky, but they were doing okay and she said, "You know, there's this conference coming into town Defeat Autism Now," this was back in 2002 or 2003. She said, "Would you just go and let me know what you think."

And I had heard about them and in my world it was like, "Those are a bunch of kooks, do not go to those conferences, they're nonsense." But I went out of curiosity, "Why would this attorney be that curious about it?" Blew my mind. The level of science in that organization, the articles that were presented, I'd never been to such a scientific conference and it was like an eye opener for me.

And then I have patients bring in an article and say, "Have you seen this article?" and usually I hadn't but I would take it and eventually I would get to it. It was like, "wow." When you start reading things that aren't on your radar because physicians are isolated. We're really a product of a system that has trained us to think a certain way.

And when we are in that system, we think it's the best and we think it's the only right system and all the rest of you guys out there whether you're an alternative care provider or you're just a parent, what could you possibly know? Well, a lot there's so much information out there.

The frustration that parents have is that nobody's listening. The media isn't listening. They're not picking up their stories. Their doctors aren't listening. They're not looking into

it. I've been educated by my patients more times than I want to admit it but because of that I'm a better doctor because I've learned things that I wouldn't have learned if I'd stayed with my blinders on.

**Dr. Margulis:** I think it's about having the conversation. It's always about being able to talk to other people. If something went wrong with your doctors unfortunately a lot of doctors feel more comfortable shutting down the conversation but opening up the conversation and trying again and again and again. We have to start talking to each other.

The public health officials have to talk to the parents, the parents have to talk to the doctors. We all have to sit down and talk about these issues. This is not religion. This is science. We don't have to agree but we can look at the evidence and figure it out together. When you say it's off limits and you can't talk about it that's when you should start having as many conversations as possible.

**Dr. Thomas:** And the science isn't settled. The science is never settled because here's the thing, when I grew up I got one or two vaccines. And as far as I know they were fairly safe back then even though they were probably nowhere near safe but I grew up in a less toxic world. I grew up in Africa. We ate out of our local vegetable garden, there was no pesticides or herbicides. We ate the stuff as it came.

We started adding more and more vaccines, for example, but at the same time we're adding pesticides and herbicides and thousands and thousands and tens of thousands of chemicals that are just in our world. You give that same vaccine today and it might have a different outcome. Then when you keep adding vaccines you have to start all over with the research because it's never been tested.

MMR in the schedule, now let's add back in 87 the Hib vaccine and in 93 the Prevnar and then we moved the hep A down and the hep B down and we added the rotavirus and then we added the meningococcal and we've added Gardasil now for teenagers and we add, add, add.

Every time you add the science is unknown we haven't even studied it. So, we've got to keep our scientific minds open and start looking at what we're actually doing and unless you look you don't know. So, these parents who have concerns I applaud you. There are legitimate concerns and until you can show me the science. You should be skeptical.

**Cameraman 1:** I have another question. It's kind of a follow up, it's the other side of the coin.

**Ty:** Go ahead.

**Cameraman 1:** What would you say to doctors who feel kind of caught in that whole, like having to confront that maybe they've been wrong about certain things that they were told, that they paid lots of money to get trained inside of but they're open to hearing—they are open.

The way I see it, more polarization just creates more distance between the two parties but the doctors who, okay, I'm willing to—what could they do as a first step from their side to push it in a good direction? If the parents are doing what they're doing, what can the doctors do that are kind of in bad position? What can they do to move things forward across the board?

**Dr. Margulis:** I want to start with that.

**Cameraman 2:** Sorry also in addition to that is there a levee that needs to break that would be like a sea change or do you see anything like that coming over the horizon or do you feel the tide turning when you talk to other doctors?

**Dr. Margulis:** It's time for doctors to be brave. It's time for doctors to speak up. It's time for doctors to admit their mistakes. I understand it's hard to admit that you were wrong but we need to follow the example of Dr. Paul Thomas and the other doctors who are starting to speak up because more and more doctors are speaking out and we have to do that.

There have been so many times in medical history – in recent medical history – when doctors were implicated in making mistakes and it was the brave ones who came forward who said, “We recommended this and we shouldn't have and we're going to stop recommending it” and we've got to do that now with vaccines.

Yes, we're in the midst of a sea change because too many children have been damaged by too many toxins and parents are smart and they're starting to wake up and it's time to end the damage, it's time to end the autism epidemic, it's time to end the auto immune disorders. Sick is the new normal in the United States and that is not acceptable and no doctor should accept that either.

[End of transcript]

# Chapter 48:

## *Interview with* **Brandy Vaughan**





**Ty:** So, I'm really excited to be here in Costa Mesa, California, today with Cal Jam, and I met up with Brandy Vaughn. I'm so thankful for you to join us today. I've seen what you've done with vaccines. You've got—you have the Super Bowl. And talk about the Super Bowl billboards and I want to go back to what you've done in the past with big pharma brand if you would.

**Brandy:** So, I launched a set of billboards around the Super Bowl in San Jose. I went around across from a Super Bowl hotel and this is all part of the campaign that I've launched through my nonprofit. And the campaign is called [learntherisk.org](http://learntherisk.org).

And it's about raising the awareness, public awareness of the risks of vaccines because right now our choice and our rights to refuse and to control what's going in our body, they're being stripped. And more and more laws are coming.

So, we really need to raise public awareness of really what's in a vaccine, what the damage it's causing in terms of the societal health issue, and get people to really open their eyes and connect the dots of what's going on in our society.

So, I launched the billboard campaign. It was picked up by media throughout the Bay Area. And we want to launch these billboards and other media. YouTube ads, bus stop boards – all of this throughout the US.

**Ty:** What exactly? What was on the billboards?

**Brandy:** Here's a few of them. Basically, just messages. There were seven different messages, basically connecting the dots letting people know that there are toxic additives in vaccines that don't belong in our body, that we have a number of skyrocketing health issues in our country that are not really seen in countries with a lower schedule or who don't have certain vaccines.

And it's not a coincidence. You know, a lot of these autoimmune issues, the neurological—everyone says, "Oh, it's environmental toxins" and people talked about the food, the water, you know, what's going on in the air but nobody wants to talk about vaccines and pharma has done a really, really good job of making it a very hot button issue.

And they need to be part of the conversation because whatever you inject into your body is even far more potent than what you ingest. So, the injections, the vaccines, these need to be the top topic of conversation when we're talking about environmental toxins and the damage in the autoimmune issues and neurological issues we're seeing at skyrocketing rates in our country.

Our children get three times more vaccines than most developed countries and we have the sickest population. We have the highest first aid death rate. We are the only country that gives Hepatitis B as routine procedure on the first day of birth.

These things need to be in a publicly aware—people need to be aware on public level on a massive scale of the damage that vaccines are actually doing. The fact that herd immunity is only acquired through natural exposure to the disease. It doesn't come from a shot, it can't be created in a lab.

So, this whole "vaccines are safe and effective" is complete propaganda from pharmaceutical companies who are making like hundreds of billions of dollars off vaccines. And there are—

**Ty:** You know a lot about pharmaceutical companies, right? Because you've been with them. Talk about your past with big pharma.

**Brandy:** So how I got started in this was I used to work for Merck. I sold Vioxx for them: 2001 to 2003, along with other drugs. And I really saw from the inside how shady and unethical things are done, and how data is kind of twisted around.

The manipulation, the training that you really get, how you can go in and influence doctors to say things that aren't even true and convince them of it by building relationships and by making sure that you're their only source of information.

I worked for Merck and I saw how things went down on the inside and I left because it was just—ethically I couldn't stand it. But before I started working in pharma, I was just like everyone else. I thought pharmaceutical drugs and vaccines work for the greater good and then I saw it from the inside how wrong that really is and how they twist all of the information.

How they own the media, how they own the doctors, how they own health insurance companies, and how they own the government, actually. And how that information is twisted. So, I worked for Merck and I realized that just because something's on the market doesn't mean it's safe.

**Ty:** Especially the Vioxx, right?

**Brandy:** Yes, Vioxx killed up to—

**Ty:** I mean how many tens of thousands of people have been—

**Brandy:** Yeah, I mean anywhere from fifty thousand to half-million are the estimates that it killed through heart attack and stroke. It was an arthritis drug that was way too powerful for human consumption. And Merck knew it.

They stopped a study that was showing bad effects before they even pulled the drug off the market, and it ended up this was the largest drug recall in the history of the world. And six billion dollars in fraud, class action lawsuits.

But that was just the cost of doing business. They still made \$10 billion off the drug in the five years it was on the market. So, that really woke me up to really what's going on in our healthcare system, what's going on with pharma.

And then when I went, I came back from Europe. I lived in Europe for a bit and I saw how things are done very, very differently in terms of health over there. Definitely a more natural, more preventive measures are taken. Homeopathy, chiropractic – a lot of things that aren't as big here, although it's growing.

They're more respected and doctors push back. Pharma is not in the doctor's office. They are not allowed to have sales reps, they are not allowed to have lobbyists that are, you know, powerful lobbyists with the lawmakers. It's very—

**Ty:** They don't have television commercials there for pharma either.

**Brandy:** They're not allowed to have commercials on mainstream media. So, it's a totally different situation there and I had my son over there. Natural home birth and I learned a lot from



that. And then I came back to the U.S., and I went to a doctor's appointment for my son when he was eight months and the doctor said, "Oh, he's behind. He needs about 16-18 vaccines."

And I said, "Whoa! He's perfectly healthy. I'm pretty sure we don't need any shots, you know in him" and that actually was a huge red flag for me. I asked to see inserts, he said, "Oh, trust me, I'm the doctor."

And I said, "Oh, I used to call on pediatricians when I worked for Merck. I know not to trust you guys too much. I want to see the inserts." He didn't like that obviously. He slammed the door. The appointment was over and that was what kicked off my vaccine research for years.

**Ty:** Did he ever show you the package inserts?

**Brandy:** Oh, no. No. I don't even think he'd seen one himself.

**Ty:** Because if they actually do read them, share about some of the things they might find.

**Brandy:** One of the things about doctors is they feel like they make so much money off giving drugs and vaccines that they don't actually want to know how dangerous they are. Like, they don't—ethically, they probably couldn't handle it if they knew how much money they're making off actually damaging their patients.

So, some of the things that doctors will find, if they actually take the time to read the inserts, they would understand—they would see that vaccines, because they're not classified as a pharmaceutical drug, they go through far less safety testing than even normal pharmaceutical drugs.

And we see how well that worked with Vioxx, right? Largest drug recall, and vaccines go under a lot less safety testing. They don't have the double-blind, the gold standard. For pharmaceuticals is a double-blind, placebo-based, long-term controlled study.

And vaccines, because they are not classified as pharmaceutical drug, they don't go under the same level of safety testing as even pharmaceutical drugs. They are very short-termed safety testing. They're never studied in combination.

Although vaccines are given six to nine to babies who don't even have the blood-brain barrier established, they're given six to nine at a time. So, they're studied only individually, not for cumulative toxicity and effects. They don't go up against the placebo and this is one of the things that I wish I could make every parent in the U.S. understand, is that vaccines are not studied against placebo.

They are studied against the toxic additives that are in the vaccines and then they give a shot in their safety testing so the vaccine goes up against the toxic additives in a shot. So the aluminum, the formaldehyde, the polysorbate 80. So that in the safety testing, the both categories have the same level of damage, right?

So therefore, vaccines are safe. If vaccines were safety-tested against a saline-based placebo like they should be, like, is the gold standard for pharmaceutical drugs, they would not be on the market today because they do so much damage.

**Ty:** But they test them against something else that causes just as much damage.

**Brandy:** Exactly.

**Ty:** A different combination.

**Brandy:** Exactly. Exactly!

**Ty:** Wow! I didn't know that.

**Brandy:** Yeah. And so, this is one of the things that if you really take time, take the time to dive into the research and if doctors actually looked at inserts, they would understand. The parents are not told this, and nobody really understands this, and this is so important.

Because what we're seeing is that our children are becoming the guinea pigs and now we have a generation of children that is not going to live longer than their parents for the first time, that are sicker than the parent's generation.

Our health is not getting better. It is chronically getting worse and it's at epidemic levels. We have epidemic levels of peanut allergies, autism, asthma, food allergies, ADHD, leukemia, diabetes—Type 1 diabetes which is an autoimmune issue. We have leukemia, brain cancer. All of these things are skyrocketing.

In the adult population, we're seeing skyrocketing autoimmune illnesses. One in 12 women now have an autoimmune issue. Lupus, arthritis, chronic fatigue syndrome, fibromyalgia, diabetes. All of these autoimmune issues and neurological issues. Also in the children, and Alzheimer's in the adult population.

So, all of these are skyrocketing in far greater rates in the U.S. than they are in other countries. And if you look at our schedule of vaccines, it is so much higher, and people need to connect these dots.

The doctor's not going to do it for you because they don't want to understand how much damage they're doing to their patient population. I'm sure that they got into medical school with good intentions. All their information comes from the pharmaceutical companies.

And we need to take back our health in the U.S. because our rights are being stripped away. California passed a law last year that says, "If children don't have 35 vaccines, they can't start in the school system – public or private."

**Ty:** And you were talking about that with me earlier that your 5-year-old child now can't go to school.

**Brandy:** Right. So, I have a 5-year-old who's directly affected by this law and this is the only reason I really started to speak out. Because until you're directly affected, a lot of people sit back and they don't actually take the time to research. They don't actually take the time to understand what's going on.

But what I try to tell parents now is "do this research, understand the risks of vaccines and the damage." And that they are doing far more damage on our population, children and adults alike, then they are good. And do it before it's too late, because most of the people who realize the damage that it's done is because it's too late. Their child died of SIDS, their child now has GBS or paralysis after HPV shot, Gardasil shot, or autism after MMR.

**Ty:** Yeah, you mentioned SIDS. One of my wife's best friends in Dallas, her second child died of SIDS and he was vaccinated 48 hours before he died. And then they told her that he died of SIDS and she believes that it was her fault that he died because she heard him crying, didn't go to comfort him.

He died that night. She thinks he cried to death. And it was two days after he was vaccinated, and she still blames herself for the child that died 48 hours after he was vaccinated. They've twisted things to where the parents are now the culpable ones instead of the doctor that injected that child with poison.

**Brandy:** Exactly. I'm going to touch on the no-liability for pharmaceutical companies and doctors because that's another real corrupt point about pharmaceutical—I'm sorry, the vaccine system. But with SIDS, that baby was crying because the heavy metals that are in the vaccines that they don't like to tell you about, and you're not going to find out on the information sheet the doctor gives you, but you need to read the inserts and you will see it.

The heavy metal that are used as additives and vaccines causes brain swelling. So, that baby is crying, colic is also a symptom of this, the baby is crying because the brain is swelling, because they're having one massive, massive headache from brain swelling. Like things are going really, really wrong for that baby in their head.

That's why they're screaming. That's why they're getting a fever. That's why they have seizures. Doctors are now telling parents that febrile seizures are normal after vaccines, when the child comes into the ER within days and hours of getting vaccinated.

Febrile seizures are not—in a healthy child that is not normal. That is a sign of brain swelling and that is a sign of brain damage. The brain swelling, encephalopathy, actually causes brain damage and then later on you're seeing autism, developmental delays, all types of things going on.

And that is not normal and it should not be normal. There is no reason a child should be having a seizure after, you know, a healthy child should be having a febrile seizure, there is no reason they should be screaming for hours and hours upon end.

Colic, SIDS (sudden infant death), that just tells you all sudden infant death says is, "We don't want to tell you the reason why your child died." Because those rates spike. They spike after vaccine visits and as soon as this like, the CDC launched this back to sleep campaign and they're "Oh, SIDS rates decreased by 30 percent."

What they don't tell you is that they also launched a different classification called sudden unexplained infant death at the same time so that coroners were told to start to classify SIDS differently so that they could say that it dropped 30 percent. So, it dropped 30 percent but then the other category skyrocketed! And this is the way—

**Ty:** And the manipulation of statistics in there.

**Brandy:** This is the way they twist the information and fool parents. We have to take back our own health from the pharma companies. One of the things that I like—they have a cradle to grave consumer. And that's what you are to pharma. They are not interested in your health. They don't make money off keeping you healthy. They make money when you're sick.

So, if they vaccinate children before the brain blood barrier is developed and at a young age with so many toxins, they have a lifetime customer. They have a child that's going to either get ADHD and be on Ritalin that's going to have seizures and become epileptic.

We have 1 in 20 children that are now epileptic, and they're going to be on seizure medicine for the rest of their life. They're going to have autoimmune issues. They're going to be seen by a nephrologist if they have kidney issues, or they're going to be seen by gastroen-

terologist and be put on drugs for gut issues.

Food allergies, anaphylactic shock, asthma, leukemia, Type-1 diabetes; they have customers for life. I mean this is not about public health and that's what I want every parent and every person because they're coming after adults next.

I want them to realize before they go into the doctor's office. And when they see pharma putting these ads on television. There's a reason they spend \$4 billion in advertising per year. It's because they're brainwashing us to think that you need a pill, you need a shot to be healthy.

Those things are not healthy. That is not health. One of the things that I just mentioned, they're coming after adults next. A lot of people are like, "well, my kids are grown. It doesn't affect me, or, I don't have children." It does affect you because the laws are coming down. They're mandating vaccine laws. There are 271 vaccines in development right now.

Because there is no liability, like when I sold Vioxx. Vioxx was pulled off the market and Merck went through years of lawsuits, class action lawsuit as well as fraud lawsuit from the government. They paid out six billion dollars. That was after paying out millions and millions doing the safety testing, right?

They still made money off the drug. Vaccines, (A) you don't have to market like them like you do a drug because there's a monopoly in each—mostly a monopoly in each category, so it's not as a competitive drug market. So right now, you have a saturated drug market full of competitive drugs. You have to market a lot to get it on the market.

You have to do a lot of safety testing to get it passed through the FDA and then you have potential liability. With vaccines, you don't have any of that. You have a very sub-par safety testing which couldn't even be called—should not even be called safety testing.

And then you have a guaranteed market that you don't have to market, right? Because the doctors are doing all the marketing for you. They're telling parents, new parents that are scared, that vaccines are safe. And if they don't get their baby vaccinated they could be harmed in some way. When actually the real harm comes from the vaccine.

So, they don't have to market it and then they have no liability. In 1986 there was a law passed that gave complete federal protection to vaccine makers – pharmaceutical companies. So parents who have injured children, or their children die of SIDS, or adults were injured by the flu shot or any of the HPV vaccine, they cannot sue the pharmaceutical companies directly.

They have to go through a very difficult process with the federal vaccine court. That is not even paid for by the pharmaceutical company. So vaccines are such a cash cow for vaccine makers right now.

They have hundreds of billions of dollars in just a ready market with no liability, and the government is pushing the vaccines, the doctors are pushing the vaccines. They have no reason to make them safer, they have no reason to slow the schedule down. 271 in development and they're coming after adults next.

**Ty:** What do you mean?

**Brandy:** So, once you mandate Healthcare, it's very easy to mandate other things, right? What

we're seeing is pharma mandating vaccines for children to go to school. It's always been on the books for many years.

But in a lot of States there have been exemptions. Personal exemptions, philosophical exemptions, religious exemptions, medical exemptions. And pharma is driving a really, really powerful push right now to take away exemptions from parents so that children will have to be vaccinated in order to get into school.

In California, it's private and public school right now. And these laws, this is just a small drop in the ocean compared to what's coming. They are trying to pass these laws throughout the States, and even shopping it at a federal level. So that there would be a federal mandate for all children to be completely vaccinated per the CDC schedule which is 72 vaccines before age 18.

And again, vaccines do far more damage than they do good and they are trying to get this passed at a federal level and in every state along the way, and they are also coming after adults.

They're starting with healthcare workers and here in California there was the first adult mandate that passed – SP 792, last year, and it was for all preschool teachers, all day care workers, all parent volunteers, and they had a specific list of vaccines that they had to get before they would be able to work in that area.

They're coming after healthcare workers in other states. There is a healthy adult 20/20 plan from the CDC which will recommend over 150 vaccines over the course of adult lifetime for a person and they want to pass this and recommend this and pressure insurance companies to pressure patients and doctors to have a fully vaccinated population.

And they're doing it through mandated laws, they're going to do it through health insurance companies. They're going to do it on a federal level and they're going to do it quick while we're organizing, while we're not even watching.

You know, while we're busy watching the television and we don't even know what's going on... and Boom! our rights are going to be gone. Our rights to choose what we take into our body are going to be gone.

To me, there is no more fundamental right in the U.S. than what we put in our body. If we have fundamental rights to property and free speech, but if we don't have the fundamental right to what goes in our body, our body, when nobody else is responsible for the consequences, nobody's taking liability, and we are going to be stuck financially and mentally and physically with those repercussions.

What more fundamental right do we have than what goes in our body? I think right now our founding fathers are rolling over in their graves because if we have that medical right taken away from us, I mean what good are any other rights? To me this is the most important conversation right now. We have to keep our rights and our choice as to what goes into our body.

**Ty:** It reminds me of a quote by one of the founding fathers, Benjamin Rush. He spoke about how medical freedom and health freedom should be written in the constitution otherwise one day we would lose it. It sounds like we're on the precipice of losing it with these adult mandated vaccines. You mentioned something earlier to me about the percentage of U.S. population today that would be in favor of that. That's an alarming statistic.

**Brandy:** Yeah. So, I saw survey recently where over five million people had voted and 70 percent

supported a federal mandate for vaccinating children on the CDC schedule. Which again would be 72 before 18. Twenty-six in the first year of life which is unheard of in any other country and we have some of the highest infant mortality rates; highest SIDS rates. Not a coincidence. And yes, it's coming and it's here and we need to push back.

I do believe medical freedom should have been written in the Constitution and we have to figure out a way for it to be written, because I think the founding fathers really understood that in a capitalist society corporations can get a lot of control.

And they can have a lot of influence over government, over media, over the population. And if we don't keep that judicial branch, that was our way to fight back and that's why we had the judicial branch written in the constitution. Right now, in vaccines, that judicial element has been totally taken away, because they don't have liability.

Without that judicial branch and without that oversight, corporations can start to run the government and that's what we're seeing. We are losing our medical freedoms and all of the rest of our rights one by one, and it's going to be America Inc. right now.

If we don't keep our medical freedoms and rights and find a way to get that written in to the Constitution, find a way to push back against big corporations, we are going to be the cradle to grave consumers. And we're going to be in that grave a lot sooner than we should be because pharmaceutical companies are not interested in keeping us healthy. They keep us sick. That's how they make their money.

**Ty:** Wow! Brandy, thank you so much for the interview. I really appreciate your passion. I wish that everybody had your determination and your passion because together we can beat them if we unite and we push back, which is what you're calling for us to do.

We can beat them, but the problem is we have so many people that are sleeping today. So, let's keep waking them up. Keep that passion up. I really appreciate what you're doing.

**Brandy:** Thank you so much! That's why I started this campaign: [learntherisk.org](http://learntherisk.org), is to wake people up and it gets tens of thousands of hits weekly. I mean this is helping keep vaccines as part of the conversation and they have to be there. They have to be the number one topic of conversation right now.

And we need to really get out there and pound the pavement, grassroots efforts, get into media, get billboards, get ads, YouTube ads, bus stop boards. All of these really out there in front of people and no longer give them the option to stay asleep. We need to get that information in front of them so they can't live with their blinders on anymore.

**Ty:** Start playing that bell in their ear and wake them up.

**Brandy:** Exactly! And keep talking about it. The pharma wants vaccines to be a hot button issue that nobody wants to talk about. We need to be screaming if from the rooftops. Don't let them keep that hidden in the closet. We need to make that a part of the conversation and keep it there. So please go to [learntherisk.org](http://learntherisk.org) to help out and thank you so much for everything you're doing as well.

**Ty:** Thanks for what you're doing. Keep it up. You're awesome. I appreciate you.

**Brandy:** Thank you.

[End of transcript]





# Chapter 49:

*Interview with*  
**Dr. Andrew Wakefield, MB.BS.**



**Ty:** I'm really excited to be here in Southern California today with Dr. Andrew Wakefield. Thank you so much for joining us today.

**Dr. Wakefield:** Great to be here.

**Ty:** I'm really looking forward to getting some of your input about vaccines. This documentary that we're filming is called "The Truth About Vaccines." There's a lot of lies and a lot of myths about vaccines, aren't there?

**Dr. Wakefield:** It's extraordinary. It started a long, long time ago. It almost started with the very advent of vaccines and Jenner and it's continued ever since. It's gathered an extraordinary momentum, taking on the life of a religion rather than any kind of science or primary public health message.

**Ty:** Talk about Jenner and the inception of vaccines. When you say it began with him, what kind of myths and lies began way back then?

**Dr. Wakefield:** Well, the notion that you could introduce a foreign agent into someone's body, inject protein effectively, which is something that's never happened in the history of man's evolution, is to introduce a foreign protein under the skin of someone rather than orally ingesting it, is playing with fire from the onset.

Because our immune system is geared up to react to those things. The idea was that you're going to react to them in a beneficial way and produce immunity and protect yourself. What was interesting, of course, about smallpox is that you were deceiving the immune system by giving vaccinia, or cowpox, which was structurally similar to smallpox, which seemed to, at least theoretically, produce an immune response against the smallpox virus.

Jenner noted, as other people did, is that girls who got cowpox from milking cows were protected against smallpox. All that led to him then practicing on his son, experimenting on his son and his next-door neighbor, and giving them multiple doses of this very, very crude extract of cowpox and ultimately, I believe, leading to catastrophic failure in their immune systems and death of both children, later, as young adults. Not an experiment that you would necessarily consider well-designed, or a good outcome.

I think that we failed to take a message away from that. It gathered momentum. It then became law. You had to do it. The eradication of smallpox was actually really a function of containment and isolation, of quarantine, rather than the vaccine itself.

The idea that we can't question vaccines now is derived from the success of what people believe happened with smallpox and polio. So, whenever I get involved in a debate about measles vaccine, or MMR, or Thimerosal, people say, "Yeah, but what about smallpox? What about polio?"

I say, "We're not talking about those. We're talking about something completely different. Can we stay on topic? Can we focus on this and actually deal with the safety issue?" We're not talking about either the benefits of vaccination, which are very questionable.

There's certainly many, many questions that need to be answered. We're talking about the safety. They're two very, very different things. People talk about the benefits when they really should be focusing upon the safety. Just because something may produce a beneficial effect, that does not make it safe.

**Ty:** Right.

**Dr. Wakefield:** Very, very different things. If you are going to institute a public health measure across the board for all healthy children in the country or in the world, then you've got to make absolutely certain that it is as safe as it possibly can be. Any red flags, any red flags, should be interpreted beyond doubt that there is a problem with that vaccine until proven otherwise.

**Ty:** It's interesting that you bring up safety, because if you asked 100 people on the streets, "Are vaccines safe and effective?" I'll bet you 99 of them would say, "Yeah, they've been proven safe and effective. They've been proven safe." Have they?

**Dr. Wakefield:** Well, they've been proven neither safe nor effective. I'll just give you one example, and that is the measles, mumps, rubella vaccine. Well, first of all, just as an example, when in Japan they took the mumps vaccine, called the Urabe AM9, they gave 5 million doses in Japan and elsewhere as a single vaccine.

There were very few, if any, prospectively reported cases of meningitis associated with that vaccine. When they combined it with measles and rubella into the MMR there was a dramatic increase in the adverse reactions to that vaccine, to mumps. There was a dramatic increase in the rate of meningitis such that they had to initially try and cover it up to protect the vaccine manufacturers, and then withdraw the vaccine altogether. In Japan, they've never gone back to using MMR because of that scandal.

When you combine three live viruses into one, you have got major problems. The implications of that for safety were completely ignored. But there was a red flag. There was a red flag that should have said, "We have got a problem." One and one and one don't equal three they equal something completely different. The idea that vaccines are safe is something that's been put out there as a public health, public relations exercise that's become part of the rhetoric, the mantra, but it's not true at all.

You ask pediatricians, "Where do you get your information from?" "We get it from the CDC." Well, the CDC is deeply, deeply compromised. Just in the setting of MMR we now know from the CDC whistleblower, William Thompson, that they've been lying about the safety of MMR in the context of autism for 13 or 14 years.

**Ty:** Talk about that case real briefly, about William Thompson and the whistleblower, for those that are not familiar with that. What happened?

**Dr. Wakefield:** Certainly. Well, William Thompson is the first insider in the history of the world to come forward from the Immunization Safety Office of the Centers for Disease Control and Prevention and say, "We have known for 13 years that there's a causal association between the MMR vaccine used in America and autism in children, and we have covered it up. We have lied. We have committed scientific fraud, in effect." They have recklessly and knowingly put millions of children in harm's way to protect what? Their friends in industry? The public confidence in them? How is that going to look when this all comes out as it will.

Thompson lived with this for 13 years. He actually, at the time, questioned the decision to cover this up. He questioned the decision to destroy documents. He questioned the decision to hide from the Institute of Medicine and Congress the fact that they had found this uncomfortable association between vaccines and autism.

But he was silenced and he went along with it. But his conscience got the better of him, and 13 years later he came forward to a friend and colleague, Dr. Brian Hooker, father of an autistic child, vaccine-damaged child, and said, "We have known for 13 years that this vaccine is causing autism."

That then should have been—it's the biggest medical fraud in the history of the world. It should have made national news on every network, in every print newspaper. No. None of them touched it. Why? Because they're owned by the pharmaceutical industry.

They're owned and their script is written by the pharmaceutical industry. That is the problem. You look at that Flint expose of lead in water. Within a month the Office of Government Reform, Congress, had held a hearing on Flint. The knowledge that there was excess lead in water, the cover-up, and now it came within a month they had a hearing.

**Ty:** Why did that not happen with the CDC?

**Dr. Wakefield:** I nearly it's been nearly two years. Why? Because politicians are embarrassed by things that make it into the media. That made it into the media, they were embarrassed, they held a hearing. The other thing, of course, is the politicians themselves are deeply compromised.

They are funded by the pharmaceutical industry. They are owned, to some extent, by the pharmaceutical industry. So they dare not question some public health measure that may compromise the industry's bottom line. And of course, they've got all these doctors within the public health system, many of them who are deeply compromised themselves by the fact that they're getting money from pharma.

They're telling them, "Look, please don't do this. Don't mention this. Don't discuss it. Don't hold a hearing on this. Let the CDC do an internal investigation. Because we cannot have the loss of public confidence in public health or vaccines." That is exactly what's going on.

**Ty:** Well, it seems to me that this, what happened with the CDC and this whistleblower story, that's criminal to me.

**Dr. Wakefield:** Criminal on many, many levels.

**Ty:** Because they knew they were damaging, physically damaging children, and did nothing about it.

**Dr. Wakefield:** It's criminal on many levels. First of all, you've got the actual cheating, the fraud, the deception of people in the first place so that parents can't get informed consent about the safety of a vaccine because they're being told a lie, because the pediatricians are being told a lie by the CDC.

So, there is a lack of informed consent to parents. They are unknowingly, unwittingly putting their children at high risk without knowing anything about it. Number two is that what happens when the CDC presented their data to the Institute of Medicine, when Frank DeStefano got up there and lied about the data, the message to the Institute of Medicine, the IOM, was that the MMR vaccine is safe.

The IOM produced a report, which said, "This vaccine is safe. There is no need for any further research to be funded on the possibility that the MMR vaccine is causing autism." That went to the U.S. Court of Federal Claims, the vaccine court, and 5,000 children who had claims in that court were denied.

Their cases were thrown out in large part based upon the fraud committed by the CDC. That is an obstruction of justice. Now you're talking about a felony. Now you're talking about a crime that will send these people to prison.

Then you have lying to Congress. They've lied to Congress. They've lied by omission, by

Colleen Boyle going to Congress, knowing these results of the CDC, being a co-author on that paper, and saying, “MMR vaccine is safe. Continue as we are.” So, you have crime on multiple—

**Ty:** So many levels.

**Dr. Wakefield:** Yes. What I would like to see is these people held personally accountable. That’s what needs to happen. Not to hide behind the CDC or HHS, but to be held personally accountable, to be brought to the court for denying parents the right to informed consent to protect their children, for committing this fraud. They should go to prison.

**Ty:** I agree. What has happened is an atrocity. If you look at what has happened if it were in another realm, if it were in the local law enforcement realm, if a policeman had been involved with something that they were hurting people, the police would be held individually accountable and then thrown in jail. But that’s exactly what happened with the CDC, with these people that lied on many levels and committed all these different crimes but they have not been held accountable personally.

To me that’s another crime in and of itself is that no one has been held accountable to this point. We have thousands and thousands of babies that have been damaged, permanently, many of them.

**Dr. Wakefield:** Well, our job is to hold them accountable and we need now to use the movie that we made about this, the documentary, to force Congress to act and take responsibility. Because what you’re dealing with here are people who have sworn to protect the health of the children of this country.

It’s not just that they’re neutral on this, they have actually undertaken, as part of their professional and moral obligation, it’s part of the CDC to be responsible for the protection of the health of the children of this country. And quite the opposite, quite the opposite, they are deliberately, knowingly and recklessly putting them at risk for a major, lifelong, debilitating disease.

**Ty:** That’s horrible. It’s horrible because these are children that are living with this damage, if they live. If they’re living, they’re living with it sometimes for life. This is permanent damage at times. I don’t want to go down that rabbit hole too much, but that’s really personal to me. I have four children and I see that what’s happening to these children, it’s an atrocity.

I want to ask you about something that happened about maybe 20 years ago. It was in the late 90s, I believe. You were thrown through the mud. You were slandered, you were lied about because you allegedly said that the MMR caused autism, right? Let’s talk about what happened with the MMR vaccine. What did you actually say? Let’s talk about the study. Because eventually, the lead researcher for that study was found to be not guilty of any falsehood, right?

**Dr. Wakefield:** Absolutely.

**Ty:** So, how can you be maligned when the lead researcher was not? Let’s talk about what happened with the MMR, and what did you actually say?

**Dr. Wakefield:** Firstly, as a broad principle, if you offend the powers that be, if you offend public health, if you offend the pharmaceutical industry and threaten their bottom line, as we did by calling into question the safety of MMR, there is no price that you will not pay.



That's it. People talk about conspiracy theory. This is just ruthless pragmatism. "We will destroy you in order to protect our bottom line." That's the way these people operate. So, that's a reasonable starting point, from understanding what happened to me.

But you go into these things knowing what the consequences might be. You don't realize quite how savage the attacks are going to be, or if you did, perhaps you wouldn't go into the profession. I like to think that I would, but nonetheless, it's been an interesting ride for the last 20 years.

But we did what we should have done and that is listen to parents who came to me and said, "My child was fine. They were developing normally. They got an MMR vaccine. They developed bowel problems and they regressed into autism."

I knew nothing about autism but I did know a lot about inflammatory bowel disease. So, the symptoms in these children clearly merited investigation. We got them together with the world's leading pediatric gastroenterologist, Professor John Walker Smith and his team, and we investigated them.

The parents were right. The children had an inflammatory bowel disease. And when we treated that in the way that you would treat, say Crohn's or colitis, then not only did the bowel symptoms improve but the cognitive symptoms improved, the autism improved.

It didn't go away but it made a huge difference to the child's quality of life. So, beginning of a very interesting journey. We published the first 12 cases in *The Lancet* paper, where we explicitly said, "This does not prove an association between MMR vaccine and the syndrome described bowel disease, the autistic progression. This needs further research." That's what we said. It's been the most misrepresented paper in the history of the world.

**Ty:** Absolutely.

**Dr. Wakefield:** I doubt many people have actually read it. But they clearly have an opinion on it. So, then through Rupert Murdoch's News International, *The Sunday Times*, freelance journalist Brian Deer, who is, I believe, a hitman for GlaxoSmithKline, but that's my opinion, came forward and proceeded to dismantle my career, the paper, and tells some extraordinary lies about it. Ultimately claiming that I committed fraud when in fact there were 13 authors on that paper many of them the world leaders in their field.

The idea that I could singlehandedly commit this fraud, sneak it under the carpet, when all of these people had to sign off on the paper, who between them have published some several thousand papers in peer reviewed journals, this one, they just took their eye off the ball? I don't think so.

**Ty:** That's absurd.

**Dr. Wakefield:** Professor Walker Smith, coming to the end of his career, an unimpeachable career, writing the textbooks that train the pediatric gastroenterologists today, would commit fraud, would commit all of these sins, would not investigate children on clinical need, but to experiment on them? When? At the age of 60-something, when he was about to retire? I don't think so.

**Ty:** No.

**Dr. Wakefield:** It was so fanciful that they made it so complex and they had such a powerful mechanism or vehicle through which to distribute the message, the mainstream media, *The Sunday*

Times in England, that it became very difficult as a single individual to do anything but just roll with the punches, take it all, assemble it into the truth over many years, and then come back.

Now for the first time in 20 years with William Thompson coming forward with a story that essentially investigated a hypothesis that we gave them all that time ago. We gave the CDC a hypothesis that we believe it's age of exposure to MMR that's a risk.

The younger you are when you get it, the greater the risk, which would explain why not every kid who gets MMR would be at risk. Part of the problem may be age of exposure. They tested that hypothesis, found it was correct. And Thompson said to me, in text, he said, "You paid the price of my dishonesty and I hope I can help to restore your career."

**Ty:** How did that make you feel when you got that input from him?

**Dr. Wakefield:** It was a little too late in many ways, but the truth is, it made me—I've been described as a pathological optimist. I really believe that we will get to the bottom of this. We'll solve it. I was just delighted that a man of conscience had, even after all these years, decided to come forward and tell the truth.

That's what counts. What happens to me actually doesn't matter at all. It's irrelevant. What happens is that we do the right thing, we stop this problem, we stop children getting injured and we make the world a healthier place for kids to grow.

**Ty:** Yeah, that's true. That's why I really admire the work that you've done. I'm really thankful for what you've done. You're a trailblazer. Share with us the name of the documentary that you've been involved with.

**Dr. Wakefield:** The documentary, we had more trouble coming up with a name for this documentary than we did shooting the documentary.

**Ty:** Okay.

**Dr. Wakefield:** Selection by committee, never get involved in it. I wanted originally to call it *Feast of Consequences*. That comes from a quotation by Robert Louis Stevenson, who wrote *Treasure Island* and *Dr. Jekyll and Mr. Hyde*. He said, "Sooner or later, we must all sit down to a feast of consequences."

I love that. I was told by my producer that's far too intellectual. "No one will understand what you're talking about." So, I fought for it for about half a day, and I go, "Okay, alright." One thing he convinced me of was how you have to take things to a certain—eventually, now we have a Frenchman involved in the sort of distribution side of it, and he said, "I want a name that is really frightening." I said "Okay, what about *The Extinction Schedule?*" With a reflection on the vaccine schedule, the extinction. "No, that is far too frightening, too frightening." I said, "You are a difficult man to please." So, then we got to *Vaxxed, From Cover-up to Catastrophe*.

We all said, "Okay, that tells the story, gets it in there." *Vaxxed* may put a few skeptics off from watching it in the first place, but it's short, punchy, gets a message. So, that's what we're going to call it.

**Ty:** Awesome.



**Dr. Wakefield:** You'll see the trailer this afternoon.

**Ty:** Okay. Yeah, looking forward to it. Last question for you. My eldest daughter's 16. When she was born we did not know about vaccines. We had her vaccinated. We were pressured into vaccinating by a pediatrician that looked my wife in the eyes and said, "If you don't vaccinate your child, you're not welcome here."

Because we were beginning to learn about the potential harms of vaccines and we didn't want to vaccinate but we were basically pressured into it or we would lose a doctor. If it were today I would just walk out. But then, you're like, you don't want to lose a pediatrician.

So we got her vaccinated and she showed lots of symptoms of regression into the autism spectrum. She doesn't anymore, but we saw some problems immediately. I have four children. The youngest two girls have never had a needle. If you have a young child now, what would you do as far as vaccinating or not vaccinating?

**Dr. Wakefield:** Just a little backstory to this, when I first got involved, based upon the parent's story, I was looking at MMR. I was concerned about that. The more I got involved in it, the more concerned I became. I started hearing from the U.S. about the Thimerosal mercury preservative, about aluminum and an adjuvant, about formaldehyde, fetal cells, contaminants, retroviruses.

And I came to the conclusion, after a lot of research, that if I had a baby now, I would not give them a vaccine until someone can prove to me that the vaccines are individually and collectively safe, the schedule is safe. There's been no testing of that schedule.

At the moment, I wouldn't give a newborn baby of mine any vaccines. When I come to meetings like the one we're at now, CalJam, where chiropractors bring their babies, they actually bring them and they sit in the back. The babies are so well-behaved. You look at them and they engage and they've got great eye contact and engaged. They are so far ahead of the children we see in the community. They've never had a vaccine. It makes you think.

It's terrifying. It's actually terrifying to see how healthy they are because it makes you realize that we have done something really very, very bad. That's my honest answer. I don't give recommendations. I simply tell people what I would do if I were a new father today.

**Ty:** Well, thanks for sharing that. It's interesting that you mentioned the newborn babies. Just a half hour ago I was out there in the lobby and a little six month, eight-month-old, came up and grabbed my finger and looked right in my eyes.

It just struck me what you just said. Yeah, the engagement that you see with these children here is at another level than what we're used to. You wonder how much of that is vaccine-induced. Dr. Wakefield, thank you so much for what you're doing. You're a big hero of mine and I'll continue to push the truth about vaccines far and wide as long as we can. Thanks for what you're doing. Appreciate it.

[End of transcript]



*Chapter* **50:**

*Interview with*  
**Edda West**



**Edda:** Many years ago, my children were young. I had two children who had a severe reaction to vaccines that they were given, and it was very frightening experience to see my children made so ill by what I believed and my doctor told me was for their benefit and to protect them. And so it set me on a journey to find more information.

I started to read and to research. And on that journey, I met many amazing people in the medical profession, in scientific profession, and other parents who'd also experienced severe vaccine reactions and injuries who witnessed them in their children.

The more I read, and the more I researched, and the more I discovered on that journey, I learned that vaccinations come with a lot of risks and side effects and that people aren't told in advance that that could happen.

It's a very frightening experience to think that you're doing the best thing for your child and then to see your child react in a way that is an extreme reaction and that actually can affect the child's health for the rest of his or her life. Many people have had that experience.

So, mine happened many year ago, back in 1962 and then again in 1977. It's been a long journey of discovery and learning about what are vaccines, what is in them, how are vaccines made, what happens when you inject these very complex biochemical substances into the human body. And especially into children in their early years of critical phases of brain development which happen in the first three years of life.

It's all been an unfolding process of learning and digging deeper and digging deeper and understanding what the consequences can be when we take for granted that an advised medical intervention can actually hurt our children.

Yeah, I did because my son sustained a permanent brain damage and this is a big inner struggle because you see that your child struggles with basic things that most children can easily do. That is learn language, learn how to speak, learn how to tell colors. Comprehend more complex issues.

Yeah, you do have guilt, but at the same time if you didn't know in advance that that was a possibility and you blindly simply accepted something innocently that was told to you would be the best thing you could do for your child, you know you can't beat yourself forever. It becomes simply something that happened in life and something that you learnt from.

So for me it became a lifelong learning process. It's been 35 years of learning about this issue and turning that into benefit for other people to publish information and research from credible scientific and medical sources for other parents who are looking for information.

I think that one of the big lessons for me from that experience of seeing what happened to both of my children is recognizing that in our decision-making, we need to use more than just our intellectual capability. It's one thing to have knowledge in your head, it's another thing to also listen to your heart. In both instances, I had inner feelings of, "Um, I'm not sure about this. I don't know if I feel good about this."

But you know most people and most parents defer to the expert. If the expert in the white coat says this is the best thing that you could do for your child, you tend to override that internal feeling that's giving you little signals of "be careful, be cautious."

I like to urge people to listen both to their heart and put it together with what they know intellectually. You know so put your head and your heart together before you make any kind

of a decision that involves a medical intervention like vaccination. Because once you've injected those complex substances into the child's body, and if something goes wrong, you cannot deactivate what's going on. You cannot remove them and you cannot neutralize what is happening.

Well, my whole life is become a service to helping other parents get credible good information so that they can make an informed decision about what they're going to do, before they just go ahead and proceed with this medical procedure just because somebody says this is what they should do.

So, self-forgiveness, you can only feel guilty for so long before you maybe need to turn it around and make it a journey in your life that helps other people. Wake other people up. What the society needs to recognize that our children are in great jeopardy and that there's a huge risk that many, many children will never be able to lead normal lives because early on in life they have been injected with chemicals substances, biochemical substances that have altered their immune system function, altered their brain function irrevocably changed, not for the better, all of their capabilities.

We're looking at a really serious situation here and I've been involved for a long time in education in trying to help parents understand what can happen when they vaccinate their children too soon, too close together, too many vaccines.

Where we are now which is, we're looking in 10 or 15 years every second child will be at risk of developing autism. This is way bigger than me or my children or their reactions or my son's brain injury that he suffered. It's way bigger than myself as an individual or my children.

They're already adults. They have lives of their own. We're now looking at the destruction of an entire generation of children. If the society doesn't wake up to what is being imposed on them, how do we continue as a society when we no longer have viable children that can grow into productive adults to lead normal lives?

We are at absolute critical crisis and you want me to cry? I mean, I could cry for all the children that I've seen damaged. In the 35 years I've been doing this work. Catastrophically damaged. Children who will never be able to function in any meaningful way. Families absolutely destroyed by the impact of vaccines on their children.

Meanwhile, we have a medical profession and governments who are not only ignoring the crisis but they are completely, they are keeping a lid on it on the corruption and the fraud that has existed in the science that has allowed this to continue on and on.

My tears for my own children were shed a long time ago. I have no more to shed there. My tears are now for the children who are being devastated and the families who are in suffering now. What will we do when 2032 comes around and every second child is autistic? What will we all do as a society? Where will we be then? How do we rally the troops? How do we raise the flags, the red flags to wake up society to say somehow this has got to stop?

I don't know. All I know is one day at a time, one person at a time. That's all I know. And 2032, those are not my numbers. This is from the Dr. Stephanie Seneff. I don't know if you know of her. She's very well known. She's an MIT researcher. Her specialty is in analyzing glyphosate which is the main chemical in roundup that is used in the agriculture of GMO foods.

She's done the numbers and she's done the research, and according to the trajectory of

how autism is progressing, we are in right now, 2016 in April, 1 in 45 children is on the autism spectrum. So, the trajectory of how this is increasing, according to her research, takes us to 2032 where now, we're at 1 in 45 children. At that time she predicts it'll be one every second child.

How does the society survive when we are absolutely destroying the life and the future of our children? How do we survive? What happens? What happens to humans, to the human society? Do robotics take over then? Where do we go?

In the work that you're doing, interviewing people and learning so much through Ty Bollinger, that you would be preparing for a time when perhaps you have your own children and you receive the benefit of all these people that have gone before you, who have made these discoveries and have said, "Here take a look at this information and hopefully you'll be able to make a much better informed decision for your children than I was able to make for mine."

So, that's my hope. That's what keeps me happy inside is knowing that the information that we put out and encourage people to really do their homework and research and read up. That's what's going to make a difference. So, we still have to maintain hope, despite the darkness that looms.

This is a very common situation. People believe that by vaccinating, they're doing the best thing for their children. That this is what's going to protect their children from these various diseases and then something happens. Something goes wrong and the child sustains a brain injury.

And then of course, there's the guilt. Often parents don't even recognize that because the doctors deny that vaccines can cause brain injuries that can then lead to the constellation of symptoms that is known as autism. It's so often parents don't even realize that it's vaccinations that were at the root of what happened to their child.

If they do delve into it and they do discover that that's what happened, there are many alternative biomedical treatments that can help children. I know of many families where they've worked really hard over time and they've been able to reverse those injuries.

So, that's what happens. You can't, like I said earlier, you can't continue to beat yourself up with guilt. Take that energy and move it forward and discover that there is an amazing world of alternative treatments that can help your child.

If you talk about Dr. Sherri Tenpenny and Dr. Mercola, we're all trying to put out the same message: caution to parents, caution around vaccines and understand that the way the situation is right now. In Canada, for example, I have to give you the Canadian example. I think it's even a little bit more in the United States.

But here by the time a child is 18 months old, in Canada that child can receive 39 doses of 14 vaccines. These are complex biochemical substances. Injected into the child's body that can derail brain development that are injected during critical times, critical windows of brain growth in the young child and the results can be brain inflammation which leads to Encephalitis, which leads to brain injury, which leads to the constellation of symptoms that are then described as autism, learning disabilities, and all of that whole range.

What is being done to children, we recognized all of the alternative practitioners who have gotten involved in this understand what is happening, and what now needs to happen is how does this information and knowledge and acknowledgement of what's happening

affect mainstream monopoly medicine that is controlling the message?

How do we bridge this gap? We have a hundred percent media blackout right now. The media, the mainstream media will absolutely not publish anything about this issue. So, we must rely right now on all of the alternative media and social media to be able to get the message out. So that parents can actively make decisions based on accurate information.

We have emerging science that's been coming out for the last 30 years that says the immune system is intimately involved in brain development. Immune cells are involved in brain development and brain growth. When we hyperstimulate the immune system, we hyperstimulate the immune system within the brain.

And that can move toward brain injury. How do we stop this from happening and protect all of the beautiful brains in our beautiful young children, how do we protect them? We protect them by providing parents with information so they can make an informed decision.

[End of transcript]



# Chapter 51:

*Interview with*  
**Dr. Cilla Whatcott, Ph.D**





**Robert Scott** We're joined now by Cilla Whatcott. She's a PhD. She has done extraordinary work in the realm of homeoprophylaxis, has put on a conference for two years now. One first in Dallas and now in St. Petersburg, Florida, bringing people from around the world to communicate things that have rarely, if ever, have been communicated at this level. I'm so honored to have here here talking with us about the truth about vaccinations, homeoprophylaxis.

Her book, *There is a Choice: Homeoprophylaxis, An Appeal to Mothers* is something I recommend that we all read and get out to everybody. Cilla, thank you for being with us. Thank you for hosting us and, just extraordinary and important work.

**Dr. Whatcott:** Thank you, Robert. It's great to be here.

**Robert:** We've talked on my radio show a number of times as well about this, but the idea here, in our culture in the West, and a lot of the people watching from around the world have a Western consciousness or mindset, are completely unaware, or just now are learning about this thing called homeoprophylaxis. Maybe we should start briefly there.

**Dr. Whatcott:** Right. Well, homeoprophylaxis has been around for over 200 years. It's really about the use of what we call nosodes in homeopathy. They're made from disease products, or animal, mineral, or vegetable products as the source, and then they're diluted and potentized so there's no original molecules left in the substance.

But what we have is an energetic frequency of that substance. When that's introduced into the human system, it basically educates the immune system so that the person can recognize the disease if met in nature and build an immune response, an appropriate immune response.

It's very safe. There are no additives. There are no adjuvants. There's no preservatives. These are not grown on foreign mediums, no antibiotics. There's never been a death from homeoprophylaxis. It's been utilized worldwide, very, very effectively. A number of different studies have taken place that have confirmed its effectiveness and safety.

**Robert:** And no aborted fetal cells as well?

**Dr. Whatcott:** None whatsoever.

**Robert:** Very important. We can help people individually. You have, I have, but to hear a whole swath of a country to be impacted in this way. Last year at the conference you introduced me and a lot of the world to Dr. Isaac Golden, from Australia. He reported on something very extraordinary in Cuba.

**Dr. Whatcott:** Yes. Dr. Isaac Golden talked to us about the Cuban study, where in Cuba, where they have leptospirosis. It's an endemic disease that occurs during the hurricane season, so high rain and flooding, people are able to contract leptospirosis. They immunize their entire country for leptospirosis.

In 2007 and '08, there were multiple hurricanes that came through. They weren't able to immunize everyone. They utilized homeoprophylaxis then, and had incredible results with 2.3 million people in a few different regions. What they found was a reduction of the incidence of leptospirosis, while in the other regions, there was an increase in the incidence of leptospirosis. Highly successful study at that time.

Then Isaac also did a study with about 3,000 children in Australia, where he gave those

children the homeoprophylaxis for the common diseases on the recommended list: pertussis, measles, mumps. He studied those children for 15 years. He looked at their long-term health over a period of 15 years and found that they had fewer colds, fewer sore throats, fewer ear infections. That they had better general immunity and health, just as a process of receiving these nosodes. He compared those children to some other groups, vaccinated, unvaccinated, and found much better results with those children.

**Robert:** What about the controversy of the prevention of childhood diseases like measles, like chickenpox and things, that it might not be advisable? Do we have any insight into the benefit to having these diseases in a safer way without stopping them from happening?

**Dr. Whatcott:** There's quite a bit of insight and information coming out. At our conference this weekend, Tetyana Obukhanych, the immunologist, is speaking about some of the benefits of childhood diseases. Also, Neil Miller has written a book talking about the studies that have shown us lifelong benefits from having chickenpox, having measles.

Generally, children exercise their immune systems and mature them through having these childhood viruses, and Mother Nature knew what she was doing when she developed these childhood diseases. They happen in certain windows. They help the maturation of the system and they provide protection against other things: brain tumors, ovarian tumors, cancers.

The evidence is coming forward that these childhood diseases are protective and viruses themselves, benign viruses, exercise the immune system in a way that mature the child and help them to have better health later.

**Robert:** Theoretically, philosophically, fundamentally, there are a lot of perspectives among homeopaths on the way to utilize this.

**Dr. Whatcott:** Correct.

**Robert:** You and I have talked about, off the air and on the air, about there are many schools of thought in homeopathy. The use of nosodes as homeoprophylaxis is not necessarily the original thought form in classical methodology and constitutional prescribing.

**Dr. Whatcott:** Right. There's discussion amongst homeopaths. I think a lot of it, Robert, is a product of not having the information, not seeing what some of the studies are showing. Homeopaths are fearful about giving high potencies of these nosodes made from diseases to their patients.

But Hahnemann himself was the first one to use nosodes—I'm sorry, to use a remedy called belladonna for scarlet fever as a prophylactic. It's been done. The reality is wouldn't it be better to prevent some diseases, for instance, meningitis or pertussis, than have very young infants suffer from them?

And how quickly can you engage determining a genus epidemicus, which is what classical homeopaths like to look for during an epidemic that takes time and coordination if you can give something to prevent the disease initially that could be much more helpful and save lives?

**Robert:** Have you experienced, with the use of nosodes, though, that people sometimes experience the disease that the nosode was indicated for, but perhaps in a milder and a quicker type of a way.

**Dr. Whatcott:** Similarly but not exactly. It's not the disease that they experience, but their body undergoes an immunological response. We might see a very mild runny nose, maybe a fever that lasts

a few hours and then it stops. It's just the immune system waking up and engaging, and then settling back down again.

And it's a very healthy sign, extremely mild, never prolonged. Hundreds of children that I've administered homeoprophylaxis to I've never seen a prolonged response that couldn't be ameliorated very easily.

**Robert:** I bring that up just because of the concern from some in our realm of homeopathy, thinking that this might be some form of suppressive therapy.

**Dr. Whatcott:** Right. I would say no, that it's not suppressive, that it's actually exercising the immune system and keeping things moving in a healthy way. I've even had some parents take the nosodes to see what the children are experiencing.

They too report that they feel like they're coming down with a cold, and then in a few hours it passes. So, it's clearly a sign that their immune system is activating and engaging in a positive way.

**Robert:** Genuinely strengthened rather than suppressed and weakened, which is a big argument that we have about the danger of vaccinations that, indeed, even if you can artificially stimulate an antibody, is it a genuine immunity, is it a lasting immunity, and what have you done to the function of the entire immune system by that method versus what we're doing here with nosode therapy, for instance.

**Dr. Whatcott:** Right. We're supporting the immune system. It's like getting natural disease but without any of the risks. It's the benefits of the natural disease without the risks of natural disease. Many people can't withstand natural disease. Many people can't withstand vaccines. If they're in a camp that they could succumb to a vaccine response, reaction, injury, then something like homeoprophylaxis would be really helpful.

**Robert:** Are there any other stories that come to mind that are impactful that helped you to understand the power and profound importance of homeoprophylaxis?

**Dr. Whatcott:** Well, I've had quite a few patients who start homeoprophylaxis and then their children come home and report that they've played with a child who's positively diagnosed with pertussis, most commonly. So, the parents watch and see, and then they'll call me up and say, "My child never contracted pertussis." So, they're thrilled.

Most of the personal stories that I get are from parents who can see their child's immune system working and they feel really empowered because they give the nosode, they see a very mild immune response, it comes down. The next day their child's speaking another few words, riding a bicycle. They take a little developmental leap. The parents recognize that they're seeing the immune system developing. Then in cases where they're exposed to disease, like pertussis, and the child doesn't contract it, they're thrilled because they see it's actually working.

Most of Isaac's results that he saw with his study were in about the 90 percent range of children not contracting diseases that they were positively exposed to. It's very high effectiveness.

**Robert:** What is the environment in the States, you're in Minnesota, for utilization of homeoprophylaxis in a very medical community that we have in America?

**Dr. Whatcott:** Each state has their own laws about exemptions. So, 16 states have a philosophical ex-

emption where people can opt out of vaccines in those states. They're free to use homeoprophylaxis. There are only three states that only have a medical exemption, so then they would need to receive a medical exemption.

The remainder of the states all have religious exemptions. So, if they can claim a religious exemption in their state, they're free to use homeoprophylaxis or whatever they choose.

**Robert:** What if they're in a situation where they're not certain yet of the danger of vaccines, they might want to do both? Is that contra-indicated?

**Dr. Whatcott:** It's not contra-indicated but I would want to educate those parents just so they have a very clear understanding and then they can make an informed choice, basically.

**Robert:** Cilla, it's so extraordinary that you're out there sharing and gathering people together to get this information out. I'm so grateful for you. I hope everybody will get your book, *There Is a Choice: Homeoprophylaxis, An Appeal to Mothers, and fathers*, I would add.

**Dr. Whatcott:** And fathers.

**Robert:** All of you. Grandparents, too. Thank you for being here to really reveal the truth about vaccines and other options.

**Dr. Whatcott:** Thanks, Robert. Appreciate it.

**Robert:** Thank you.

[End of transcript]

# Chapter 52:

*Interview with*  
**Dr. Heather Wolfson, D.C.**



**Dr. Wolfson:** I was born to do this. This is my passion. I have two young boys, 3 and 8 years old, and I'm doing this for my boys and I'm doing this for all the other children out there.

They deserve to not be maimed and killed by vaccines. They deserve better. The parents are brainwashed and they need to know the truth. The doctors are brainwashed and they need doctors to come out of the closet like my husband and speak the truth.

Speak the truth and shout it from the rooftops because this is the only way we're going to change the position of the world. It was very scary having the death threats, having the phone calls to the office, to the home. CNN was stalking my husband even at his practice, accusing him of going dark, accusing him of endangering the lives of other children.

You cannot risk the life of one child to supposedly protect the life of another child. That is my child and it is my responsibility to protect my child. I know the damage that vaccines cause. I know what's in a vaccine. I've done the research, the proper research.

And not only are the dangers, the vaccines dangerous, the infections are intended to prevent are benign. Not only are these diseases, infections benign, we want our children to catch these infections because they confer immunity for a lifetime, something a vaccine will never do and they protect us against much more harmful disease like cancer, Alzheimer's, autoimmune disease. The same diseases that the vaccines are actually causing.

[End of transcript]



# Chapter 53:

*Interview with*  
**Dr. Jack Wolfson, D.O.**





**Dr. Wolfson:** Thyroid disease is often autoimmune. Autoimmune because some of the vaccines that are coming in, some of the oral vaccines, these cause gut damage that leads to a leaky gut syndrome. Things that do not belong in the body get into the body and when they're in the body, the immune system reacts to it.

When the immune system reacts to it, it starts reacting towards other things. That can certainly be thyroid tissue. That is classically what's known as Hashimoto's or autoimmune thyroiditis. These vaccines are clearly causing damage to the gut barrier and leading to autoimmune conditions one of which, of course, is thyroid.

Anything that leads to inflammation is going to be damaging to the body. Myself, as a cardiologist, there's inflammation, that's the whole point of vaccination, is to cause a systemic response, to cause inflammation in the body. When there's inflammation, there's cardiovascular disease risk. I certainly believe that there's a large autoimmune component to cardiovascular disease.

The immune cells go into what's called the endothelium and they go through the endothelium into the inner linings of the vessels and they cause an immune reaction. What happens over time? More and more immune cells come in, it leads to calcification, it leads to cholesterol deposition, more inflammation, more cholesterol deposition.

Then, eventually, over time you get a plaque. You get a coronary plaque and that plaque, of course, can rupture leading to heart attack and death. When a good doctor takes a good history on someone, they find out when their condition started. We want to find out what the issues were at that time. Often times when I take that history on people we do see that there was a vaccine that just preceded the onset of their symptoms.

I look back and if someone has a thyroid condition that started a couple of weeks, a couple of months after a round of vaccines or even something just like the flu shot, they start developing symptoms, we have to think that there's some correlation between that vaccination and the onset of thyroid disease.

A few years ago, I saw a patient who came into the hospital with chest pain. It turned out they actually had a small heart attack and went on to have an angiogram and have a stent placed. But, in talking to that person, I was asking the questions, "What happened just prior to your symptoms of chest pain." What she said was, she had a flu shot six hours before the start of chest pain.

The reality is doctors are not asking the questions about what happened. They're not asking the questions about what preceded these events. We have to do that. Doctors as an organization have to ask those questions. This woman told me that she had the symptoms six hours after the vaccine. It is clear as day. I reported that to the vaccine adverse events reporting system, the government's reporting system. There is plenty of cases that are in there that are of a similar ilk. Us as physicians, we need to ask the questions.

Vaccines clearly cause inflammation. That stressful response could have triggered a coronary plaque rupture, triggered the heart attack just from the injury that occurred at that time and the immediate inflammation, the body's response to that injury, that injustice done to the body, that pollution done immediately to the body, where the body reacted in this woman.

There's no doubt it's happening all around the globe to people. This is a woman who was never told what the risks were. It was never said, "There is a possibility that this could lead to a heart attack. This could lead to a cardiovascular event."

This woman thought she was going in for a simple flu shot as are millions of people around the globe but there's clearly side effects that are related to injecting chemicals into the body.

**Interviewer:** How does that make you feel?

**Dr. Wolfson:** It makes me feel very frustrated in the system that people are not getting warned of what the possibilities are. We need to warn and tell about the risks of all these different procedures. It's very clear that doctors are not doing that.

**Interviewer:** Why do you feel compelled to do that?

**Dr. Wolfson:** People need to know the truth. Doctors have been lied to. Doctors have been brainwashed into this type of thinking. Thinking that the side effects and the risks are minimal, when in fact when you ask the right questions and you actually talk to people, you take the time, which doctors no longer do. Doctors are just quick, in and out. Maybe they're not even taking the history. Maybe they've got some subordinate that works for them that's taking the history. Doctors are not taking the time to ask these questions.

When we ask the questions, that's the number one thing that we're taught in medical school is to take your time, let the patient tell you their story. But we're not doing that anymore. We're in such a rush that we're missing the cause of so many of these catastrophic situations. We have to ask those questions and when we ask the questions we're going to get the answers and we're going to prevent the problems.

Clearly patients are not being listened to by the physician. The doctor-patient relationship, it used to be all about the patient, when doctors would take a good history, take a good long physical examination on these people. Now it's all about the doctor. How does the doctor get that patient out of the exam room, out of the emergency room, out of the hospital as fast as possible? The patient's needs are not being met. Certainly, the doctors are not taking the time to go after the cause.

When a patient comes in the room what the doctor is immediately thinking, "What pill or what procedure can I give this person to get them out of the room as fast as possible so I can see the next patient." It's a money driven system and it is not about outcomes. It is about money, where the doctors are prescribing the pills, the procedures and it is not about the patient, it is not about quality, it is not about finding the cause. It's the patients that are suffering in this system.

Clearly patients are being rushed. They're not given full, informed consent. They're not told about the risks of the procedures. They're not talking about alternatives to the procedures. This has been clearly documented in so many studies.

There was a study in 2015 that looked at cardiovascular patients going for cardiovascular procedures, angiograms, the invasive heart catheterization to assess coronary artery anatomy. The studies saw that patients received full informed consent 3 percent of the time, 3 percent.

When these patients were finally given full informed consents, the vast majority said, "I don't want to do the procedure." If the doctors are being truthful and taking the time to tell people the truth and not using scare tactics, to get the patients in and out as fast possible to get the procedure done as quick as possible, patients are going to learn the truth.

We need to tell them the truth and let them make the informed decision. When they see

what the risks are many are going to opt out of these dangerous procedures and that's a good thing. It's a good thing for their health, it's a good thing for their society and it's a good thing for the future of medicine.

I think when patients learn the facts I think they feel empowered, they feel truly part of their healthcare choice, their healthcare freedoms. Their freedom to make these decisions. They're not being strong armed and bullied into medical procedures. We need to have this communication with patients.

This is not the 1970s where what the doctor says is gospel. We've actually got to give patients the full informed consent. We know what the risks are. We know the dangers of the procedures that we're doing. It's in the literature. It's in the books. The doctors know it. When they tell it to the patients and they're truthful with the patients, then the patients are going to make the right decision for them. Oftentimes it includes doing less. Most times less is more.

When the whole measles outbreak occurred in January of 2015, and I say outbreak very loosely. It turned out to be about 150 people infected with the measles virus and just about all of them recovered fully. One person unfortunately did die from the measles. That person was highly immunocompromised, very sick and only on autopsy was it shown to have to have measles.

What happened with me was when a friend of mine called, she's a PR representative and she wanted me to go on NBC, the local affiliate in Phoenix to talk about the measles outbreak. I went on NBC, did my piece on there and that lead to a lot of commentary on the Arizona Republic website.

That commentary was large part negative. People were very upset. They were immediately calling for my censorship, for my license to my Arizona Medical board. That lead to a lot of other people actually reaching out that were in my camp, that were about vaccine freedom of choice or anti vaccine. One of those websites was called Vaccine Impact News. They asked me to write a blog post.

My blog post was called, "Why all the anger? Why is everybody upset with me about my position regarding vaccines?" That post was about, "Don't be angry with me, mom and dad, be angry with yourself because you didn't ask the questions. You didn't ask about the benefit of vaccines. You didn't ask about the risks of vaccines. You didn't ask about alternative to vaccines. You didn't ask about the pollutants and carcinogens that are in the vaccines. You didn't ask about the risk."

"You didn't ask about the risk because you just blindly trusted your doctor and you doctor is influenced, your doctor is bought. You didn't ask about that. Why? Because you're busy in your own life. You're too busy worrying about your next coffee fix, your next sugar fix, your next love affair. You didn't ask the questions. Be angry with yourself. Be angry with the food companies. Be angry with the people that are peddling all the toxins and pollutants in society."

We were receiving emails. Emails like, "You better hope I don't see you walking down the street. I hope your children die of measles." As if, my children, my healthy two boys that were breastfed, given organic food, given love, given natural immune boosters, as if they are going to get sick from the measles or chickenpox or any of these other fear-mongering viral and bacterial infections. Natural immunity will prevail every time.

Then, people called the office and make comments on the phone. But you know what? We've made so many friends through this whole experience. So many amazing people that we've met that are on our side and the doctors are there, the MDs, the DOs, the PhDs,

the chiropractors, the naturopaths, the homeopaths. We've all got to come together and speak out and speak the truth and only then will the truth prevail and we're going to win this war.

[End of transcript]

# Chapter 54:

*Interview with*  
**Dr. Eric Zielinski, D.C.**



**Ty:** All right, Dr. Eric Zielinski, thank you so much for joining me brother.

**Dr. Zielinski:** Thank you so much. I really appreciate it, it's an honor.

**Ty:** Yeah, it's an honor to be able to talk to you about vaccines not only about the—we're going to talk a little bit about vaccine ingredients, we're going to talk about the issue of forced vaccines today.

But I also want to get your perspective on the role that essential oils can play in preventing diseases, helping the immune system and maybe even helping to detoxify from some of the poisons in vaccines.

Let's just get rolling to start with, brother. Tell the people that are watching this documentary a little bit about yourself and how you got involved with health initially.

**Dr. Zielinski:** My name is Dr. Eric Zielinski and 13 years ago, actually, almost 14 years ago, now I became a Christian and that just opened my heart, opened up my mind to a new way of life and health became more of a spiritual act of worship versus just something I had to do.

I was sick, Ty. I was depressed. I battled suicide ideation, chronic gut issues, cystic acne, ear infections, throat infections. I was just, relatively, just a sick kid. I really had no hope, no hope to really be fully functioning.

I couldn't even play high school sports even as athletic as I was because I dealt with chronic pain conditions. When I became 23, became a Christian and my mentor at the time showed me a way of life that like, "Look, you could live healthy and strong." So that's what I did.

I started focusing on biblical truths. I started focusing on biblical health and one thing after another my health just started to transform. I was no longer addicted to alcohol, no longer addicted to narcotics, no longer addicted to nicotine and drinking a pot of coffee a day.

And the next thing you know here I am 36 years old healthier than I've ever been, feeling better. I know what it's like and that's the reason why I do what I do because I know what it's like being sick and I know what it's like getting better and I want to help people.

**Ty:** It's a noble goal. I think that's why we're all doing what we're doing. We want people to be healthy. We want them to feel good and we want them to feel better.

One of the things that we're going to focus on today with vaccines is their toxic ingredients. I don't think that anybody will debate that some of the ingredients are toxic. I guess the argument comes up or the issue comes up, "Well, they're just small amounts. Not a big deal," right? But most people regardless of whichever side of the fence they're on with vaccines will admit that some of those vaccine ingredients are pretty toxic.

You just mentioned becoming a Christian and the biblical perspective, so my question to you is this, in light of the fact that we know now that many of the vaccines contain aborted fetal tissue, doesn't that kind of pose a conundrum for someone as a Christian to be injecting aborted fetal tissue?

**Dr. Zielinski:** It's a huge moral issue. I think that's not even part of the discussion when it comes to health as a whole. What are the health risks related to that? But regarding the spiritual condition, that's heart wrenching. We don't even recognize, people don't even recognize what's in the vaccines themselves.



That's a concern that I have, Ty. I just hope that people whether they're Christian or not who are anti-abortion who are pro-life recognize like, look we need to vote with our dollar and you choose who your doctor is. I don't care what insurance you have, what shared coverage you have, you choose who you go to, you choose what you want.

Unfortunately people that are pro-life, they're voting pro-choice by what they're allowing in their bodies even vaccines. It's tough but that's why I appreciate events like this and what you're doing because you are creating awareness. People have no idea.

**Ty:** I think many people don't have any idea how heavily the deck is stacked against people that buck the system. For instance, here in Nashville there's a physician who is our own personal physician Dr. Kalb. He practices down at Cool Springs medical.

He went to this conference called AutismOne in Chicago this year in April, I was there. He had an epiphany that he doesn't need to be giving vaccines. He did not know about how dangerous they were before. He wasn't aware of all the harms. Just in the middle of the conference he said, "I can't do this anymore."

He came back the next week and he posted on the Cool Springs Medical website eight reasons why we will no longer vaccinate. Since that time, he's been heavily under attack. They're threatening to take his medical license in the state of Tennessee now because he dares to not vaccinate.

And it's not like you can't get a vaccine without Dr. Kalb. You can go to any drug store, any Walgreens, any C.V.S. and you can get the person behind the counter to give you a flu shot.

I mean there's no shortage of places to get vaccines. He's not endangering anybody by not vaccinating but he bucked the system they don't like that. What are your thoughts on that?

**Dr. Zielinski:** My initial thought is I'm convinced that 99.9 percent of every young adult going into medical school have a heart to serve, have a heart to help. I do believe there are some people out there in it for the money but by far most kids are in school trying to do what's good and then they get indoctrinated. You look at the research and then you look at the textbooks and everything is formulated in a very biased way to convince people to one direction.

You graduate after really being brainwashed for eight years and then you just, "Well, here's what we've got to do." It's a public health service. I actually studied at one of the premier public health schools in the world and I'm telling you, you want to talk about social pressure, that's a public health banner. That's what their focus is on. It's hard, Ty, to buck the system because you don't even know you're bucking the system at first. It's so ingrained.

So, with that my thumbs up to anyone who's willing to do that but, like you said, you got to recognize there is risk. I think it's really important to remember too, these individuals aren't the enemy. To me the enemy is the system, the big pharmas, the old white-haired men that are in the background making billions. There are people you can look at this, but the end of the day the doctor, the physician they're just trying to help.

**Ty:** I agree, I agree completely. The problem is that they have been indoctrinated in medical school and I think they've been indoctrinated by lack of education in medical school on vaccines.

Almost every doctor that I've interviewed on this documentary on the truth about vaccines, I asked them, "When you were in med school, what kind of education did they give you on vaccines?" "Basically, none. Just give them."



**Dr. Zielinski:** Like nutrition.

**Ty:** Yeah, they don't teach you on nutrition. They don't teach them on vaccines. As a matter of fact I looked at the top ten, I think, most utilized textbooks in medical school. I looked to see how much education was in those textbooks on vaccines.

I think the cumulative total pages was over 7,000 pages of material in those ten textbooks and there was less than five pages on vaccines out of 7,000 pages of text. They're not educated on vaccines. They're not taught anything except they're safe and effective and give them to your patients.

**Dr. Zielinski:** It's like a Platonic philosophical technique, it's a presupposition. If you presuppose it's true you don't even question it. There is no question, it's just, this is what you do and you start to give babies starting six months old the flu shot and you start to do this and you start to do that.

It's like it's not even questionable anymore. That's where it becomes dangerous because the people who do question they're considered the outliers. They're considered the dangerous ones and now look what's happening around the country.

**Ty:** Yeah, you look at states like California.

**Dr. Zielinski:** It's unbelievable.

**Ty:** They passed the mandatory vaccination law and they're looking to make it worse with the Children's Bill of Rights where the children can now decide over the parents that they want a vaccine.

I just did another interview and I mentioned to Dr. Heather Rice that you can bet your bottom dollar that they're going to scare the living daylights out of these kids in classes. "You're going to die from measles if you don't get the measles vaccine." They're going to indoctrinate the kids to where they want to take the vaccines because they're afraid.

**Dr. Zielinski:** That's it and that's what's happened. What blows my mind is T.S.A. and how we allowed our personal freedoms to be stripped from us all because of fear. If you can see that's the technique Ty, is if you instill fear in people they'll say, "Do whatever, do whatever you got to do, do whatever you need to do to protect me, protect my family."

But we got to recognize when you look at the history, there are things that we've done, natural things that we've done, to combat these infectious diseases since the beginning of time.

**Ty:** Talk about some of those natural things that we've done because I was talking to Dr. Heather and I got our story mixed up here she was talking about Raggedy Ann and how that was the story about smallpox. A little girl who had smallpox but before that we talked about the thieves oil.

Talk about that and the bubonic plague and the way that these robbers had used essential oils to combat the bubonic plague because I know that you are an expert on essential oils.

**Dr. Zielinski:** That is the story. It's an unbelievable story about taking oils like cinnamon, clove, eucalyptus, lemon, rosemary together and combining them in such a way where the vapors actually themselves combat the volatile organic compounds from the plague, from the virus.

We actually see research, a very similar blend was researched recently, a clinical trial that actually shows it kills the flu virus. Just flat out it kills. Again, clove, cinnamon, eucalyptus, rosemary, lemon and orange all work together. It's a synergy. It's a synergistic effect and they combat viruses like the flu.

What do you do? You take a Russian roulette shot? You know what the CDC said last year, Ty, remember? "Guess what everyone, we messed up. The flu strain that we put in the flu shot this year wasn't the right one." Of course it's not the right one because how many thousands and thousands now, we don't even know many potential flu strains are.

**Ty:** For sure it's an RNA replicating virus. You're never going to get the right strain.

**Dr. Zielinski:** No, but what do you do? You put a couple in, you do a Russian roulette and now you're just inoculating babies with embryonic egg yolks and Triton X-100—hopefully we can talk about that in a minute—and mercury and all these other toxic chemicals, it's like, "What in the world?"

You know, Ty, I stumbled, I got to say I geeked out over a book. I was doing a webinar for my essential oil club and I found this 1911 book from the Carnegie Library that started talking about essential oils with everything from pertussis, whooping cough and pneumonia and just infectious diseases in the early twentieth century that's all that they used. That's what they used in World War I, World War II they were using oregano and thyme to combat gangrene infection on the battlefield. So what happened?

We look at it, well, antibiotics happened and the government and big pharma said, "Look, we've got a solution and it's cleaner. You don't have to smell like pizza. It's very simple and it's cheap. Take a pill." And some people are like, "Okay. Makes sense."

Well, that changed the paradigm. When the antibiotics came out that changed the whole paradigm that's the reason why we're in this situation that we're in today if you look at it historically.

**Ty:** That is interesting. I did not know about that in World War I. You said it was thyme and oregano?

**Dr. Zielinski:** Thyme, oregano and other. There are so many. That was basically essential oils were used but predominantly we see oregano and thyme and others and cloves are exceptionally, exceptionally effective against infection. That was the medicine, especially European doctors. Dr. Valnet from France that's what they used.

So, aromatherapy wasn't "invented" until the early 20th century when Rene Gattefosse burned his hand in a laboratory experiment. The story goes he was frantic looking for something to help relieve his hand and he saw a big vat of oil. He put his hand in there, it was lavender oil, just to help relieve it. He would have put it in anything.

He was surprised at how quickly it healed and how there was no scarring. He was like, "What in the world. What was that?" They were just experimenting with lavender oil.

It really opened up his eyes to look at the healing properties of lavender and other things. That's where he wrote a book called Aromatherapy. That was a French book that now that's where we know what we do today based off of his studies now a hundred years ago.

**Ty:** What exactly is aromatherapy?

**Dr. Zielinski:** Aromatherapy is the therapeutic use of essential oils. There are three different ways you can use essential oils, aromatically and that is through a diffuser. You can apply them in a nebulizer or an inhaler, like a steam sort of steam sauna with eucalyptus, perfect. Also, a topical, you can apply essential oils topically or you can ingest them which is a debated topic but if done safely and wisely it's very effective.

**Ty:** Excellent. You mentioned that a combination of essential oils has been successful against the flu. Could you use those essential oils again and exactly how—is it inhaled, is it rubbed on the skin or ingested?

**Dr. Zielinski:** Yeah, all the above if it's done wisely. It's interesting, you go today and you're looking—as I've studied aromatherapy a lot of the recommendations are very conservative because people are hurting themselves.

These highly concentrated plant compounds, Ty, you're not going to find a pool of lavender out in the field but you'll find hundreds and hundreds of pounds of lavender. It takes literally thirty pounds of lavender to get one little bottle. It's a very highly concentrated substance.

People are literally hurting themselves, unfortunately. They're just putting it all over themselves and they don't realize we've got to be wise. When you look at the recommendations in the early 20th century, they created a 20 percent solution which is literally four of five times what the recommended dose and they injected into people to combat pneumonia.

You look at recommendations like that. I'm like, "Wow," they were using camphor oil to treat pneumonia in 1911 by injecting that 20 percent solution up to eight times a day, unbelievable. But that was very effective then. Now we get to the point where that was under the guidance of a doctor, so someone. I'm not going to recommend anyone to do that but what we do recommend is creating a good safe dilution.

I don't want to get into aromatherapy 101 too much about think it's important. For children under five years old, actually let me take that back, for children under one year old you want to stay with a 1 percent dilution or lower.

What that means is this, in a tablespoon you have roughly 300 drops of essential oil. If you want a one percent dilution, that means three drops of essential oil per tablespoon. That's a nice, safe recommended solution for a baby if you want to put it topically.

**Ty:** What's in the rest?

**Dr. Zielinski:** A carrier oil like coconut, almond, jojoba depending on whatever, even olive oil because that's what the ancients used. When we read it in the Bible that's what they're carrier oil was, it was olive oil.

If you're an adult, two to five percent solution is recommended for adults. A five percent solution, again, on a tablespoon would be 15 drops of essential oil per tablespoon. That would be a nice topical.

If you have the flu, for example, and if you want a topical ointment and if you are an adult, you can get 15 drops per tablespoon of that mixture like you mentioned, the clove, the cinnamon, eucalyptus, rosemary, lemon and orange. You could apply that and, interesting thing about it, is these oils literally penetrate into the bloodstream within minutes.

A good effective way, you could apply them on the bottoms of your feet but to me I like on

backs of the knee, on the backs of the neck, on the wrist. You can apply it over the abdomen. Various ways of applying the essential oil but also internalize them through ingestion as well.

**Ty:** You mentioned earlier, Dr. Zielinski, about Triton, Triton X-100, right? Talk about that.

**Dr. Zielinski:** My friend's a practicing chiropractor and one of his patients is a nurse. His nurse patient smuggled a box with the ingredients from the flu shot a couple years ago. Interestingly enough, I don't work in a hospital setting, but it's not easy to get the ingredients.

I literally just went to Kroger, if I have time I love to tell that story, but the pharmacist wouldn't give me the ingredients of the flu shot this year. She just wouldn't. She said she didn't even have it. She goes, "We don't have that available to give you." I'm like, "Oh, can you give me the ingredients?" She wouldn't even give them to me.

**Ty:** They have the ingredients for every food that's in the store, they have to. But they can't give you the ingredients for the vaccine. Did you ever get it out of her?

**Dr. Zielinski:** No.

**Ty:** Really?

**Dr. Zielinski:** You know what happened? If I got a minute to tell this story, it's kind of funny. Here I am, I'm in my workout get up. I went to the gym. I'm at the store just to get a little snack and you know how you go to the Kroger or Publix or Wal-Mart they oftentimes send you out a little coupon with your receipt. Well, this coupon talked about a specially formulated flu vaccine for the elderly, like "That's interesting."

Number one, I'm not elderly. So obviously, their marketing isn't pinpointing my age it's randomly or just giving it out to everyone. So, I looked at this and then I looked around me and I started seeing flu shot out of nowhere, like what is going on here.

So, I go to the pharmacist and she doesn't know who I am. Bless her heart she's just a sweet woman trying to do her job. I'm like, "Hey, can you explain to me what this specially formulated flu shot is. I'm just curious?"

I kid you not, Ty, she said, "Oh, that's for elderly people. It's two to three times the dose of what the normal flu shot is." I'm like, "What?" She goes, "Yeah, elderly people, their immune systems are compromised so the specially formulated flu shot is two to three times."

Don't you see the insidious marketing. Here's what they're doing, what do we talk about? We talk about epigenetics. We talk about customizing something based off of your epigenetic make up.

They're using our terminology of trying to customize things to say, "Hey, if you're old, we got something for you but do you know what it is? It's three times the dose." That's what it is and I'm like, "Are you kidding me?" Then right next to her was a sign and that said, "Get your flu shot, you get a hundred free fuel points."

I'm like "What are you talking about?" Marketing everywhere. I get a free tank of gas. I said, "Oh, can I have the ingredients. I'm just curious what's in it?" She was like, "Oh, we don't have that available." I asked her and she said no. She couldn't. I don't even know, did she have it? I'm sure she had the box.

They can't give that stuff out, Ty, because you're going to see Triton X-100. What's Triton X-100? Dow Chemical, it's a Dow Chemical surfactant in your household cleaner, in your industrial cleaner, in your paint. It's in your pesticides Ty. It's a surfactant and that's in your flu shot.

Here's the thing, I don't care this whole concept of parts per billion, it doesn't make sense to me. If it's a toxic chemical, it's a toxic chemical. These chemicals we know, formaldehyde was in that flu shot ingredient list time my buddy shared with me. We know formaldehyde, according to the National Institute of Health can cause cancer.

Parts per billion, when was the last time we've heard of anyone developing cancer by eating too much broccoli? You're not going to hear it. There is such a thing as excess can be harmful but not when it comes to this, a poison is a poison.

That's what we need to remember folks. Don't believe the lie. It might not kill you today but what do you think is happening to someone when they're six months old because that's the recommendation, a six-month-old. Every six-month-old in our country should be getting the flu shot according to our government, six months old.

**Ty:** And that's actually less than the age that the Cochrane Collaboration of 2006, their findings were that below the age of two and for the elderly that the flu shot is zero percent effective.

**Dr. Zielinski:** I know and I literally just looked before our interviewed today. I looked at the recommendations from the N.I.H. website, six months old. I'm now concerned about what's going to happen to these poor babies because now you're not killing them with egg protein because all the flu vaccines at this point are pretty much made from embryonic egg yolks. So is that a developing cause because egg is the number two food allergy in young kids.

I'm telling you, Ty, we're playing around with a genetic roulette and we just don't know. We're messing around with God's design and these poor babies don't even have a shot and not only that but they're getting the flu, they're getting pertussis, the whooping cough.

They're getting all these different vaccines, pneumonia, these babies are getting pneumonia. I cured myself of pneumonia with essential oils and a high dose of vitamin C last year. What's the pneumonia shot going to do for you?

Got some stuff on pneumonia too because essential oils have been showing thymol, carvacrol, geraniol, citronellol these are the chemicals in oils like lemongrass, oregano, thyme.

**Ty:** Oregano has carvacrol right?

**Dr. Zielinski:** Yeah and thymol, thyme, geraniol, rose. These are oils that have been proven to kill pneumonia. So, what do you do? You can take it. They're safe ways you can, again, internalize them like put them in a capsule. We can go into recommendations on safe usage.

But the end of the day, I'm telling you, when you look at the studies, when you look at, okay, what's effective what's not effective, you see that the chemicals in essential oils are typically as effective as the drugs out there but they just don't have the side effects. That's to me the bottom line.

**Ty:** It is. Name those again, Dr. Zielinski, that can be used effectively against pneumonia. The different oils that contain the thymol, carvacrol.

**Dr. Zielinski:** Yeah, rose, geranium, oregano citronella, lemongrass, clove and cinnamon, that's another

one. Again, many of the oils that we mentioned from that bubonic plague, that blend. It's beautiful, these are all oils are very effective.

And it's just not these oils though, Ty. This is one thing I think it's really important to take away from, these are just the oils that have been studied. What about all the other oils out there that people have been using for hundreds or thousands of years?

That's when I'm noticing a lot of the oils that we see being research are just because they're popular because the network marketing companies are selling tons of oregano and tons of lemon and tons of lavender but there are some pretty cool esoteric oils that people never heard of that just are crushing it.

I want to encourage people find out what works for you. That to me is epigenetics, biochemical individuality. Find what works for you and then use it because what's going to work for me isn't necessarily going to work for a 70-year-old African-American woman, right?

**Ty:** Right. I make almost every day at least one big shaker full of what I call lemonade but it's just purified water with two or three drops of lemon oil and two or three drops of peppermint oil. I shake it up and add ice and I drink it and it like refreshing.

**Dr. Zielinski:** It's very refreshing.

**Ty:** Every day I have it.

**Dr. Zielinski:** It's a lot of menthol.

**Ty:** Yeah, it is and it helps with chronic halitosis. Charlene's like, "Your breath smells—"

**Dr. Zielinski:** She's like, "Hallelujah, I can kiss my honey."

**Ty:** "Honey you did something." I agree that there's just a ton of research that hasn't been done on a lot of the other essential oils. I think the thing to remember with essential oils is they are basically the immune system of the planet, I guess is a good way to look at essential oils. That's that concentrated immune system of the plant that fights off pests and when you inhale them or ingest them you get them too.

**Dr. Zielinski:** You know what the Bible says in Revelations chapter 22, "The leaves of the trees are for the healing of the nations, not only that but for healing of the animals and healing of the plants and healing of the world." So, with that though I want to caution people they are precious and we're at a point right now where it's getting hard to find certain oils because we've consumerized them to extinction.

I encourage safe, moderate use because we also need to think about our children and that's a problem I'm noticing especially. People are over using them. We need to think about what our grandkids are going to use because at this point what if we use them all up and then what? So, that is a consideration.

I have a confession. At first it was embarrassing but now I can see how God can use this to help a lot of people. Ty, three years ago, what I was doing, I was I was wrapping up my doctorate in chiropractic I was really focusing on research. I was a medical writer, that's how I was providing for my family.

I graduated school and I wasn't practicing because I was focused on research and writing



and then the crazy idea came to me that I was going to host an essential oil summit. I got together with our mutual friend Dr. Josh Axe and my buddy Jill Winger and we created what became the most popular essential oil event ever, non-branded, 165,000 people.

Here I am a medical writer to now being in front of hundreds of thousands of people over night. I wasn't prepared for that. I didn't have a team for that. You know what it's like, Ty. How many millions of people go to your website? How many people work on your team? I didn't have that.

I found myself working around the clock, very reactionary. I know you can relate to this. People that have a heart to heal, people that have a heart to help, who do we oftentimes put on the wayside? Whose health do we oftentimes neglect? Our own.

We neglect our own health to help others. You know what I did? I ended up working myself to get pneumonia. First time in my life. I was working around the clock. In my defense, we had a new baby and what do you do? Babies cry. Every single night I found myself waking up at like one or two in the morning helping with the baby and I couldn't go back to bed. So, I'd be on my computer till four or five in the morning, sleep deprived. I wasn't eating the foods I should have, just, again, focused. Developed pneumonia.

Now here's the confession I had to make because now everyone wanted to hear me talk about essential oils, I was a featured guest on some documentaries and podcasts. Well, guess what? Developing pneumonia I had a whole schedule filled like every other day I was doing interviews but I couldn't even talk five words without coughing and I'm praying, "What do I do?"

I started with my natural therapy, I started with my essential oils but here's the difference. Those take slower, those take a little longer so I didn't have the one month to heal. I went to the doctor I'm like, "I need something. I have an interview. I can't cancel my whole schedule." I got an antibiotic. And for the first time in nine years I took an antibiotic and it didn't kill me.

I loaded up on probiotics. I still did my natural therapies. It got me through those three, four weeks of just intense interviews and guess what happened a month later? Pneumonia came back. It was worse.

"I'm so sorry. What did I do?" Well, I had a clear schedule. I'm like, "I'm not going back to the antibiotics. I don't need to." But I was faced with that decision and you know what? That humbled me, Ty, because I realized something, what I supposed to do? What would you have done? What would I have done? Cancel all my interviews and not and share lifesaving potential information with people because I couldn't talk.

I made a decision. But you know what? I wasn't going to go back and that's where I came up with Dr. Z's flu shot because I was not going to use an antibiotic again.

Our good friend, Jonathan Landsman from Natural Health 365 said, "Eric, you got to get on this liposomal vitamin C stuff." So, I got some liposomal vitamin C which is 1600 percent vitamin C per serving. And that's just vitamin C that's encapsulated with fats so your body absorbs it.

I did that with the immunity shot that we're talking about. The oils like cinnamon and clove and eucalyptus, lemon and rosemary. I added some coconut oil, raw honey and some

Himalayan sea salt. I took, literally, 10,000 percent vitamin C for like a week straight. We knocked that thing out within a week and a half, two weeks. And it humbled me but, again, for those two weeks I could barely talk. I was still coughing but I was getting better.

I was getting better but I realized, you know what? What I did to my body and what other people do to their body, we're developing resistance and that's the concern that we're having, Ty, is when I'm looking at the research in Europe, they've actually done studies showing that children are becoming penicillin resistant. That the flum specifically now, the flu virus overseas, our drugs aren't working anymore and kids are getting sick same thing with pneumonia.

So, I just want to encourage folks there's a whole list of essential oils that can help with flu, pneumonia and other things. If you find yourself in a situation like I, give yourself a little bit of time and you can really heal yourself.

**Ty:** That's awesome, that's a great story. I think that will endear you to people that watch the documentary because we're just like everyone else. We get sick, we got to make the tough decisions. Sometimes you make a decision you wish you hadn't but you just keep going on. That's potent.

You mentioned flu, you mentioned pneumonia, any other specific combinations that people could use for preventing other types of measles, mumps, rubella anything like that, whooping cough?

**Dr. Zielinski:** Yeah, the only thing that we have—according to the research, Ty, what we see, we actually see with tuberculosis, sclarea which is the main component of clary sage that is highly effective, actually. The chemical sclarea in clary sage is more effective than most drugs when it comes to TB.

TB isn't an issue though for a most folks in America but TB is a huge issue globally. That means for people that are battling TB clary sage is a safe oil that you can consume. You can use it topically especially you want to use high, I would encourage higher dilutions like 5 to 10 percent dilutions if you're battling TB apply it topically, aromatically.

When it comes to measles, mumps, rubella I don't have any research to quote on that so I wanted to be careful. But to me it goes back to boosting the immune system. And we always go back to that bubonic plague, a blend that always helps. It just helps people boost the immune system. So, we have the flu. We have pneumonia. We have TB. There's one more. What else had you mentioned? You mentioned one other one.

**Ty:** Whooping cough.

**Dr. Zielinski:** Yes, so what we see with whooping cough specifically is going back to the research that we see. In 1911 they were injecting a 20 percent dilution in almond oil. They had sweet almond oil and a 20 percent dilution of camphor and it knocked whooping cough in its pants. Camphor also is a main chemical in rosemary.

Rosemary is a very common oil. What that means, folks, if your son or daughter is battling whooping cough even using it aromatically but again what's in that blend we talked about, cinnamon, clove, rosemary, eucalyptus. They figured how to kill the bubonic plague. Those oils are also effective against whooping cough as well.

**Ty:** There's a legend, a myth, a fable, maybe, probably, about Mary the mother of Jesus. She

allegedly put her shawl over a rosemary bush and it turned the flowers blue.

**Dr. Zielinski:** That's beautiful.

**Ty:** Yeah, that's why they call it rosemary. Probably not true but it's a neat story.

**Dr. Zielinski:** I love it because there's a reason—you know plants, what is it? Coconut oil is considered the tree of life. There's not one part of the coconut tree that you can't use, the coconut plant. Everything is edible or you can use it for paper.

When you look at the ancient history, when you look at the myths of the world everything was revolving around essentially God's provision and honoring what he's given us because they sustain. Those things sustain life and they have been up until now where now we're sustaining life by drugs. We're sustaining life artificially in ways that aren't even life anymore.

I guess that's my call to people, that's my call to question is, okay, the life expectancy might be a little bit longer, might be a little bit more but what kind of life are you living? Are you living a life worth living right now? A 90-year-old in a coma, is that a life worth living versus being vibrant healthy and strong?

That's the argument and that's really the public health argument and that's the argument that we're getting in the research is, "Look at the data." Yeah, I'm looking at the data. Quality of life is shrinking, life expectancy is increasing. What's the difference? We got to go to the Blue Zones and we got to look at around the world to see what they're doing naturally to live good lives to their hundreds.

**Ty:** Yeah, there's still mushrooms essential oils.

**Dr. Zielinski:** Cannabis oil, why not? There's so many different things and now, again, why do you think cannabis oil is under wraps so much in the United States? Because it works. Anything under wraps. Why do you think essential oils are under wraps? We know what happened a couple years ago with the F.D.A. Can we talk about that for a minute?

**Ty:** Yeah, sure.

**Dr. Zielinski:** This is a good, important topic because what we had is about two and half, three years ago, we had the Ebola outbreak. You know about the Ebola, right? Who owns the Ebola patent? You know that? The CDC they own the patent for the Ebola virus. Just blows your mind when you wrap your brain around that.

So, the Ebola of virus goes out. We have an outbreak one or two people, one or two people it's an outbreak. Well, you had some well-intentioned misinformed bloggers out there, distributors of the two largest essential oil companies who started saying, "Hey, essential oils can help with Ebola." No way shape or form that the government was going to handle for that.

The aromatherapy community literally created a petition. They reported several websites to the F.D.A. The F.D.A. got wind of this, they shut down those websites, like blanked, shut down their websites. They gave cease and desist letters to Doterra and Young Living and one naturalceutical company and said, "You need to control your distributors or we're going to shut you down." Out of nowhere.

Next thing you know you have distributors talking about, "Hey, I use peppermint to help with my asthma. I use lemon to help with my kidney problems." That became illegal now.

You can't use, that's called a drug claim. Well, there's a difference between saying essential oils can cure Ebola versus saying, "Hey, I use peppermint oil to help with asthma."

Now distributors from around the world, they are now restricted. They can only say, "It helps with respiratory support." What's that mean? What does it immune support? What's all this stuff?

**Ty:** They have to use vague terms.

**Dr. Zielinski:** Yeah, so basically that was the excuse because we have no research supporting whether or not essential oils can help with Ebola but we do know that's how quick. So, I mention this to say that we know that this is under attack.

Everything that we're doing is under attack. It's scary to see what the government can do when they want to do things and how quickly they can shut things down at the sake of helping people.

**Ty:** Yeah because you make a claim and now miraculously whatever substance that you were using has become a drug. Any kind of medicinal claims it trans-mutates them into a drug, it's magic.

**Dr. Zielinski:** You know why? Because they don't go through the "rigorous research" that drugs go to. Well, Ty, how many drugs do you know that, how many vaccines, how many drugs do you know that have been taken off the market because they end up killing people? I don't buy it. I don't buy it. You know why? They just don't make a lot of money. You can't make money off of oils. You can't. I understand that.

I just want to encourage people to hold on. That's one reason why I don't sell oils. I'm completely non-branded. I won't sell essential oils. I won't recommend a brand. I've consulted multiple lawyers about this. I have the First Amendment freedom of speech to say, "Hey, here's what the research says."

I could be a voice and I realize, Ty, it's been very humbling that hundreds of thousands of folks that follow me online and everything that I've been doing, I've had so many people thank me because they are restricted, they can't speak. I'm like, "You know what? We just need to go out there and help." So again, thank you for what you're doing and for giving us a voice.

**Ty:** Thank you for what you are doing Dr. Z and thank you for all that you've shared today that's going to help the audience make up their mind about what they want to do with their choice. We still do have a choice on whether to vaccinate or not to vaccinate.

**Dr. Zielinski:** God bless you.

[End of transcript]

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## About The Host...

After losing several family members to cancer (including his mother and father), Ty Bollinger refused to accept the notion that chemotherapy, radiation, and surgery were the most effective treatments available for cancer patients. He began a quest to learn all he possibly could about alternative cancer treatments and the medical industry.



Ty has now made it his life's mission to share the most remarkable discovery he made on his quest: the vast majority of all diseases (including cancer) can be easily prevented and even cured without drugs or surgery.

Ty is a happily married husband, the father of four wonderful children, devoted Christian, best-selling author, medical researcher, talk radio host, health freedom advocate, former competitive body-builder, and also a certified public accountant.



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