



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



**7**  
**EPIISODES**  
*Complete Transcripts*

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# 7 EPISODES

*Complete Transcripts*

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# *Episode* **1**:

## **The History of Vaccines, Smallpox, Vaccine Safety & the Current CDC Schedule**



**Ty:** Welcome to “The Truth About Vaccines.” I’m your host, Ty Bollinger. You may recognize me from several previous documentary miniseries that I produced on the subject of cancer treatments, where I traveled the world investigating and interviewing hundreds of experts on how to successfully treat and prevent cancer.

In total, over 20 million people have viewed our docu-series on cancer. A natural progression was for me to investigate the topic of vaccines, the history of vaccines, vaccine safety and efficacy, and the vitally important issue of the freedom to choose whether or not to vaccinate.

Over the past 18 months, as I traveled all over the USA and interviewed over 50 of the world’s leading experts and luminaries in the field of vaccines and immunology, I learned some information that was both shocking and illuminating. And I’m so excited to be able to share that information with you over the next seven days.

It’s a commonly held belief that people, including doctors, are either pro-vaccine. In other words, they believe that all vaccines are safe and effective for all people all the time, or anti-vaccine, in other words, they are 100 percent against all vaccines all the time. But is this accurate? Are these the only two legitimate positions about vaccines?

**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:** I agree with Dr. Margulis. We all care about the same thing. We all want healthy children and we want to make sure that our kids are safe and healthy. That’s it. I think we can all agree on that, right? This docu-series will be focused on the scientific integrity of vaccine studies, the safety and efficacy of about a dozen particular vaccines that are in the CDC schedule, and the vitally important topic of vaccine freedom of choice.

I don’t want my opinions to get in the way of scientific facts, nor do I want to influence anyone to do anything against their conscience. All I want to do is present the truth so that you, the viewing audience, can make an educated decision for you and your family. What is the theory behind vaccines? I asked Dr. Paul Thomas, a board-certified pediatrician from Portland, Oregon, this very question.

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.

**Ty:** We will be looking at the collateral damage, to use Dr. Thomas's exact words, over the next week. Vaccinations are credited with the reduction and even elimination of a number of diseases, including whooping cough, diphtheria, tetanus, polio, measles, mumps, rubella, Hepatitis B, smallpox, meningitis, and influenza.

If a person develops a positive antibody response following vaccination, then that vaccination is considered to be successful and that person is believed to be immune to the disease. We will address this topic, antibodies, in Episode 2.

**Dr. Thomas:** I'm a member of the Academy of Pediatrics. 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.

**Ty:** That really sums up the reason we produced this docu-series. We need more investigation. We need more discussion. We need more honest debate. But the two diametrically opposing positions of those who are pro-vaccine and those who are anti-vaccine have resulted in a climate where civil discussion rarely takes place. There is much name-calling and prejudice, and true debate is virtually non-existent. This has created a climate that is not conducive to true debate or discussion.

**Dr. Palevsky:** 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.

**Dr. Bark:** 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.

**Sayer Ji:** 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:** If we look back in history, we'll see that people like the Italian astronomer and physicist, Galileo Galilei, who was convicted in 1633 for publishing his evidence that supported the Copernican theory that the earth revolves around the sun. Galileo was called a heretic for his anti-scientific, heliocentric views and was sentenced to house arrest, where he remained for the rest of his life.



We later learned that Galileo's scientific theories were correct and that the orthodox scientific community of the day was wrong. Over the next seven days, we are going to present expert testimony, scientific studies, and medical data in as concise and understandable manner as possible so that you can make wise decisions based upon an informed choice. A big part of making wise medical decisions is the concept of informed consent.

**Dr. Margulis:** 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 at 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. So, in this country we don't really have informed consent when it comes to vaccines.

**Dr. Thomas:** 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? 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 vaccines "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.

**Neil Miller:** 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. Okay? You're more likely to have epileptic seizures. You're more likely to have allergies as a result of that vaccine. Okay? 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:** According to the CDC, there's no federal requirement for informed consent relating to immunization. For state and local regulations, check with your state or local health department. So, this is a 10th Amendment issue, since the 10th Amendment states that all powers not specifically given to the federal government are the responsibility of the states.

**Barbara Loe Fisher:** 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. And 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:** Vaccine laws are statutory. In other words, they are created by a particular state, not the federal government. In my investigations, one topic that initially interested me was the amount of vaccine education that a typical medical doctor, especially the pediatricians, receives when he or she is in medical school. Here's what the experts had to say.

**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 see 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.

**Dr. Humphries:** 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 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.

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 trying to disprove a well proven theory or practice. Nobody does it.

**Dr. Thomas:** I've got a daughter in medical school and a really good friend in medical school, and 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, and I was never taught when I was in medical school 30 years ago, what was

in a vaccine. We were only taught that they're wonderful and do them. Most doctors trained today have no idea what's in the vaccines.

**Dr. Tenpenny:** When I went to medical school, I graduated in 1985. At that period of time when I went on 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 vaccines 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 the 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.

**Ty:** Dr. Tenpenny just mentioned a term that you may have heard before, vaccine hesitancy. We'll get to that in a moment. But first, I want to address the apparent lack of vaccine education that most doctors receive while in medical school.

Perhaps things have changed since Dr. Palevsky and Dr. Tenpenny and Dr. Humphries attended medical school. I wanted to get an idea of the current courses that a medical school student in Harvard might take. The first year includes the following 13 courses:

- Introduction to The Profession
- The Molecular and Cellular Basis of Medicine
- The Human Body
- Human Genetics
- Patient-Doctor 1
- Introduction to Social Medicine and Global Health
- Clinical Epidemiology and Population Health
- Introduction to Healthcare Policy
- Scholarship in Medicine
- Physician and Community
- Integrated Human Physiology
- Immunology, Microbiology, and Pathology
- Medical Ethics and Professionalism

It appears that whatever's taught about vaccines and vaccination in Harvard's five-year curriculum is done with one course: Immunology, Microbiology, and Pathology. If you search through the curriculums of dozens of other medical schools in the United States, you will find that there's not much variation from Harvard.

Apparently, vaccines and vaccination are simply not featured prominently. Let's go back to what Dr. Tenpenny said earlier. She mentioned vaccine hesitancy. What exactly is this? According to the World Health Organization, "vaccine hesitancy refers to the delay in acceptance or refusal of vaccines despite availability of vaccination services." Let's listen to Dr. Tenpenny once more to get the full context of her statement.

**Dr. Tenpenny:** 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.

**Dr. Thomas:** In an attempt to have a safer vaccine approach, I did something in 2008 when I started integrative pediatrics that is pretty much unheard of for a pediatrician to do, and 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 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 to 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. Today, pediatricians are being trained on how to—I would just use the word coerce their patients into doing all the vaccines.

**Ty:** Why do pediatricians need to convince and coerce patients to vaccinate? Shouldn't parents be presented with facts and then be able to make their own decisions for themselves or their children? Did you know that the American Association of Pediatrics, the AAP, actually has an entire page dedicated to teaching physicians how to persuade vaccine-hesitant parents?

Some parents just want to spread out vaccines. But in the video, Are There Too Many Vaccines, in order to convince the mother, who's an actor, that there's no need to spread out the vaccines and that there's no benefit, the doctor, also an actor, refers to a study of over 1,000 children who "Researchers found no evidence that getting all the vaccines on time during infancy is associated with any developmental delays."

This study was published in the journal *Pediatrics* in June 2010. Sure enough, the conclusion, and I quote, "Timely vaccination during infancy has no adverse effect on neuropsychological outcomes 7-10 years later. These data may reassure parents who are concerned that children receive too many vaccines too soon."

The children studied were born between 1993 and 1997. Let's look at the actual vaccine schedule back then. In 1995, prior to 18 months, a typical baby would receive 13 doses of Hepatitis B, DPT, Hib, and polio vaccines, as well as the MMR, a total of 13 doses.

However, according to the CDC schedule in 2016, by the age of 18 months a typical child receives 3 doses of Hepatitis B, 3 doses of rotavirus, 4 doses of DTaP, 4 doses of Hib, 4 doses of pneumococcal, 3 doses of polio vaccine, influenza, the MMR, varicella, and 2 doses of Hepatitis A, for a total of 26 doses.

That's exactly double the doses that were studied in the original study. How can the AAP take a study that concluded that 13 doses had no effect on neuropsychological development, apply that same study to 26 doses, and then come to the same conclusion without further studies? Let me ask you a question. Is it possible that some vaccines work and some don't? Is it possible that some vaccines cause severe side effects and some don't?

**Dr. Margulis:** We have to look at vaccines on a vaccine by vaccine basis. So, saying that you have con-



cerns 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.

**Dr Humphries:** 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, like the influenza vaccine.

We talked about pertussis, whooping cough, 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.

**Ty:** Dr. Humphries just articulated other issues that arise when vaccines are painted with a broad brush. Some vaccines need additives, adjuvants, to create the immune response, and there are different types of immune responses, such as antibody versus cell-mediated.

The polio and injected flu vaccines, and DTaP, are composed of inactivated, killed virus, while the measles, mumps and rubella, the MMR vaccine, on the other hand, is composed of living virus. It's important to remember that there are various types of vaccines, and all of them are different with different ingredients, different risks, different side effects, and different benefits.

But let's get back to our focus on the CDC vaccine schedule, which is one of the things that most every doctor is taught in medical school. When I was a baby in 1968, I think I got about three or four vaccines in total, and I was considered to be "fully vaccinated." But in order to be considered "fully vaccinated" today, it's much different.

**Barbara Loe Fisher:** What we have now is 69 doses of 16 vaccines that the federal government is saying 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, bipolar, 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.

**Sayer Ji:** Pediatricians are actually like foot soldiers to the CDC, which is like 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 gets injured or gets 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.

**Robert F. Kennedy, Jr.:** When I was a kid I got smallpox vaccine and I got polio vaccine and that was it. My kids received 69 doses of 16 vaccines.

**Dr. Levatin:** 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:** I mean at once, they can be getting a Hepatitis B, Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenza B, Pneumococcal, Rotavirus, and I might be missing one.

**Robert F. Kennedy, Jr.:** I'm pro-vaccine. I had all six of my kids vaccinated. I think that vaccines have saved millions of lives, and I just accepted that they were safe. That's what the science said. I started looking at the science, and I started calling people within the agencies.

I called Paul Offit, who was a big defender of vaccines, and I called Kathleen Shraten (?) at CDC and other people within the agencies, and I started questioning them. And their answers—they gave me the answers that they gave to the public, but I was informed about the science.

And when I started drilling down with them on the science, it was clear that not only that the science they were citing me was bogus, but that they knew that it was weak, and they were unwilling to defend it in front of informed criticism.

And that shocked me because these were not—I was used to environmental agencies becoming captured, but a public health agency that is charged with protecting the health of our children, to lie about science and to manipulate science, which is what they were doing, just seemed criminal.

**Dr. Margulis:** 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 socioeconomic 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.

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.

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.

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?" and 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:** Why would CDC employees not follow their own vaccine schedule? Why would pediatricians not follow their own vaccine recommendations to their patients? In medical schools across the globe, physicians are taught that the current CDC schedule has been proven to be safe and effective.

**Barbara Loe Fisher:** In 2013, the Institute of Medicine, National Academy of Sciences, issued a report that said that the current federally recommended child vaccine schedule of 49 doses of 14 vaccines, given between day of birth and age 6, has not been adequately studied for safety.

And one of the issues was that the vaccines may have been studied separately, but they have not been studied in the combined schedule, including giving 8-10 vaccines on one day. So, that is something the Institute of Medicine has acknowledged, but the federal government disagrees.

But I think everybody needs to understand, that child vaccine schedule has not been adequately studied for safety. Fewer than 40 studies have actually studied the schedule. That's not enough studies to prove that that schedule is safe or effective.

**Dr. Palevsky:** Plus, there haven't been any studies looking at the synergistic effects of the ingredients. So, if you have one metal, what does it do to the body? If you have one metal and another metal, what does that do to the body?

If you have one metal, one metal, and antibiotics, what does that do to the body? And it's already been shown that metal detoxification in the presence of antibiotics is diminished, versus metal detoxification without antibiotics.

You have metal, metal, antibiotic, then you have a microorganism. What is the synergistic effect of that? So, none of those amplified studies, or the look at the amplification of one ingredient's effect on another have ever been done.

**Neil Miller:** The studies in this book, Miller's Review of Critical Vaccine Studies, this book, there's 400 studies in here. And these are studies—most of these studies are recent studies. These are all studies that are showing problems with vaccines.

Because I got tired of hearing medical doctors saying “There are no studies that show that vaccines are a problem, that vaccines are unsafe.” What are you talking about? That is an outright lie. There are hundreds, if not thousands, of studies published in peer-review journals, documenting safety and efficacy problems associated with vaccines.

**Del Bigtree:** The consensus around vaccines is just like tobacco science. You know? 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.

**Dr. Thomas:** Back in the 50s, doctors were promoting this brand. “Smoke Camel” or whatever. 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:** We do need to do more studies on vaccines and more testing. While the CDC recommends polio, Hepatitis B, diphtheria, tetanus, pertussis, rotavirus, Haemophilus influenza type B, and pneumococcal vaccines for 2, 4 and 6-month-old infants, this combination of 8 vaccines administered during a single physician visit was never tested for safety in clinical trials.

In addition, the CDC report entitled Mixed Exposures Research Agenda that states exactly the opposite and concluded that mixed exposures to chemicals, including pharmaceuticals and stress factors, may produce unexpected deleterious health effects.

In the executive summary, we read that “Exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures.” Did you know that since the late 1980s, vaccine manufacturers cannot be sued?

**Tony Muhammad:** The vaccine makers have been protected by Congress under the Vaccine Injury Act. The anger and the rage that whites in my audiences that've attended, blacks and Latino mothers. They say, “Wait a minute. We can't sue them?”

I mean even those that I have met that are pro-vaccine, when you let them know that the vaccine makers cannot be so 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 say “No, they're indemnified. You can't touch them.”

**Ian Clark:** One of the first red flags that scares me the most about vaccines is that they removed 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, to 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 kind of 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 are so many red flags around vaccinations.

**Michael Hugo:** 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 vaccine 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."

**Robert F. Kennedy, Jr.:** I think the choice at that time was not an irrational choice by congress given the alternatives that they were presented and 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.

And I think the 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. And 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.

**Dr. Palevsky:** If you're a surgeon, you can't go into the OR without liability insurance. What business do you know is allowed to practice and offer its service without liability insurance?

**Barbara Loe Fisher:** And what product that carries a risk of injury or death, what other product is mandated to be used by every single person born in this country multiple times, and there's no liability for anybody?

**Mike Adams:** The vaccine industry has absolute 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.

**Barbara Loe Fisher:** 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 a 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.

**Ty:** With no responsibility and legal immunity, the companies that manufacture vaccines have no reason to have quality control. They literally can put whatever they want into vaccines. Barbara Loe Fisher's nonprofit, The National Vaccine Information Center, NVIC, worked with Congress to pass the National Childhood Vaccine Injury Act of 1986.

This law included a centralized vaccine reaction reporting system, the Vaccine Adverse Events Reporting System, VAERS, which is jointly operated by the federal Food and Drug Administration and Centers for Disease Control. Let's listen to a few experts discuss the topic of adverse reactions to vaccines.

**Dr. Thomas:** 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 mean a little bit of redness where the shot's 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 were normal.

And 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 vaccinated and see if they both have the same amount of SIDS.

Neurological problems, autism, which you remember is 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 auto-immune stuff where 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 EpiPen's 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.

**Robert Krakow:** 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.

**Dr. Bark:** 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? 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 year 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.

**Dr. Palevsky:** 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 has 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.

**Robert F. Kennedy, Jr.:** 1989 is the year that this epidemic of childhood illnesses began. Autism, ASD, ADD, ADHD, speech delay, language delay, ticks, something called misery disorder which I'd never heard of before. Texas Tourette's syndrome, and other family of grave neurological injuries that became epidemic that year. SIDS, narcolepsy, seizure disorders, and of course food allergies and asthma and all of those things began at 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.

**Dr. Palevsky:** 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?

**Sayer Ji:** I believe that it's clear that the vaccines were the beginning of my downward spiral of my health, which became sort of a lifelong issue as far as bronchial asthma, as well as other health issues that emerged. So, it was a very personal journey for me in advocacy. Because I wanted to see, is the literature supporting the view that there are this many adverse effects that could occur?

And it turned out, after spending 10 years looking at the research, I've got all of it on my website, there's actually over 200 adverse health effects that have been documented caused by vaccines in the schedule today.

**Ty:** After the 1980s legislation, which exempted vaccine manufacturers from liability, there was a small loophole in the law that allowed for vaccine manufacturers to be sued. But even that small loophole was closed in 2011 with a Supreme Court decision.

**Barbara Loe Fisher:** 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, Justices Sotomayor and Ginsberg dissented. The Supreme Court said "Vaccines are unavoidably unsafe and there shall be no more lawsuits against any vaccine company."

**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."

**Barbara Loe Fisher:** So, today, if you or your child are injured by vaccine or if your child dies from a 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.

**Edda West:** My son sustained a permanent brain damage and there 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 up forever.

**Ty:** Over the course of my travels, I was able to interview many experts, including several attorneys who could personally testify that the 2011 Supreme Court decision that vaccines are unavoidably unsafe was no joke, and that what happened to their child was proof.

Listen to Congressman Bill Posey from Florida describe how he believes that every member of Congress should co-sponsor studies to make sure that the vaccines we give our children are safe.

**Bill Posey:** And I think every member of Congress should be a co-sponsor. There's no —what does everybody fear requesting a study? I mean why does anybody fear it? You go back through this stuff, and some of my friends here who are doctors, I talk about the issue with them, and they say "You're nuts. There's been dozens and dozens of studies."

Then I was like "How many of them have you read? What you know is a big lilly-white blue-eyed pharmaceutical rep comes in here with your Super Bowl tickets and tells you about these dozens of studies that say this, that are not true."

**Laura Hayes:** 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."

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 our 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. 6 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 can have one do-over, one do-over in life – no vaccines for any of my children.

**Robert Krakow:** I discovered later that for the decade of the 80s, I was prosecuting the wrong drug dealers. But by the time I learned that, which was in 2002-3, shortly after that we discovered that the drug dealers we should be prosecuting had immunity from liability.

Well, what I mean is I discovered, and this is largely a product of personal experience, that one of the greatest threats to the health of our children is, among other things, vaccines. And I say that without saying that all children get hurt by vaccines.

Vaccines, it's arguable, play a very important role in promoting health. What I have seen, based on my personal experience, how vaccines can be damaging. And when I had that personal experience, and I fully recognize that the authorities do not agree with me. And we tested that unsuccessfully. But we discovered, when I started pursuing that and trying to promote the interests of my own child, other parents started asking me about how they would bring a vaccine-injured case because their kid was injured.

This was primarily the time—this was 2002-3-4, focused on parents of children who had been diagnosed with autism. And I didn't even know until 2002 that there was something called the vaccine injury compensation program, which was sort of an experiment in tort reform that changed the entire civil compensation system. Taking it out of the courts and putting it into a special program.

And when I discovered it, other parents couldn't find lawyers, so they started asking me would I handle their cases. And the rest changed my entire law practice, and also essentially my entire life. Because now I focus at least 80 percent of my time on vaccine injury cases. And there are more than I can handle.

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, they certainly believe is vaccine-injured, we have evidence for, "I'm sorry. I don't think we can prove this. It's not provable."

And what I say is, "Listen, you want justice, you want compensation, you want help. You're not going to get it here. And unfortunately you have to stop banging your head against the wall. Just it's not going to happen. They're not recognizing this."

So, I'm very—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's side or in the court, certainly not in the court, are bad actors. That they're doing this on 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, and that is a much more profound policy problem that's cultural, that's societal, that's political.

**Nico LaHood:** 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.

And so, as a DA, as a prosecutor, I deal with circumstantial evidence. I look at motives, right? And so, all we did that really started a storm in our community and really internationally, was share our testimony and give our opinions.

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 of an event. And so, we shared that journey, and 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 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.

**Davi LaHood:** We have four children. So, we kind of went the same route with our first two. Mya and Michael were vaccinated. And Mya even had some reactions as well, with a skin allergy and hives, breaking out in hives. And then our two youngest ones, Lia and Zytter have never been vaccinated. Completely the way they develop is completely different.

**Nico LaHood:** 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-six month, 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. And 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. We didn't even think about vaccines. I mean when it happened immediately after also, but God forbid, anybody blames vaccines.

And then to this day, Mya, and we're in the process of detoxing her, too. Even though she hasn't been vaccinated since she was 3, and she's 8 now, she sleeps and scratches in her sleep. She

does jujitsu, she sweats. And she has these ringworms around her elbows and her joints.

And so, she has skin allergies. So 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.

And 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. So, this is—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.

And so, to me, it just makes complete sense that there's a correlation. And then people say, "Well, there's correlation but not causation." I hear that argument all the time. Well, in my world, correlation means investigation. But in this world, correlation means "stop your investigation."

That makes no sense to me. And the analogy I told someone the other day, if someone said "Mr. DA, there is murder at 123 Street. We have five suspects because there were only five people in the house." "Okay, well 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. 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 who were autistic in the 70s when I was born, early 70s, and 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?

**Michael Hugo:** 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 life 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.

**Ty:** That's so important to remember. If you are the parent of a vaccine-damaged child, you didn't do anything wrong. You were just trying to protect your child. We learned earlier that vaccine manufacturers cannot be sued if a person's damaged or even killed due to a vaccine. But I'm sure you've heard of large settlements being paid to families of vaccine-injured children, right? Like the Hannah Poling case.

**Robert Krakow:** The authorities, especially in the courts, have refused to recognize the fact that vaccines can cause a syndrome or a constellation of symptoms that equal autism, despite the fact that there was a very celebrated case where that was in fact conceded by the government.

**Ty:** What was that case?

**Robert Krakow:** That was the Poling case, a very well-known case where initially the government conceded that vaccines, specifically MMR and other vaccines, five vaccines in one day, caused autism-like symptoms because of an underlying metabolic susceptibility.

The government actually conceded that case. The concession was not public. Someone released it, and it was leaked, and it became public and became well-publicized in the winter and spring of 2008.

**Ty:** Hannah's father, John, is a Harvard-trained medical doctor, neurologist, and in 2008, he claimed that Hannah's autistic symptoms were caused by a vaccine reaction after she had received five vaccines: DTaP, Hib, MMR, varicella and polio, at the age of 19 months.

Here's what's interesting. Hannah had been part of a study of normally-developing children prior to being diagnosed with autism, and had received an advanced brain imaging technology being developed by Harvard University.

Her father John was able to present compelling evidence that the vaccine reaction was causative of Hannah's autism. The vaccine court ruled in favor of Hannah Poling, stating that there was sufficient evidence to conclude that vaccines given to Hannah Poling likely aggravated an underlying mitochondrial disease, causing brain damage with features of autism.

The Poling family was awarded \$1,507,284. But you may be asking the question, "If you can't sue vaccine manufacturers, where did the \$1.5M come from?" The money came from the Vaccine Injury Trust Fund, also known as the NVICP, National Vaccine Injury Compensation Program, which is basically a stash of cash collected on every vaccine sold and given to children and adults in the USA.

That trust fund is financed by a 75-cent excise tax on each vaccine recommended by the CDC. On multivalent vaccines, like those containing more than one disease, for example, there is 75 cents paid for each disease, or a total of \$2.25 for a trivalent vaccine like the MMR or DPT.

The Hannah Poling case is only one of literally thousands where a family has received a monetary award from the trust fund due to the court's ruling that a child was damaged by the vaccine. In the next segment, Congressman Posey discusses some congressional hearings on the safety of vaccines, as well as the trust fund.

**Bill Posey:** They had in the Senate a hearing on this, and I watched all of the high-profile defenders of the public good get up there and throw the softball questions to the expert, which was a top Navy

medical doctor. And they basically said “Vaccines are absolutely 100 percent safe. There is no harm in any vaccine in any person. And anybody who says otherwise is a complete idiot.”

And so, I'm watching this on a monitor and I'm screaming “Ask them about the trust fund.” But nobody asked about the trust fund. If these things are 100 percent safe, why has a trust fund paid out over 3 billion dollars to injured people?

**Dr. Mercola:** 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 and you may reach a different conclusion than the public health authorities and your pediatrician is telling you.

**Mike Adams:** The vaccine industry only tells part of the story. They like to highlight children who are sickened by pandemics, measles, mumps, and so on. And they claim that vaccines are completely safe and effective, implying zero risk.

Well, this is a distorted science, or junk science on their part. The truth is that vaccines have risks themselves. And if you look at vaccinating very large populations, you end up with more children having side effects from the vaccines than would have caught the disease that the vaccines claim to prevent.

There's no such thing as a completely safe vaccine. Every medical intervention has risk, and that risk is completely ignored, even denied, by the vaccine industry because they don't want people to think rationally and scientifically about risk versus possible benefits.

It's interesting, when you look at any kind of a medical intervention, whether it's drugs, or chemotherapy, or surgery, there's a risk versus benefit ratio. And an informed person makes a decision to go into that when the risk is low and the reward is high.

That makes sense. But when it comes to vaccines, the risk is very, very high of damage and the reward is very, very low. And it's that equation that the vaccine industry does not want people to think about.

**Dr. Centers:** The question is, do the risks outweigh the benefits, and vice versa? And 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:** Congressman Posey mentioned 3 billion dollars being paid to vaccine-injured people. According to the U.S. Department of Health and Human Services website, I found the National Vaccine Injury Compensation Program data report.

Through January 1, 2017, there was a total of 3.56 billion dollars in total outlays to families of injured persons. We need to evaluate the risks and the benefits of vaccines and then come to our own conclusion. Are you familiar with the precautionary principle?

This principle says that if embarking on something new, one should think very carefully about whether it is safe or not and should not proceed until reasonably convinced that it is safe. It is just common sense. Here's Robert F. Kennedy, Jr., discussing this principle.

**Robert F. Kennedy, Jr.:** If we're operating by the precautionary principle, well we're not operating by the precautionary principle, we've abandoned the precautionary principle. 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. And there is lots and lots of the evidence that thimerosal is making this the sickest generation in the history of our country.

**Dr. Margulis:** 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.

**Dr. Wakefield:** 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 "I'm 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.

**Dr. Thomas:** 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 journal" 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 almost every copy of that will have something that's elevating vaccines and putting down any possible connection. Putting down Wakefield as a fraud. They would just repeat that. So, you read that over and over again. I'm 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, at 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. 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.

Fast forward a couple more years, I had had four 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 him by name, trying 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.

**Dr. Wakefield:** 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. And any red flags, any red flags, should be interpreted beyond doubt that there is a problem with that vaccine, until proven otherwise.

**Ty:** Any red flag concerning vaccines should be considered a problem, and we should apply the brakes until proven safe, not vice versa. Please remember, the entire purpose of this documentary is to facilitate discussion about vaccines and to overcome the idea that we cannot even ask questions about vaccines.

A sentence in the DHHS Federal Register, Volume 39, number 107, from June 1, 1984, was in reference to the final rules for polio vaccination campaigns in the USA after three decades of controversy. It states "Any possible doubts, whether or not well-founded, about the safety of the vaccine cannot be allowed to exist in view of the need to ensure the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives."

Why are well-founded doubts not allowed to be discussed? We are here to explore uncomfortable topics in order to protect our children and humanity. Dr. Wakefield just mentioned smallpox and polio, so I want to address the history of both of those vaccines.

We'll cover smallpox in this episode, and then we'll get to polio in Episode 2. Edward Jenner was born in 1749 in Berkley, Gloucestershire. He was orphaned at age five and went to live with his older brother. During his early school years, Edward developed a strong interest in science and nature that continued throughout his life.

**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 pustule 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.

And 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.

**Dr. Humphries:** 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 then on top of that it’s how the disease was treated.

So, people have been trying to fight smallpox for a long time, for thousands of years they’d 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 know how 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 it 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.

**Dr. Wakefield:** What was interesting, of course, about smallpox is that you are 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.

And Jenner noted, as other people did, is that girls who got cowpox from milking cows were protected against smallpox. And 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. So, not an experiment that you would necessarily consider well-designed, or a good outcome.

**Ty:** Dr. Wakefield mentioned that Jenner actually inoculated his own son and a neighbor boy with smallpox vaccine. The neighbor boy’s name was James Phipps, and he was eight years old when he was initially inoculated. Over the next 12 years, Jenner’s son, and James Phipps, were both inoculated over a dozen times.

Phipps died at age 20, and Jenner’s son died at age 21, both from tuberculosis. Since then the smallpox vaccine has been linked to tuberculosis. Vaccinations became mandatory in

England in 1853, and by 1857, fines and imprisonment awaited people who refused to be vaccinated against smallpox.

And as Dr. Humphries just mentioned, once smallpox vaccination became mandatory in England, massive epidemics began to occur. According to the official figures of the Register General of England, between 1857 and 1859, there were 14,000 deaths from smallpox.

Then, between 1863 and 1865, there were over 20,000 smallpox deaths. A few years later, there were almost 45,000 smallpox deaths between 1870 and 1872. But England wasn't the only place to make smallpox vaccinations mandatory.

It happened in the USA, too. In 1855, Massachusetts enacted forced smallpox vaccination laws. Similar to what happened in England following the 1855 mandate, there were smallpox epidemics in 1859, 1860, 1864, 1865, 1867, culminating with the infamous epidemic in 1872 to 1873.

Similar events occurred in Germany, Japan, Scotland, Ireland, Sweden, Holland, Italy, Austria, and Japan during the late 1800s. As vaccination rates increased, so did the incidence and deaths from smallpox. I won't go into all the graphs and numbers, but they are readily available.

**Dr. Humphries:** 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.

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 had 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.

So, 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 were going to stop vaccinating. And instead, whenever somebody had smallpox they had people that were already immune tend to the person, and they sanitized 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.

**Dr. Wakefield:** The eradication of smallpox was actually really a function of containment and isolation, of quarantine, rather than the vaccine itself.

**Ty:** Dr. Humphries mentioned a city called Leicester in England. It's very interesting what happened in this city, which saw a massive outbreak of smallpox in 1871 despite an almost 100 percent vaccination rate. Quarantine and isolation, according to Dr. Wakefield, led to the eradication of smallpox.

And Dr. Humphries spoke of a rally, 80,000 people strong, in Leicester, in 1885, where they protested the mandatory vaccines and actually won their freedom of choice. Over the next eight years, that vaccination rate went from approximately 95 percent to only 5 percent.

During that period, if someone had smallpox, everyone in the infected house was placed in strict quarantine and the house thoroughly disinfected. She documents the way that the death rates drastically decreased after they implemented quarantine and isolation.

These facts are illustrated in depth, with studies, graphs, and charts, in Dr. Humphries' book, *Dissolving Illusions*. Consistent with this theme, according to the World Health Statistics Annual, 1973-1976, Volume 2, "There has been a steady decline of infectious diseases in most developing countries, regardless of the percentage of immunizations administered in these countries."

Now that's certainly an interesting quote, and we will discuss the decline of several infectious diseases over the next seven days, and we'll actually look at the graphs to see what's true and what's false. But I want to focus on one word in that quote, the word "immunization."

Beginning with smallpox, the process was referred to as variolation, or inoculation, and was the beginning of what we call vaccination. In today's vernacular, oftentimes the terms "vaccination" and "immunization" are almost used interchangeably. But are they the same thing?

**Mike Adams:** But I want to be very clear up front, as a scientist who owns my own private science lab, I am not opposed to the theory of immunization. The theory of it, 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.

**Ty:** So, you're not against the theory of vaccines, but you are against the way that they're pushed today?

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

**Ty:** Immunization. Explain the difference.

**Mike Adams:** 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. Well, who do 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 set an astronaut into space and they have no gravity, they have no stress on their bones and 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, is 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.

**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. You want your immunity to be boosted rather than thinking that this shot's going to solve all your problems.

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 natural paths, the alternative folks have known this for some time.

I've been involved in 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.

**Dr. O'Shea:** 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 it 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. There's only one way that humans become immune to a disease. They either have to get the disease or be exposed to the disease somehow and then the body builds up its own immunity via antibodies and that whole cascade of reactions.

Then they are immune. That is immunity. So, like I say, immunization has nothing to do with vaccines themselves. So, people have to start using these two words correctly. If they really conferred immunity they wouldn't have to keep giving these booster shots? Real immunity is for life.

**Dr. Mercola:** Our bodies were designed and created to develop an immune response. When they're healthy they create it. When you're exposed to an infectious agent, it's going to form the protective antibodies. Not only for a short term, 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 DPT 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.

**Dr. Group:** 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.

**Ty:** It does make sense that if vaccines conferred real immunity, which is for a lifetime, that there would be no need for booster shots. And as Dr. Group just mentioned, we are never actually exposed to a virus by injection, rather by breathing.

To be clear, the terms vaccination and immunization refer to two different things. The purpose of "The Truth About Vaccines" is to facilitate discussion and debate on this controversial topic of vaccines. And in order to spur discussion, it's important to ask questions. That's all we are trying to



do, because the current climate is that you cannot question vaccines in any way, shape, or form.

**Dr. Zielinski:** It's like a Platonian philosophical technique, it's a presupposition. If you presuppose it's true you don't even question it. I mean 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 and 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.

**Dr. Obukhanych:** I know how medical establishment is operating, in that doctors have to follow certain protocols. And if they were to understand that if they follow these protocols and they harm people, it would be very hard for them as humans to do that.

So, the establishment is making everything possible to prevent doctors from realizing that what they're doing might be harmful. Therefore, you have these studies that seemingly deny what is obvious to the eye.

**Dr. Lee:** My articles might not be published, because the editor doesn't even send the article out for review. The editor. The editor's not a specialist. The peer reviewers are the specialists. Basically, when ordinary common-day customary, when you send an article and manuscript to a journal, the editors look at your manuscript, the editors look at the manuscript and then refer to the experts.

That's called peer reviewers. The peer reviewers are the experts. But they stop at the editorial level. They don't send the manuscripts out for peer review. That is the problem. Then even in one article, the first article I tried to publish, the HPV vaccine, the editors sent it out for peer review and all three peer reviewers say "This manuscript should be reported, should be published."

And then after the agreement for publication, the editors find a reason to reject it. This editorial censorship. Then I had to submit it to another journal. Fortunately, I found another editor who was more sympathetic.

**Ty:** And you found a journal to finally publish it?

**Dr. Lee:** This is one of the problems in revealing the truth. How can the truth not be welcome?

**Dr. Margulis:** 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?

**David Wolfe:** Why is this happening? Why can't we do rigorous scientific studies with one group that's vaccinated and one group that's not? We should have at least 30 studies like that on every vaccine. But we have zero on every vaccine.

We don't have any studies like that. And I started to become aware that something is wrong. Somebody's trying to hide something, right? As soon as it's like "Oh, you can't talk about that." It's like "Why not? Why can't we talk about that?"

**Del Bigtree:** 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, right?”

“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.”

And they just keep repeating this line. 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. And so, you realize this fraud and this mantra of “vaccines are safe. Vaccines are safe. They’re safe. They’re safe. They’re efficacious.” I mean it’s just not true.

**Dr. Buttar:** It’s like saying, 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.

A lot of people will say “Well, this is 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 its controversial.” But it still remains the truth. Just by labeling it something else it doesn’t change the truth.

**Dr. Wolfson:** 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 measles.

But, 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 led 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.

**Dr. Wakefield:** 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.” And that’s the way these people operate.

**Dr. Levatin:** 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. And 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. So, after a while, word got back to the powers that be over at Children’s Hospital Boston that I wasn’t vaccinating on the schedule.

So 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."

Mind you, 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 a thousand and one pediatricians out there who would vaccinate them by the guidelines.

So, I stopped having these medical students in my office. So, the next thing that happened was the next time, every year or maybe every two years you have to recredential 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 patient visits can be covered.

So, 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. So it was really a form of marginalizing me, blacklisting me for this choice that I had made.

**Ty:** Sure.

**Dr. Levatin:** So, there are ramifications for doctors who are making these kinds of choices.

**Ty:** Dr. Wakefield, Dr. Wolfson, and Dr. Levatin are just three of literally hundreds, if not thousands of doctors who have suffered professional ramifications for attempting to facilitate discussion about vaccines and for giving parents the freedom of choice not to follow the CDC vaccine schedule.

When debate and scientific questions aren't allowed to be asked, when ad hominem attacks are rampant, and when name-calling is pervasive, the subject of vaccines almost becomes more of a religious type of debate as opposed to a rational scientific debate.

**Dr. Wakefield:** It's gathered an extraordinary momentum, taking on the life of a religion rather than any kind of science or primary public health measure. and when they were done subtracting those people they want to take the remaining 10.

**Dr. Bell:** 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.

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. And that's a big problem, but they'd like us to believe that it isn't.

**Dr. Bark:** 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."

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."

**Robert F. Kennedy, Jr.:** 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.

**Dr. Mercola:** This is the most grounded firmly entrenched belief in preventative medicine and health, and conventional medicine, that these vaccines are crucial to be healthy. In my belief, nothing can be further from the truth.

**Ty:** How is it that the opinion that all vaccines are safe and all vaccines are effective has become so firmly entrenched in our society that it's not even up for debate? I recently saw a TV news program where the resident doctor told people to "Just take your damn vaccine."

And I also saw a late-night TV show with real doctors in a commercial mocking anyone who questioned vaccines or wanted to delay the vaccine schedule. How can we engage in honest debate when this type of mockery and ridicule is the norm on television and in the media?

One of the main purposes of "The Truth About Vaccines" is to facilitate discussion on this topic, especially in light of the fact that the media appears to show only one side of the debate. We feel that this is our duty to have a free and open dialogue, especially in light of the apparent censorship of this topic.

**Robert F. Kennedy, Jr.:** 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.

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. You've had the vaccine act got 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 got 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 and 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.

**Dr. Bark:** 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 shells. 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.

**Dr. Thomas:** 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.

And this is the problem we have with our media. I really feel like they pick and choose how they're going to report on things. If there's something along the lines of vaccine and safe and effective, you hear about it immediately. I read studies all the time that should be headlines, and nothing.

**Robert F. Kennedy, Jr.:** 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 of our country. Places like Salon and Slate and Huffington Post and Daily Beast and Mother Jones also those media outlets will not cover this debate. 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:** The power to ignore those who question vaccines and not cover the debate is an enormous power. But just because the press has the power to ignore, we refuse to ignore the topic of vaccines. Please remember, when we discuss pediatricians and doctors in general, we're talking about lots of good people in a noble profession.

**Dr. Zielinski:** 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. And 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.

So you graduate after really being brainwashed for eight years and then you just what, 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.

I think it's really important to remember too, these individuals aren't the enemy. To me the enemy is the system, the big pharma, the old white haired men that are just like in the background making billions. I mean there are people, you can look at this, but the end of the day the doctor, the physician, they're just trying to help.

**Dr. Mercola:** Part of this, what brings me to tears when I think about it, because just I rationally can objectify I didn't know any better. There's no question. But still you caused harm. I really did not know, and I failed miserably in my responsibility of doing my due diligence on selecting a therapy that I believed would have more benefit. And in reality, I did not do my homework.

**Ty:** Most doctors are good people who are just trying to help, but they are hamstrung by a broken system, which discourages questioning medical dogma, and as we saw earlier, even encourages physicians to coerce patients into accepting medical procedures to which they don't consent.

**Mike Adams:** 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.

**Dr. Margulis:** 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.

**Robert F. Kennedy, Jr.:** Once I saw this, it was impossible for me to walk away from it. It was like seeing a mugging on the street, or like being—just seeing some horrible atrocity. Like watching—having been down at the train station in 1939 in Warsaw or Berlin and seeing people shipped off to the camps.

And then you have to make a decision about whether to put your head down and pretend you didn't see it and protect your career or whether you're going to speak up about it. And I felt like I didn't have a choice.

[End of transcript]



# Episode 2:

**What's in a Vaccine?  
Are Vaccines Effective?  
... and ... What About Polio?**



**Ty:** Welcome back to “The Truth About Vaccines.” I hope that you learned a lot of valuable information in Episode 1. In Episode 2 we have a lot of ground to cover. The goal of “The Truth About Vaccines” is to present this information in as clear, precise, accurate, yet unbiased method as is humanly possible. Focusing on the science, creating awareness, evaluating studies to determine whether or not vaccines are “safe and effective” and addressing the topic of freedom of choice.

So, let's get rolling with tonight's episode. Many of the studies indicating that vaccines are safe are epidemiological studies. Here's Robert F. Kennedy, Jr. explaining the concept of epidemiology.

**Robert F. Kennedy, Jr.:** Epidemiology is the study of populations and the impact, for example, of an environmental condition or toxin on an entire population. 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 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.

**Brandy Vaughn:** 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 were 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.

**Robert F. Kennedy, Jr.:** 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:** Statistics don't lie, but statisticians do. I asked Barbara Loe Fisher, head of the National Vaccine Information Center, to elaborate on clinical trials and vaccine testing.

**Barbara Loe Fisher:** 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 and 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.

**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

**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 given 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.

**Brandy Vaughn:** 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 then 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.

**Dr. Humphries:** When it comes to the Gardasil, the HPV vaccines, there 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:** The Gardasil studies used aluminum placebos. This is well-documented. In the October 19, 2010 edition of *Annals of Internal Medicine*, there was a study published by researchers at the University of California. They reviewed 167 placebo-controlled trials published in peer reviewed medical journals in 2008 and 2009 and found that 91.8 percent of the drug trials, and 73.3 percent of the injections, vaccines, never described the ingredients of their placebos.

So, if we don't know what's in a placebo, then how can we know if the study is valid? In other words, if you gave a sugar placebo to the control group in a diabetes study, then it might skew the outcome, right? In this section, we'll hear from several experts about the vaccine creation process and also some common vaccine ingredients.

Talk about the way that vaccines are cultured, the substrates. I mean just go into the details about that because many people are unaware.

**Dr. Bell:** Yeah, 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 for the entire schedule.

**Laura Hayes:** 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 Hayes:** 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 track.

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. We're up to some on office appointments right now involve 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.

**Dr. Palevsky:** 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 takeover of the DNA in the body, cancer, cell death, inflammation, they had 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."

**Dr. Zielinski:** 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. And 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 that my buddy shared with me. We know formaldehyde, according to the National Institute of Health can cause cancer.

**Dr. Thomas:** 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, and hidden somewhere in that maze of tiny print that you can't quite read would be the actual ingredients in the product, whether it's a vaccine or a 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.

**Mike Adams:** 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 do 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 an 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.

**Ty:** Nobody questions whether many vaccines contain toxic chemicals. The debate relates to whether or not the toxic chemicals are contained in large enough quantities to actually injure the person.

**Dr. Sahni:** 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. As a medical doctor we use diagnosis codes, the International Classification of Disease. It's actually International Statistical Classification of Disease.

And we just transitioned from something called ICD-9 to ICD-10. But, 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 9.78 and 9.79, 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? The ICD classification system defines it, says "Here we are. Here are 18 different injuries that we're going to list for you to give your patient as a diagnosis when they come in to see you."

**Ty:** Dr. Sahni mentioned ICD-9 codes, specifically 9.78 and 9.79, each of which have nine vaccines that they cover, totaling 18 vaccines that have diagnostic codes. Many vaccines contain formaldehyde and Triton-X 100, both of which are known to cause cancer.

Formaldehyde is rapidly broken down when we eat it, but it can remain in its whole form when injected. According to the American Cancer Society, the types of cancer common among children, such as leukemia, are the types most closely associated with formaldehyde.

The CDC's position is that formaldehyde is contained in such small doses in vaccines that it doesn't threaten human health. However, there is a conspicuous lack of research into the effects of formaldehyde exposure through multiple vaccines in pediatric populations.

Given that infants and small children possess a much greater sensitivity to toxins compared to adults and that formaldehyde is introduced to children through vaccinations containing a host of other toxic ingredients, shouldn't the CDC do some research and re-evaluate its use in vaccines?

Monosodium glutamate, also known as MSG, has been used as a food additive for over a century, but now it is also an ingredient in some vaccines. Dr. Russell Blalock notes that the MSG is classified as an excitotoxin, or a compound which overstimulates cell receptors to such an extent that the cell ceases to function normally, resulting in damage to nerve cells and contributing to seizures.



**Dr. Sahni:** Vaccines are grown in a substrate. So, a substrate would be a petri dish. It's basically a medium that the vaccine can be grown in. 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 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, in living cells. The problem is that now we're finding that these substrates also contain other harmful additives like glyphosate.

Glyphosate, which is Round-Up, which is a pesticide, herbicide/pesticide, made by Monsanto, is making its way into the vaccines as well. We spray glyphosate ubiquitously, on so many food products, that they're actually finding it in our vaccines.

So, we're getting injected with a vaccine—we're typically worried about things like thimerosal, mercury, phenols, other chemicals, things like glycol, ethylene-glycol, which is basically antifreeze, but also glyphosate. In 2015, the World Health Organization actually declared glyphosate to be a probable carcinogen.

So, it's probably a carcinogen, and it's being injected into your body when you get a vaccine. In effect, 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:** I recently visited Washington, DC, and there definitely are congressional representatives and Senators that are attempting to sponsor legislation to look into vaccine safety. Dr. Sahni mentioned glyphosate specifically. Here's MIT scientist, Dr. Stephanie Seneff, discussing this important issue.

**Dr. Seneff:** The glyphosate is a sleeper because its toxicity is insidious and accumulative and so 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. And 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, you know, 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. So, the poor child is getting these vaccines and the stuff it's going into the brain and it's causing neurological damage.

**Dr. Palevsky:** 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.

**Ty:** There is a consensus in the scientific community that something is happening to the brains



of our children. Many vaccines contain a surfactant called Polysorbate-80. A surfactant is a compound that reduces the surface tension and increases the solubility between two liquids that would normally be unable to dissolve together, like oil and water.

In vaccines, Polysorbate-80 acts as an emulsifier to disperse all the other ingredients evenly within a liquid. Here are medical doctors Toni Bark and Larry Palevsky.

**Dr. Bark:** 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.

**Dr. Palevsky:** 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. But 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 vaccines.

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.

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 data we were seeing.

**Ty:** Dr. Palevsky stated that we need to do more testing of vaccines that contain substances like Polysorbate-80 and assume that they are doing damage until proven otherwise. According to the Material Safety and Data Sheet (MSDS) on sciencelab.com, Polysorbate-80 was tested for inhalation and ingestion, and demonstrated to be slightly hazardous in case of skin contact.

The MSDS does not address the effects of Polysorbate-80 through injection. Nevertheless, in the same toxicology section, under "Special remarks on chronic and toxic effects in humans," it states that Polysorbate-80 "may cause adverse reproductive effects based on animal test data. No human data found."

There appears to be a glaring lack of basic science research into the toxic effects of the

vaccine ingredient Polysorbate-80 on human health. Some argue that ingredients like Polysorbate-80 in vaccines are safe and not dangerous, simply because they are present in vaccines in miniscule amounts.

However, the fact remains that the CDC's mandated vaccine schedule directs doctors to give infants and children 49 doses of vaccines by the age of six. The CDC vaccine excipient and media summary indicates that the DTaP, influenza, meningococcal, pneumococcal, rotavirus, and TDAP vaccines all contain Polysorbate-80.

What are the cumulative effects of multiple vaccine ingredients? According to the MSDS, Polysorbate-80 "may cause cancer based upon animal test data" and "may be mutagenic." Should the vaccine manufacturers and the FDA be required to provide credible scientific evidence that it is safe to include Polysorbate-80 in vaccines given to adults and children?

Another ingredient in many vaccines, which has already been mentioned many times, is aluminum. According to the CDC, aluminum is present in Hepatitis A, Hepatitis B, DTaP, TDaP, Hib, HPV, and pneumococcal vaccines. Aluminum is put into vaccines as an adjuvant to help them work better, or to enhance them.

**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.

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 virus vaccine, then they 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.

**Dr. Gambrell:** 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 mouse studies that show this. Dr. Shaw has a study that shows when you inject the mouse with aluminum, and now they can't tolerate that next bite of food that they eat. They develop IGT antibodies to it. We also know Dr. Schoenfeld has been studying autoimmune disease.

He's in Tel Aviv. He's published over 1,600 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, so we're talking multiple sclerosis, lupus, rheumatoid arthritis, Alzheimer's, all these things are directly related to aluminum that's being injected.

**Dr. Palevsky:** One thing that we don't always mention is the increasing incidence of neurodegenerative diseases in adults. And some of the studies about the aluminum nanoparticle that are being

introduced show that when you inject an aluminum nanoparticle, which again, is not the same aluminum that we inhale or we ingest.

So, pediatricians who say “Oh, come on, the amount of aluminum that’s in vaccines is so small compared to what we are exposed to in our life,” are not paying attention to the fact that the aluminum is in a nanoparticle form.

It is bound tightly to vaccine bacteria and viruses, and it’s bound tightly to Polysorbate-80, and bound tightly to anything else that can bind to a nanoparticle and to an emulsifier like Polysorbate-80. These materials are not only getting into the brain, but the aluminum’s being found to stay inside the cells for years.

**Dr. Bark:** 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.

**Ty:** There is a big difference between injecting aluminum and ingesting aluminum. How much aluminum is safe?

**Dr. Thomas:** 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. It 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 1998 by Bishop. They found that for every day you’re on more than 5 micrograms per kilogram per day of hyperal, which had that aluminum in it, you lost one point on your Bailey’s developmental score.

So, 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 hyperal. Aluminum that was 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. But 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.

**Ty:** Something you would ingest?

**Dr. Thomas:** Yeah. Our GI tract 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 tract to help you not have toxicity from what you eat because when you eat food and dirt and 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.

**Neil Miller:** 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, and 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, 20 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.

**Ty:** Dr. Thomas just mentioned the term "parenteral" and also mentioned an FDA document which indicates the safe aluminum daily limits. Neil Miller referenced the same FDA safety level. I found the document. According to the FDA's Code of Federal Regulations, CFR, Title 21, Volume 4, posted at FDA.gov, the maximum FDA allowance for parenteral aluminum received is 25 micrograms per day.

As Dr. Thomas mentioned, parenteral means anything not given orally. So, vaccines are considered to be parenteral. According to this FDA regulation, the maximum aluminum per kilogram of weight to give to a person is up to 5 micrograms.

And any product that has more than 25 micrograms of aluminum is supposed to have a warning label stating that "aluminum may be toxic to the central nervous system and to the bones," which Dr. Thomas just mentioned.

However, vaccines, for some reason, are not required to have this label and are not required to follow the maximum dosage of 25 micrograms. I'm a CPA and I love math. My dad was actually a math major at Baylor University.

So, please humor me for a second, and we're going to do some calculations. So, doing some math and following the 5 micrograms per kilogram maximum allowable parenteral dose of aluminum, the following are examples of weight with their corresponding maximum levels of aluminum, per the FDA.

An 8-pound baby, 18.16 micrograms of aluminum. 15-pound baby, 34.05 micrograms of aluminum. 30-pound toddler, 68.1 micrograms of aluminum. 50-pound child, 113 micrograms of aluminum. 150-pound adult, 340.5 micrograms of aluminum. 350-pound adult, 794.5 micrograms of aluminum.

So, exactly how much aluminum is in the vaccines that are routinely given to children? The HIB vaccine contains 225 micrograms per shot. Hepatitis B contains 250 micrograms per shot. The DTaP, depending upon the manufacturer, ranges from 170 to 625 micrograms.

Pneumococcus, 125 micrograms. Hepatitis A, 250 micrograms. HPV, 225 micrograms. The Pentacil, which is DTaP, HIB, and polio combo vaccine, 330 micrograms. And the Pediarix, which is the DTaP, Hep B, and polio combo vaccine, 850 micrograms.

At birth, 99 percent of children in the United States are given the Hepatitis B vaccination. If the baby is typical size, let's just say that he or she weighs 8 pounds, the amount of aluminum in the Hepatitis B vaccine alone is almost 14 times the amount of aluminum that is FDA approved.

In addition, at well-checkup visits, it's common for two-month, four-month, six-month appointments to include up to eight vaccinations that add up to more than 1,000 micrograms of aluminum. According to the FDA limits, that amount isn't even safe for a 350-pound adult.

**Dr. Margulis:** So, the issue there is aluminum is 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.

**Dr. Gambrell:** 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 autoimmune issues, we found out that there's glyphosates in the vaccine.

Dr. Anthony Samsell and Dr. Stephanie Seneff from MIT just discovered that. We're finding out all this new information, so 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 and that's understandable.

But then when we saw there was a correlation that children were getting injured under age two, they were looking out when children got anaesthesia for ear tube placement, that they are having memory problems years later. So they were able to tease that out. There's a program called Smart Tots 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, on what is happening. I think it's an important question.

**Dr. Thomas:** 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 in the beginning of time and it was studied and it was proven to be safe. At least that's what we were told. But if you go 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 are doing.

**Ty:** Possibly the most widely-known and controversial ingredient in some vaccines is a preservative called Thimerosal, which is approximately 50 percent ethyl-mercury. According to the CDC, "Flu vaccines in multi-dose vials contain Thimerosal to safeguard against contamination of the vial." It's commonly believed that the mercury, Thimerosal, was removed from all the other childhood vaccines over a decade ago.

**Dr. Palevsky:** 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.

**Ty:** Dr. Palevsky just mentioned the term "trace amounts," which by the way, is the title of an amazing documentary produced by Robert F. Kennedy, Jr. On the CDC's vaccine excipient summary, many vaccines such as the DTaP, Hepatitis A, Hepatitis B, and single-dose flu vaccines (like Fluvirin and Fluvirix) have Thimerosal listed as an ingredient.

But it has an asterisk. At the bottom of the document, it states "Where Thimerosal is marked with an asterisk, it indicates that the product should be considered equivalent to Thimero-

sal-free products. This vaccine may contain trace amounts.”

So, in essence, a Thimerosal-free product may actually contain some Thimerosal. It's kind of like Stevia, which is an extract from the sweet leaves of the stevia plant, and it has zero calories, or so I thought. On the particular brand of Stevia which I use, there is a little asterisk at the bottom of the container that states “Each 1-teaspoon serving contains less than 2 calories, which the FDA considers dietetically zero.”

As we've already seen today, I'm a math guy. So, let's say that each packet contains 1.9 calories, which is about accurate from what I can ascertain. It's still considered to be calorie-free. Now let's say I want to replace sugar with Stevia in a recipe, cup for cup.

If the recipe calls for 3 cups of sugar, I'll replace it with 3 cups of Stevia, which is 144 teaspoons at 48 teaspoons a cup. This would equate to 273.6 calories from an allegedly calorie-free substance. So, back to trace amounts of Thimerosal.

Exactly how much is a trace amount? As we read earlier, the CDC says it's less than or equal to 0.3 micrograms per dose. I'm not going to explain the math, but I'll put it on the screen. And after we convert micrograms per milliliter to milligrams per kilogram, to parts per million, to liters, to parts per billion, etcetera, etcetera, etcetera, you get the picture, right?

There is 600 parts per billion Thimerosal in the Thimerosal-free vaccine. Just to put this 600 parts per billion number in perspective, according to the EPA, 2 parts per billion is the limit in drinking water, and if a liquid has 200 parts per billion of mercury, then it's considered a toxic hazard.

In other words, Thimerosal-free vaccines can contain 3 times the amount of mercury that the EPA allows in a liquid before it's declared to be toxic waste. And here's a 2005 study from Toxicological Sciences Journal that indicates Thimerosal at 1 part per billion is toxic to neurons.

In February 2017, I traveled to Washington, DC, and attended a press conference where Robert F. Kennedy, Jr. and Robert DeNiro offered \$100,000 to anyone who could find a study indicating that Thimerosal is safe.

**Robert F. Kennedy, Jr.:** We just did a press conference and we did this yesterday with DeNiro. We have 240 studies on Thimerosal that says it's causing brain injury, it's causing ADD/ADHD, speech and language delays in all kinds of rats, chipmunks and squirrels, and hamsters, and gerbils, and cows and goats, and pheasants.

And we have that study, this high. 240 studies. And we have 81 studies that show it causes autism. This high. And we have a little placard that says “Studies that says it's safe.” None. Not one. And what DeNiro and I said, “We will pay \$100,000 to anybody who can point to a single peer-reviewed study that shows it's safe.” It doesn't exist.

**Ty:** There are at least 240 studies that have focused on Thimerosal and found it to be harmful, with adverse reactions including allergic reaction, malformations, autoimmunity, developmental delay, and neurodevelopmental disorders, including tics, speech delay, language delay, and ADD.

81 of these studies indicate a link with autism. The MSDS for Thimerosal indicates that it is mutagenic, in other words, it affects genetic material, damages the kidneys, liver, spleen, bone marrow, and the central nervous system, and it may cause cancer based upon animal data.

It also adversely affects fertility and causes birth defects. The toxicity of Thimerosal was the focus of a meeting in June 2000 at the Simpsonwood Conference Center in Atlanta, Georgia. The CDC commissioned a meeting with the World Health Organization, the FDA, Institute of

Medicine, and representatives of several vaccine manufacturers.

According to the transcripts of the Simpsonwood conference, which are readily available online due to FOIA requests, the gist of the meeting was to convey the fact that the CDC's data showed a statistically significant relationship between neurodevelopmental disorders, especially autism, and Thimerosal that children received in their vaccines.

One of the most telling quotes from that conference is from Dr. William Weil with the American Academy of Pediatrics, "The number of dose-related relationships between mercury and autism are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant."

**Dr. Buttar:** You go all the way back Simpsonwood, when they had all the six pharmaceutical companies, I believe it was, that got together and the Institute of Medicine was there.

The president of the Institute of Medicine had just had his grandson or granddaughter born. They were talking to the epidemiologist. Basically, they were talking about the incidence of Thimerosal, incidence of autism in children that had been exposed to Thimerosal in vaccines.

The epidemiologist said that there is not only a correlation but there is a high statistical correlation between autism and the use of Thimerosal. The Institute of Medicine said, "Go back and reanalyze the data." 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 transcript said—he made that comment.

He said, "My grandson (or granddaughter) 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 if they know it will cause mass chaos, right? If there was going to be a motivation for the next civil war, that would be it.

**Ty:** Yes. You're messing with our kids.

**Dr. Buttar:** That's right. That's exactly right.

**Dr. Bark:** They looked at mercury and Thimerosal in vaccinations and they looked at the association between Thimerosal and how early infants are exposed to it. What they found in the data, which they said "We can't make this go away." That was literally written in some of the FOIA documents. The earlier the exposure, 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?"

**Dr. Thomas:** 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. So that's the major source of Thimerosal today. The multi-dose flu shot 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," all right, 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 and 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.

**Robert F. Kennedy, Jr.:** Every freshwater 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:** Robert F. Kennedy just mentioned that Thimerosal, ethyl-mercury, is 50 times as toxic to brain tissue and twice as persistent as methyl-mercury. These figures were taken from the 2012 Guzzi study and the 2005 Burbacher study.

A recent 2017 CDC study, published in the *Reviews of Environmental Contamination and Toxicology*, also confirmed that ethyl-mercury is more toxic than methyl-mercury. Mercury toxicity is one of the CDC's top concerns.

**Dr. Buttar:** 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. MD-PhD. A great guy. Just to give you an idea, what was supposed to be half hour meeting, it ended up being a six-hour meeting.

When I left we actually hugged because he was so appreciative that there were actually people out there—he had no idea there are people out there that were actually addressing some of these things.

So there are people in the CDC and the government that are actually well-versed and know the truth and really want to do something. They have the right motivation. Not everybody is like that, but there are people out there. Just in case people think that everybody is against us, well there are good people out there.

During our conversation, I asked him. I said, "What's your most significant—and I'm flipping through this catalog. It's a directory of all these different toxic materials.

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. He said, "If you bring this up in public, I will deny it."

He thought it was like a trick question. I'm looking at him thinking what's the big deal? His number one concern: it's not persistent organic pollutants. It's metal related. Mercury is a number one concern. Number one. 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?

**Robert F. Kennedy, Jr.:** 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 400 studies, close to 500 studies and virtually all of them say the same thing that Thimerosal is a potent neurotoxin also that does horrendous damage to the other organs in the body. It's reactive with human tissue.

It's the most neurotoxic element in the universe that we know of that is not radioactive and the science was really clear. And 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 a can-do religion than science.

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 and in fact they're so badly discredited that when the Institute of Medicine asked to review the science of 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 Paol 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 the CDC.

He's been fired by his university in Aarhus in Denmark and he is facing 22 counts of wire fraud and theft and 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.

**Ty:** The official position of the CDC is that Thimerosal is safe and there is no relationship between Thimerosal-containing vaccines and autism rates in children. There are six studies that are used by the CDC to exonerate Thimerosal from the autism epidemic.

Robert F. Kennedy, Jr. just mentioned Paol Thorsen, who is co-author of the 2003 Madsen study, which was one of the six CDC studies. This was a CDC-sponsored study, and was published in *The Journal of Pediatrics*. The authors looked at Danish data between 1970 and 2000.

Thimerosal was removed from Danish vaccines in 1992 and proclaimed that not only did autism rates not go down after its removal, but they actually went up. In 1995, the Danish registry added

outpatient clinics to their count of autism cases, when these cases had never been included before.

It turns out that 93 percent of Danish children are diagnosed with autism at outpatient clinics, but the number of autism cases before 1995 did not include the clinics. In addition to adding outpatient clinics' autism diagnoses, there was also a new law requiring, for the first time, that autism cases be reported on the National Registry in Denmark.

The combination of these two factors is what likely accounted for the sudden rise in reported cases of autism, not the removal of mercury from vaccines. Of the seven co-authors of the study, three had received direct funding from the CDC on vaccine safety projects.

One of the authors, Paol Thorsen, was a CDC employee. And two of the authors were employees of Statin's Serum Institute, a Danish vaccine manufacturer. None of these conflicts are mentioned in the study. Thorsen parlayed that study into a long-term relationship with CDC.

He built a research empire called North Atlantic Epidemiology Alliances, that advertised its close association with the CDC autism team, a relationship that had the agency paying Thorsen and his research staff over 14 million dollars in total to create a variety of research papers, many of them assuring the public on the safety of vaccines.

In 2011, it was later discovered that Thorsen had falsified documents, and he was indicted by a federal grand jury for 22 counts of wire fraud and money laundering. Then he fled to Denmark. He allegedly stole more than 1 million dollars from the CDC.

But Thorsen is not in hiding. He remains a free man, living in the open and working in Denmark. The CDC has long regarded this highly problematic study with multiple conflicts of interest as the primary proof that mercury-laced vaccines are safe for infants and young children.

The CDC still relies on the Madsen study, in light of the fact that one of the authors has been indicted for fraud. The MSDS for Thimerosal acknowledges that exposure to Thimerosal in-utero and in children can cause "mild to severe mental retardation and mild to severe gross motor impairment." Next up, we have a couple of brief interviews with parents of vaccine-damaged children who believe that Thimerosal was one of the culprits.

So, what's this little one's name?

**April Boden:** This is Alice.

**Ty:** Alice?

**April Boden:** Yeah.

**Ty:** And then what is your big boy's name?

**April Boden:** Aiden.

**Ty:** Aiden?

**April Boden:** Yeah, Aiden.

**Ty:** Okay. And you've got one other child?

**April Boden:** Yeah, and Avery. He's not here right now. So, we have 13, 11, and 2.

**Ty:** Okay.

**April Boden:** We're all As, the whole family, all five of us.

**Ty:** Okay. What's your husband's name?

**April Boden:** Aaron.

**Ty:** Okay. So, I want to hear about your story, I guess with Aiden specifically.

**April Boden:** Yeah. 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, the next time I went in to bring him into the doctor, several months later, 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 Boden:** I think that time he had the DPT and the polio. 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.

**Ty:** In your line of work then, you're dealing with parents and children all day long that have been injured.

**Robert Krakow:** 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 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.

Then I had the experience with my own son, where we saw effects of post-flu shot. We believe that the vaccine played a role in my son's regression. Again, a court disagrees with that. But that opened my eyes to what vaccines can do.

And in fact, what I discovered, among other things, it's the policy of our country, in the United States, that vaccines cause injury. That's why you have a Vaccine Injury Compensation Program, because it's understood. It's also understood, in the law, in the cases, that no one really understands how vaccines affect the human body.

That's almost a direct quote from a case. So we don't know that. So, what we decide is to protect the vaccine industry. We're going to compensate people, but we're only going to go so far, because we don't know what really causes it, and we're going to put the burden on the injured person and set up this Vaccine Injury Program, which we work in.

But it's limited. And some people do get compensation. There are settlements all the time, and that's good. I'm not one of the people who say "This vaccine program is horrible. It should be destroyed." But there are certain limitations to it.

And originally, that program was not designed to provide complete immunity for the vaccine industry. However, the way it's been interpreted has, in effect, provided that immunity. That prevents us from getting information in discovery.

So, if you sue a defendant, a vaccine manufacturer, if you have a viable claim that has some basis, you will be able to get them to answer questions. You'll be able to get them to turn over documents. You'll be able to see what their research is.

We are unable to reach into the vaccine manufacturers, who do the internal research, except for some rare cases where the documents have been leaked. So we are unable to develop the information that will enable us to show whether or not vaccines cause injury.

But what we did learn from William Thompson, is that the data that the CDC has used in several studies. There's a study called—I don't remember the name. But there's the Thompson study, there's the Price study, there's the Tozzi study. The data strongly suggests that Thimerosal in vaccine causes harm.

And those cases, tics in several of the cases, speech pathology. So, that's a window into this. We need to find more. We need to delve into more, but we're road-blocked by the immunity provisions.

**Ty:** Oh, okay.

**Robert Krakow:** So, it's been a struggle. We are working on different avenues to try to get at the truth, all in the interest of protecting children and getting simple justice for our own children.

**Ty:** That's our goal: protecting children. Are vaccines safe and effective? We're told that they are, but we've seen a couple of personal stories that might lead you to question whether they're really safe. But what about vaccines being considered effective?

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 thor-

oughly clean out the wound, there's a strong possibility you may contract the infection called tetanus.

**Dr. Bell:** 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. There are 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 udder and cutting you open and putting it in." But it's really not that much different.

**Dr. Mikovits:** 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."

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 last 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.

**Dr. Tenpenny:** 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 don't really want to bring up the whole discussion about 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?

After our interview, Dr. Tenpenny shared with me the entire transcript. According to FDA.gov, CBER is the center within the FDA that regulates biological products, making sure that they are safe and effective. And this transcript is from the CBER. In these transcripts, you can see by all these sticky notes that I'm holding up, the CBER acknowledges multiple times that creating an antibody response, which is how we measure the effectiveness of a vaccine, has nothing to do with protecting the person from disease.

In other words, a vaccine can be deemed to be effective at creating an antibody response, but that will not necessarily protect them from the disease. There are certain types of people who don't produce antibodies but they still seem to be able to be protected from and recover from most diseases.

**Dr. Rice:** 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.

**Dr.** 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.** There is none.

**Obukhanych:**

**Ty:** Wow.

**Dr. Thomas:** 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 until 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 like standing order, at least it is in all the hospitals in Portland, Oregon, and in my understanding, it is that way everywhere.

**Dr. Margulis:** 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 every family should have the right to opt out.

Every family should have the right to decide which vaccines are right for their children at what time. And obviously if vaccines work and they're safe and effective we would never worry about somebody else's child not being vaccinated.

So 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.

**Ty:** That last statement sums up one of the main focuses of "The Truth About Vaccines." Medical intervention must always be a choice. What about polio? Was the polio vaccine effective at eradicating polio, and what exactly is polio?

**Dr. Tenpenny:** 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.

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. They're saying, "see, this was polio." Well, it may have been one of the other viruses that cause paralysis.



**Dr Humphries:** 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. And 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. 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 100 people, and we infected all of them with polio (it's a virus that's swallowed) that 95 percent of them wouldn't even know that they had an infection.

There'd be no symptoms whatsoever and there would be immunity. And then four percent would maybe have some malaise, maybe some muscle aches, some diarrhea, and then recover. And then one percent would have paralysis of one or two muscle groups that would last for 24 hours.

And then 5-10 percent of those could have long-term paralysis. So, the poliomyelitis was actually a very low-incidence disease. Poliomyelitis being a description of a physiology doesn't actually tell you what the cause is.

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. And what they found was that roughly a little more than one-quarter was polio virus, and the rest were other viruses, coxazzi virus, etcetera, that can cause paralysis.

And then they found no virus at all in a lot of people. So, DDT and arsenic are known causes of anterior horn spinal cord disease that can mimic poliomyelitis from start to finish, even from a sore throat, the feeling of swelling in the throat, the fevers, the aches and pains, to a tee.

**Ty:** I was under the assumption that polio was synonymous with paralysis. Apparently, I was mistaken, as 95 percent of people with polio have no symptoms whatsoever. And less than 1 percent of people with polio actually suffer paralysis.

Dr. Humphries just mentioned that DDT and arsenic are both known causes of anterior horn spinal disease, which looks just like paralytic polio. Let's learn more about this intriguing subject from Dr. Rashid Buttar.

**Dr. Buttar:** 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, in 50s they used to say "I've had my DDT, so I'm insect free," or something like that.

**Ty:** I've seen 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. And flies won't bother me because I've had my DDT." There were a slew of slogans like that. Remember back in the 50s and 60s again, not remember because you and I weren't alive then, we were alive in the 60s but not in the 50s. They actually used to say cigarettes—"A cigarette a day will keep the doctor away."

**Ty:** "A pack a day keeps lung cancer away." I've seen that one.

**Dr. Buttar:** Exactly. So, these are strange things that they believed back then. 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 it on the graph on the use of DDT and you look at the incidence of polio. They are exactly the same graph except that polio followed DDT by about six months.

So as DDT peaked, six months later polio peaked. DDT comes down, six months later polio comes down. DDT flat lines, polio flat lines. It follows the contour. It's like taking the same graph and just displacing it by six months.

**Ty:** Invented in the late 19th century as a nerve gas chemical weapon, in 1938, DDT was re-packaged for use as a mosquito killer. It was applied liberally from 1943 through 1952 on swimming pools and school cafeterias full of children.

I checked out the graphs, and Dr. Buttar was 100 percent accurate. The rise and fall of polio does actually correspond with the usage of DDT. Notice on this graph that in 1948, the DDT usage was at its lowest, and then in 1951 it was at its highest.

Now look at the graph of polio cases beginning in 1950. As you can clearly see, they peaked in 1951-1952, with approximately 58,000 cases. Then they began to decline drastically. In 1955, the year the polio vaccine was introduced, there were 28,985 cases of polio.

Is it possible that many cases of polio were actually DDT poisoning? Is it possible that the decrease in DDT was a contributing factor in the reduction of polio cases? Or are there other factors as well?

**Neil Miller:** 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.

**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 or 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.

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:** The first polio vaccine was the inactivated, in other words, killed polio vaccine. It was developed by Jonas Salk and came into use in 1955. Albert Sabin's live polio vaccine was

introduced in 1960. The standards for defining polio were changed in 1955 when the Salk polio vaccine was introduced.

The new definition of “polio epidemic” required more cases to be reported. “Paralytic polio” was redefined as well, making it more difficult to confirm, and therefore tally the cases. Also, after the vaccine was introduced, cases of aseptic meningitis, which is an infectious disease often difficult to distinguish from polio, were supposed to be reported as a different disease than polio, but before the polio vaccine, such cases were counted as polio.

Here’s a chart that’s based on a Los Angeles County health index on morbidity and mortality of reportable diseases. As you can see, in Los Angeles County in July 1955, right before the polio vaccine was introduced, there were 273 cases of polio and 50 cases of aseptic meningitis.

But then, six years later in 1961, there were 65 cases of polio and 161 cases of aseptic meningitis. Those numbers were 5 and 256, respectively, by the year 1966. Is it possible that it only appeared that polio was eradicated because they changed the criteria for diagnosing polio, thus giving rise to a spike in cases of aseptic meningitis?

**Dr Humphries:** 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 that 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?

**Dr Humphries:** Yes, that was where the inactivation was incomplete and those live viral 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 it. Okay, has he retracted it yet?

**Barbara Loe Fisher:** No, the reason for it was, “Look, we have this great vaccine it’s done a great thing and sometimes we have stumbling blocks in the beginning and this is the story,” and it’s very well told and very good read.

**Ty:** The Cutter incident is an example of the polio vaccine actually causing polio due to an insuf-

ficiently killed virus in the Salk polio vaccine from Cutter laboratories in Berkley, California. Over 40,000 children were infected, many were paralyzed, and many died. In 1977, Dr. Jonas Salk testified, along with other scientists, that mass inoculation against polio was the cause of most polio cases throughout the United States since 1961. Are there instances of the polio vaccine causing other diseases like cancer?

What do you know, Barbara, about the Salk and Sabin versions of the polio vaccine?

**Barbara Loe Fisher:** 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 vaccines.

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.

**Dr Humphries:** 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.

So, 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 developed 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.

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 a much higher rate. 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, maybe 0 to 10 percent of us will have it, and even people with other kidney disease it's about 10 percent.

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.

**Neil Miller:** 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. Okay? Now what they do is they attenuate the virus in the monkey kidneys.

**Ty:** What does that mean?

**Neil Miller:** Weaken.

**Ty:** Okay.

**Neil Miller:** 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.

**Sayer Ji:** 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 then 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 retroviruses. 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.

**Barbara Loe Fisher:** Fast forward to the 1990s, researchers began to culture out SV40 DNA from the tumors, the cancerous tumors of children and adults suffering with bone, brain, and lung cancer. SV40 DNA.

They made an association between the contaminated polio vaccines and the SV40 DNA that they're culturing out. Independent 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 in 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.

**Ty:** In 2002, the British journal *Lancet*, published compelling evidence to support the polio vaccine link to cancer. In the article, the authors assert that polio vaccine contaminated with SV40 was responsible for up to half of the 55,000 non-Hodgkin's Lymphoma cases that were occurring each year.

Dr. Maurice Hilleman was the developer of Merck's vaccine program. He developed over three dozen vaccines, more than any other scientist in history. He was a member of the United States National Academy of Science, the Institute of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society.

He received a special lifetime achievement award from the World Health Organization. Hilleman was one of the early vaccine pioneers to warn about the possibility that simian viruses might contaminate vaccines. In total, over 60 different lab studies have linked the Salk polio vaccine to cancer, which Hilleman admits was the responsibility of Merck.

I recently learned that the oral polio vaccine actually sheds polio. What exactly does that mean? Let's listen to Dr. Shawn Centers explain.

**Dr. Centers:** 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. And so, around '99-2000, they made the decision, because of this, to stop giving the oral polio, and they now have it in inactivated form, which obviously is safer. But then there's also the question of even whether this vaccine is effective.

There are three types of wild polio: 1, 2 and 3. And 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.

**Dr. Bark:** So, 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're having these polio outbreaks.

**Dr. Bark:** We're 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 there 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.

**Neil Miller:** 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. Okay?

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. Okay? So, that vaccine—the oral polio vaccine, is quite capable of causing polio, causing paralysis.

**Dr. Humphries:** 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.

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:** So, according to Dr. Humphries, we still have polio and paralysis today, but just no iron lungs. We have ventilators now. Interestingly, in Oman between 1988 and 1989, a polio outbreak



occurred amongst thousands of fully-vaccinated children.

The region with the highest infection rate had the highest vaccine coverage. The region with the lowest infection rate had the lowest vaccine coverage. Dr. Toni Bark and Neil Miller have both mentioned that we've seen an explosion of non-polio paralysis.

While India has been declared to have been polio free, there has been a huge increase in non-polio acute flaccid paralysis, or NPAFP. In 2011, there were an extra 47,500 new cases, clinically indistinguishable from polio paralysis, but twice as deadly.

The incidence of NPAFP was directly proportional to doses of the oral polio vaccine received. Though this data was collected within the polio surveillance system, it was not investigated. Dr. Jacob Coolio is the head of pediatrics at St. Stephens Hospital in New Delhi, India, and a member of the National Technical Advisory Group on Immunization of the government of India.

In February of 2015, he published a study in *Pediatrics*, the leading pediatric medical journal in the world. He found that the tenfold increase in paralysis was due to the polio vaccine. Western medicine is founded upon what is called the germ theory of disease, which was brought to the forefront in 19th century by scientist Louis Pasteur.

This theory is based on the idea that "germs are bad" and that they are the cause of disease and illness. French scientist Antoine Bechamp advocated a conflicting theory known as the "cellular theory" of disease, which advocated not the killing of germs but the cultivation of health through detoxification, diet, hygiene, and healthy lifestyle practices such as fresh air and exercise.

Pasteur and Bechamp had a long and often bitter rivalry regarding who was right about the true cause of illness. In the end, Pasteur's germ theory ended up winning the day with mainstream medicine. Today, approximately 200 years after Bechamp was born, the practice of Western medicine is based upon Pasteur's germ theory.

**DR. PALEVSKY:** 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.

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 waste, and they actually go on to heal and be stronger.

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.

**Sayer Ji:** When you acknowledge 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.

**Mike Adams:** 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 Adams 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 their 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 than 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. This is why I say vaccines are great for time travelers. If you want to go back to last year and maybe vaccine could help you.

But for this year, the virus is already mutated. So you need an adaptor of 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 adopted. 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 the virus comes in and starts attacking your body, your body responds to it as long as it has the tools and the immunology.

**Dr. Margulis:** 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. It's taking the information you have and making the best decision you can with it.

**Ty:** There is no anti. There is no pro. It's just making good decisions using the knowledge that we have and exercising our freedom of choice. All parents love their children, and all parents want to make the best health decisions for their children. We should all do our due diligence and become educated on vaccines. Here's Erin Elizabeth, who sustained a vaccine injury as a child, with some encouraging words.

**Erin Elizabeth:** Growing up in the 70s, we actually had some of the hippies who didn't really vaccinate back then. That was kind of that mentality were some didn't. And the few friends I had who weren't vaccinated were the healthiest of all.

They didn't have colds, they weren't sick. They were eating their organic granola, healthy as can be. I don't want my parents to feel guilt. They're 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.

**Barbara Loe Fisher:** 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 due 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 is 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 or your child before you get vaccinated.

**Tyler Dahm:** My story really starts in 2007 when my nephew Donovan was born. And he was my brother's little boy, and he was just beautiful, awesome, totally neurotypical, just so fun to be around. I remember the Christmas before he turned two, we got him a train set, and it was The Polar Express.

And his favorite thing to say was "All aboard The Polar Express." And he was just completely verbal and all there. And then a couple of months after that, my brother dropped Donovan off to my house, and he had a broken nose, he had two black eyes.

He had a dent in his forehead, and he was just sort of like he was not there, like he was in a fog. He was catatonic basically. And I just remember thinking "What the hell happened to this kid?" And I remember thinking "Somebody really hurt him very badly."

And so we took him to Children's Hospital. I took him. And I said "Somebody needs to tell me what happened to my nephew, because this is really horrible." And the nurses and the doctors immediately called CPS. The doctor comes in the room and she tells me "This child has been hurt very badly. Somebody has either thrown him down stairs or slammed his face repeatedly."

And I said "Well, my brother loves this little boy. So my brother would never hurt him. He keeps telling me that my nephew is slamming his head into the crib, into the walls, into the

table. Anything he can find, he's slamming his head."

And the doctor says "No, it doesn't happen that way. Babies that young, they can't hurt themselves this badly from banging their head. So, somebody hurt him, and they're lying to you." And so, I went home and I was talking to my husband, and I said "Something is very wrong here, and I don't know what to do."

And he said "Well, we just need to wait and see. We don't really know what happened." And then a couple months after that, my nephew was found wandering down the highway in the town where we live, and he was by himself in a diaper.

**Polly Tommey:** How old was he at the time?

**Tyler Dahm:** He was two-and-a-half. And the police found him, and they took him, found his house where he lived, and my brother was asleep. And Donovan had gotten out from the house on his own. And I drove over there and I said to my brother, "What the hell is wrong with you? What is going on here? You have to watch him. He's a baby."

And he goes "You don't understand. I had all the doors locked. I had the safety locks, everything. I don't know how he got out." And he said "I'm doing the best I can."

**Polly Tommey:** Does your brother have a wife? Is there someone else to help him?

**Tyler Dahm:** Donovan's mother was his live-in girlfriend, but they worked really, really crazy hours, so they were taking opposite shifts. And so, I just remember like getting really upset with my brother and thinking "God, you are such a crappy dad. You can't even keep him in the house. You can't keep him safe."

And then literally a month later after that, neighbors found my nephew again, wandering down the street, and they picked him up and they held him and waited for the police to come. So, this is now three times that CPS has had to intervene with this kid because of abuse and neglect.

And I'm just thinking "This has to stop. They're not taking care of him. He's not okay. He's not safe." So, I talked to my husband, and I said, "You know what? This is it for me. Because if we don't do something now, this kid is going to get hit by a car or someone's going to beat him so bad."

He kept coming over to our house with bruises all over, and still bruises on his face. And so, I picked up the phone and I called CPS, and I said "I'm done. This kid isn't okay. He has stopped talking. He screams for hours on end. He doesn't look at me anymore. He doesn't want to be touched anymore. He's a totally different kid. Somebody has hurt him very badly."

And so, the caseworker said "Well, there's nothing more we can do. This is the third report, and this is Colorado, so after three reports, we take custody of the child. And then the parents have to fight to get him back." And so, we ended up with custody of my nephew that day.

This was May 14, 2010. That day the caseworkers went over and told my brother and his girlfriend that they were charging them with abuse and neglect, and that they had lost custody. And my brother committed suicide.

The last thing he did was call me and say "I love that boy. I never hurt him. Nobody believes me. But you will be a good mom to him, so you take care of him, and I love you." Two hours later, the police called and told us that he was dead.

And the worst part about the whole situation is that once we had custody of Donovan, Social Services told us that the pediatrician had been recording all of his milestones and that he had

stopped meeting them right after that Christmas at two years old.

He had lost eye contact, lost speech, and was changing. And therefore, they were recommending that we take him for an autism evaluation. Now what you have to understand is that at this time, I was a medical student, and I knew about autism, right?

I knew all about autism. It's genetic. They're born with it. You can spot it a mile away. My nephew was not autistic. There's no way, because he was completely typically developing. He was fine. And then one day he was not even remotely fine.

So, I took him to the evaluation thinking that this was a complete joke and a waste of our time. And the psychologist calls us back in the room and he says "You know what? I'm really sorry, but you are in complete denial. This child is severely autistic. He cannot look at you. He cannot use the toilet. He has no words. He's banging his head on the table here in the evaluation. He is very, very sick."

And he said "I think you need to start looking for an institution for him. Because when he hits puberty, he's going to get angry and he's going to start beating you up, and you won't want that." And he said "Because he's never going to get better. He's not going to use a toilet. He's not going to have words. He's not going to do any of the things that you think a typical boy should do, and so, you need to accept this now and make a plan for him."

And as I'm sitting there hearing him say this, the only thing I can think of is that we were completely wrong. Nobody was hurting this child. He was hurting himself because he had regressed into full autism. He was sick. And I missed all the signs.

I missed every single sign along the way because I was told a different story. I was told a different story about autism. And every step of the way, every doctor, every police officer, every caseworker, told us "This is not normal. This is somebody hurting this child."

Not one person said "Oh, do you know about elopement? Do you know that autistic children will find any and every way to get out of the house and take off?" Nobody said that to us. They told us that nobody was watching him and that he was being neglected.

They said that it was impossible for him to bang his head so much that he would break his own nose. And it turns out that it is possible. And we started hearing stories from these caseworkers telling us this child had autism, that this is normal.

And I started realizing that there is a huge disconnect in what we used to think about autism and what is really autism now, and that these kids can be completely typically developing until any age, and then all of a sudden they regress.

And if you don't know what you're looking at, if you don't know what that is, and if you have all of these doctors and caseworkers and police officers telling you that it's a child being harmed and they don't have any idea that this is what the new autism looks like, then what do you do with that information?

What I did with it was called my brother into CPS, and then he died. And when I realized that Donovan had autism and that this is normal now for autism, I don't even have words to express the fact that I don't ever get a second chance.

I don't get a do-over to say "Oh my gosh, I'm so sorry. I was wrong. I misunderstood. I didn't take enough time to research. I didn't listen." I'll never get to tell him that I'm sorry. It's too late now. This kid has lost everything.

He has lost his mother and his father, and he has autism. They're telling us he has this for the rest of his life. And I don't care what it takes. I don't care how much money or time or anything. If there is an answer to autism, if it can be treated, if there's help for him, then damn it, I'm going to find it.

And I didn't stop. I just hit the ground running and I started buying books on Amazon, textbooks from medical schools, and research studies, and I got onto Google Scholar, and I learned more stuff than I ever even wanted to learn about what is happening with our kids.

And the minute I started reading these studies, this memory hit me like a wave. And I remember three months after that Christmas, when he was saying "All aboard The Polar Express," he had been taken into the doctor's for his appointment, and they had missed the 18-month appointment, but it was right there at that 24-month appointment.

And so, at that appointment, they gave that child 8 injections, for a total of 14 vaccines. And it was two weeks before I saw him next with the broken nose and the black eyes, and the dent in his forehead, and it was that moment.

And I didn't put it together until I started researching encephalitis and all of these things that come after it. And I just knew in my gut, and I knew my brother telling me in my heart. This is what happened to my nephew. Nobody beat him.

Nobody hurt him. He was hurt by a totally different mechanism. And it took a lot for me to go against what I knew about biochemistry, biology, and medicine, all the things that I had been trained that these were lifesaving interventions. It was really hard for me to think outside that box.

But when you read the data and you understand what is going on, there's no other conclusion for me. And I know. And so, that's what we started doing. We started treating him as if he were vaccine-injured. And the minute we started treating that vaccine injury is the minute he started healing.

And every single word that every person ever told me about this being permanent for him, and that "This is something he'll never get better," and that "What you saw you did not see," faded into the background, because that child started talking.

And then that child used a toilet. And then that child went to school. And then that child made a friend. And then that child got invited to a birthday party. And that was the moment, that was the moment that I said "You know what? This kid is going to recover, and this is possible."

And so, I made a promise to Donovan and to my brother that I will tell anybody and everybody. I will tell them what I did, and how I was wrong, and I will scream from the rooftops that these kids can get better.

[End of transcript]



# Episode 3:

## In Depth Analysis of the MMR and DTaP Vaccines & Vaccinating for the Greater Good



**Ty:** Welcome back to The Truth About Vaccines. I hope that you learned a lot of valuable information in Episode 2. In Episode 3 we have a lot of ground to cover. When I was a baby, according to my vaccination records, I received the MMR vaccine in 1971, which was the first year that it was available.

The MMR vaccine is a vaccine against measles, mumps, and rubella, also known as German measles. It is a mixture of live attenuated viruses of three diseases. Interestingly, I got measles and mumps after I received the MMR vaccine.

The MMR was first developed by Dr. Maurice Hilleman while at Merck. As we learned in Episode 2, Dr. Maurice Hilleman was the developer of Merck's vaccine program. He developed over three dozen vaccines, more than any other scientist in history.

He was a member of the U.S. National Academy of Science, the Institute of Medicine, the American Academy of Arts and Sciences, and the American Philosophical Society. He received a special lifetime achievement award from The World Health Organization.

Hilleman was one of the early vaccine pioneers to warn about the dangers of vaccines. According to the CDC's vaccine excipient summary, here are the ingredients of the MMR vaccine. Sometimes the MMR is combined with the varicella vaccine, and it's called MMRV.

Here are the ingredients. As you can see with both the MMR and the MMRV, they both contain WI-38 cell line, and the MMRV also contains MRC-5 cells. The WI-38 cell line was developed by Dr. Leonard Hayflick in 1962 by taking lung cells from an aborted fetal baby.

The MRC-5 cell line was developed in 1966 for the Medical Research Council in England. This cell line was cultured from lung tissue taken from another aborted baby. There are actually several vaccines that contain human DNA and aborted fetal tissue, including adenovirus, DTaP, Hepatitis A, Hepatitis B, MMR, MMRV, rabies, varicella, and zoster.

I remember having a conversation with my mother when I was in high school, discussing vaccines and wondering why I got both measles and mumps, despite the fact that I had been vaccinated.

**Neil Miller:** In many outbreaks of measles, in many outbreaks of pertussis, anywhere from 80, to 90, to 95, and even—there's even been outbreaks of the disease where 100 percent of the cases were in vaccinated populations.

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

**Bryan Hooker:** We're seeing disease outbreaks in vaccinated communities. The mumps portion of the MMR vaccine is woefully ineffective. And so, we have like the Harvard mumps outbreak, which is exclusively in vaccinated individuals.

And so, 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:** Dr. Hooker mentioned the Harvard mumps outbreak of 2016, which was at a fully vaccinated college population, according to the Public Health Department in Cambridge.

In recent years, we have also seen mumps outbreaks in 100 percent vaccinated populations like

the University of Richmond, Loyola University, and Fordham University. Interestingly, in 2010, Merck was sued for selling a vaccine that actually caused mumps and measles outbreaks.

**Mike Adams:** This has even been borne out by the scientists themselves, the virologists who worked for Merck, and they filed the False Claims Act with the federal government saying that this was 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.”

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

So, have we reduced measles from the measles shot? We have. Breakthrough measles and measles shots spreads measles. I mean there’s all that. There’s measles shot failure. We know that. Even if you have antibodies, there’s 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.

**Dr Humphries:** 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 two and 10 percent never respond at all. It’s just something that is not very—talked about very much.

**Sayer Ji:** 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.

**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. But 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.

**Ty:** What Dr. Palevsky just described is the law of the terrain, which we discussed in Episode 1. If we look at the graphs of deaths from measles and infections from measles after the measles vaccine was introduced, we begin to understand the effect that the vaccine had on both of these issues.

The first measles vaccine, inactivated, was introduced in 1963, and we can clearly see from the graph that mortality for the first—for the two-decade period before the vaccine, there were only one or two deaths per year. This is exactly what Dr. Palevsky stated.

Measles is typically not deadly, especially if the society has improved hygiene, sanitation, clean water, and good nutrition. On the same graph, we can also see that infections from measles appear to decline after the vaccine was introduced, as Dr. Barton just mentioned.

In 1963, the year the measles vaccine was introduced, there were around 250 measles infections per 100,000 people. Within 5 years of the vaccine being introduced, the infection rate had dropped to less than 10 per 100,000. But as Dr. Barton also mentioned, what was the cost? Is it possible that natural exposure to viruses like measles might actually confer a long-term benefit?

**Neil Miller:** I documented dozens of studies that have come out and have shown that measles, chicken pox, rubella, when you contract these diseases—they've done several studies where 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 that have contracted these diseases, they have—

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.

**Sayer Ji:** 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.

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:** Sayer Ji and Neil Miller are two of the most renowned health experts alive today. Both of them just mentioned health benefits from being exposed naturally to viruses like measles. The medical literature is replete with studies that confirm this assertion, and I recently saw a study done at the Mayo Clinic that reiterated the protective benefits that measles virus has on cancer.

It's interesting that the CDC still identifies anyone born before 1957 as having "presumptive evidence of immunity" against measles, due to the lasting protection conferred by natural exposure. As I mentioned previously, I had both measles and mumps, but I didn't have them at the same time.

**Dr. Palevsky:** No person ever experiences two diseases at the same time. So, if you're giving the diphtheria-pertussis-tetanus vaccine, you're giving three diseases into the body at the same time. If you're giving a polio virus vaccine, you're giving three viruses at the same time.

If you're giving a Pevnar vaccine, you're giving 13 bacteria injected into the body at the same time. Again, without recognizing whether those organisms already exist in the body and are lying dormant, but also understanding that those diseases never happen at the same time with each other.

Back in the late 1900s, early 2000s, when I went to one of the NVIC conferences, there was a presentation given by a doctor named Scott Montgomery, who actually showed that when people had a live measles illness and then soon after had a live mumps illness, when those illnesses happened close together in real-life time, there was a greater incidence of inflammatory bowel disease, then if people had measles infection live and mumps infection live far apart.

So, that raises the question, well, if MMR are given together, measles, mumps, and rubella, and parents are talking about children developing gastrointestinal dysfunction, consistent with inflammatory bowel changes, then are you increasing the chances of inflammatory bowel disease by administering a vaccine that has two viruses given at the same time? And it's just not even looked at.

**Dr. Wakefield:** I'll just give you one example, and that is the Measles, Mumps, Rubella vaccine. Well, first of all, I mean just as an example, when in Japan they took the Mumps vaccine, called the Urabi AM-9, 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. And in Japan, they've never gone back to using MMR because of that scandal.

So, when you combine three live viruses into one, you have got major problems. Now, 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. So, 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.

And you ask pediatricians "Where do you get your information from?" "We get it from the CDC." Well, the CDC is deeply, deeply compromised. And just in the setting of MMR, we now know from the CDC whistle blower, William Thompson, that they've been lying about the safety of MMR in the context of autism, for 13 or 14 years. While

**Dr. Palevsky:** So, here you have a doctor who noticed that in a cluster of children who presented with the diagnosis of autism and had inflammatory bowel disease, knowing that there was an increased incidence of inflammatory bowel disease, when the measles infection and the mumps infection happened close together, suggested that maybe giving them a measles vaccine and a mumps vaccine close together could add to this same outcome of inflammatory bowel disease in the presence of those two infections happening at the same time. That's all he said, and somehow, he became the poster child for vaccines cause autism.

**Neil Miller:** 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.

Okay? But they said "We're not doing it anymore. We're not gonna give parents that option." And so, vaccination rates dropped. Because people wanted the single vaccines. And they blamed it on Andy Wakefield.

**Dr. Thomas:** 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 tons 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, that'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.

**Ty:** You do this every day?

**Dr. Thomas:** Yeah, 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 have done.

So, the actual data showed a 300 percent 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.

**Dr. Seneff:** I've looked hard at MMR. I was puzzled by this. I said, because it didn't have the aluminum, it didn't have the mercury. But it does have the glutamate and it has a live virus. It has live measles, mumps, and rubella viruses. And 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 and he was on to so many things about autism way back then, almost two decades ago.

And you know it is a crime that, here's a person who's 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.

**Ty:** I think it's important to note that back in the 1990s, Dr. Andrew Wakefield simply wanted to investigate whether it would be safer for children to spread out the mumps and the measles vaccines. In his report, he stated that there may be an association between MMR and gastrointestinal disease.

His research led him to write a 250-page report, concluding that he could not support the use of the combined 3-in-1 MMR vaccine simply because it was not safe. Did you know that Dr. Wakefield's research has been replicated in at least 28 studies in multiple different countries, including Switzerland?

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 Miller:** No. And of course, this is what Andy Wakefield speaks about. Andy Wakefield says—he said “There might be some evidence that combining the vaccines is more—potentially more detrimental than not combining the vaccines.” That's essentially what he said. He said “I—” Andy Wakefield said “I still recommend vaccination. I just recommend that you break it up.”

**Ty:** Right.

**Neil Miller:** 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.” In fact, you have to make them individually.

**Ty:** So, it takes extra work to combine it.

**Neil Miller:** Yeah, when Andy Wakefield made that recommendation, within six months they took out—they took away that option. The single vaccines were available when Andy Wakefield made that claim.

**Barbara Loe Fisher:** That was one of the original hypotheses with that 1998 study of the 12 authors in Britain on the potential link between autism and inflammatory bowel disease.

**Dr. Palevsky:** Between MMR—

**Barbara Loe Fisher:** I'm sorry, between MMR and inflammatory bowel disease that had autism as a component.

**Dr. Palevsky:** And all that study did was make a suggestion as to whether giving the measles-mumps vaccine together led to an increase in incidence of inflammatory bowel disease, knowing what the live infection close together looked like. And all that study did was to suggest that maybe it's more prudent to give the measles vaccine and the mumps vaccine separately.

**Barbara Loe Fisher:** They said in the conclusion it deserves further study. They hadn't said that they had proved that MMR vaccine causes autism or inflammatory bowel disease.

**Dr. Palevsky:** No.

**Barbara Loe Fisher:** They just simply said that there was an association that they noted. But what happened at the press conference was they were asked the question—I think Dr. Wakefield was asked the question, “Well, what should parents do?”

And when he said “Well, they should ask for separate vaccines,” that caused an uproar. Because, well first of all, you can't get separate MMR vaccine, measles, mumps and rubella



vaccine anymore. You can't get separate diphtheria, pertussis, tetanus vaccine anymore.

You can get DT, but now they want to have combination vaccines, and their market for combination vaccines was threatened by the idea that parents could choose to have separate vaccines.

**Ty:** What about MMR? I don't remember—you didn't mention MMR.

**Dr. Thomas:** So, for on the vaccine-friendly plan, I made a somewhat arbitrary decision. That one worried me. And I just decided I'm going to wait till age three. Because I had never seen a child regress in the 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. And I have since heard one story of a child with parents who 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 the kid regressed. They actually had 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 auto-immune 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.

**Dr. Obukhanych:** Another problem is DNA contamination and 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.

Now 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. And so, DNA is actually an adjuvant in itself and it induces a type of immunoresponse which you call Th2 which does not elicit T-killer cells. And why is that important? T-killer cells are the cells that eliminate virally-infected cells.

Now MMR is a live so there will be some viral replication and some infection of cells from the vaccine. Now if you mix DNA into that 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. And so, vaccine virus can stay in the body for much longer than what it is intended to be.

**Ty:** That's with the MMR vaccine?

**Dr. Obukhanych:** That's with the MMR vaccine and 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. But when they put so many vaccines together they carry over this contamination.

**Ty:** So, for those that have done the research and want to vaccinate their children against mumps and measles, why aren't they given the option to spread out the MMR vaccine? Why are these three vaccines still combined in light of the research that indicates that they would be much safer if they were spread out?

Growing up, one of my favorite TV shows was The Brady Bunch. I remember an episode where all six kids got measles. The parents weren't scared, and neither were the doctors, and the kids were excited to stay home from school and play Monopoly.

But something happened where measles went from being characterized as a natural rite of passage, necessary for strengthening immunity, to a deadly infection where our only hope is vaccination, and parents are scared to death about measles.

**Dr. Miller:** Measles scares people. We had that big epidemic in Disneyland, a couple hundred cases. The next year there were 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 would we have more measles deaths?

Sure, we would. And some people can't tolerate that idea because they don't see any negative side to vaccines. But when you see both sides, that there's risks and benefits, then you can start having a real scientific dialogue about what really is best.

**Mike Adams:** The vaccine industry's greatest weapon against medical freedom and medical choice is fear. More than marketing vaccines, the vaccine pushers are marketing fear, and it is irrational fear. If you think about the big manipulations of humanity throughout history, it's always through fear.

Fear is their weapon, and fear is their way, their method to affect social change through social engineering. So, the vaccine industry highlights pandemics, some of which they may have caused themselves because their product doesn't work, it actually spreads disease.

But it's that pandemic then, the spreading of measles or mumps, for example in Disneyland, that creates the fear, that leads to the demand by parents for vaccinations and even emboldens the vaccine tyranny pushers who want to force this medical intervention on families and on children who would rather not have that intervention.

So, they're using fear to take away medical choice. And this medical choice is a fundamental human right. It's always astonishing to me to find people who say they are politically pro-choice arguing against choice for vaccines.

They say "Well, a woman's body is her body. No one can tell her what to do with it," which is a position I agree with. And then they say "But, let's have the state force all the young children, males and females, to be injected with this toxic vaccine that's going to cause extreme harm among some percentage of those children." Well that's a violation of the very tenant of medical choice and medical freedom, and it should not exist in a free society.

**Ty:** According to information from the study presented by California Health Line, 86 percent of those who caught measles at Disneyland during the outbreak of 2014 were fully up-to-date on their MMR. Media reports blamed the unvaccinated for the outbreak, despite the 86 percent vaccination rate.

It's important to note that the Disneyland measles outbreak of 2014 was used to push through the approval of Senate Bill 277, which requires that all school children in California be vaccinated, and removed all exemptions.

Have you ever heard of the concept of shedding? That's what happens when you give a live virus vaccine to someone, and the virus can infect other people who come in contact with the person

who was vaccinated. Shedding has been proven to occur up to 37 days after someone is vaccinated. Is it possible that is the reason we have seen more cases of measles over the past few years?

**Dr. O'Shea:** 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. So, 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:** What about rubella? That's the R in the MMR vaccine. Here's Dr. Tetyana Obukhanych and Dr. Shawn Centers discussing this topic.

**Dr. Obukhanych:** 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 that women – in the past – that women would get 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. And males have absolutely no benefit from rubella vaccination for themselves since there are really no risks from that.

**Ty:** Wow, so the male's rubella vaccine is useless, for males?

**Dr. Obukhanych:** Well it's not beneficial because the only time when rubella is dangerous, as I said, is during pregnancy.

**Dr. Centers:** Well, you know that has to do with marketing, right? So, 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.

**Ty:** There are hundreds of articles from peer reviewed medical literature documenting some of the other chronic adverse conditions from MMR vaccination, including neurological disorders, serious blood disorders, sensory impairments, including eye disorders and hearing loss, immune system damage, bowel disease, severe allergic reaction, and atypical measles from the MMR vaccine. Here are a couple of snippets from interviews with people whose lives have been directly affected by MMR damage.

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

**Polly Tommey:** 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-vac-

cine. I was so full of the system. With a 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 well and best interest at heart. And so the morning he had the vaccine, by the evening he was having the most horrific seizure.

**Ty:** Really?

**Polly Tommey:** Yeah. And the week after that. And they said—the most important thing here is they said to us in the 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, and people they just don't understand that when they take that needle and they put it 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, until they work it out, you've got to stay away.

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

**Polly Tommey:** 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.

**Linae Larsen:** I got a vaccine injury, so now I can't walk long distances or play running sports. I can't even go to the playground and play with other kids because my legs get too tired and my muscles get too tired to have sustained endurance.

One of the harder parts is, because I go to an online public school, the students don't see each other unless on field trips. So, I was talking to my friend, Remy, but we never met in person. We finally went to a field trip and Remy's like, “I didn't know you were in a wheelchair.”

**Linae's Mom:** It's the first thing people notice and people react to.

**Del Bigtree:** What does it feel like when they said that?

**Linae Larsen:** Kind of excluded.

**Polly Tommey:** What would you say to a mommy who's about to give her baby the vaccines?

**Linae Larsen:** Don't. Don't, and explain the facts that by 2025, there will be a 1 in 2 chance of autism in your child, and explain the facts and the statistics and the ingredients in vaccines, so they don't end up like I did and they don't make the same mistakes, so pharma doesn't get money for injuring kids.

**Ty:** There's no doubt that vaccines can injure. That's why we have The Vaccine Injury Compensation Fund. The question is whether or not the risks outweigh the benefits. That's a personal decision for each and every one of us.

I remember about a decade ago, I had a discussion with the pediatrician about whooping cough, also known as pertussis. We were discussing whether the risks of the vaccine outweigh the benefits. He clearly believed that there were very little risks and an enormous amount of benefits.

There are several current vaccines for pertussis, depending upon the manufacturer, but they are generically referred to as the DTaP, which is diphtheria, tetanus, and acellular pertussis, which is given to children, and the TDAP, which is combined tetanus, diphtheria, and pertussis, which is given to adolescents and adults.

On the screen are the ingredients for the three most common DTaP vaccines. In the early 1990s, these vaccines replaced the wholesale pertussis vaccine, which was called DPT. Let's look a little closer at these diseases and the vaccines. The first clip is from Erin Elizabeth, who as a child, was vaccine injured by the DPT vaccine.

**Erin Elizabeth:** 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.

And what the doctors were thinking was they were worried about encephalitis, but looking back we probably think that I did have encephalitis. And I was brought into the hospital and they had to restrain me. There's different—I'm never sure if I've heard straight jacket or restraints 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 Elizabeth:** Yeah, right. Yes. But even eventually the pediatrician then will check from my neck because he said "I think she might have that rare bad reaction," and it looks like I did and I was really fortunate.

After a week, I believe they were even 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 Elizabeth:** 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 Elizabeth:** Yeah. That's what they said back then.

**Barbara Loe Fisher:** 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'd been told nothing by my pediatrician about how to recognize vaccine reactions, I didn't understand what I was witnessing. I now 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 had been told that vaccines can brain injure children.

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.

After looking at those studies that I realized what had happened to my son, I decided to research pertussis and pertussis vaccine. About 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 was wrong—what is wrong with the mandatory vaccination system in this country.

**Michael Hugo:** 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—"

The next thing that parents do when they can't get satisfaction from the medical profession is they contact the legal profession.

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.

During that study, after the company showed up on the scene at UCLA, somehow or other the numbers changed. 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 one." 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 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 their 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.

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.

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 '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.

So 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.

**Ty:** What do you think about the fact that pharmaceutical companies know that a vaccine will cause X percent of babies to die and then they put an actuarial price on that baby in determining the cost of the vaccine?

**Barbara Loe Fisher:** 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.

**Michael Hugo:** 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.

**Ty:** What exactly, Barbara, is a hot lot?

**Barbara Loe Fisher:** 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:** So, what makes the lots different or that some might be more deadly than others?

**Dr. Obukhanych:** So, 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 and so it would really depend on batch per batch basis. It's unpredictable.

**Ty:** So, you never know?

**Dr.** 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, and I think what's going on in Japan they really bring it down, but there are no regulations in the United States.

**Obukhanych:**

**Ty:** According to Dr. Tetyana Obukhanych, there are no regulations in the U.S.A. regarding the amount of endotoxins that can be included in vaccines, which can give rise to batches of hot lot vaccines. Before the early 1990s, we used a different kind of pertussis vaccine, a whole-sale vaccine called the DPT.

It was more potent, but there were serious side effects, like 11 deaths which we just saw in Tennessee hot lot that Barbara Loe Fisher and attorney Michael Hugo just described.

**Dr.** DTP is whole cell pertussis. It includes whole cell pertussis component where is a 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.

**Obukhanych:**

**Ty:** So, the DTaP's the new one?

**Dr.** The DTaP is relatively new and it was developed in Japan in the 80's when it was noticed that DTaP, 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 DTaP it was pulled and then Japanese researchers developed DTaP.

**Obukhanych:**

**Ty:** Okay, so there literally have been people that have been killed by the DTP vaccine, the old one?

**Dr.** Obviously.

**Obukhanych:**

**Michael Hugo:** 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, 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. It's 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 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 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 he's 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.

**Ty:** In 1986 we had the landmark case, Graham versus Wyeth, which awarded the plaintiff 15 million dollars for permanent neurological damage from the DPT vaccine.

The jury found that the drug company, Wyeth, knew or should have known that the DPT vaccine caused neurological damage in children, making the product unsafe. Because of all of this, we changed the vaccine to the acellular kind, which has fewer side effects. We went from the DPT to the DTaP and the TDaP.

**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 called the whole cell.

**Ty:** So, it used to be the DTP, now it's 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.

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, the 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 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 aren't 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.

**Sherri Tenpenny:** 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 something 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.

**Neil Miller:** 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. Okay?

Like the immune compromised. Okay? 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.

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.

**Dr. Obukhanych:** 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. So, 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.

What is endotoxin? So, endotoxin comes from a bacterium, 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 endotoxin as the old whole cell vaccine.

**Neil Miller:** Well, back in the 1980s they had a whole cell pertussis vaccine, and they realized that that vaccine was very reactive and was causing a high incidence of neurological damage.

And back in the late 19—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 Miller:** 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:** What Neil Miller just said about people being silent carriers is supported by a November 25th, 2013 article in *The Washington Post*, which quotes FDA researcher Todd Merkle. "The research suggests that while the vaccine may keep people from getting sick, it doesn't prevent

them from spreading whooping cough, also known as pertussis, to others. It could explain the increase in pertussis that we're seeing in the U.S."

In other words, the vaccine may keep you from showing any symptoms while you spread pertussis to everyone else. It's interesting that the Sanofi Pasteur version of the DTaP vaccine, which is called Tripedia, listed SIDS, autism, and anaphylactic shock as possible adverse events, but this vaccine was pulled from the market in 2011 due to these adverse events.

Regarding tetanus, in the 1990s, there was a tetanus toxoid vaccine that was laced with HCG and caused spontaneous abortions in the pregnant women to whom it was given.

**Dr Humphries:** 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 that it 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.

**Dr. Bark:** 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:** Using the tetanus toxoid as a form of surreptitious birth control is problematic from an ethical perspective and a moral perspective, but the Philippines isn't the only place where women have been given a vaccine that caused abortions and even sterility.

**Man from Kenya:** I think they are using Africans as guinea pigs to try and make their products, that's their drugs. Sometimes they come and do their things here, like these vaccines. They want to try and monitor them here, how this vaccine will work.

I think it's very, very bad, because these vaccines are given to very young children, under like 15 years, and that's really a productive age. And then that's not good. I don't think these vaccines should be given to women at that age.

Mind you now that someone has done that, and they are not able to give birth. And that's very wrong. It's inhuman. It taxes me very much. Very, very much.

**Ty:** Using vaccines in this manner may be troubling and upsetting to you, like it is to me, but it follows the utilitarian philosophy, or "what's best for the greater good." This philosophy was used in a Supreme Court case over 100 years ago.

**Barbara Loe Fisher:** 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 decision, 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.

**Laura Hayes:** 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.

**Barbara Loe Fisher:** 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. 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 sterilization—the routine sterilization of people that they thought were genetically defective or in some way a threat to the health of the state.

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?

**Dr. Palevsky:** There is 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.



**Barbara Loe Fisher:** 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:** How many is too many to sacrifice? And while we're on the topic of potential targeting of minority populations, I asked Dr. Larry Palevsky about the recent outbreaks of Zika virus and the microcephaly that is attributed to this virus.

**Dr. Palevsky:** 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 were known to be minority populations. I don't know any conclusions from that, other than to say, why?

**Ty:** Interestingly, research published in the National Center for Biotechnology Information reveals that the U.S. government knew as early as 1991 that the TDaP vaccine causes microcephaly. I think the real issue here is the freedom to choose. It's about our fundamental rights. It's about making choices that keep our children safe.

**Sayer Ji:** 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.

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 that 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.

You can't really think of any other example of a compulsory medical intervention, beyond maybe water fluoridation, where there's absolutely no attempt at 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.

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.

**Jefferey Jaxen:** 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 tow 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.

**Dr. Rice:** 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.

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:** We all need to open our eyes and stand up for freedom of choice in medical interventions like vaccines. If we don’t have that right, then what rights do we really have left?

**Allison Folmar:** 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 cases where that preference to the parents has not been availed?

**Allison Folmar:** 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?

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. 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.

**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. And 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 unfortu-

nately 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.

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 A.A.P. is wrong and we've got to change our schedule.

**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, "Oh, 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.

When we're 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. And so 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:** 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.

**Carrie Bendi:** I'm Carrie Bendi, and this is Bryce. He was born totally normal. He was happy. He was healthy. And this was his newborn picture. So, these were taken the day he came home, three days old, and he was just very alert, very—

**Polly Tommey:** How premature was he?

**Carrie Bendi:** Five weeks.

**Polly Tommey:** Wow, five weeks.

**Carrie Bendi:** And he didn't have a NICU stay. He's our only child that did not have a NICU stay, which was shocking because he was the smallest, earliest. So, he got his first round of shots at two months old. And that round of shots changed him right away.

He went from a normal baby—he was our third, so we knew what normal meant. Babies are fussy sometimes, but he started screaming 23 hours a day. He had just been hospitalized for RSV. And when we went in, I said “I don't feel comfortable with him being vaccinated because he's just been so sick. I think that we need to wait.”

And the pediatrician looked at Bryce and I and said “If you don't vaccinate your son, who was born at 35 weeks and is a premature baby, you're signing his death certificate for this whooping cough.”

**Polly Tommey:** So, let's get this clear. The pediatrician said “if you don't vaccinate your—”

**Carrie Bendi:** “You're essentially signing his death certificate.” Which is very ironic.

**Polly Tommey:** Were you both there?

**Carrie Bendi:** Yeah. Because I didn't want to do it, and Bryce was like “We have to do this to keep him safe.” I mean the doctor knew who to target of the two of us.

**Bryce Bendi:** The moms always question everything first, and the dads just kind of go with what everybody else is doing. So, there's a lot for—

**Polly Tommey:** Well, I was more like you. I went with the medical person. I just can't get over that. I cannot get over the pediatrician coming out with that line. “If you don't vaccinate him, you'll be signing his death certificate.”

**Carrie Bendi:** Right.

**Polly Tommey:** That's tragic. Okay, so then what happened?

**Carrie Bendi:** So, he got vaccinated. This was March 1st. And the next few days he was really calm, which was weird because he'd been screaming for two straight months.

**Bryce Bendi:** He wouldn't make eye contact. He wouldn't look at you, wouldn't respond to you.

**Carrie Bendi:** He just kind of looked at the ceiling, and any time you tried to get in his way, he would just look around you.

**Polly Tommey:** So, two days of that.

**Bryce Bendi:** Yeah.

**Carrie Bendi:** It was three. It was March 4th. He actually had the best day that he'd had in two months. He was smiling. He met my mom's best friend that morning. And we have pictures that day of him sitting quietly with Ella, who was six at the time, and just reading books.

And that's the last picture I have, because we went up to our room and I walked up to kiss him good night. It was 12:06 in the morning. And I bent over. It was dark in the room. We just had a nightlight. And I kissed his cheek, and it was like an ice cube.

And I just started screaming to Bryce, "He's dead. He's dead." And everything that I knew—I know how to do CPR. I'm certified in this. I just stepped back and screamed. And Bryce walked in and just grabbed him and ran.

And I'm like "Where are you going?" as I'm chasing him down the stairs. And he's like "I'm taking him to a doctor." At midnight. And he was gone in his Camaro, no car seat, nothing, just had Mason on his lap.

**Bryce Bendi:** So, when I get in the car, I'm trying to do CPR while I'm driving. It's raining. And I just pulled to the Emergency Room and ran inside and said "He's dead." And they started working on him, and it was about an hour before we got somebody to Carrie so she could leave our other kids to come to the Emergency Room to be with me.

And there was nothing. They did epinephrine. They gave him all these shots. And his body was just swollen from all the medicine they were trying to give him to get him going again. It was the first time that this hospital had ever had to deal with anything like this.

And we had told them to stop because he was gone. And they didn't want to stop because they had never experienced that before at the hospital. So, Carrie had to be the parent and like, "He's gone."

**Carrie Bendi:** When Bryce was at the hospital and I got there, I did not arrive to my husband, I arrived to a man that was crumpled up on the ground, sobbing, not talking to me. We were surrounded by police, separating us, questioning us. "Have you ever hurt your child?"

And it's just—I saw Mason and I knew he was dead. I knew he wasn't coming back. And I knew every time I looked at him again that there's nobody in there. That's just his body and there's nothing there. And right now, I need my husband.

And so, he went home and he slept, and I woke up and had to tell my six-year-old why her brother wasn't here anymore. And we slept on the couch. And when she woke up, I just told her that something happened, we didn't know what happened, and Mason died last night, and he's never going to come back.

**Bryce Bendi:** Then we had to watch our one-year-old look for him.

**Carrie Bendi:** Right. Because Lucy, she was 18 months old.

**Bryce Bendi:** She was looking in the bouncy seat. She didn't understand. She was so little.

**Carrie Bendi:** And when my parents removed the rest of the stuff, like my dad was with the kids when I finally went to the hospital. He moved everything into Mason's room and shut the door. So, like the swing, the diapers, everything that was his was no longer there.

I didn't want it there. I was like "I don't want to see any of it when I get home." And Lucy was looking for even his swing. She was calling his name. She called him Bubba, trying to say brother. And she was like "Bubba? Bubba?" looking everywhere and you cannot tell a baby that's under two years old like what happened.

So, she doesn't remember him, but she knows of him because she's heard us talk about him. This isn't like a still birth or a miscarriage, which is equally devastating, but like we have a year where Thanksgiving, Christmas, holidays, there was a child in these pictures with us that the next year was gone.

**Polly Tommey:** I have no words. Really. I'm sorry.

**Carrie Bendi:** And it was only—it was—the week that he died, it was the day of his funeral that someone said "Had he just been vaccinated?" And I said "F\*\*\* you for even asking that. How could you ask that? You're asking if I did it, if I caused him to die?"

And it was, and I think that the reason that there isn't as much said about parents that vaccinate and their child dies is we have this stigma and we have all of this guilt because essentially, if we would have known better, this never would have happened and we'd still have a child.

**Polly Tommey:** What's your message to parents, people that are just thinking about becoming parents? What would you say to them?

**Bryce Bendi:** You need to educate yourself because you can't rely on somebody else to tell you information, which is what we did because we didn't know any better. And use that as an informed choice.

**Carrie Bendi:** And with Oliver who is our son that was born two years later, he actually got whooping cough at a year old. So the very vaccine that Mason was given, that killed him, was preventing the disease that our next son had. And is this child going to die?

And he was fine. And so, it was even harder to see that this disease that I had been so scared of and I didn't listen to my intuition was not as scary as I'd been led to believe.

**Bryce Bendi:** But he's still here today.

**Carrie Bendi:** Right.

**Polly Tommey:** Stronger than ever.

**Carrie Bendi:** He's very healthy.

[End of transcript]



# Episode 4:

## Examining Influenza, the HIB and Pneumococcal Vaccines & Herd Immunity



**Ty:** Welcome back to “The Truth About Vaccines.” I hope that you learned a lot of valuable information in Episode 3. In tonight’s episode, we have a lot of ground to cover.

First up is influenza, also known as the flu, which is the most common infectious disease. Influenza A and B are the two types of influenza viruses that cause epidemics in human disease. According to the World Health Organization, 20 to 30 percent of children and 5 to 10 percent of adults come down with the flu each and every year. Usually the flu is a manageable illness, but serious complications can occur, even death.

**Neil Miller:** 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 had preexisting conditions. So, 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 Miller:** They make it up.

**Ty:** Recently, the CDC changed the 36,000 flu deaths per year figure and instead says that the death toll ranges from 3,300 to 49,000. One of the statistical issues is that the CDC places deaths from pneumonia with deaths from influenza into the same category.

On the CDC website, we see 55,227 deaths from “influenza and pneumonia.” When I open up the source document, which is the National Vital Statistics Reports, there’s a breakout of deaths, and we see that only 4,605 of the 55,000 deaths were actually attributable to the flu.

This was actually a very high number of influenza deaths compared to previous years, where flu deaths were as low as 500 in 2010. The two primary delivery systems for the flu vaccine are the shot, injectable, and inhaled flu mist.

**Dr Humphries:** They just took the inhaled influenza shot off the market because it was only three percent effective last year.

**Ty:** I read. 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. But the story doesn’t end there.

So, what happens after you’re vaccinated. And there are studies, Hayward and Bodewes. I think these both came out in 2013 or 2014. 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?

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.

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.

**Dr. Zielinski:** You know what the CDC said last year, Ty, remember? "Oh, 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 there are.

**Ty:** It's interesting that the CDC did admit that the 2014 flu shot was ineffective because the flu virus had mutated. The Cochrane Collaboration is an international not-for-profit organization comprised of independent researchers.

Their role is to establish an evidence base for health and medical care by assessing the published literature to determine whether interventions such as surgery, medical drugs, and nutritional supplements are effective at treating particular conditions.

The work of the Cochrane Collaboration, which is published in Cochrane Reviews, is "internationally recognized as the benchmark for high-quality information about the effectiveness of healthcare." So, what is the Cochrane Collaboration's position on flu vaccination?

**Sayer Ji:** 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.

**Dr. Bark:** 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 has 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 that 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 the 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 when 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 because they had spent time doing this. He had just written a paper. 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, I think it was the 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. 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.

**Ty:** In 2010, the U.S. Advisory Committee on Immunization Practices began recommending the flu vaccination for all healthy children older than six months, an expansion that they claimed was “supported by evidence that annual influenza vaccination is a safe and effective preventative health action with potential benefit in all age groups.”

Yet, a July 2012 Cochrane Collaboration systematic review concluded that for kids under the

age of 2, the current licensed vaccines “are not significantly more efficacious than placebo.” In kids older than 2, the Cochrane analysis indicates that the flu shot reduces the absolute risk that a child will catch the flu by about 3.6 percent.

A February 17, 2010 Cochrane Collaboration systematic review indicated “The available evidence is of poor quality and provides no guidance regarding the safety, efficacy, or effectiveness of influenza vaccines for people age 65 years or older. To resolve the uncertainty, an adequately-powered, publicly-funded, randomized placebo-controlled trial run over several seasons should be undertaken.”

**Sayer Ji:** 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 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:** On the flu package insert for Flulaval vaccine, it states “There have been no controlled trials adequately demonstrating a decrease in influenza after vaccination with Flulaval.” There is one study, in 2012, where a true saline placebo was used rather than another vaccine or the carrier fluid containing everything except the main antigen.

**Dr Humphries:** There are studies that use saline. One that I mention 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.

**Neil Miller:** 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 gonna protect them against the flu. But these people now have to contend with a lifelong disability.

**Dr. Bark:** Interestingly, I wrote a letter to ACOG, The American Academy of Obstetricians and Gynecologists. 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 DataS, by the company that says 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 crossbones and here’s their MSDS sheet.” They were like, “Thank you. Have a good day.”

**Ty:** Dr. Bark mentioned that MSDS for the flu vaccine shows that it’s a mutagen. In other words, it changes DNA. Did you know that most vaccines, including the flu vaccine, Flulaval, have never been tested for mutagenicity or carcinogenicity?

This means they haven’t been tested to see if they change or mutate DNA or if they cause cancer. When someone says “Mercury!” We immediately think of the news stories of the child at school who broke a thermometer in biology class and the HAZMAT team was called in, and all the students were in peril.

I remember this happened at our elementary school in Garland, Texas, when I was about seven years old. In the previous episode, we learned from the experts about vaccines that still contain “trace amounts” of Thimerosal, which is 50 percent ethyl-mercury. Are there still vaccines that contain more than “trace amounts” of Thimerosal?

Wasn’t Thimerosal removed from the vaccines in 2003? That’s what I’ve read.

**Robert F. Kennedy, Jr.:** Thimerosal was removed from three childhood vaccines in 2003, but the same year CDC mandated flu vaccines for pregnant women and for little children. And 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 a 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.

**Neil Miller:** 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 an antimicrobial agent.

**Ty:** To preserve it.



**Neil Miller:** Yeah.

**Ty:** Right.

**Neil Miller:** Because you're putting 10 needles in it. So, it saves about \$0.15 per dose.

**Ty:** Multiply that out times billions of doses.

**Neil Miller:** Yeah. They're saving lots of money. But if you think about it another way, do you think your child is worth \$0.15?

**Ty:** Yeah.

**Neil Miller:** If the difference is between getting toxic mercury and not getting toxic mercury and it's \$0.15, that's the difference?

**Ty:** When I interviewed Neil Miller, and he asked the question about whether a parent would purchase a vaccine with mercury in order to save \$0.15, I thought it was a rhetorical question and that nobody in their right mind would do that.

However, I recently visited Washington, DC, with Robert F. Kennedy, Jr. and his team, and we met with several congressmen and congresswomen to discuss this very important topic, specifically the multi-dose flu vaccine, which still contains mercury.

We had an incredible meeting with Congressman Posey and his team. I'm not at liberty to say his name, but we also met with a congressman who told us that since he always pinches pennies, he would opt for the cheaper vaccine with mercury if it saved him some money. I was speechless. While I was in Washington, DC, I met with several mothers who have children with gastrointestinal issues and also autoimmune disorders.

**Dr. Wolfson:** 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 the, 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.

**Dr. Palevsky:** 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, the history of inflammation in utero.



**Dr. Thomas:** We understand that autism, for example, is an inflammatory condition in the brain. The Vargas study, back in, I think it was 2005, showed universally 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 inflammation in the womb is associated with increased autism risk.

**Robert F. Kennedy, Jr.:** In some states, if a doctor takes that 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. And 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:** Let's figure out exactly how much Thimerosal is in the multi-dose flu vaccine. The multi-dose flu vaccine has 25 micrograms of Thimerosal. The shot is 0.5 milliliters. So, let's do some math. After we do the math, we can see that the shot has 50,000 parts per billion of Thimerosal.

Remember that 2 parts per billion mercury is the mandated limit in drinking water, and normally, 200 parts per billion would label something as a toxic hazard. So, the multi-dose flu shot has 250 times the allowable limit of mercury in a toxic hazard.

Regardless of your position on the flu vaccine, I think that the way it is currently being marketed should alarm you. Here is a video that I took with my iPhone when I was in Austin, Texas. I was astounded how the flu vaccine's marketed right along beer, wine, and Coke. Do you remember the swine flu pandemic of 2009?

**Dr. Humphries:** 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.

So, 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, three times and I thought, "Well my administration's really going to want to know about this."

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's 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.

So, 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 internist are chasing their tails trying to find a cause. It’s the vaccine.”

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 in a handful.

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.

**Barbara Loe Fisher:** 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 their own 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 have had seasonal influenza shots actually are more likely to get infected when a pandemic flu strain comes around. That occurred in 2009.

**Dr. Thomas:** 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? They’re always trying to predict what’s going to be the next flu virus.

Those who had 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.

**Neil Miller:** 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.

So 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 the 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 from 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:** On the CDC's website, they state that the flu vaccine is "50 to 60 percent effective among the overall population during seasons when most circulating flu viruses are like the vaccine viruses." Neil Miller just stated that the flu viruses constantly mutate.

So, what's the probability that the flu virus strain in the vaccine is "like" the virus strain that's circulating? Neil wasn't the only person that mentioned long-term benefits from exposure to the influenza virus.

**Dr. Rice:** Early on we want to be exposed to childhood illnesses, because they're actually part of the developmental process of the immune system. So, 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 there's an 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:** 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.

**Dr. Wolfson:** 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. 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.

**Dr. Bell:** The flu shot, it's a crapshoot. There's no real safety or efficacy 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 dartboard 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 it's marketing words. "You didn't get your shot." You know 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.

**Dr. Thomas:** I just had a family this last week, four family members all got the flu shot, all sick as dogs with the flu. We tested them. It was positive, influenza A. So, this year, at least for that family, the flu shot did not protect them at all. And that's the thing.

You can look at the CDC data for how protective, how effective the flu shot has been, and it's running around 30-40 percent. I mean how would you like that to be your contraceptive? It's just not very effective.

**Dr. Sahni:** This is a very big issue for medical staff, personnel, for people who work in hospitals. Of doctors, nurses. Nurses have been fired for refusing to take the flu vaccine. There's some cases—where 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. Died shortly after that.

So, these are people who essentially were forced. 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 a flu vaccine in over 10 years. 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.

**Dr. Thomas:** I have several nurses who have never gotten the flu shot. And one of them, I mean I won't use her name because she likes her confidentiality, she's never been sick. She's never had the flu. She eats well. She watches her diet.

She gets her sleep. She exercises. And she doesn't get vaccines. And she's never sick. She's always at work. She's been working for me for over 20 years. And she's around all these sick kids. I used to tell her year after year, "Oh, you're going to regret it."

Because I was getting the flu shot, right? “Oh, you’re going to regret it because you’re going to be exposed.” Well, of course she was exposed. How come she didn’t get sick? She had a robust immune system. That’s what we need.

**Ty:** It’s interesting that Dr. Paul Thomas, who is a board-certified pediatrician, has several nurses who won’t get the flu shot and never get sick. While I was interviewing Dr. Thomas, he discussed the topic of quality measures and the pressure that’s placed on pediatricians to vaccinate according to the full CDC schedule. He also mentioned the financial incentives that are in place to make sure that pediatricians vaccinate. Let’s have a listen.

**Dr. Thomas:** One thing that as a pediatrician I’m subjected to is quality measures. And 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.

So, 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.

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 were talking about.

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 ER 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.

**Robert F. Kennedy, Jr.:** Pediatricians and doctors, what I’ve found is that they don’t read the science. For them, CDC is a judicious arbiter of the 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, and it’s hard to figure out how much weight to give to individual studies, etcetera.

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.

If 63 percent are not compliant they don’t get any of their bonuses. 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.

**Dr. Tenpenny:** 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 standard.

**Julius Tharpe:** I had a friend whose kid died from SIDS, but he was arguing that it was a vaccine, so I kind of always had a blockage up about that. So, when my son was born, my wife and I, we were taking the kid to the pediatrician, and she pulled out the needle.

And she didn't even talk to us about it. That's why I thought it was kind of weird. She pulled out the needle and was like "Yeah, we're about to get ready and do his vaccines." And we're kind of like "Well, hold on. We don't want to do it."

And like she kind of just immediately snapped, like got angry and basically like fired us right then and there. And like I was kind of hurt because she was kind of with us the whole time. We kind of looked at her—she came to the baby shower.

So, we looked at her as she was kind of a part of the family, and she kind of just threw us to the side and was angry. She was just angry at the fact that she opened it. That's kind of the reason. She was like "Well, I have to pay for it now, so what's going on?"

We were like "We need more time to think about it." And she kept trying to bully us to do it. She literally just threw it down, walked out of the office, and told us to get out. Right after that, the nurse came in and she was talking to us about it.

I mean she was a little bit more in tune to us. She was like around our age. So, she was a little bit more in tune, where she was like "Well, I understand what you guys are going through." She was like "Well, maybe just think about it."

So, I asked her a question. I was like "Did you vaccinate your kids?" She said no. I was just completely shocked that she would tell me to do it but she wouldn't do it. I wanted to ask our pediatrician "Would you tell your daughter to do it? But you're forcing us to do it?"

She was just mad at the fact that she opened it and it had to be paid for. I honestly thought they cared about us, right? I honestly thought they had our best interests, but it's always about—I just felt like—at that point, like "You were just looking out for yourself. You didn't even care about our opinions, didn't want to hear it or nothing."

**Dr. Wolfson:** Clearly patients are not being listened to by the physician. In 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. And it's the patients

that are suffering in this system.

**Dr. Thomas:** 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.

So, 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. And 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. And so most pediatricians wouldn't survive without the income that comes from vaccines.

**Ty:** It takes conviction and fortitude to deviate from the CDC schedule, especially if you're a pediatrician. The financial incentives and penalties are tremendous. While countries like Japan have a delayed vaccine schedule, in places like the USA and Australia, that choice is not readily available.

**Dr. Manela:** In Japan, what happens is the vaccination, children are vaccinated against the three types of vaccinations that are given to children. By the time they are about two years of age, not below two years. Because between birth and two years of age, the immune system of these children develops in a way that is able to protect the child and for the child to be able to actually deal with a vaccination.

Now in some countries, this is not the case. The age is actually lowered, so much so that there are other countries where vaccination is given at birth. And so, there have been some statistics that have proven that in those populations where the vaccination was given very, very, very early on in life, those children didn't do very well.

So, at the end of the day, it would be best, obviously, parents choose when, or if even, to have their children vaccinated. And this is a situation that, in some countries like Australia, was available. The choice was still available. And now this choice has been now—is no longer there.

**Ty:** It's not just the USA that offers incentives for vaccinating and actually penalizes for failure to vaccinate according to the schedule. Beginning in 2016, Australia implemented what they called the "No Jab, No Pay" policy.

I want to read a little bit from this document. "Only parents of children less than 20 years of age who are fully immunized or are on a recognized care-ship schedule can receive the childcare benefit, the childcare rebate, and the family tax benefit part A end-of-year supplement."



“The relevant vaccinations are those under the National Immunization Program, which covers the vaccines usually administered before age 5. These vaccinations must be recorded on the Australian Childhood Immunization Register. Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunization requirements.”

Two vaccines that are part of the Australian vaccine schedule and the CDC vaccine schedule are the vaccine for Haemophilus influenza type B, HIB vaccine, and the pneumococcal vaccine, Prevnar. Both of these vaccines offer protection from meningitis, amongst other things.

**Dr. Thomas:** 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 from the CDC, “Do it.” And we just did it. The CDC knows best, and that’s how it always has been for pediatricians.

The CDC says do, we jump, and we just take it at face value as 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. Three to six a night.

These were really sick kids in the emergency room. You’d get called from—you’re on call. You’re basically not sleeping, but you try. And you stumble down and do a lumbar puncture and start them on antibiotics. And hospitals had a lot of kids with meningitis back then.

We used to see epiglottitis, that little thing in the back of your throat would get really swollen. You’d have to intubate them to make sure they were okay, so they didn’t obstruct their airway. We saw cases of that. Those things are gone today.

I mean 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, man, I’m a believer, right? I mean this is amazing. It just reinforced my belief in vaccines.

What we need to know though, today, if you’re going to give informed consent—so you’re my parent and we’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 of 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 200-400 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. So, for informed consent for the HIB, some families who are really averse to vaccines, they’re just afraid that it’s over-stimulating 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.

**Dr. Palevsky:** 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.

**Dr. Levatin:** Allergies were unheard of before the invention of the hypodermic needle. Allergies were not even a known phenomenon. So, think about it. Hypodermic means under the skin. So you're taking a substance, through the needle going under your skin into your body in an unnatural way, not entering through the nose or the mouth. And this is the genesis, the birth of allergies.

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 of 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. And she did a deep dive into the research and wrote this book *The Peanut Allergy Epidemic*, which has so many references, very well researched.

And she uncovered the fact that the HIB vaccine, the *Haemophilus influenza B* vaccine, which is one of the vaccines 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 the thing I'm supposed to have a big reaction to." And then you have this either life-threatening or less than life-threatening reaction to a peanut.

**Ty:** Dr. Levatin mentioned food allergies, specifically peanut allergies, which are pervasive today. She also mentioned that the HIB vaccine can cause peanut allergies. Dr. Palevsky also mentioned food allergies, and he also mentioned the vitamin K shot.

Many people don't even realize that newborns receive a vitamin K shot at birth, even though it has been administered since 1961 by recommendation of the AAP.

According to the CDC, babies are born deficient in vitamin K, and without enough vitamin K, they cannot make the substances used to form clots and are at risk for "vitamin K deficiency bleeding, or VKDB." A vitamin K shot given at birth is the best way to prevent VKDB and assist a newborn with clotting capabilities.

**Dr. Sahni:** In rare instances, kids can be born with a bleeding diagnosis, or 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.

And so, you're given a [indiscernible 0:54:06]. But why inject a child with a liquid substance, with a vaccine-like substance that contains aluminum, benzyl alcohol, propylene glycol, which is antifreeze, when you can get the same sources of vitamin K through diet?

Mother can eat green, leafy vegetable for a number of weeks before the child is born. The vitamin K from that will be transferred to the placenta. You can give them the 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 mean most kids—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:** Dr. Sahni mentioned the generic name of vitamin K, phytonadione. On the package insert, there is actually a black box warning. An alternative to the vitamin K shot is oral vitamin K. There have been no studies linking oral vitamin K with childhood cancer.

However, a 1992 study in the British Medical Journal was the second study to confirm a link between the vitamin K shot and childhood cancer. I want to read the conclusion. "The only two studies so far to have examined the relation between childhood cancer and intramuscular vitamin K have shown similar results, and the relation is biologically plausible."

"The prophylactic benefits against hemorrhagic disease are unlikely to exceed the potential adverse effects from intramuscular vitamin K. Since oral vitamin K has major benefits, but no obvious adverse effects, this could be the prophylactic of choice." At the beginning of the last segment, Dr. Paul Thomas mentioned Prevnar. Let's learn about the pneumococcal vaccine.

**Neil Miller:** You have this, with the pneumococcal family, multiple strains. They're giving a pneumococcal vaccine that covers—originally, they came out with Prevnar 7. Okay? 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.

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, and there's now already new strains that are taking the place of the 13 strains.

**Barbara Loe Fisher:** 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 Loe Fisher:** 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 had an experimental pneumococcal vaccine, Prevnar.

They didn't know the reaction profile of that vaccine. They gave the children in both arms the DPT vaccine. Every time a seizure occurred, they wrote it off as DPT, not as the vaccines they were trying to license in the experimental vaccine. That was a control.

**Ty:** So, there was no control?

**Barbara Loe Fisher:** How can you figure out if you're not in a science experiment—in eighth grade, you're taught that when you conduct 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:** In clinical trials for Prevnar 13, which is the newest pneumococcal vaccine, the Prevnar 7 was used as the placebo. And the placebo for Prevnar 7 was an investigational pneumeningococcal vaccine. So, Prevnar has never really had a true placebo control group.

Barbara Loe Fisher mentioned the term "reaction profile," and that made me think of a common recommendation from pediatricians. If a child is having a reaction to the toxins in a vaccine, we give them acetaminophen. I cannot count the number of times we gave our kiddos a dose of Children's Tylenol.

**Dr. Margulis:** 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.

So, what happens with acetaminophen is that it's processed in the liver. 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 livers' ability to produce glutathione which is compromising their body's ability to detoxify. It's a perfect storm.

**Dr. Gambrell:** In 1959, Tylenol was introduced, and 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. So for three generations, we're seeing children are losing their sense of heat, and what we're seeing is each generation goes by, we're seeing an increased amount of dysfunctions I see are related to lack of heat. And so, that's everything from stillbirths, to SIDS, to autism, to ADHD, asthma. These are all diseases from lack of heat.

There's also a bunch of data right now and literature about pregnant women that use acetom-

inaphen while they are pregnant or shortly after. Their children do have increased asthma, ADHD, behavioral disorders, sensory disorders.

**Dr. Margulis:** DR. MARGULIS: 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 and 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.

**Dr. Gambrell:** You know I'm seeing a little bit of a trend of reversal. Within the last five years, I know within the anesthesia 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 pre-dosing Tylenol for vaccinations. Now there are 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.

**Dr. Margulis:** I went back and I read every single study that—I mean I went back, I'd print the studies off, I'd get a yellow highlighter and I worked through them, and I'd 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.

And 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:** That's fascinating, that testosterone amplifies the negative effects of acetaminophen. Could that be one of the reasons why we see more autism in males than females?

**Barbara Loe Fisher:** Today, everybody knows somebody who was healthy, got vaccinated, and was never healthy again.

**Candace Bradstreet:** 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. 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 imagine.

**Tom Bradstreet:** 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."

**Candace Bradstreet:** And she got it. She did get it, but some don't.

**Jefferey Jaxen:** 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.

Every child that has a vaccine injury is creating a warrior in the child and a 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:** In 2011, Neil Miller and Dr. Gary Goldman published a study that compared worldwide infant mortality rates and the number of vaccine doses in those infants.

**Dr. O'Shea:** 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. 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.

**Brandy Vaughn:** 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, 26 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.

**Neil Miller:** 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. Okay? And 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 the United States had the 34th worst infant mortality rate in the world. 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. These were published in peer reviewed journals. So, anybody that wants to go and access those studies, they can read them.

**Ty:** In the Miller and Goldman study, which included the countries with the lowest infant mortality and fewest number of infant vaccines, Iceland and Norway were two of those five countries. But that's not the only thing that Iceland and Norway have in common.

**Dr. Margulis:** When I was doing research for my last book I went to Norway and I went to Iceland, and 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?"

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. 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.

So, 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. 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.

In Iceland breastfeeding is also really encouraged. They have very high breastfeeding rates. And so, I was in Iceland with a breastfeeding child when I was there. I brought my baby.

And I was in the Icelandic bird museum and we were sitting on the floor of the bird museum nursing and this big tall woman with long 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 and 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. And that's something that's very hard for, unfortunately, Americans to understand.

**Ty:** Could the 99 percent breastfeeding rates in Iceland and Norway be one of the reasons for their low infant mortality? Another interesting fact about Iceland and Norway is that, according to a 2009 report entitled "Autism and Vaccines Around the World" their rates of autism were 1 in 1,100 and 1 in 2,000, respectively. At that time, the USA's autism rate was 1 in 150. Now it's estimated to be around 1 in 50.

**Sayer Ji:** 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.

**Dr. Centers:** It's a well-known side effect, encephalitis. So, 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.

**Del Bigtree:** 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.

And in our film, we have a 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:** Do you think there's enough evidence now that you could prosecute vaccines in a court of law?

**Nico LaHood:** In my humble opinion, yes. I mean 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.

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 the 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 mur-

der. 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 LaHood:** And it's not only autism. There's like vaccine injuries happening literally that are just 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 they didn't know that they were going through that stuff.

And that's kind of I think, even though it's been so hard, because everything that has been said about us, and like brought against us. Like we said, this is our story. We're living it. This is our son, you know? And as hard as it is to take, I'm also grateful, because what it's done to other families is made them question and have those—have a choice for now, and just have that question.

Ask about it. Think about your kids. Think about your—we think about our son every day. And I wish now it would have been different back then, somebody had told me that this—because that wasn't there. But we were just doing what we were told. I didn't educate myself as much as I should have.

**Nico LaHood:** 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.

**Neil Miller:** 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:** We must protect our children. They are weak and vulnerable, and they need us. But in our attempts to protect them and keep them healthy with vaccines, have we done more harm than good?

**Robert Krakow:** 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.

**Edwin Black:** But I do know that one of Germany's most vicious eugenicists, Mangala, shows as a course of investigation, vaccinating people with viruses. He would vaccinate two twins and then see how one twin responded as opposed to the other. And of course, he would again do live autopsies to attempt to make his clinical reports.

**Laura Hayes:** 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.

**Mike Adams:** If you look at the history of government oppression. 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 Communists, 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.

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.

**Del Bigtree:** 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 250,000 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. I mean the list goes on and on.

I mean put that in perspective. We had like 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 thousand people dying in hospitals for no reason and nobody even cares.

**Ty:** Every year.

**Del Bigtree:** Every year.

**Ty:** This is the first generation of children that won't outlive their parents. We must continue to facilitate debate on this vitally important issue of vaccines to see how we can help save our children and help them have long, healthy lives. Are you familiar with the concept of "herd immunity"?

**Dr. Palevsky:** 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.

**Barbara Loe Fisher:** 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.

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.

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.

**Dr. Rice:** 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.

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.

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.

**Ty:** We must make good health decisions for ourselves and our children. We must learn to do our own research and trust our own instincts and care for our own children. Doctors do want what's best for their patients, but they aren't the only ones who are capable. We are more than able to learn and make wise health decisions on our own.

**Barbara Loe Fisher:** It's the medical profession that has somehow perpetuated the idea that mothers can't give birth to babies, and can't take care of their babies, without them. Without them telling them whether their baby is healthy, whether the baby is growing properly, whether the baby is being fed properly, etcetera.

We have become totally tied to the medical profession that has sold us this bill of goods. And the pharmaceutical companies have worked with the medical profession. And the only tools in the medical profession's arsenal are drugs and vaccines.

**Edda West:** I think that one of the big lessons for me from that, from the 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. And in both instances, I had inner feelings of, "Hmmm, 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.

**Tom Bradstreet:** There's some really systemic problems with the vaccine industry and we need to really take a look at it.

**Candace Bradstreet:** 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 into my child." And 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. And I'm sorry, as a parent I don't just freely give my trust about my children to anyone.

**Dr. Margulis:** What I would tell parents is that they need to trust themselves, and 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.

**Dr. Mercola:** There are profound and potentially irreversible damages that can be done from these things. It's just all about analyzing very carefully the cost-risk benefit analysis. So, in some cases it may be warranted. As a parent, you need to make the decision.

But you've got to do the homework. No one has done the homework, virtually no one. I mean it's clearly under one percent. My guess is under 1/10th of one percent. They just don't have time. You have to trust your—the experts. Because there's not time to validate everything by yourself. So, this is one of the most firmly entrenched positions in the healthcare system.

**Dr. Bark:** 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 injuries? What's a viral 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 adversonomics? What is the science of adversonomics?” 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.

**Del Bigtree:** It really all comes down to we hold doctors in this extreme high esteem, because I think we look at the fact that they’ve gone to eight years of medical school as like “I didn’t get that much education. They’re so much smarter than me. I’m just going to defer to whatever they said.”

But I have a test for anyone that actually thinks like that. I want you to ask the doctor that’s about to inject your child with a vaccine one question. “Please list for me the ingredients in the vaccine you’re about to give my baby.”

And I assure you that over 90 percent of the doctors will not be able to list those ingredients for you. I’ve tried it. They’ll say “Well, I know there’s certain adjuvants and there’s certain ingredients, and I have a manual that sort of explains it.”

“No, no, no. I didn’t ask about a manual. There are only 16 vaccines. We give 72 doses right now of 16 current vaccines. I would assume that in your eight years of study, you learned how to memorize text. You certainly learned how to memorize 16 different vaccines.”

I would think, because my mechanic down the street, if I asked him about the distance of the thread, the thread gap on a screw in a certain part of my engine, they can tell me. They can tell me about the viscosity of oil. They can tell me about every single nut, the hex size of the nut head.

Or, I can go to my chef. I can go to the chef down the street and ask him to list every ingredient of the cake he just baked. He’ll not only tell me the ingredients, he’ll tell me when they went in, whether they got folded, mixed, or stirred, what the temperature of the oven.

Most of them will probably also tell me the science of how the oven interacts, and the heat, and why they choose the temperature they do. So, everyone in their business knows everything about their business except doctors with vaccines.

It’s incredible to me. It’s incredibly sad. “You cannot tell me that you’re doing your job if you cannot list the ingredients. As a pediatrician, you really only do three things. You measure the head of our baby, you weigh that baby, and then you start injecting them with vaccines.”

“And you’re telling me in your 10 years, in your 20 years, in maybe your 30 years of being a pediatrician, you have never taken the time to sit with that vaccine insert and read every single ingredient and memorize it, and then ask yourself what is the safety testing on these ingredients?”

“I’m not even going that far. I’m not even asking you to study all the safety tests that should have been done on aluminum, on formaldehyde, on all these things that we would send products back to China if it was on a toy, but we’re injecting it into the babies?”

“I’m not going to ask you to understand that. I’m asking you to know what the ingredients are. And the fact that you cannot list that for a parent that is trusting their day-one-old baby, their two-month-old baby, their four-month-old baby, they’re handing it to you because they

trusted you did that job for them.”

“And if you haven’t done that job, I don’t know how you live with yourself. Because I wouldn’t be able to live with myself. I don’t do a job and say well my boss knows the answer to that. I don’t. But I continue on as I am.”

“You’re a doctor. You’re supposed to know. You were educated to think. You were educated to study. And you were educated to memorize things. Please do the same job my mechanic’s done, and know those ingredients.”

**Ty:** This is part of a discussion we were trying to facilitate. In order to properly evaluate the risks and benefits of vaccines, it’s vitally important to pay attention to the ingredients in those vaccines. Otherwise, how can we truly assess the risks?

**Dr. Margulis:** 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 antibiotics 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.

**Barbara Loe Fisher:** 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.

**Polly Tommey:** If you can tell us who you are?

**Brenda McDowell:** Brenda and David McDowell. We have triplets.

**Polly Tommey:** Oh, look at that.

**Brenda McDowell:** Our triplets are 10.

**Polly Tommey:** They’ve literally got—they’re 10 years old?



**Brenda** They're 10 now. That's before the injury.

**McDowell:**

**Polly Tommey:** That's two boys and a girl?

**Brenda** Two boys and a girl.

**McDowell:**

**Polly Tommey:** And their names?

**Brenda** Richie, Robbie and Claire. Just as they are in that picture.

**McDowell:**

**Polly Tommey:** Yeah, they're gorgeous. Okay. So, let's talk about what happened.

**Brenda** Well, every day in our life was a party. Every single day they were holding hands and smiling,

**McDowell:** and laughing, and looking at each other, engaging in each other. And we brought them in at 9 months and 4 days to do—we were doing one vaccine at a time.

They were born 36 weeks, triplets, basically 5 pounds each. Yeah, we did well. They were well. Everything was well. They came home after a few days of being monitored in the NICU. On June 25th, 2007, we brought them in for the pneumococcal shot.

**Polly Tommey:** So, just that shot?

**Brenda** One shot. And I went in, not with my husband. He was working. I went in with my nanny, and

**McDowell:** we went in at 10:00 am.

**Polly Tommey:** With all three?

**Brenda** All three, yeah. And it was the last one on the page is the June 25, 2007, was the shot that

**McDowell:** did it. And we went in at 10:00 am for the shot. My daughter still has the mark on her leg from the shot. She was the first one to get it, and she screamed and never really stopped screaming after that. But we continued. We didn't know. We did the boys as well. By noon, Claire shut completely off.

**Polly Tommey:** Claire?

**Brenda** Claire, our daughter, shut off first. It was as if she was blind and deaf, and complete failure

**McDowell:** to thrive from super, super happy, smiley girl, to—this is a picture of her. She had full-blown eye contact. She was super lovely.

And she shut right down. And all she did at that moment was stare at the ceiling fan. So, that was at noon. We had the shot at 10:00 am. Two o'clock we watched Ritchie shut off. All his raspberry-blowing and "Mama," "Dada," and the furniture-walking and everything just, they just shut off.

All the giggles, all the smiles. And again, failure to thrive. They lost all their reflexes. I'm an educational audiologist. I actually did the test for the stapedial reflex, which is the little muscle in the middle ear, just to see if a muscle they can't control was still working, and it didn't.

The stapedial reflex dampens sound, so your ears don't hurt from a really loud sound, and both of them had no stapedial reflex. They stopped blinking, stopped yawning, stopped coughing, stopped sneezing. You could go towards their eyes and they wouldn't even—nothing would phase them.

They lost their startle reflex. I threw a telephone book on the floor behind them, and no startle, nobody even looked to see what it was. So, that was 2:00. We watched Ritchie shut

down. And I couldn't breathe. But there we go.

The worst was when we saw the final one shut down. I'm sorry. There's Robbie. When we lost Robbie, Robbie looked like he was hit by a bus. Robbie, from that moment on, had a stunned look on his face. If you asked or said his name, he still acted deaf and acted like he couldn't hear, although they did have normal hearing. I had it all tested. But he lost his happiness. This is a first-year picture, first birthday.

**David** Three months after the shot.

**McDowell:**

**Brenda** Three months after the shot. They were no longer engaged in anything or anyone. They lost their smiles. They just were in their own little separate worlds. They never held hands again. They never looked at each other again. [Crying] I'm sorry.

**McDowell:**

Vaccine injury is real. We were told it was genetic. And then we were told by geneticists that there's no possible way three children would shut off on the same day, that that was absolutely statistically impossible, especially being two boys and one girl.

So, we were also told that we could not sue anyone. We were told we signed for that shot, no doctors could be sued, no vaccine manufacturers could be sued. We found out when they were five-and-a-half that there was a vaccine injury court.

I think we were all getting smartphones around then. I think that's when I had it in my pocket and started Googling everything. And they then told us that we were too late. They only had three years to apply. So, we have spent hundreds of thousands of dollars trying to recover them. The only person that we got back is Robbie, the one that was last to shut off.

**David** We're making progress on all three.

**McDowell:**

**Brenda** We are making progress. We had severe autism spectrum disorder for all three kids entering kindergarten. That's how long that severe—even with all the therapies, interventions, you name it, we did it. We decided to go with the sunrise therapy, which was to try and find happiness in our day.

**McDowell:**

And we have happy little people. They're not mean. They're not aggressive. They're very happy. And I attribute that to the sunrise therapy. But we still have a long ways to go. Ritchie can only say single, maybe two words together.

He's in a lot of pain. He grinds his teeth. We're still working on it. Claire is still completely nonverbal, not potty trained. Ritchie's not fully potty trained. Robbie is now, and Robbie is approaching grade level, but severe OCD. And we're coming along. It's just one day at a time. My husband wanted to kind of tell you what a day in our life can look like, even because of the—

**Polly Tommey:** Well, what do you do? What's your—

**David** Property management. Do you want me to tell you what a day in our life is like? So, you've got say a 6 or 7 or 8-year-old child who's not potty trained. And at 2:00 or 3:00 or 4:00 in the morning, they fill their diaper. You assume that's pretty uncomfortable, so they take it off.

**McDowell:**

Pretty soon it's all over them, it's all over the bed. In short order, it's all over me, it's all over her. I'm snapping at her, she's snapping at me. We're both snapping at the kid, who is the only innocent party in the whole scenario.

And the one thing that's conspicuously absent from that scenario is anybody who told you

that shot was safe. They're all asleep in their bed. They haven't got a problem in the world.

**Brenda McDowell:** The hard part about that is I asked the nurse. We actually had to go to Macomb Health Department to get our shots done, because I did not have coverage for well-baby coverage. So, they said it would be a little cheaper, because I'm doing three.

The nurse assured me over and over and over again that it would not harm them. I was so worried about that. And like you just said, where are they now? I did make a report the very next day. I called the nurse. I called Macomb.

They wrote it all out. And they did not submit it. I found out later it was not sent in. We found out seven years after we got the vaccine that it was contaminated and it was pulled from the market a week to two weeks after we got the shot.

It was recalled for sterilization issues, and we found out—they wouldn't tell us what was wrong with the shot. We found out from a friend who was a doctor, looked up the lot number of the actual shot and found out that it was—it had killed a two-year-old and they didn't want the public to know.

So, that was the actual shot and lot number that we got. And so, I guess we're lucky that we didn't lose them. We could have lost all three of them the same day, completely. But they just—they lie. The first doctor we saw told us to invest in a group home. I mean, seriously? The second, we were given a lovely—

**David McDowell:** He wanted us to start up the vaccinations again.

**Brenda McDowell:** Yeah. And then the group of doctors we were with when this all happened gave us a breakup letter and said—

**David McDowell:** What happened is we woke up one morning and we had three happy, healthy, nine-month-old children. By that evening—we took them for a vaccination. By that evening, they were autistic.

What we said to our pediatrician is "We're not going to do anything. We're not going to do any more vaccinations until we know what happened here." What they said is "If you don't continue to do exactly what you did the day your children turned autistic, we're going to fire you from our practice." So...

**Brenda McDowell:** They broke up with us.

**David McDowell:** They broke up with us.

**Brenda McDowell:** They sent us a lovely letter saying we were no longer welcome at their practice because we weren't going to continue well-baby checks.

**David McDowell:** And that is the one decision that we'll never regret.

**Polly Tommey:** Okay. Just so you know, these people on Periscope are deeply sorry for everything that you've been through. It's horrific. It's not okay.

**Brenda McDowell:** They can argue with families that your child, because it might be a single child, was genetic. They can try and put that back on the family and say "Somehow your genes are weak." But with us having two boys and one girl, they lose the argument with us, hands down. So, we are the living proof that they're all lying.

**Polly Tommey:** May I show you some of these hearts? Because they're coming in big and strong from people.

**David** Really?

**McDowell:**

**Polly Tommey:** Lovely, yeah. See these hearts here?

**Brenda** Oh, it's so sweet.

**McDowell:**

**Polly Tommey:** They're saying how sorry they are for you.

**Brenda** Oh, look at that. It's beautiful. Thank you. You're not alone. We're not alone. Somehow, I

**McDowell:** don't know if I'm crazy, but I really believe in my heart that we're going to get them recovered. Because I knew they were so normal before.

**Polly Tommey:** You may want to watch this back, because this is your new family by the way.

**Brenda** That's amazing. Thank you.

**McDowell:**

**Polly Tommey:** These are people that have had the same experience as you. So, they're hurting with you.

**Brenda** We're 80s people. We didn't know enough to go on there.

**McDowell:**

**Polly Tommey:** Yeah.

**David** We'll go home and get Periscope.

**McDowell:**

**Brenda** Yeah.

**McDowell:**

**Polly Tommey:** I said they've never heard of Periscope, and I said you were going on Periscope. So, today, I think they'll be joining you guys.

**Brenda** Thank you for all the love. We really appreciate that.

**McDowell:**

**Polly Tommey:** They're still coming in, so you need to come back and watch this. But truly, truly sorry.

**Brenda** Thank you. I know. And yours. Thank you for leading the way. Thank you.

**McDowell:**

**Polly Tommey:** Yeah, it's everywhere.

**Brenda** Everywhere I go, I bring up the conversation and I ask people, and they can always name

**McDowell:** me a friend, a cousin, a relative of theirs. Everyone knows a child with autism now. So, when will we stop this?

[End of transcript]

*Episode* **5:**

**Considering the HPV and  
Hepatitis B Vaccines, SIDS  
& Shaken Baby Syndrome**



**Ty:** Welcome back to “The Truth About Vaccines.” I hope that you’ve learned a lot of valuable information in Episode 4. In Episode 5, we have a lot of ground to cover. HPV is short for Human Papilloma Virus. According to the CDC, HPV is a group of more than 150 related viruses, each of which is given a number which is called its HPV type.

HPV is named for the warts, or papillomas, some HPV types can cause. Approximately 26 percent of girls and women aged 14-59 have a strain of HPV. In over 90 percent of these cases, the HPV goes away on its own within two years, and does not cause any health problems.

The CDC recommends 11 to 12-year-olds get two doses of HPV vaccine, with a second dose given 6-12 months after the first dose. There are two vaccines for HPV: Cervarix and Gardasil, both of which contain aluminum in one form or another, along with other ingredients that you can see on the screen.

Cervarix is bivalent vaccine developed to protect against infection from HPV types 16 and 18, which are reported to be responsible for 70 percent of all cervical cancer. Approximately 2 percent of girls and women have been exposed to these two strains.

Gardasil is a quadrivalent vaccine intended to guard against HPV types 6, 11, 16, and 18. Types 6 and 11 are reported to be responsible for 90 percent of all genital warts. The CDC recommends the HPV vaccine for girls and boys. Here’s Dr. Judy Mikovits, a 20-year veteran of the National Cancer Institute, discussing the HPV vaccine.

**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.

The vaccines, Gardasil, had those two strains in pieces and 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 removal, will stop the cancer, the tumorigenic process. What the vaccines were intended to do was stop cancer, cervical cancer.

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.

**Neil Miller:** 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 gonna 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.

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 that's the same—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.

What happens is you create a vacuum. And now the other strains are gonna come and take their place. 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:** The vaccine may have reduced the incidence of the particular HPV strains, but new virulent strains are being created by the vaccine, according to researcher Neil Miller. This assertion is supported by an article published in February 2016, in the journal *Pediatrics*.

The journal indicates the rates of HPV have dropped since the vaccine was introduced in 2006, but the decrease came in on only the four strains included in the vaccine. However, and I quote, "Any HPV type prevalence was similar in the pre-vaccine era, 54.4 percent, and the vaccine era, 58.1 percent."

In other words, this study found that although the four types of HPV in the vaccine have decreased, the prevalence of HPV infection has actually increased 3.7 percent. Evidence that the vaccine is causing other strains to take the place of those eliminated through vaccination.

This is exactly what Neil Miller pointed out. In previous episodes, we covered the fact that many vaccines are actually not tested against a true placebo group. According to the following experts, the HPV vaccine is no different.

**Barbara Loe Fisher:** 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.

**Dr. Tenpenny:** 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.

**Dr. Bark:** 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 some got placebo. Let's say 2,000 got the placebo. Two hundred of those people actually got saline.

**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.

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.

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

**Barbara Loe Fisher:** 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:** We've heard the term "placebo" many times thus far in "The Truth About Vaccines," but what exactly is a placebo? One definition describes a placebo as "an innocuous or inert medication given as a pacifier or to the control group in experiments on the efficacy of a drug or vaccine." But as we just heard, in four of the five trials, Gardasil placebos contained aluminum, which is a known neurotoxin.

**Mike Adams:** 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 and 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?

**Dr. Bark:** 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.

**Sayer Ji:** 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. But 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."

That'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, HP vaccine seems to have the most adverse events reports including emergency room visits associated with it, as well as reports of deaths.

**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.

**Ty:** Dr. Tenpenny mentioned 180 confirmed deaths from Gardasil. That was the tally as of 2014. Using the Med Alert search engine, as of December 31, 2016, there were a total of 43,532 vaccine reaction reports made to the federal vaccine adverse events reporting system (VAERS) associated with Gardasil vaccinations, including 250 deaths. HPV vaccines account for 25 percent, an entire quarter, of all VAERS reports.

In an April 4, 2016 article published in the journal *Vaccine*, relating to adverse events in Alberta, Canada, we see that 195,270 girls tracked after receiving HPV vaccine injections, 19,351 of them, which is 9.9 percent, ended up in the emergency room within 42 days of being vaccinated.

Dr. Tenpenny also mentioned an adverse event called POTS, Postural orthostatic tachycardia syndrome, which has been associated with the HPV vaccine, and oftentimes affects teenage girls and young women. Robert Krakow is an attorney in New York City that deals with vaccine injury. Here he is discussing POTS syndrome.

**Robert Krakow:** 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 earlier. But now something changed.

I saw first of all, we've been seeing the same thing in 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. And 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.

**Ty:** In an article published in the May 21, 2015 journal *Vaccine*, of 35 women that participated in a study that had been vaccinated with HPV vaccine, 21 of them, which is 60 percent, were diagnosed with POTS. Dr. Sin Hang Lee is a Chinese-American medical doctor and pathol-

ogist who received his formal medical education and training in China.

Dr. Lee has practiced diagnostic cancer pathology in North America for more than 50 years, with extensive experience in testing HPV DNA in patient samples, and the HPV vaccine, Gardasil. Here's his story of how he got involved in Gardasil research.

**Dr. Lee:** Well, 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 that publication, some of the women who felt their daughters might be hurt, injured, by the HPV vaccination, they contact me and say "Dr. Lee, you can find something in the vaccine?" So, it was—

**Ty:** So, they came to you asking you? They knew that you were an expert at HPV. They wanted to see if maybe the vaccine had injured their daughter?

**Dr. Lee:** Right. Nobody else wanted to listen to what their opinions are.

**Ty:** Right.

**Dr. Lee:** They just found my reputation in terms of publication. And they said "Could you help?" Initially I didn't want to get involved in it, because I thought it was unlikely to find anything in a vaccine in terms of HPV DNA, because the manufacturing and FDA, all these say "DNA has been removed." And it should not have any residual viral DNA left.

But 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. "And my daughter was 13 years old, and she was sexually not active. 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, and he convinced me that he did find HPV DNA in it. So, the first thing, "Okay, in that case I have to test the vaccine first and see whether the HPV vaccine indeed contained any HPV DNA in it." If it didn't contain any HPV DNA, there's no point for me to look for anything else.

**Ty:** So, you tested the vaccine then?

**Dr. Lee:** Right. I tested the vaccine.

**Ty:** What did you find?

**Dr. Lee:** Many mothers, in New Zealand, in Australia—I don't know about Australia, but in New Zealand, in America, in I think some European countries. So, they send the specimen to me to test it. I tested every one of them for HPV DNA.

**Ty:** All of them had HPV DNA in them?

**Dr. Lee:** Yeah, the ones I tested.

**Ty:** Okay. And this is after the FDA said that they don't contain any DNA?

**Dr. Lee:** Right. When you have free viral DNA in a vaccine, and that contains aluminum, and the one HPV DNA molecules bound to the aluminum. And that new complex may be potentially risky

when you inject into a human being. So, that's why. And also, at the same time, one of the girls died in New Zealand. And they got a court order to send the postmortem 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:** So, the autopsy showed HPV DNA?

**Dr Lee:** Right.

**Ty:** 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. And usually, the vaccine DNA, when it binds with aluminum, they change the conformation to so-called non-B conformation. And the HPV DNA left in the autopsy material was in non-B conformation. The DNA I found in the postmortem material was not a natural DNA from the virus. So, it's most likely from the vaccine.

**Ty:** Just to summarize, Dr. Lee found free viral DNA in the HPV vaccine with every sample that he tested, despite FDA claims that the vaccine did not contain free viral DNA. Dr. Lee found HPV viral DNA in the blood of a New Zealand girl who had died, and concluded that the vaccine had killed the girl. He summarized his findings in a paper containing his findings of HPV DNA in the vaccine and his overall concern about the HPV vaccine.

**Dr. Lee:** Nobody challenged the data, but the paper was rejected several times. And it could not be published in the usual American mainstream journals. Eventually it was published in a peer reviewed scientific journal. Even the discovery of HPV DNA in a vaccine was rejected several times.

**Ty:** Oh, really?

**Dr. Lee:** Yeah.

**Ty:** Okay.

**Dr. Lee:** So, 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:** Dr. Lee is well-known for his involvement in the Joel Gomez case. Joel was just 14 years old. Medical records show that he was a healthy boy who made all his checkups at his pediatrician's office. He had no pre-existing health issues. He had no cardiac abnormalities, psychological disorders, substance abuse, or any other issues. But he had the HPV vaccine the day before he died.

**Dr. Lee:** The Joel 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 is 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 pediatricians 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 of 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:** The parents of Joel Gomez have filed a lawsuit in the federal vaccine court, based largely upon the autopsy findings of Dr. Lee. "Gardasil did cause or contributed to a myocardial infarction in the decedent, and that the second dose of Gardasil finally caused a fatal hypotension in this case on the day of vaccination. There was no other plausible cause for the death of Joel Gomez."

In an ABC News interview in September of 2009, Dr. Diane Harper, the leading international developer of the HPV vaccine, admitted that "The rate of serious adverse events is greater than the incidence rate of cervical cancer. The incidence of cervical cancer in the U.S. is so low that if we get the vaccine and continue Pap screening, we will not lower the rate of cervical cancer in the US. If you vaccinate a child, she won't keep immunity in puberty, and you do nothing to prevent cervical cancer."

I've heard that this is a public health concern. My question is why are we vaccinating boys for a virus that causes cervical cancer?

**Dr. Mikovits:** 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 taxpayer funded 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 neurological 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?

**Ty:** According to the CDC, every year in the United States, around 11,000 men get cancers caused by HPV infections. When it comes to cancer in females, like cervical cancer, our experts indicated that there are better methods of detection and prevention than the HPV vaccine.

**Dr. Mikovits:** 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.

**Dr. Lee:** 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 gynecologists are adequate to prevent cervical cancer in American women.

**Ty:** Mario Lamo-Jimenez is a Columbian journalist. I had the privilege of interviewing him in Chicago at the Autism One conference.

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 Lamo-Jimenez:** Yes, that's right. That was in 2013. I saw an article in the newspaper. It was a paper that I was writing for a blog, and they say the Ministry of Health is going to vaccinate 3 and a half million girls against the HPV virus with the Gardasil vaccine.

I was living in California for 20 years and I have some information about vaccines. So, when I saw the headlines 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, all over 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.

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 had a massive vaccination at the schools. And then the girls started to faint, the vaccinated girls, and 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 the 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. They carried signs, they kept to the streets. 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 tell you what's going on. We'll offer you whatever help you need." They commissioned a study about Carmen de Bolivar through the National Institute of Health, and they had like three months to produce the study. And after three months, instead of producing the study, they started filtering to the press, like headlines from the study. "No connection with the vaccine. This is a case of mass hysteria."

But they didn't publish the story, so I had to write a letter to that National Institute of Health and have what's called a right of petition and 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 their 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 outside experts. It was like it was pre-planned. That's the story that they put to the public. The vaccine is perfectly right and the girls are crazy.

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.

**Ty:** Many young women in Columbia who were damaged by the HPV vaccine, tried to kill themselves, and some succeeded, because they were told that they were being hysterical and there was nothing wrong with them. Here's the video to which Mario was referring. This was taken in the town of Carmen de Bolivar, where 700 young women and girls were damaged by the Gardasil vaccine.

[VIDEO IN SPANISH]

**Ty:** It seems that we live in a world where instead of having compassion for people that have been injured, in order to save money from potential lawsuits, they will just blame the victim.

**Mario Lamo-Jimenez:** Yes, they blame the victim and it's very extreme, because for example of the girls I interviewed and I did a commentary 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 faints to the ground. And then the nurse comes the girl that is in the wheelchair. "Do you see what you just did to your mother? She fainted because of you and you're making her ill to you." So that's the way that they are treated at the hospitals.

**Ty:** It's so sad that these girls are blamed rather than given assistance. It reminds me of the people that died of lung cancer after smoking cigarettes that the medical world told them were healthy, back in the 1950s.

**Dr. Thomas:** There's a glaring example of sort of tobacco science, I'll call it, when we look at the HPV vaccine. That's my least favorite vaccine and I'll tell you why. When it first came up, the HPV-4, how did 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 that say, "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, 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 real quick.

So, I'm looking at the studies that were done by the company that makes this 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. 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 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 the 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 one with saline, they used their own vaccine that never had a proper placebo as the placebo, and they just compare those two

and say, "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 studied and the number of deaths and it's horrendous.

And yet it got fast tracked. Approved by the FDA, fast tracked, and now it's being pushed big-time in the US. 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.

**Mario Lamo-Jimenez:** 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 13 girls that were going to be creating a generation.

They might be sick right now and also creating big hardships for families. The families don't have the money. They have to pay for everything. Even middle class girl that has a wheelchair, she has to rent the wheelchair. The ward isn't paying for anything. So, it's a hardship for the family. So, this is destroying individuals, families, and communities.

**Dr. Thomas:** 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 whole cell DPT, because Japan figured that out and went to the acellular seven years before the U.S.

When in Japan, two years ago, there was I think 79 percent were still doing the HPV. I think last year it was 2 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:** We need those studies, definitely. When we lived in Panama, Central America, our youngest child Charity was born. After she was a few days old, we went to the local register to apply for a birth certificate. They told us that we needed to show proof of Hepatitis B vaccine before they could issue the birth certificate. We thought this was odd, since Hepatitis B is a disease primarily in IV drug users and those who are sexually active, neither of which was three-day-old Charity. And Charlene was and is Hepatitis B negative. So, according to the medical literature, Charity had virtually zero risk of contracting Hepatitis B. We're going to dive a bit deeper into Hepatitis B vaccine, which is given to babies at birth.

**Dr. Margulis:** 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 toolbox. But I didn't know why a tiny newborn born to Hepatitis B negative parents would need to have a Hepatitis B vaccine.

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 Nellie 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."

This was a very strange thing and it took me 10 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.

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 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 contraindicated, 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.

**Barbara Loe Fisher:** 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.

Eighty 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.

**Dr. Levatin:** 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. And 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.

I mean 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." And I don't really agree with the whole vaccination schedule as it is. So, I just at a certain point decided to stop vaccinating in my practice.

**Ty:** They mandate it in many states. On the first day of birth you get a Hep-B vaccine.

**Dr. Centers:** So, why would they do that? Do you know why they would 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. And the epidemiological idea is to vaccinate for the most severe condition with the total population. When you sign up for your child to have a vaccine, that doesn't guarantee that the vaccine is working, and 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?

Well, 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. 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.

Well, the kids that signed up, which is a very small percentage. So, when it came to the ACIP meeting, which is 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."

So, 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 your 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.

**Dr. Thomas:** 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 is 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 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 the Thimerosal, so therefore it wasn't the Thimerosal. Yeah, but we added the Hepatitis B, a huge, huge increased dose of that neurotoxin right at the same time.

**Ty:** Aluminum?

**Dr. Thomas:** Aluminum.

**Ty:** Again, we have a vaccine that contains massive doses of aluminum, which is a known neurotoxin. In this next segment, Dr. Paul Thomas, a board-certified pediatrician, runs through the calculation of exactly how much aluminum a newborn baby is getting in the Hepatitis B vaccine.

**Dr. Thomas:** 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 does 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. Ten times the possibly safe dose. Known toxin injected into every baby born in America.

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.

**Dr. Tenpenny:** 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.

**Dr. Margulis:** 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.

**Polly Tommey:** And here's the 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 Bigtree:** 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."

And 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?"

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 Tommey:** 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 at 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 they look sad. The siblings look sad. Let's give them something as well."

**Ty:** Wow.

**Polly Tommey:** 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 Bigtree:** 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.

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.

**Ty:** Wow.

**Del Bigtree:** 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."

I mean and then 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:** Del Bigtree mentioned that Hepatitis B vaccine was tested four days before it was put on the market. Merck stated in their 1993 product insert that "In a group of studies, 1,636 doses of Recombivax HB were administered to 653 healthy infants and children up to 10 years of age, who were monitored for five days after each dose." Del also just mentioned that the USA has more infant deaths than any other country. A study by Neil Miller and Dr. Gary Goldman supports this assertion. Here is Neil Miller discussing this study.

**Neil Miller:** 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 that they received two doses of vaccines, three doses, four doses, five doses, six doses, seven doses, or eight doses before they had their adverse reaction.

And then we were—we only were interested in looking at “Did these children end up with a serious adverse reaction?” We weren’t interested in babies that just 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.

**Dr. Levatin:** 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 had—the baby had just been vaccinated within the last 24 hours. And I just knew in my heart that something was wrong.

**Ty:** Is it possible that some SIDS deaths are actually vaccine injury that’s misclassified?

**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 somewhere 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.

**Ty:** The CDC’s official position is that SIDS, sudden infant death syndrome, is not caused by vaccines and that there is no connection. Any relationship is purely coincidental. Perhaps due to the fact that the peak age for SIDS is 2-4 months, which coincides with the introduction of 11 shots containing 16 vaccines within the U.S. vaccination schedule has led to the CDCs official

statement on SIDS, found at CDC.gov. “Babies receive many vaccines when they are between 2-4 months old. This age range is also the peak age for sudden infant death syndrome, or SIDS, or infant death that cannot be explained. The timing of the 2-month and 4-month shots and SIDS has led some people to question whether they might be related. However, studies have found that vaccines do not cause and are not linked to SIDS.” However, in 2011, a study was published in *Statistics in Medicine* that found, based on the review of 300 unexplained sudden, unexpected deaths following either a pentant or hexavalent vaccine, “A 16-fold risk increase after the 4th dose could be detected with a power of at least 90 percent,” and “A general two-fold risk increase after vaccination could be detected with a power of 80 percent.”

**Dr. Sahni:** So, there is a study. I'm actually going to read from that study, but it was in the *Journal of Medicine and Chemistry*, and it was this year, 2017 actually. And in a 2017 study published in the current *Journal of 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.” We're talking about taking tissue and looking at it under a microscope, “to objectively evaluate the possible causative role of the vaccine.” So, I don't know that it's definitive. 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. It says it's an enigma. There's probably lots of causes of it, but there obviously are cases where a child received a 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 and talks like a duck. I hit you in the toe with the hammer and it hurt right at the second after I hit you. It probably wasn't something you did yesterday. It's probably the hammer that I just hit you with. If you get hit with a vaccine, you die, it probably needs to be looked at.

**Ty:** We definitely need to investigate this further. I know that there are many parents who are currently serving prison sentences for killing their baby by shaking them to death. This is called Shaken Baby Syndrome.

**Dr. O'Shea:** 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?” And 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.

**Dr. Wolfson:** 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. Oftentimes 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.

**Ty:** According to Dr. Jack Wolfson, doctors should try to determine when a condition started. And then once that happens, they can determine if it was or was not vaccine-related. I know that this has happened in the course of a few times, where parents were exonerated and released from prison after autopsies showed that they could not possibly have injured their baby, but

that there must have been another cause of death. Back to the Gardasil vaccine. On May 18, 2016, the FDA held a meeting of the “Vaccines and Related Biological Products Advisory Committee” (VRBPAC). I found the summary document on FDA.gov, and at the bottom of page 13, I discovered some important data. According to the data, the Gardasil vaccine appears to increase cancer risk by 44.6 percent in people who are already carriers of the same HPV strains, 16 or 18, used in the vaccine. In other words, it appears that if the vaccine is given to a young woman who already carries HPV in a harmless state, it may activate the infection and directly cause precancerous lesions to appear. The vaccine, in other words, may accelerate the development of cancer. This is exactly what happened to Erin Crawford.

So, Erin, share with us if you could, a little bit about your experience when you were at the University of Louisville.

**Erin Crawford:** Yeah. I worked in a student health center and they approached me and said, “Hey, there’s this new vaccine that prevents cancer. It’ll stop you for getting cervical cancer. Would you like that?”

And as on 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.” And so, I just followed. 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.

And that continued for a few days and then extreme fatigue, muscle pain. My limbs felt like they weighed a million pounds and that they were too heavy to move. And it was just I couldn’t get out of bed and then I had tonsillitis out of nowhere. I never had tonsillitis before, which is where my tonsils swelled up and closed my airway shut.

I had to go to the hospital. And I think I was given a steroid injection and some antibiotics and all of this stuff. And then couple of weeks later, it happened again. And the vomiting and the tiredness and the fatigue, it just never stopped after that point.

**Ty:** And so, then this was directly immediately after the vaccine?

**Erin Crawford:** It was within about 12 hours. Yeah.

**Ty:** So, it didn’t stop and continued. When you went to the physician what did they tell you what was causing this?

**Erin Crawford:** ERIN CRAWFORD: Ah, just some virus. “You’ve just got some virus, you know.” No connection to the fact that I had just some viruses injected unto me.

**Ty:** TY: Did you let them know that you just been injected with the vaccine?

**Erin Crawford:** 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:** Okay. They just kind of blew it off?

**Erin Crawford:** Yeah. Completely blew it off. About six months later my menstrual cycle completely stopped. And I knew I wasn’t pregnant, and so I went for some tests and I found out that I had neuroendocrine carcinoma of the cervix, Stage 3. So, Stage 3 cervical cancer.

**Ty:** And that’s the disease that the vaccine’s supposed to prevent.

**Erin Crawford:** That's the disease the vaccine is supposed to prevent. My tonsils would swell. I mean you could see them out to here. The lymph nodes at the back of my head were swollen. Look like I just, like some sort of a dinosaur bumps at the back of my head. And so, it definitely—whatever was going on was affecting my lymph system.

I just continued being sick, being sick, being sick. And finally, the tonsillitis, at one point got so bad, I went crying—I mean, I was just a mess and in the emergency room and they brought in an ear, nose, throat doctor and he took one look and he said “These 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 so, saved and sent to a pathologist, which is where they tested positive for the three strains of HPV that are in Gardasil.

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 Crawford:** Right. Yeah. I couldn't get out of bed. I almost failed out of school and almost lost my job just because I couldn't make it to class. Walking to class—and U of L campus isn't that big. But, walking to class, I would just get sick.

I can't tell you how many times I threw up walking across the campus. You know, it was embarrassing. It just continued, just the overall sickness, fatigue. And then when at this point I was going in every 3 months to my OB-GYN for check-ups. Tested positive again.

**Ty:** Okay.

**Erin Crawford:** 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 a cervix is very questionable.”

**Ty:** So, where were you at emotionally at that point, were you—?

**Erin Crawford:** I was devastated. I've always wanted to be a mom. And not when, you know, when I'm twenty, but you know I wanted that one day. I wanted a family one day. 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.” And 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 didn't want that.

**Erin Crawford:** I didn't want that. And at this point, I'd been following everything the doctors had said. And at this point, I was only getting sicker.

**Ty:** Right.

**Erin Crawford:** So, I said, “No more.” And my oncologist looked at me and said, “You will die.”

**Ty:** Really?

**Erin Crawford:** Yeah.

**Ty:** If you don't get these treatments, you will die.

**Erin Crawford:** Yeah. And I said, "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. I come from like a very conventional family, "You do what the doctors say." You know. And, so, I didn't really have a support system. So, I just started studying.

And started researching and studying and researching. And 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, the 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'll bet that was a great feeling?

**Erin Crawford:** That was the best feeling in the world! 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.

**Erin Crawford:** Yeah.

**Ty:** Congratulations.

**Erin Crawford:** Thank you. I appreciate it.

**Ty:** What a powerful story. Erin is doing great today, I'm happy to tell you. Epigenetics is defined as "the study of changes in organisms caused by modification of gene expression, rather than alteration of the genetic code itself." Here is Dr. Larry Palevsky discussing the possible effects of vaccines on trans-generational epigenetics.

**Dr. Palevsky:** There's an entity in biological science called "trans-generational epigenetics." And many scientists have looked at this concept, both in animal populations and human populations. And what they've basically done is they take mice, and they take pregnant mice, and they expose the pregnant mouse to a known toxin. And then they follow the offspring of that mouse two, three, four generations down. They let that mouse give birth. The progeny of that mouse grows, has progeny, gives birth. Then they keep reproducing generations. And what they find is that the effect of that toxin on the progeny of that first mouse that was exposed to the toxin, are still seen three and four generations down, without re-exposure. Without re-exposure to those subsequent generations. So we probably have about four generations of vaccinated people in our country, in the world. We don't even understand the trans-generational epigenetics of these populations. But more so, we keep repeating the exposure to every generation.

**Barbara Loe** And increasing.

**Fisher:**

**Dr. Palevsky:** And increasing them. So you start with a known exposure to a toxin, and reproduce several generations down, and still see effects of that on the immune system, on the reproductive system, on the testicles of rats or mice. But we don't even examine whether the repeated entry, the repeated introduction of these materials generation after generation is not only

affecting the generation, but being handed down from one generation to the next in any adverse way. And so, here we are in 2016. I started medical school in 1983. That's almost two generations. And there's definitely a difference in the health of the adults and in the health of the children in those almost two generations. Now could it be diet? Sure. Could it be environmental toxins? Sure. Could it be electronic magnetic radio waves? Sure. And where's the subject of vaccines? Where are we talking about that's impact?

**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 YouTube, 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 that your emotions—and so stress can change your epigenetic profile. Well, a vaccine is a stress of grand proportions, and 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.

If 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.

**Dr. Mercola:** 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 ones. Like Hepatitis B vaccines and Gardasil vaccines. They're just destroying so many people, girls and young children. It's devastating.

**Sayer Ji:** 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:** Regardless of your position on vaccines, I think we can all agree with Sayer Ji, that all we want to have is a world that's safe for our children.

**Jefferey Jaxen:** 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 a 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 cultures 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 Translate 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. So, 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.

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 match. 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.

**Dr. Thomas:** 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.



**Dr. Gambrell:** Working in the operating room, I'll have children that look healthy on paper and can have two very different responses and over a few years, watching these children go to sleep under anaesthesia, I saw that the children that weren't vaccinated, and the ones that were delayed later, did better under anaesthesia and by better, I mean they had a better vagal response.

**Dr. Rice:** That's something not a lot of people have heard about. What is a "vagal response"?

**Dr. Gambrell:** So what that is is when you have a stimulation within the body, your heart rate can go down, and then it recovers and it 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.

Now what I've seen is children that are heavily vaccinated from birth, they don't have that vagal response, which is the lack of that 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.

**Michael Hugo:** If there was really nothing wrong with vaccines, the doctors will tell the patients. The manufacturers will tell Congress and tell the courts. If there's really nothing wrong with it, then the federal government would never have 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. That system has to stop allowing that to happen.

**Polly Tommey:** What's your name?

**Katelynn:** Katelynn.

**Polly Tommey:** Okay, how old are you, Katelyn?

**Katelynn:** I'm nine.

**Polly Tommey:** Nine? This is mommy?

**Kathleen:** Hello. Kathleen. This is Colton as well. Gavin.

**Polly Tommey:** What's your name?

**Gavin:** Gavin.

**Polly Tommey:** How old are you Gavin?

**Gavin:** I'm 13.

**Polly Tommey:** And you are?

**Emily:** I'm Emily. I'm his nurse.

**Polly Tommey:** So, tell us, tell us happened.

**Kathleen:** Well, Colton was a 13-year-old, healthy, strong boy. He loved to do any sports.

**Polly Tommey:** You've got some pictures, haven't you?

**Kathleen:** Yes. He loved baseball, motorcycle, anything that has to do with an adrenaline rush. Indoor skydiving. A little bit of behind the formula. Snow skiing. He was a handsome kid. Motocross.

**Polly Tommey:** He still is a handsome kid.

**Kathleen:** Yeah. Motocross was his passion. That was our family sport. He was going to go to scout camp. For scout camp, you have to have a physical. So, we went to the doctor's office, and the doctor says "Hey, he's the age that you should get the HPV vaccine." I said "Okay. How come?" "Well, it can help prevent cancer. And even if he's not promiscuous, he can still give it to his wife when he gets married." I said "Oh, that sounds like a pretty good thing, then." So, he was administered the vaccine. And on the third round, two weeks after, he started having a really bad neck ache. I said "Take some ibuprofen. Go to school." The next day, he went motorcycle riding with his dad. That day he came home, he was pale, starting to feel nauseous, really sore neck. He didn't feel good. He went to bed. And the next day I checked on him. He still didn't want to get out of bed. I just thought "Man, you're just really weak and exhausted." And that evening, when he sat up to take a drink of water, he says "Mom, can you give that to me in my left hand? I can't use my right arm very good. It's weak."

And he tried to lift up, and all of a sudden, he just flopped back. And his head just hit the pillow, and I went "Colton, are you going paralyzed?" In my head. I don't know if I said it out loud, because I didn't want to scare him, but I just thought "Do you have spinal meningitis?" That was my first really bad fear. But it was so late that evening that we didn't go to InstaCare right away. We waited until the next morning. And I could have lost him that night. So, my husband took him in to InstaCare Monday morning, February 17, 2014, holding his head for him because he couldn't get out of bed. And he couldn't use his right arm.

They immediately took him down to Primary Children's Hospital in Salt Lake, which is about an hour away by ambulance from our home. And they didn't—started doing testing, spinal tap, MRI. The MRI showed inflammation in his spinal cord, in his neck from C1 to T12. Original diagnosis was transverse myelitis, acute longitudinal transverse myelitis. When the doctor came out and asked me questions, they said "Well, has he been sick? Has he had any changes or anything?" I said "No, he hasn't been sick." I said "He's had a sore neck for the last couple days." "Well, what about a couple weeks ago?" and then they kind of were backtracking. And I said "Well, he had the HPV vaccine on February 1st." And they went "Oh. Well, we'll be reporting that to VAERS." And they did.

So, on day one, his full neck and his whole right arm was completely paralyzed, and the left arm was starting to go paralyzed. They were really nice. They said "Hey, he's going to start not being able to breathe pretty soon. It might be better if we intubate him." So, this was immediately after they intubated him that first night. Because the paralysis just went down, down, down after the first four to five days, where he was completely paralyzed from the neck down, had no movement at all. Little did we know we were going to lose all form of communication with him, because he couldn't talk.

Once you're intubated, you can't speak. So, we were using the thumbs up, the thumbs down, to say "Are you okay?" Yes and no questions. But by the end of that week, he couldn't even move his thumb. So, then we were like "Now you have to use your eyebrows to say yes or no to us." He didn't look very good. He'd go from hot to cold easy, so therefore he had lots of different—he had gel pillows to hold him in the bed, but he also had ice packs or hot packs, and he'd go back and forth because of his temperature being not regulated very well.

**Polly Tommey:** He's smiling in this photograph. Colton, always smiling.

**Kathleen:** So, the one thing about Colton is he does always smile, and he's an awesome kid that way. He doesn't complain. You're good, huh?

**Colton:** Yeah, I guess.

**Polly Tommey:** So, this noise that everybody's hearing right now is his breathing apparatus. You want to talk about that?

**Colton:** Well, it kind of does get a little annoying in a quiet room.

**Polly Tommey:** No one's annoyed. Everybody's desperately, desperately sad for you.

**Colton:** Yeah, it does suck.

**Polly Tommey:** So, tell us from your point of view.

**Colton:** It does suck, like not being able to play sports anymore. Because I did do a lot of sports. My favorite.

**Polly Tommey:** You were awesome at sports.

**Colton:** Yeah. Now I have to sit on the sideline and watch everybody. I can't use [indiscernible 1:40:23], so it's not as bad anymore. I do do a lot of fun things now, like my Razor. I've gone skiing, camping a lot. So, it's always been fun.

**Kathleen:** Here's a picture of him in his Razor.

**Polly Tommey:** So, this is recent?

**Colton:** Yeah, about—

**Kathleen:** Last March.

**Colton:** Yeah, a year ago.

**Polly Tommey:** And you have to have this breathing apparatus with you the whole time?

**Colton:** Yeah. It's about 15 pounds. I always have to have someone with me to carry it to get around.

**Kathleen:** It's a literal ball and chain for him, because his right arm is completely paralyzed. His left arm only has minimal function now. And he's lucky he's regained his legs and his core strength. He was a complete quad for a whole month and a half.

**Polly Tommey:** What about anger?

**Colton:** I don't really burst out that much. I kind of just keep it to myself. I don't really like to complain.

**Polly Tommey:** There's a lot of people on here that are very angry about what's happened to you.

**Colton:** Yeah.

**Polly Tommey:** Very angry.

**Colton:** Yeah, I'm angry that they're still giving out the vaccine. They don't care that people are getting hurt. It's a joke.

**Polly Tommey:** What's your message? Both of you, all of you. What's your message to parents?

**Colton:** Well, you've got to do your research. Like you can't just trust a doctor anymore. You have to do your own ways to find out what's best for you.

**Polly Tommey:** And it must have been hard on your dad?

**Colton:** Yeah.

**Kathleen:** Oh, yeah.

**Polly Tommey:** I'll bet he's angry.

**Colton:** Yeah.

**Kathleen:** Very angry. It's affected him greatly. He's his riding buddy. He's his hunting buddy. He works out in the garage with him. He mowed our lawn. Gavin gets to pick up any chores now that Colton used to do, and—

**Polly Tommey:** It's hard on others as well. We know that. We speak to these things a lot. It's a very painful thing to watch your parents sad and your brother. So, you're allowed to be angry, too.

**Gavin:** Yeah.

**Kathleen:** Well, both my kids, they've had to grow up a lot the last two years without Mom around. I've had to be with him. Not that I don't mind being with him, it's just that I'm not with my other two. So, it's a hard balancing act, especially when we were in the hospital and I had to balance being with him and having my other two kids still going to school. And at night.

He's still kind of like having a baby, you know? You have to wake up to the monitors and the alarms that go off, or if he needs to go to the bathroom. He can't just run out of the bed by himself. He has to be—a ventilator has to go with him. He has to have his cervical collar on in order to go to and from the bathroom. It's gotten a lot better now. But before, when he first got out of the hospital, he wouldn't do it by himself. Now, he will do it a little bit by himself. I can show you a picture of him.

**Polly Tommey:** I cannot tell you how many people are coming forward to us. I mean our story, Vaxxed, is about the MMR. And since we put Vaxxed out, Gardasil is possibly with the same.

**Del Bigtree:** The worst.

**Polly Tommey:** The worst.

**Kathleen:** This is a little embarrassing for him to show this, but just so you can see what he looks like when he—he is balancing his head and trying to make it not fall forward, because he is quite paralyzed in his neck. You can see the distortion in his shoulders. And this is him trying to roll out of bed by himself and then disconnect so that he can move around for a minute free of the ball and chain.

**Polly Tommey:** And you're smiling again, Colton.

**Colton:** Yeah.

**Kathleen:** This was actually taken at 3:00 in the morning, and he's always smiling. He's just a good kid.

**Polly Tommey:** You're a real example to all of us. You really are truly an example.

**Kathleen:** Life gives us all challenges.

**Polly Tommey:** I'm also proud of you, really, really truly proud of you, all of you. We know your pain.

**Kathleen:** He loves to stay active. We just bought him a recumbent bike that we've modified all to the left hand, so he can maintain some function on his own. And he cruises in this thing. It's pretty awesome.

**Polly Tommey:** That is amazing.

**Kathleen:** So no matter what your element in life, our saying is to "just keep on keeping on."

[End of transcript]

A background image showing a close-up of a glass pipette with a blue liquid inside, set against a light blue and white background with soft, out-of-focus circular patterns, suggesting a microscopic or laboratory setting.

*Episode* **6**:

**A Closer Look at the CDC,  
Chicken Pox and Rotavirus  
Vaccines & Retroviruses**



**Ty:** Welcome back to “The Truth About Vaccines.” I hope you learned a lot of valuable information in Episode 5. We’ve got a lot of information to cover in Episode 6, so let’s get rolling.

**Dr. Palevsky:** 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.

**Robert F. Kennedy, Jr.:** 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:** We want to question the dogma. We want to discuss the issues. But unfortunately, if there’s corruption within an industry, or company, or government agency, those who question are dismissed and even fired. Have you ever heard of the term “whistleblower”? This is a person who informs on a person or organization engaged in an illicit activity.

For people who work for the federal government, the Whistleblower Protection Act, or WPA, protects federal employees who disclose illegal or improper government activities. Dr. David Lewis is one such whistleblower.

**Dr. Lewis:** 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. And so, that went through a couple of years of litigation before the EPA was able to prove that the allegations were false.

Oftentimes, even when a scientist is vindicated after such accusations, recovering their career is difficult. So that is an area that, for the National Whistleblower Center in Washington, DC, I have worked for a number of years to investigate numerous cases where that occurs. And vaccine safety is one of those areas where it commonly occurs.

As a senior-level research microbiologist, I was involved in directing research projects on everything from climate change to pollutants in the environment. And 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.

And 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.

So, 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, whistle blower lawsuits, in order to keep being able to do my research regardless of what the outcome was. And 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.

**Ty:** Covering up adverse effects? This goes way back to what Dr. Larry Palevsky said at the beginning of this episode. That's not science. It's dogma. It's working backwards to arrive at a predetermined conclusion. But why would institutions like CDC, who have been sworn to protect our children's health, be engaged in ideology rather than science?

**Dr. Thomas:** 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 onto 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 giving lasting immunity. So about 24 percent 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. 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 worked 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.

**Neil Miller:** 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 Gerberding, 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.

**Dr. Hooker:** Many employees of 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. And 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.

And so, you have this incestuous relationship between the pharmaceutical industry and the CDC. So really, the driver is money. It is just like everything else. The driver is the almighty dollar, and the—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.

**Neil Miller:** The CDC has a conflict of interest because they are looking after vaccine safety, but they're also promoting vaccines. So 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. That's a big conflict of interest.

**Dr. Thomas:** 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—is to promote vaccines. And if we could just change their mission to promoting healthy children, let's get healthy people, a healthy society, healthy children, and look at vaccines. Are they helping or not? And that's what hasn't been done.

**Robert F. Kennedy, Jr.:** In our democracy, we have a number of institutions that are there to protect little children from predatory corporations and all of these have been neutralized here.

You have the regulatory agency, the front-line protector of public health, that has been captured by the agency. They've 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 F. Kennedy, Jr.:** Yes, CDC sells vaccine. So CDC is regulating an industry that it's a part of.

**Ty:** Robert F. Kennedy, Jr. just stated that the CDC sells vaccines and actually holds patents on vaccines. I wanted to verify this, so I did a patent search. It turns out that he's accurate. The CDC actually is listed as an assignee on over 50 patents related to vaccines, including flu, rotavirus, Hepatitis A, HIV, anthrax, rabies, pneumococcal, meningococcal, and several other vaccines.

Does this seem like a public health agency making independent vaccine recommendations, or an agency acting as a risk management group that influences public opinion?

**Dr. Hooker:** You know I look at this moment and I don't know why we haven't taken to the streets with torches yet. I mean this is manslaughter. And 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 a part of this grand medical experiment that's called a vaccination schedule, that's understudied, that is only studied by the CDC in order to quell the masses.

The 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're recommending on the schedule.

**Dr. Bark:** 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 at the 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.

**Ty:** 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 Krakow:** Well, 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, you go back to lead. Well, 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.

WR Grace fought—the industry very aggressively, fought 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 interests, which is fine.

The famous line in *The Godfather*, “After all, we are not communists.” And so, 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.

And 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 limited. 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. Columbia School of Journalism had an article showing how this occurred, and then they retracted it, saying there was no truth to the idea that a 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.

**Ty:** Conflicts of interest, apparently fueled by greed, are rampant at the CDC and other agencies. This is called "regulatory capture," and occurs when special interest co-opt policy-makers or political bodies, regulatory agencies in particular, to further their own ends. It's very commonplace, as we will see.

**Robert F. Kennedy, Jr.:** There's a dynamic that is well-described and well-documented that I encountered 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. And a lot of times they become even more radical in protecting those interests than the industry itself.

**Dr. Bark:** 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 new born, 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:** 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 of really ethical doctors at the NIH, and probably some at the FDA and at the CDC. But overall, they have been captured by the regulatory agencies.

**G. Edward Griffin:** There was a Dr. Gary Goldman, who was doing research for the CDC, the Center for Disease Control, working on gathering information on the effects of an anti-chicken pox vaccine that they were giving to little kids. And he came up with very serious evidence that the vaccine, although it did seem to reduce the incidence of chicken pox in the children, was actually producing another, more serious, condition that would occur later on.

He found statistical evidence that could not be denied, that little children that received the chicken pox vaccine, when they reached maturity, especially when they got past the age of 40, they were more susceptible to shingles, which is a viral infection and it's much more serious than chicken pox.

**Neil Miller:** One of the papers that Dr. Gary Goldman and I coauthored—and by the way, Gary Goldman worked for the CDC. When he worked for the CDC, he found that the chicken pox 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 chicken pox 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 chicken pox, 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.

Dr. Gary Goldman is an expert on the varicella virus, which is the virus that causes chicken pox. 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 chicken pox vaccine.

**Ty:** I don’t understand why the CDC wouldn’t allow Dr. Goldman, who worked for the CDC at the time, to publish a study that indicated that the chicken pox vaccine causes shingles, which is much more dangerous than chicken pox.

But Dr. Goldman’s research wasn’t the only research that indicates the chicken pox vaccine causes shingles. Research published in the 2011 Journal of Infectious Diseases confirms this link. The research team was comprised of members from NASA’s Lyndon B. Johnson Space Center, the University of Texas Health Science Center, University of Colorado Medical School, and the CDC.

Let’s learn more about the chicken pox vaccine from board-certified pediatrician, Paul Thomas, who offers this vaccine in his practice in Portland, Oregon.

**Dr. Thomas:** For children it’s the varicella vaccine. Varivax. It’s recommended at age 1 by the CDC. So, I had chicken pox. I’m guessing you did too, as a kid. My kids all had chicken pox. It used to be one of those rites of passage, right? It’s not fun. It’s itchy. You miss school for a week; most kids love that.

Deaths from chicken pox 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.

We would like to prevent those deaths. So, in comes the varicella vaccine. The chicken pox vaccine. And in my practice, ever since it was introduced, I always have 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 chicken pox 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 chicken pox. And you can get Zoster whether you’re vaccinated or whether you had natural chicken pox. And what we’re now seeing is the elderly—but we’re even seeing Zoster in kids. That never happened before.

But we’re seeing the elderly are having debilitating Zoster and sometimes death from chicken

pox 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 chicken pox than we ever lost anybody to chicken pox prior to vaccines.

So what's happened? I'm pretty sure what's happened is, because the chicken pox vaccine works fairly well, kids aren't getting chicken pox anymore. Those kids who got chicken pox were actually the people who kept our immunity boosted through the years. So, my kids had chicken pox, they boosted my immunity.

Well now the kids aren't having chicken pox anymore, nobody's getting boosted. Now you're having this rise in Zoster cases.

**Ty:** Is that shingles?

**Dr. Thomas:** Shingles, yeah. And so, we've made a trade. From kids who got chicken pox and who could handle it to now the elderly and older people getting reactivated chicken pox, 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 chicken pox. But it's so controversial.

**Ty:** The topic is very controversial today. But when I was a kid, I remember the chicken pox parties. Dr. Thomas mentioned that today, the chicken pox vaccine is controversial. It definitely contains some ingredients that evoke controversy.

Vaccines must be grown in a substrate, which means that it takes living tissue to grow microscopic vaccine ingredients. Animal, and even human tissues, are used as a culture medium to grow the targeted virus or bacteria used in vaccines.

Today, vaccine viruses are cultured in chicken fibroblast cells and embryos, chick retinal and kidney cells, monkey and dog kidney cells, aborted human fetal lung fibroblast cells, and mouse brain tissue, to name a few.

According to the CDC's vaccine excipient table, the Varivax vaccine contains WI-38 and MRC-5 cells, both of which were developed from aborted fetal tissue. But chicken pox vaccine isn't the only one that contains aborted fetal tissue and/or human DNA.

**Sayer Ji:** 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:** The subject of aborted fetal tissue in vaccines is definitely something to be aware of. Now regarding the CDC, I don't want to give the impression that the entire agency is corrupt.

**Robert F. Kennedy, Jr.:** 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, and 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.

There are two groups within CDC that are relevant to vaccine regulation that have been cor-

rupted 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.

**Ty:** Robert F. Kennedy, Jr. mentioned that the Immunization Safety office at the CDC has been compromised. One whistleblower that came forward from that office was Dr. William Thompson, one of the top CDC scientists.

Dr. Andrew Wakefield directed a documentary called *Vaxxed* that dealt with the story of Dr. Thompson's discovery of corruption at the CDC and his subsequent whistleblower activities. Here is a brief summary of that amazing story, as told primarily by Dr. Wakefield and Dr. Bryan Hooker, who are both intimately involved.

**Dr. Wakefield:** 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."

And 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?

And 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. Bryan Hooker, father of an autistic child, vaccine-damaged child, and said "We have known for 13 years that these vaccines—this vaccine is causing autism."

**Dr. Hooker:** 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 county.

So, I was just sort of bred into, you know, "Okay, 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—when ever 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 knew that there was an issue with vaccinations with him.

And 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. And you know I originally thought "Oh well, you know, they've had two years to do this 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 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 and 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 you know the things that were coming out of CDC just did not make sense.

And 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.

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 Glaxo Smith Kline, actually as co-author and collaborator on this study. Glaxo Smith Kline was making Thimerosal-containing vaccines. I believe they still have a Thimerosal-containing flu shot.

And so, there was a distinct conflict of interest. He should not have been the 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.

They were cooking the books. And when they saw a particular effect that they didn't want, then they would get a bunch of scientists 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 effect to the point where it was no longer statistically significant.

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. And 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 received the MMR after three years of age, and 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.

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—

**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 proved that the African-American male babies were at risk and they got rid of them.

**Dr. Hooker:** They got rid of that evidence. I mean that's data fraud.

**Ty:** That's a crime.

**Dr. Hooker:** In the first degree. I mean it's a crime at many levels. I mean 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 documents were, should have been retained on file and then ultimately should end up in the National Archives.

And so, 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 massage the data. They threw everything out. But Thompson in 2004 was conscience-stricken. And he was also set to do a presentation at The Institute of Medicine. The 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, and he sent her a long email saying that there were problematic results that needed to be discussed, that would not be 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.

And 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.

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-Ameri-

can males in the United States that have been diagnosed with autism since that point in time.

And 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?

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. And all this time, I trolled for whistleblowers.

I 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."

And 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. And 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."

And so, 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. And 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 it comes again. Here's another harassing call." 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. And 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 and when I saw, first of all, the African-American effect on the MMR vaccine. 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.

And 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. 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.

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 or an hour and a half.

He would just reveal these things to me. But one of the things—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. And 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, "You need to tell the truth, 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, "Oh, CDC is flawed. CDC is lying." It's "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 re-analysis and I basically used the CDCs methods in my paper. I did a re-analysis 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 and 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 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 about 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 they were out-and-out fraud, in order to cheat, to err on the side that vaccines were always safe and effective.

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 that was ultimately retracted.

That's a big black mark on my career, and I'm fighting to get the paper reinstated. But that limits my ability as a professional to do good science, and 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 cellphone 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."

And this is bizarre, it's like "Who are you? Why are you harassing me? Why are you calling me out of the blue?" And then the thing that was so comical about it was my cellphone even 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'd just go to the Department of Health and Human Services phone directory and 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.

**Dr. Thomas:** 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, that next year, 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.

**Tony Muhammad:** In every city, I have recordings of names of black mothers, of Latino mothers, of native American mothers, and poor white mothers, because that's a group that no one is talking about.

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 raises their hands, hardly. They have no idea.

I was invited to inner 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."

**Mike Adams:** 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. They did nothing. 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 families raising kids, every population where those kids are getting vaccinated is currently being devastated by these toxic effects of the vaccine and an industry that knows it is essentially committing what we have to call medical genocide against black children.

**Allison Folmar:** 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.

**Ty:** The CDC knew the MMR vaccine was causing autism in black baby boys and did nothing for over a decade. I want to read a statement released by Dr. William Thompson on August 27, 2014. "I regret that my co-authors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggests that African-American males who received the MMR vaccine before age 36 months were at increased risk for autism." Was this a criminal act?

**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. The 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. 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 DiStefano 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, or 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. And 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 Coleen 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—

**Ty:** So many levels.

**Dr. Wakefield:** Multiple levels, yeah. 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. None. 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.

**Del Bigtree:** 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? You know what I mean?

Better medicine, better health. And then of course, I was sort 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 debate on our show between one of the heads of toxicology at Monsanto and Jeffrey Smith, a GMO activist.

So, I was able to pull things off like that. I've always sort of been challenging the status quo, I guess, and sort of the corporate takeover of things that affect our health. So, when I got involved and ran into Andy, and this story came about, I saw the data and I saw the proof, I saw—when we have a whistleblower 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.”

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, can be causally related to autism. I mean that's a shocking discovery. And so, if they're lying about that, what else are they lying about?

**Dr. Wakefield:** 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, as 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.

**Dr. Lewis:** The specific case that I spent most of my time getting to the bottom of was the case of Dr. Andrew Wakefield and the research that he published in *Lancet*, which 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.

And so, 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.



**Ty:** Dr. Wakefield's research has been reproduced by at least 28 other studies. Let me ask you a question. In Episode 1, we analyzed whether or not we are being given informed consent when it comes to vaccines. If we are not being given informed consent, then by definition, forced vaccines are in direct violation of the Nuremberg Code set up after World War II to provide guidelines for medical experimentation in the future.

**Mike Adams:** 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. This 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.

**Neil Miller:** 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.

**Edda West:** 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.

**Dr. Hooker:** 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—the vaccination schedule started to expand in the 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:** This is a very personal issue for many families across the globe. According to Dr. Hooker, Merck knew in 1991 but did nothing. Why? The Vaccine Act that was passed in the late 1980s that exempted vaccine manufacturers from legal liability gave rise to almost exponential growth in the number of vaccines that were mandated by the CDC schedule because there was no longer any accountability.

**Robert F. Kennedy, Jr.:** 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 are 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. And 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.

By 1989, CDC structure had changed, and the people who sit on that committee, the Advisory Committee on Immunization Practices, many of them are not even CDC employees. And 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 as 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 of Philadelphia, which is financed by Merck.

And he sat on the advisory committee, when the Advisory Committee on 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. And as a result of that, of having the rotavirus vaccine part of that mandatory schedule, Offit’s was able to sell his product a couple of years later for 182 million dollars.

**Ty:** \$182 million?

**Robert F. Kennedy, Jr.:** Yeah. And we don’t know exactly what—how much of that Offit personally pocketed, but it’s estimated generally around 29 million dollars. So, he’s become a multimillionaire through conflicts of interest.

**Barbara Loe Fisher:** 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 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 the 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.

**Robert F. Kennedy, Jr.:** The politicians have been paid off. The pharmaceutical company puts more into lobbying, more money than any other industry. You would think of 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 congressmen.

**Ty:** I do admire Dr. Jonas Salk for his willingness to test the polio vaccine, not only on himself but also his family. It certainly appears that the monetary factor was not a primary motivation back in the 1950s, but rather the desire to prevent illnesses like polio.

However, things have most definitely changed in today's heavily-lobbied pharmaceutical vaccine landscape. Robert F. Kennedy, Jr. mentioned that Paul Offit has made an estimated 29 million dollars on his Rotateg vaccine.

This next brief video is courtesy of Vaxxed, and it's indicative of the lack of willingness to debate this issue of vaccines. The cameraman, Joshua Coleman, the father of nine-year-old Otto Coleman, who was vaccine-injured at 17-months of age, asks Paul Offit if he is willing to have a discussion about vaccines.

**Joshua Coleman:** They wanted to see if they could get an interview with you, Paul. Are you up for that, an interview over on the Vaxxed bus?

**Paul Offit:** Who are you?

**Joshua Coleman:** I'm just a camera guy.

**Paul Offit:** No.

**Joshua Coleman:** You're not interested? Well, just we could talk about differences in opinion.

**Paul Offit:** You know you can't do that here, right? Get out of here. Get the f\*\*k out of here. Really. I don't want to talk to you.

**Joshua Coleman:** I mean I was thinking if you have the truth on your side, you'd be up for just having a conversation.

**Paul Offit:** Get out.

**Joshua Coleman:** Alright.

**Paul Offit:** I need to ask who you are.

**Joshua Coleman:** I'm just a camera guy, like I said.

**Paul Offit:** Well, you have to go.

**Joshua Coleman:** Alright. Have a good one.

**Ty:** Paul Offit has made millions on sales of his Rotateg vaccine, but he's unwilling to have a debate. Perhaps in the previous video, he was just having a bad day.

**Dr. Margulis:** 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 a backstory about that is 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?" I mean he didn't—Paul Offit did not create the rotavirus vaccine to hurt children. Paul Offit thinks that vaccines are a miracle of modern medicine.

And the problem is 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.

**Dr. Thomas:** The first one that came on the market was clearly causing 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 that guess number just based on my experience.

But it's a very rare likelihood that you're going to need IV fluids. And 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 sicker? Are they having more vomiting or diarrhea? Are they ending up in a hospital more often?

And you might be surprised to find out, the rotavirus patients that would join my practice, they'd 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 at all. 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 are—you can't take that vaccine, you might say, well why? Well, 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.

**Barbara Loe Fisher:** In 2010, actually, FDA officials did acknowledge that there was porcine circovirus, 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. 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.

**Sayer Ji:** 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 circovirus 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 Ji:** Amazing book. 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.

**Dr. Thomas:** Paul Offit, who made the rotavirus vaccine, and 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.

**Dr. Margulis:** 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 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.

**Robert F. Kennedy, Jr.:** In 2008, the inspector general of HHS did an investigation of that scandal. And what they concluded, that up to 97 percent of the people who sit on those committees could have the same kind of conflicts as Offit.

**Ty:** How can the CDC, or other regulatory agencies, be independent when 97 percent of the people who sit on their committees have conflicts of interest? Sayer mentioned retroviruses being found in the rotavirus vaccines. He also mentioned Judy Mikovits, a scientist who worked for the National Cancer Institute for almost three decades, and who began to find XMRV, xenotropic murine related virus in vaccines.

You were with, for 30 years, 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.

**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 it 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.

**Dr. Tenpenny:** 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.

**Sayer Ji:** 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 the first example. Even Morris Hilleman acknowledged that they were causing cancers. This is documented. But, this is just the tip of the iceberg.

**Dr. Mikovits:** 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. And so, what it does is it reverse transcribes, writes backwards, the genome, which is RNA, into DNA. And then 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. So, in 1994, our government, the UK government, the WHO, the World Health Organization, everybody accepted and talked about and discussed in Institute 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 the ramifications of our work, said "Absolutely it makes a difference. And 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, neuroimmune disease, including Alzheimer's, Parkinson's and such."

And so we're looking at the very explosion of these diseases in our world today. And 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 in 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 supported it. We'll continue talking about the data. And neither would Dr. Ruscetti. 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 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 the phone with Frank Ruscetti and my husband and the people holding me in jail, basically ransoming my freedom for samples in his study.

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 take away your economic ability to survive. You can't travel to meetings like this. If it weren't for Terry 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. A 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."

**Ty:** Judy Mikovits has an amazing conviction and ethics. She would not sign the paper stating that her studies finding retroviruses in vaccine were fraudulent because they were true. This is an incredible case of suppression of data and persecution of a doctor who just wanted to tell the truth.

Considering the exponential increase in autoimmune disease over the past 30 years, is it reasonable to suspect that injecting foreign genetic debris, including retroviruses, like Judy Mikovits discovered, wreaks havoc with natural immune functions? Does this have scientific plausibility? I was just reading an article entitled "The Science of Vaccines Is Settled." But is science ever truly settled?

**Robert F. Kennedy, Jr.:** In the 2003 and 2004, the Institute of Medicine, which is supposed be the arbitor 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 and says "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.

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

**Dr. Thomas:** 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. And 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, 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. These parents who have concerns, I applaud you. They're legitimate concerns and until you can show me the science, you should be skeptical.

**Dr. Tenpenny:** 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 mainstream medical journals showing the problems associated with vaccines, that we're called anti-science when what we're doing is presenting an argument using their science.

**Ty:** This docu-series was created to spur discussion and debate and to provide real scientific studies on the safety and efficacy of vaccines. In order for this to happen, we must always share the truth and be honest. The bottom line is that our children deserve honesty and truth. They deserve to be protected. They deserve to be safe and healthy.

**Dr. Margulis:** 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 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.

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.

**Dr. Wakefield:** 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 Crone'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, the bowel disease, the autistic regression. 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 Dear, who I believe is a hitman for Glaxo Smith Kline, 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.

And 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 the 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 for my dishonesty, and I hope I can help to restore your career."

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 up.

**Cindy:** Yes, my name is Cindy, and this is my son Matthew. And he was vaccine-injured by the chicken pox. He was your typical boy when he was born. He was happy, healthy. Everything was flowing perfect. He was walking, talking.

All of his well-checkups, everything was on time. Everything was great. Then he received his chicken pox vaccine, and things really started to deteriorate from there. He woke up one day. He was perfectly fine when he went to bed.

He woke up the first day and he wasn't right. He was running a fever. He had a little snotty

nose. But mainly he was reverted back to crawling. He refused to stand. He refused to walk. So, the day went on. It was actually Easter of 1997.

And I noticed throughout the day that he would never stand up, he wouldn't walk, any of this. And then his grandfather tried to take him to go swing, which was one of his favorite things to do. And when he put him on the horse, on the swing, Matthew just fell off, like a dead rock, just straight to the ground.

He had no equilibrium in his body. He had no self-reaction to try to catch himself or to stop the fall. There was nothing. It was just all gone. We took him to the hospital. And at that time we were told that he was just having a reaction to the cold medicine that he had received earlier in the day and basically sent us home, not to worry.

He continued to run a low-grade fever. He was still very, very, very cranky. He just cried and cried. He was in so much pain. And so, the second day things got a little worse. He got to where he wouldn't even sit. Well, he would sit, but he would kind of lean on his arm to the side and support himself, because he was getting to where he couldn't even sit.

He couldn't crawl or anything. So, we went back to the doctor. And we're given another excuse and then sent home again. Over the next couple of days, things continued to get worse and worse and worse. We went to two or three different ERs.

He was diagnosed with Guillain-Barre, and told that "It will be fine. It will pass in a few days, and it's all good. Go home." And then we were told it was acute disseminated encephalomyelitis, and again, "It's going to take a little longer now, because that takes a few weeks to pass, but nothing to worry about. He'll recover. Everything will be fine. Go home."

But it wasn't fine. My happy, healthy baby boy, in a matter of four days, went into a near-vegetative state of being. We then spent three months in ICU. We saw six different physicians. They ran test after test after test and could not come up with anything that made any sense whatsoever.

We finally transferred hospitals, to a different ICU, and the doctor there was able to figure out what was going on. He knew exactly what was going on. And the response basically was that Matty had been suffering from the chicken pox vaccine.

The way he described it was that something in the chicken pox vaccine itself counteracted something in his genetics and caused his immune system to turn on itself. And as a result, the infection just got into the spinal cord and started eating away, all the way up to the brain, and ate away at some of the tissue that now leaves him with scar tissue.

It was a really hard path for that three months of not knowing, not having answers. But I have to say that the path after that has been the hardest. Because this is my child that was left. He's not that walking, talking, sassy, happy boy anymore.

He's still very sassy and he's still very happy, but he has so many limitations. And the vaccine robbed him of so many opportunities in life that he'll never have. And now, every day, every day is a different challenge.

It just is really, really difficult, whether it's a seizure problem that day, or a respiratory problem that day, or a renal problem that day, or a feeding issue that day. I mean every day, you don't know what's going to happen.

It's very sad and heartbreaking to sit on the sidelines and watch your child deteriorate in front of your eyes, knowing that you can't do anything about it, and that it all happened because of

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a stupid vaccine, because you didn't have the truth.

**Interviewer:** Were you aware that something like this could happen as a side effect of the vaccination?

**Cindy:** No. What I was told before the vaccination was given was that he would be a little grumpy, he could show slight signs of a cold, maybe a little fever, and possibly a little rash, but that's it. Nothing to be concerned about.

**Interviewer:** But they did admit that it was the vaccine?

**Cindy:** The doctor did.

**Interviewer:** Wow. Do you know if he submitted anything to VAERS?

**Cindy:** I don't actually have—I don't know.

**Interviewer:** Okay. Probably not.

**Cindy:** Probably not.

**Interviewer:** And have you received anything from vaccine court, any kind of compensation to help you out?

**Cindy:** No. I actually did not even know that existed until recently. By that time, when I checked into it, we had then missed the statute of limitations. It's rough.

**Interviewer:** Is there anything you want to add, either of you?

**Brittany:** My name's Brittany Carter. I was Matty's nurse for a couple of years, at the very beginning of my nursing career. He was the very first case that I had ever experienced of vaccine injury, and still to this day, we're a newborn nursery and women services.

And we have, on average, 6-10 babies born every day that get vaccinated with vitamin K and Hepatitis B. That have no way of ever being exposed to Hepatitis B. The parents are not consented properly, and never ever receive an insert.

Matty changed the course of my life, my children's life, from the moment we met him. And I'm just so glad that she was brave enough to speak out and finally put it out there for the world to see, because Matty's situation's going to save so many other children.

**Interviewer:** Right. There's a lot of—if you speak out and you talk about something like this, you are sort of ridiculed and told “You're a conspiracy theorist.” But of course, like you said, your doctor knew it was a problem. “I'm sure it was an adverse reaction on the vaccine.” So, unfortunately we have to go through that ridicule and silliness to inform other people and save other babies, so that this is not all for nothing.

**Cindy:** Even now, whenever he does go to other doctors' offices, they ask obviously, “Are his immunizations up to date?” And I tell them every single time, “No, he has not had any since 18 months old, and he will never have vaccines again.” And the looks and the stares, and the “Hmm” that you get. And it takes everything I have to not just to say “Look, you don't understand. And until you do, don't judge.”

**Interviewer:** Right.

[End of transcript]





*Episode* **7**:

**Natural Immunization,  
Homeoprophylaxis  
& Fundamental  
Freedom of Choice**





**Ty:** Welcome back to “The Truth About Vaccines.” I hope that you’ve learned a lot thus far in this docu-series. This is the final episode. We will begin this episode with some valuable information on homeoprophylaxis (HP), which is basically the equivalent of homeopathic immunization. In homeopathy, the phrase “like to cure like” is often used. The basic theory is that any substance which can produce symptoms in a healthy person can also cure them in a person who is sick.

**Dr. Whatcott:** Homeoprophylaxis has been around for over 200 years, and it’s really about the use of what we call “nosodes” in homeopathy. And 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. And 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.

So, 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, and a number of different studies have taken place that have confirmed its effectiveness and safety.

**Dr. Bell:** 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. But they inject it and say “Oh its 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 and 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 and succussion into a homeopathic form and then administer them orally typically.

You can sensitize the immune system without devastating it, gently putting the signaling in, and 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’ve done the nosodes because they couldn’t get the vaccine.

And 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.

**Dr. Whatcott:** 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.

So, they immunize their entire country for leptospirosis. And in 2007 and ‘08, there were multiple hurricanes that came through. They weren’t able to immunize everyone, and they utilized homeoprophylaxis then, and had incredible results with 2.3 million people in a few different regions.

And 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. So, highly successful study at that

time. And 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.

And he studied those children for 15 years. So, 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.

**Dr. Bell:** 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 about saying that. But I, again, the concept of vaccination as it's from Jenner's time forward has been applied in a way that is abhorrent to 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 kind of unleashed.

**Ty:** Homeopathic immunizations (HP) is the use of potentized substances called nosodes in a systematic manner to prevent the development of the characteristic symptoms of disease. HP is produced from the actual disease, much like the original concept of vaccines.

The difference lies in the degree of attenuation, or weakening of the original antigen. With HP, the source material is diluted until no original molecules remain. The substance is rendered harmless, and has become “energetic” as opposed to “material.”

This diluted solution is then anointed onto pellets and taken orally. The energetic frequency delivers information to the recipient, familiarizing him or her with the disease pattern. When later encountered in nature, the disease is either not contracted at all, or if contracted, addressed effectively with a natural immune response.

Robert Scott Bell and Cilla Whatcott both mentioned the Cuba study. In that study, where HP was used on 2.3 million people, the conclusion of the authors was that the “homeoprophylactic approach was associated with a large reduction of disease incidence and control of the epidemic.”

“The results suggest the use of HP as a feasible tool for epidemic control. Further research is warranted.” In the Republic of India, there are several states where homeoprophylaxis is the government-approved treatment, and even preventative of many diseases.

**Dr. Rafeeqe:** Fifty years back, the government approved—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. Rafeeqe:** Yeah, 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 RAECH, Rapid Action Epidemic Control Cell Homeopathy.

Through this we give prophylaxis anytime. Not only during epidemic, even for endemic diseases or even for all diseases that may appear. For example, tuberculosis, ptosis, any other disease. We give on regular basis homeopathic prophylaxis.

Everywhere, the government has got different levels of treatment. For example, the state government, we have local government, local finance government, the panchayats, the tuluk. So, every government sector, there will be one homeopath, who will be invited for the planning of health policies.

A homeopath will be invited, and his opinion is given great importance. So, we have the right to say what to give. They will ask. The ministers will ask what homeopathy can do. Of course, we get good support. And even many modern medical doctors support us.

**Dr. Gadugu:** In 1999 there was a very big epidemic. Very big epidemic and 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 ordered 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.

And 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, can you do anything?"

That was the time I was also present in the meeting. Already, I have an experience of treating the cases. Then I have shown a particular case, how effective this particular medicine, like say evidence-based medicine.

We have a huge network of around 500 homeopathic government dispensaries; it means clinics. All of them. Apart from that, 1,500 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.

That's how almost 20 million children were covered with homeopathic medicines. By 2000, the cases were almost one-fourth. In 2002, '03 and almost cases started coming down from three digits to single digit. By 2004, there was neither mortality nor morbidity out of this particular one.

Very interesting point is only the state of Andhra Pradesh gave this treatment whereas other state, neighboring states, like Karnataka, Tamil Nadu, what's their position? 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. The government of India, now it has taken up a massive project of implementing the same strategy in other states.

**Ty:** It's encouraging that in the Republic of India, classically-trained medical doctors work hand-in-hand with homeopaths and natural doctors in order to ensure that the patients, mostly children, get the best possible outcome. Another crucial piece of the puzzle of overall health for infants is breastfeeding.

**Dr.** 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 breastfeeding to formula feeding that happened in the second half of the 20th century.

**Ty:** Really?

**Dr.** Yes. 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 to get the pharmaceutical product for it.

**Ty:** Why do you think that is?

**Dr.** Why, well I guess there is no money in encouraging everyone to breastfeed, but there's a lot of money in making vaccines.

**Dr. Margulis:** 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. And 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

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 breastfeeding rates to close to 100 percent.

We should have 99 to 100 percent initiation rates, and we should support moms to breastfeed, 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.

If we want to talk about real preventative medicine it's not about vaccines. Real preventative medicine is about exclusive breastfeeding right from the beginning of life.

**Dr. Thomas:** 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, 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.

**Ty:** Probiotics are essential to restore gut flora and balance the immune system. This is very

important, especially if a child experienced adverse reaction to a vaccine. Breastfeeding is something that's been going on since the beginning of time.

Another ancient remedy that has been used for centuries as a method of providing natural immunity is essential oils. Here is Dr. Eric Zielinski describing how they were even used to combat the Bubonic plague.

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 and 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.

And again clove, cinnamon, eucalyptus, rosemary, lemon, and orange all work together. It's a synergy. It's a synergistic effect and they combat viruses.

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 disease. In the early twentieth century that's all that they used.

I mean 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?

When we look at it, well antibiotic 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, and 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. That was the medicine, especially European doctors. Dr. Valnais from France, that's what they used.

So, aromatherapy wasn't "invented" until the early twentieth century when René Gattefossé burned his hand in a laboratory experiment and 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 his eyes to look at the healing properties of lavender and other things and that's where he wrote a book called Aromatherapy and 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. And 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. You know like a steam—sort of steam sauna with eucalyptus. Perfect.

Also, topical. You can apply essential oils topically or you can ingest them, which is a debat-

ed topic. But if done safely and wisely it's very effective. Got some stuff on pneumonia too, because essential oils have been shown—thymol, carvacrol, geraniol, citronellal. These are the chemicals in oils like lemon grass, 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. 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. So, they had sweet almond oil and a 20 percent dilution of camphor and it knocked whooping cough in its pants. So, camphor also is a main chemical in rosemary.

Rosemary is a very common oil, and so what that means folks, is 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. I mean they figured how to kill the bubonic plague. Those oils are also effective against whooping cough as well.

**Ty:** Essential oils are most definitely time-tested medicine and help support natural immunity and the entire immune system. Macrophages are important cells of the immune system that are formed in response to an infection or accumulating, damaged, or dead cells.

They are large, specialized cells that recognize, engulf, and destroy target cells. Here's Dr. Marco Ruggiero discussing GcMAF and Rerum, and how they can be used to activate macrophages, and even treat autism.

**Dr. Ruggiero:** 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.

Japanese researchers work—worked, because now he's retired, in Philadelphia, identified another protein called GcMAF. Now this GcMAF activates macrophages, and therefore, we can define this protein as an immune stimulant.

And I began working with this Japanese doctor, whose name is Noboto Yamamoto, in the late 2009-2010. And we published a paper that we presented at a World AIDS conference in India in 2010, postulating that stimulation of the immune system could eradicate HIV infection. Actually using the same words of Professor Luke Montagne, when he says that if you have a good immune system you can get rid of the virus in weeks.

We published together this paper and we kept on working on this molecule. Then I began collaborating with a biotech company in England, and 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.

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, and 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.

By studying the molecular structure of GcMAF, we found out that the active sites 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, D23, a fatty acid whose healthy properties have been known for centuries, oleic acid – the basic principle of olive oil, and this was our major contribution to the field.

Glycosaminoglycan, it 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.

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. This Rerum is nothing else than the active parts of the old GcMAF without the GcMAF in itself.

It had been demonstrated that autistic children have a very, very low level of TGF- $\beta$  [Transforming Growth Factor 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. Nicole 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. 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 nutritional 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:** While discussing nutrition, one of the things Dr. Ruggiero mentioned was the ketogenic diet. Here's Dr. Toni Bark discussing how a ketogenic diet may help squelch inflammation and improve symptoms of autism.

**Dr. Bark:** As you know from work you've done that ketosis and ketones are neuroprotective. The brain actually functions better. You automatically see inflammatory markers dissipate when you are in ketosis. That's just—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 neuro protective 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. It's a 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.

**Dr. Bark:** I like coconut oil and I like hemp oil and olive oil. I like to get the omega-3s in 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 have autistic children.

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

**Ty:** The diet does matter.

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

**Ty:** Dr. Bark mentioned the importance of healthy oils in maintaining ketosis. I remember back in the 1990s when I was a competitive bodybuilder, one of the fad diets that was becoming popular was the Atkins diet. This was when many of my buddies began to eat lots of fats and protein and minimize carbohydrates.

The problem was that nobody was paying attention to the quality of the fats and oils, which is of utmost importance. But one thing that was key to the Atkins diet and also is a staple of a clean ketogenic diet is avoiding sugar.

You're an immunologist, right? So, you understand the immune system and so you just mentioned sugar, so is that something that we should be aware of in regards to its effect on the immune system if we want to stay healthy?

**Dr. Obukhanych:** Absolutely. So, 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.

Now 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, your neutrophils will not be able to handle the infection.

**Ty:** According to immunologist Dr. Tetyana Obukhanych, sugar has a detrimental effect on neutrophils and reduces their ability to perform phagocytosis, literally cell-eating, by 50 percent for 5 hours, every time you ingest sugar.

That's a good reason to never eat sugar if you are sick or recovering from illness. The medical literature is clear that diet and nutrition actually do have a big impact on your overall health. And as these experts are about to share, certain vitamins can have a positive effect in protecting from various infectious diseases, like measles, whooping cough, influenza, polio, and may even help prevent and/or reduce the symptoms of autism.

**Neil Miller:** 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. The group that received the standard treatment plus the high doses of vitamin A had reduction in mortality associated with the measles.

So, vitamin A is very important, and, today, if we didn't vaccinate children in the United States, the best thing that 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.

**Dr Humphries:** 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 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. 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. 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 eating 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. And 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.

**Dr. Obukhanych:** 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 50 years to make sure that the immune system works.

So, the nutrients that to we must pay attention, as far as viral diseases are concerned, are vitamin A and vitamin C. For anti-bacterial 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 alphabetic list of vitamins, but also micro elements, minerals, phytonutrients, pretty much everything in between. The whole gamut of nutrition and lifestyle.

**Dr. Margulis:** 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. So, 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. And 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.

So, 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 2:00 in the afternoon. And we're 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.

So, 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.

**Mike Adams:** 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.

With Vitamin D you're 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.

**Dr. Thomas:** 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. That was on my desk and I'm looking at this, and anytime I see the word autism on 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:** Folate is a B vitamin, B3, and we've known that you need folate to prevent huge brain defects. Anencephaly, meningomyelocele, these sorts of things. So, it's obviously important for something to do with brain. We've been giving folate for well over a decade. Maybe two for pregnancy.

But this was a great study to show the value and the moms who took folate while they were pregnant, their autism rate was in a thousand, and the moms who didn't, it was one in 500. So, this is 2013, and I'm thinking, I just read it's 1 in 150 here in the U.S.

What's the difference? Why is it 1 in 1,000—because we give folate in the US. So why is it 1 in 1,000 there when it's 1 in 150 here? That was the AHA, 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. 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 now 1 in 150 back to 1 in a thousand, how wonderful would that be?

I mean you're talking we now have over a million autistic kids. We're creating over 100,000 a year with our current program of whatever it is we're doing that's creating this. I do believe, this is to talk about vaccines, that's a 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.

**Ty:** That's a recurring theme, as Dr. Paul Thomas just mentioned, the key to preventing disease is a healthy immune system. That's actually part of the fear behind vaccinations. Stimulating the immune system and helping it recognize various diseases.

Dr. Thomas is a board-certified pediatrician who is co-author, along with Dr. Jennifer Margulis, of a book entitled *The Vaccine-Friendly Plan*, which is a selective and delayed vaccine schedule for those patients that do want to vaccinate, but not according to the full CDC schedule.

**Dr. Thomas:** 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 OB-GYN colleagues have done a great job of 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 own mom in fact, and they were both like (and she's a nurse), "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—

**Ty:** That's the one you were mentioning that Offit developed?

**Dr. Thomas:** Offit developed the initial one. 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.

At 2 months you do the HIB, which is 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 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 well the HIB. Instead of doing them at the same time at 2 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.

**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. I just decided I'm going to wait till age three. Because I had never seen a child regress in the autism after age three. That was in 2008. I now have over 13,000 patients in my practice, I ac-

quire 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. And I have since heard one story of a child with parents who 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 my recommendation, they just came later.

Got the MMR at age three and their kid regressed. They actually had 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.

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 your risk for polio, there's none in America. You're not at a 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.

I've studied my data. I pulled my data on February of 2015, and broke it into three groups. I got an IRB, Institutional Review Board, to look at the data retrospectively.

We weren't changing anything, we're just looking at our data. So, we were approved to do that. And the first group, it was the children, over 1,000, who did the Vaccine-Friendly Plan or less. Because, when you do informed consent, it's interesting. 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.

If you look at my data, group 1, over 1,000 patients who followed the Vaccine-Friendly Plan. No autism, no autism spectrum. When you look at two years and up, four years and up, same. No new autism.

Group two, we had 238 unvaccinated kids. No new autism, no new autism spectrum. And group three was my more vaccinated kids, and we had 15 cases out of 900. About one in 60.

**Ty:** Which is about what the autism rate is.

**Dr. Thomas:** 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: 0.000,01 is like 1 in 100,000 chance that this was by accident.

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.



In my own study, I found that unvaccinated group of 238 patients by far were the least ill. I also tracked how many offices 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:** It's interesting that Dr. Thomas did a retrospective study of over 1,000 of his own patients and found that the unvaccinated were the healthiest. Growing up, I was taught that vaccines were responsible for the decrease in mortality for many infectious diseases. Was this accurate?

**Dr Humphries:** 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, 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 a 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 at baseline. It was basically close to zero and then the vaccine comes in.

**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 of mortality were due to improved sanitation, improved water, better living conditions, and better nutrition.

**Dr. Buttar:** You start looking at vaccines. 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. Ten thousand 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 till a 100 years ago, nobody used the vaccines and we still survived. So now you're telling me suddenly it becomes so important? That we need to survive

so we need to take vaccines?

**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. 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.

**Ty:** As we look at the graphs of pertussis, measles, diphtheria, mumps, etcetera, we see that the mortality from these diseases had decreased drastically before the respective vaccines were introduced. I want to thank Roman Bystrianyuk and Suzanne Humphries for the graphs that you are seeing now, which are from their book *Dissolving Illusions*.

Is it possible that the infectious diseases were virtually eradicated as a result of better living conditions, improved hygiene, better nutrition, and clean water? There are many differing opinions on that subject. In light of the ambiguity and lack of consensus, let’s look at what happened in California a couple of years ago, with mandatory vaccines and Senate Bill 277. Here is a brief summary.

**Robert Krakow:** What’s happening is, because the government wants to promote the vaccine program, they see that as the hallmark of public health. We see it in the 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.

**Dr. Tenpenny:** SB 277 has taken away parents’ rights to refuse. It’s been published in the public health literature to become the model legislation for all 50 states.

**Dr. Mikovits:** We can’t let this go on, when families recognize it in their own families, then they’re going to start asking questions. They’re going to vote. They’re going to vote for people who aren’t putting the big pharma mafia and mandating that our kids don’t get an education if they don’t get an injection.

Where does that come from? Not since Thomas Jefferson and the Queen, who said if you didn’t go with the Church of England, you didn’t get an education. I thought we fought that in the 1700s. Really? We’re back there? You don’t get an education in America if you don’t get an injection? Crazy!

**Del Bigtree:** It’s astounding to me, sort of this disconnect. And 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 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. I mean 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 there's nowhere to go except ultimately into your brain.

**Ty:** Here is investigative reporter Jefferey Jaxen describing the events that occurred in Sacramento when there were thousands of mothers gathered to protest the passage of SB 277.

**Jefferey Jaxen:** 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 in 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 pass that law."

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 was 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.

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.

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 their 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 disobedience. 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:** The most precious thing we have is our freedom to choose. Due to documentaries like "The Truth About Vaccines," people across the globe are becoming educated about informed medical consent, freedom of choice, potential serious adverse reactions from vaccines, and conflicts of interest, including Dr. Pan, who according to the *Sacramento Bee*, received \$95,000 from pharmaceutical lobbyists prior to the passage of SB 277.

Based on historical trends, what happens in California typically trickles down throughout the rest of the 50 states. And according to Dr. Sherri Tenpenny, who has her finger on the pulse of vaccine legislation, SB 277 is to be the model for all 50 states. Dr. Tenpenny also shared some valuable information on a government initiative called "Healthy People 2020."

**Dr. Tenpenny:** 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.

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. 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 four. At the same time 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 was 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 your 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 intentions of these registries are to be cradle to grave tracking of your vaccination status. 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, they’ll 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.

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. I don’t 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 onboard by 2020 for the implementation of the Healthy People 2020 guidelines that have become goals.

**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.

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.

So, what Healthy People 2020 is supposed to do is it’s supposed to get everybody vaccinated and get everybody on board, 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 in 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 at 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, this is something that literally affects everyone that's watching this program.

**Dr. Tenpenny:** Everyone not here and around the world. Because 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 dollars. Since that time, they have invested 6.8 billion dollars into vaccinating the world.

**Ty:** Dr. Tenpenny mentioned forced vaccines for adults several times. I've read through the literature, and it certainly does appear that one of the purposes of the Healthy People 2020 initiative is to vaccinate all adults, as well as children, and eliminate their choice, to eliminate their right to refuse. These are fundamental rights.

**Brandy Vaughn:** To me, there is no more fundamental right in the U.S. than what we put in our body. 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 emotionally, 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.

**Dr. Mercola:** 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. That 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.

**Barbara Loe Fisher:** Mandatory vaccination, forced vaccination, no exceptions, no exemptions, vaccine policies and laws are completely contrary to the founding principles of the United States of America.

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.

**Ty:** As an attorney, Allison, you did say that's assault and battery.

**Allison Folmar:** It is assault and battery.

**Ty:** When they take your child, and force a vaccine.

**Allison Folmar:** Against parent's will, against a child's will. It's a physical touching of another without their consent. That's battery. The anticipation of that battery is actually assault.

**Ty:** Have you seen the government, or the CPS try to step in to parents that would not vaccinate?

**Allison Folmar:** 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? 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.

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."

**Mike Adams:** 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.

**Laura Hayes:** 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 plus inherently dangerous products into our children or ourselves, then what meaningful rights do we have left?

**Ty:** I don't know about other areas of the world, but in the USA, we cherish our fundamental rights, which include freedom of speech and freedom of choice when it comes to medical procedures, and our fundamental freedom of thought. Nobody can tell us what to think.

**Barbara Loe Fisher:** 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 foist upon us in 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



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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.

**Dr. Palevsky:** 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."

**Dr. Margulis:** 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:** The scenarios that Dr. Jennifer Margulis just described are exactly what happened to my wife, Charlene, after the birth of our first daughter, Brianna, after her first round of vaccinations.

**Charlene Bollinger:** We vaccinated Brianna, and at her 9 month visit, the well-visit, I gave her over to the doctors to get her vaccinated, her routine vaccinations. And this was back in 2001. She was born in 2000, of course. And so, 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 awful, and I didn't know what was wrong with her. And 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." And then shortly after that, I noticed—she was just starting to be very verbal, with "Ba-ba-ba-ba-ba."

And that just stopped. And I was so alarmed, and I was so in tune with her as her mother, that I knew something went south. Something was wrong. And I was so concerned, and so I went to—I was telling the pediatrician my concerns, in Pittsburgh.

And it was a woman, and she was so sympathetic, and I felt like she really cared. And she listened, and she would just be sympathetic to my concerns. And then one day, she was just gone. She quit the practice and she had a family, and she was going to take care of her family.

And so, a young man took over the practice. And so, I just started—I continued the conversation with him, just as I was with this nice woman. And this man was completely different. When I told him my concern about the MMR specifically, because of the symptoms we were seeing with Brianna, her regression and her speech, and even her movements were regressing.

And I just will never forget his smug, condescending attitude when I verbalized these concerns. 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're no longer welcome at our practice."

And 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."

I brought Brianna in and I handed that precious little baby over, and I allowed her to be vaccinated once again, because of that intimidation tactic that that doctor used on me. Thankfully, Brianna is just one of the smartest 16-year-old, beautiful young ladies I've ever known.

She's so intelligent, and she's so healthy, and she's doing everything she can, as you know, exercising, eating right, and all those things. And she has a bright mind. I'm very grateful, because we did, for a little time, see her going south.

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. And that meant so much, and that's what we need more of. We need doctors that really care.

**Dr. Tenpenny:** What parents really need to have is 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 pediatricians say, "No, you have to vaccinate. If you're not going to be vaccinated we're going to kick you out of the practice."

**Neil Miller:** The number one question that people write me almost every week, I get somebody, said "I just asked my pediatrician some questions about vaccines and he fired me." And what do I tell them? I tell them "You should be thankful that he was honest enough to end your dysfunctional relationship with him. 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:** As Neil Miller just mentioned, it's vitally important to find a pediatrician that respects your wishes and desires and will work with you, especially when it comes to vaccines, which may have benefits but also have risks.

**Dr. Palevsky:** 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, than there is benefit.

The public is learning this. They are learning it first-hand and they are learning it by doing the 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.

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 enter 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.

**Dr. Brownstein:** Parents need to educate themselves about what's in a vaccine, what are the benefits and risks of vaccinating, and then make the best choice they can for their children. I don't belittle parents who vaccinate their children. I don't belittle parents who refuse vaccinations for their children.

We're all trying to make the best choices for our kids. But I wouldn't blindly allow a doctor to give your child 72 vaccines and tell you that everything's safe and effective with them without you reading about it and understanding what's in each of those vaccines.

If we don't change the trajectory of how many vaccines we're giving our children, I see a disaster happening in our country. Our kids are becoming sicker and sicker. There's more autism. There's more ADD. There's more cancer.

There's more asthma. There's more allergies. There's more severe allergies, including anaphylaxis. And I fear this is all going to get worse and come to a tipping point, where economically our society just can't go on like this. There's just going to be too many sick kids.

**Dr. Mercola:** When I even think about it, I'm almost brought to tears. Because I know that I, unintentionally—the law of unintended consequences—was responsible for a lot of this damage. Because in my efforts to comply with the standard recommendations of providing vaccines. Knowing that I unquestionably caused some damage in many of these children, it's just really hard to live with.

And I think that maybe one of the challenges to many physicians, even seeking to understand this process. Because if they are causing damage, how do they live with that? How do they live with that? It's an incredible emotional challenge to reconcile.

**Ty:** Dr. Mercola is just one of many physicians who have regrets for damage that they may have inflicted due to vaccines that they gave their patients. Freedom is a fundamental tenant of the United States. I believe that it is a moral imperative to fight for choice in vaccines and to tell the truth about vaccines, including both benefits and risks.

The country that we grew up believing that we lived in is vanishing.

**Barbara Loe Fisher:** It is and it's happening in a lot of areas but 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.

**Laura Hayes:** 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.

**Dr. Wolfson:** If the doctors are being truthful and taking the time to tell people the truth and not using scare tactics to get the patient in and out as fast as 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.

**Mike Adams:** 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.

**Dr. Palevsky:** 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. But 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.

**Jefferey Jaxen:** 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:** Small acts multiplied numerous times is the way to take back the system. All we desire is for the system to include freedom of choice in vaccines. Here are a few telling quotes from experts who were interviewed for "The Truth About Vaccines."

**Dr. Thomas:** Be very careful what you do with vaccines. So, 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. And that's a time—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 the 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. And I'm telling you just turn off the TV. 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.

The uterus shunts nutrients, but it also shunts toxins to the unborn child. 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. I mean that one's a no-brainer.

And then look very carefully at the rest of the vaccines, sort of as we outlined 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:** Dr. Wakefield, last question for you. If you had 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 as 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. That the schedule is safe. There's been no testing of that schedule.

And so, 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, and you look at them and they engage you. They've got great eye contact. They engage. They are so far ahead of the children we see in the community. They've never had a vaccine. It makes you think, "Wow!" 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.

**Dr. Heather 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, you know, 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 they're 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.

**Dr. Wolfson:** 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 chicken pox, or any of these other fear-mongering viral and bacterial infections. Natural immunity will prevail every time.

Then people call 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.

**Ty:** I believe that Dr. Wolfson is correct. The truth will prevail. The light of truth will be victorious. And if your primary goal is to spread truth, help humanity, and make sure that children are healthy, then I believe that you will be able to look back on your life and be satisfied.

**Dr. Lewis:** You know, 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. And so 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.

**Tony Muhammad:** I believe that 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.

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.

**Nico LaHood:** Last note. I know you're a believer also. Hosea 4:6 says that "My people are destroyed for lack of knowledge." We just need to educate ourselves. Just knowledge in every aspect of our lives. And 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 phar-

maceutical drug. And we all know that's not what's happening. Those are the four things. And 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. We have freedom of thought so far, for now. And so, I support that. I just support choice in vaccines.

**Heid Bonarati:** 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.

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 kind of 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 was 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 kind of wander off and we couldn't keep track of him.

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 kind of 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, it was 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.



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 are doing this.”

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.

So, that was from age three. Then, we continued until, 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. We rented that 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 his 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.

So, 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 Autism One.

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 that 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 My Amino.

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.

**Sayer Ji:** I think that it's true that at any given moment when we make a choice, we really are just doing the best that we can with what we have at that moment. So, if we go back and we regret choices we made, that really doesn't serve us or anyone else, and it's really just about understanding and compassion for one's self.

So that's the message I would really want to bring to the table, that true healing and making better choices will really happen much quicker if we can let go of guilt for things that we can't change any longer. And so, please don't feel that you have harmed anyone. The only harm you're doing is that if you're not letting go of that and just making better choices now.

**Mike Adams:** 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.

We live in a time when whistleblowers like myself, scientists like myself are routinely threatened with violence by vaccine industry operators and biotech industry shells.

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.

[End of transcript]

# 7 EPISODES

*Complete Transcripts*

- Episode 1:* The History of Vaccines, Smallpox, Vaccine Safety & the Current CDC Schedule
- Episode 2:* What's in a Vaccine? Are Vaccines Effective? ... and ... What About Polio?
- Episode 3:* In Depth Analysis of the MMR and DTaP Vaccines & Vaccinating for the Greater Good
- Episode 4:* Examining Influenza, the HIB and Pneumococcal Vaccines & Herd Immunity
- Episode 5:* Considering the HPV and Hepatitis B Vaccines, SIDS & Shaken Baby Syndrome
- Episode 6:* A Closer Look at the CDC, Chicken Pox and Rotavirus Vaccines & Retroviruses
- Episode 7:* Natural Immunization, Homeoprophylaxis & Fundamental Freedom of Choice

## **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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