VACCINES REVEALED

Episode 1
Transcript

Patrick Gentempo: Welcome to Vaccines Revealed. I'm your host, Dr. Patrick Gentempo and I want to tell you that over the next nine days, we are going to blow your minds. What we had discovered in our journey around the subject of vaccines has been startling, even though for over 20 years as a healthcare provider, as a healthcare entrepreneur, and someone who's been an activist in healthcare issues, I thought I've seen it all.

The truth is, things are happening in our world that are directly affecting you and your children in a way that is mind-boggling. I interviewed people like Robert F. Kennedy Jr., an amazing interview that was mind blowing that we'll see later in the series. I also interviewed other people like Brian Hooker who had spoken to CDC scientists and had found out after receiving over half a million pages of information through the Freedom of Information Act, things that you would not believe could possibly be going on in our world today.

We have a slate of experts over these nine days that is unparalleled and unprecedented covering the entire range of this vaccine issue. We also have some strategic alliances, people from the movie Vaxxed, which we'll be showing a 20 minute version of that film, from the movie Trace Amounts, which we'll be showing the first online worldwide premiere of that movie, from the movie Vaccine Syndrome, which will be shown for the first time ever in its entirety as a part of our process here with Vaccines Revealed.

It is amazing how when we got on this journey, people started jumping on board with us, joining with us, locking arms with us saying, "This is an issue that needs to go in the world that people need to know about, and we are with you, we support you. We want to do this together." You and I are going to be going on a journey that is quite spectacular, quite breathtaking, and quite frankly, quite disturbing in many aspects.

In episode one here, we have Dr. Andy Wakefield who'd had a phenomenal presentation that we're going to be sharing with you for Vaccines Revealed where he outlines his story. In many ways, it's Dr. Andy Wakefield that got this whole vaccine movement going. You might know who he is but if you haven't seen Dr. Andrew Wakefield interviewed before, you're going to find that you're in for some pretty spectacular information that's going to give you a great orientation and context.

Secondly, we have Dr. Gary Goldman. Gary Goldman was a CDC researcher and the things he has to say about his experience there and what he found is quite revealing, quite startling and I again believe that it's something that you're going to find beneficial to have you understand the context of vaccines and what's going on in the darker corners of the vaccine industry.

Then we have Dr. Toni Bark. Tony is a medical doctor. He's had a passion around these health issues for some years and has an amazing context to share with you. As a matter of fact, Toni is so passionate about this and has so much knowledge about this that you're going to see her interviewing many of the other experts throughout this program. You have a phenomenal first day here with Dr. Andy Wakefield, Dr. Gary Goldman and Dr. Toni Bark. Let me tell you, this is just the beginning of a journey that is absolutely unprecedented on the subject of vaccines and that we have created a buzz around the world leading up to the launch of this program called Vaccines Revealed.

We couldn't be more excited to be with you. We couldn't be more excited to present this information. For those of you who have had the courage to stand up and ask questions about vaccines and have faced a lot of oppression and condemnation for doing so, this series is especially going to support you like nothing else that has ever existed. Enjoy this episode.

Dr. Andy Wakefield: My name is Andy Wakefield. I'm an academic gastroenterologist. I qualified in medicine in London in 1981 at St Mary's Hospital and pursued a career originally in surgery and then in academic gastroenterology, in other words, research. My main interests were Crohn's disease and ulcerative colitis, and then luckily, autism has rather taken over my world.

Did I always want to be a doctor? No. I wanted to be a vet. Originally, my parents are both doctors, grandparents, great grandparents, aunts, uncles, brothers, sisters. Medicine was what I wanted to do and I got into it. I love medicine. I enjoy it enormously. I was trained in the old-fashioned way. The patient comes first above everything, put the patient first. Concerns about the patient are paramount. There's no ambiguity. There's no compromise and my starting point is invested in the patient's narrative, what happened to this patient, tell me your story, tell me your child's story.

That's the beginning of medicine. That's where we take our clues from in furthering our understanding of precisely what it is that ails them. When I first practiced medicine as a student on the first surgical ward I ever went on to, a junior doctor took us on a teaching round and he said the most important thing you'll ever hear is the first thing would be patient says to you. If you ignore that, then you turn around and you walk away and you never come back.

I took my son, he's a sportsman. He was playing rugby. He hurt his ankle. I think it's just growing pains. My other sons have exactly the same thing. I took him to an orthopedic surgeon just so he could take a look. The first thing is the doctor's assistant came into the room and said we're just going to take him for some x-rays. Well, hang on a minute. No one's actually taken a history of what's wrong with his ankle or examined it.

The history defines what test you do. The examination defines what test you do. That's how they make their money. They do

the test first. They make their money, and then they ask the questions, if at all. I said, “Hold on, something fundamentally wrong with this. This is the wrong approach to medicine.”

I hear this time and time again, “Let’s get some test on this patient then let’s sit down and talk to him.” No. Why? Because the clues about which test you do, which parts of the body you examine. Everything is defined by that first question. What actually happened? What is your complaint? What are you suffering from? Where is the pain?

Those are the kinds of questions that then drive the imperative to examine people and to perform particular tests. The response of doctors took that kind of approach as well that’s the way we do it. We have to tick all the boxes. We’re driven by insurance companies and this is what they will reimburse for and if we tick the box, they’ll pay us for it. Well that’s not the way medicine should be practiced and no wonder the country is in such crisis because people are ticking a lot of boxes and getting paid an awful lot of money.

So much of it is redundant, unnecessary or is misguided because if you did the right thing first of all and actually sat down and took a history from the patient, all the patient’s parents then you would get to the answer far more efficiently, far cheaper and to the benefit of the patient. Have you gone to this point, that’s a very good question. I was sitting in my office one day in the Department of Pathology at the Royal Free Hospital.

I got a phone call May the 19th I think it was, 1995. Up to that point, my interest had been inflammatory bowel disease, Crohn’s disease and colitis diseases of particularly with Crohn’s epidemic proportions that started in the late 19th century, mid to late 19th century. Then the mother said, “My child was fine. My child had an MMR vaccine and then they weren’t fine. They lost their speech, their language, their skills, their interaction with siblings. It all went gradually by degrees. I knew from the

outset something was wrong. Our child was never the same again."

I said, "Well hang on a minute, I'm a gastroenterologist. You're talking about autism. I know nothing about autism." The mother said, "Well, my child has got terrible bowel problems, diarrhea, pain. I know he's in pain. He can't tell me because he's lost the ability to speak but I know my child is in pain. He's hurting himself, he's hitting himself, he's banging his head. He's waking up at night screaming. There's something very badly wrong with my child."

From that point forward, I became fascinated with what might be ailing this child quite apart from their behavior and developmental disorder. So many of the insights come from parents who said when I treat him in a certain way, when I put him on certain foods, when I take certain things out of this diet, his behavior changes, it improve. When they're reintroduced, he gets worse again.

There was this not only were there gastrointestinal symptoms like diarrhea but there was this interaction potentially between the bowel and the brain. What the child was eating was influencing their behavior. Now I've seen thousands and thousands of children and that same story keeps coming through and it is now one of the most cohesive pieces of information that we have in this condition is that there is in many children, an underlying intestinal disease. If you correct that, then you can change so much.

At the beginning of this, did I feel that we would encounter the kind of the level of opposition that we've met now. No, absolutely not. What we had was a clinical presentation of child and of children, many, many children. They were not just one, that was the beginning of a flood of these children telling, whose parents told the same story, but no. What there was is a clear clinical imperative. This kid is sick and they need help.

I could not give him that help as an adult gastroenterologist but I knew someone who could. I referred the child to Prof. John Walker Smith who was the world's leading pediatric gastroenterologist at the time. A colleague of mine, someone I've met and greatly admired so I referred the child to this doctor. Eventually it was his clinical decision that this child needed to be scoped, needed to have a direct look at his bowel to see if there was a disease underpinning these symptoms. Yes, there was and so there was for the children that we saw after that as well.

Yes, there was great support. In the beginning, it was these kids are sick. Yes, they need our expert input. Yes, there is a disease here and yes, the parents' story about the regression following a vaccine may well be valid. In the beginning, it was straightforward but it soon became extremely complex as we encountered pushback from the medical authorities, the pharmaceutical industry, the Department of Health in the UK, the CDC in this country. The pushback comes because people believe in a religious way that vaccination is the best thing we've done. There's pushback because people make a fortune out of vaccination. There's pushback because there's a belief that vaccines are completely safe.

There's pushback because a lot of individuals in power have invested their careers, their credibility, their life's work in sustaining public acceptance of vaccines and the perception that what they're doing is entirely safe and for the greater good. How does one go about dealing with the skeptical parent who says, "I just don't believe it. Yes I've got a child who's affected and they regressed but my doctor tells me that vaccines are safe." I say, "Well have you asked your doctor the basis on which he contends that vaccines are safe? Have you asked him for the science that led him to that position, or is this something that he was just told by the CDC or was it on the product insert from the pharmaceutical industry?"

What is the actual science behind vaccine safety because when I became involved in this, I was well aware that as an academic physician, I have an obligation to go back and review the safety studies. If I was going to come out saying something to challenge the status quo that potentially could put parents off vaccinating, then I had to be absolutely certain that what I was saying was grounded in the fact that the safety studies either would not have picked this up because they were inadequate or perhaps even they did pick it up and dismissed it.

That is what I did and I went back and reviewed all the papers, wrote a 250 page report on the safety studies that led up to the licensing of these vaccines. They were pulling. I was thinking to myself surely I've missed something. They must have done something, they must have. What I've gone on to discover since then, you would think that the vaccine, MMR vaccine which was the one that parents were reporting this Association with in the UK was introduced in 1989. I didn't hear about it until 1995. What happened in the meantime? Were there cases? You would think, wouldn't you that if there was an association, people were reporting this beforehand, doctors were saying to someone, to officials that we're now seeing children with autism.

Well, they were. Now, I've seen documents which clearly demonstrate that the authorities both in the US and the UK were being informed of autism occurring after an MR vaccination by doctors, by other independent doctors long before I ever became involved.

The first case was reported in the UK in 1992. That's three years before I ever became involved and six years before the publication of the Lancet paper. These are spontaneous reports from doctors saying, "Look this mother has reported developmental regression and autism in her child following vaccination." The question then is what did the authorities do about it, what did the regulators in the UK and the US do about it? The answer is nothing apparently.

I get asked both questions, what do you think happened to my child or what should I do for my children now. The answer to the two questions is clearly different. My answer to mothers with newborn children is get informed. Don't take my word for it. Go to the CDC's website and read it for each individual vaccine, go to the National Vaccine Information Center, a wonderful repository of information as well, and read that and see what they have to say because in the end, this is one of the biggest decisions you're ever going to have to make because if something does go wrong, then you're going to have to live with that for a long, long time so please get informed. Do not take my word for it because I do not know the answers.

What I do know is there are entirely valid questions. Those valid questions come precisely from parental instinct. Mothers coming to me and saying I know what happened to my child. The doctors say, "No it was coincidence," but I know instinctively what happened to my child, so my trust is rooted. My belief is based primarily in the patient's narrative, the mother's instinct. This is what happened to my child.

My message to parents above all, beyond that is you must trust your instinct. Why? Because the reason we are on this earth today is maternal instinct, far more powerful than any other force. Without maternal instinct, we would not be here. You have to trust it. What medicine has done is try to usurp that instinct. We know better. We're the doctors. We know the science. Don't you worry about that my dear. That sort of patronizing approach to patients, well it's wrong. Public health has been on this earth for 150 years perhaps.

Maternal instinct got us here from the beginning of time. We really need to invest in that maternal instinct. My life, there's a number of inconvenient things that happened along the way. I stopped to feel a bit sorry for myself then I see the next child with autism and I think I don't have a problem, I do not have a problem, this child's got a problem, these families got a problem. I don't but I do have a moral and professional

obligation to try to the best of my ability to put that problem right. That's how I feel. It's not been easy but it's a hell of a lot worse for these families. That's a fact. You get over yourself. You pick up and you move on.

Firstly, there's an epidemic, there's no question. When I was at medical school, I wasn't even taught about autism one to two in 10,000. Now, the risk for a child born in this country today of developing autism one in 25. CDC's figures. They're based on CDC figures, one in 25 children so if autism doesn't affect you now, it will. It is a statistical fact that it will affect your family and it is a devastating disorder. You've seen it. It's a devastating disorder. It destroys the family. The irony is it's one of the most preventable epidemics of all time.

Why? Because it has an environmental cause that the cause can be pinpointed to the parents' story and we can act on that. We can remove from the equation whatever is the most compelling, the most important factor in driving this epidemic and we can see it disappear. That's my belief. I don't believe it's a multitude of things. I believe that based upon the epidemiology, the dramatic upturn in children born at the end of the 80s that there is a common denominator, or set of denominators that operate between different countries that have triggered this uptick in the disease. We can identify that and that we can eliminate it and that we can prevent this epidemic.

Moreover, what we can do is make the lives of those children affected so much better. I think the most important environmental factors causing the epidemic are childhood immunizations. Which vaccines? We don't know. The history that I heard originally was my child regressed after an MR then I learned about Mercury and other vaccines, then you learn about aluminum, a powerful poison to the immune system in the brain and other vaccines. Then you learn about other viruses that should never have been there or other viral

components in vaccines that they didn't even know were there that are contaminants.

It's a very, very complex equation. I think it's synergistic. I think that if you give a child a number of toxins that affect the way the brain develops or the immune system develops and then you hit them with a whole bunch of live viral vaccines then the immune system just say, "Wow. What was that?" It can't cope.

It's never been asked in the history of the human race to cope with that kind of assault. The assault is growing. The future of the pharmaceutical industry is largely in vaccines so the rate of assault on children grows on a daily basis and we don't even have baseline safety studies on these vaccines so we really need to take a long hard look at this issue.

Whether vaccines have been of huge benefit to mankind, the extent to which they've been a benefit, the extent to which the rhetorical propaganda upgrades their benefit, all of these things. The more I learn, the less I know. There was for example on article in the, I believe, the Indian Medical Journal the other day from two doctors about the polio eradication programs saying, "Please stop. Please stop. You are doing more harm than good."

That was very telling that here, you have a country where people who have put millions of dollars into … they have put billions of dollars into themselves, the efforts to eradicate polio have led to unforeseen consequences not the least of which is a paralytic form of polio in vaccine recipients or those exposed to vaccine recipients. Yes, there have been benefits to vaccination but we are in danger of squandering those benefits if we pursue relentless non-realistic goals of disease eradication using vaccines. We need to think about disease in a different way. We could do so much more to benefit populations in Africa and other places if we provided them with clean water, if we provided them with adequate

sanitation, if we enhance their immune status, their nutritional status.

We could do so much more at so much less of a cost but that's not going to make the industry any money. It's not going to provide a legacy for the philanthropist, well, forget the legacy and think about the people. Think about what you're actually doing in an ecological sense, in an evolutionary sense. Think about the downside to your good intentions. I think the very well-motivated philanthropist is driven to do that to eradicate disease or to ameliorate disease. The pharmaceutical industry is there to make a profit. That's it. And to make it as quickly and as comprehensively as they possibly can so they merely provide a mechanism by which the philanthropist can go about trying to do good.

I'm afraid those two agendas are often in conflict and not necessarily in the interest of the population. I think that driving force for the capitalists imperative if you like is enhanced enormously by several factors. One is that these vaccines once they're approved by the national vaccine committees, they are put on the schedule and children are going to get them and they're told they're going to get them. If they don't, they're not going to get to school. They're not going to get welfare benefits etc.

There is a tremendous marketplace that is seemingly compelled to have your product. Then you are exempt of liability. If somebody suffers harm from your vaccine, then the cost is potentially picked up by a tax levied on every vaccine that's sold. In other words, the taxpayer, the consumer pays into a fund which is then administered through the vaccine court, the federal court of Federal claims.

The manufacturer has no downside. I can make this car. The breaks can be faulty. It can crash. You can die, big deal. That's an extraordinary situation. It operates for no other product that I know of. What it creates is the shortcut. Why would we

do safety studies? Why would we spend a lot of money on studies that might reveal a problem with this that we then can't put it under the market? Well let's cut corners.

One of the examples is Human papillomavirus vaccine, HPV. The controls in the safety studies were given an active placebo. They weren't given water. You weren't comparing the vaccine with nothing. They were comparing it with another vaccine or the vaccine contaminants. That's not a placebo controlled study. When you find no difference between the two groups, does that mean because the stuff that was in the vaccine in the placebo is actually the one thing that's causing the harm or part of what's causing the harm?

These kinds of inadequate safety studies have allowed these vaccines to get on to the market with no baseline proper safety data at all. The vaccine court was set up following the Vaccine Act I think of 1986. It established a special set of courts heard by special masters, not judges, but special masters who would adjudicate on the merits of a vaccine claim brought by a parent against the government defended by the Department of Justice.

It was not meant to be non-adversarial. It was meant to favor settlement and compensation of children who were damaged. It has been anything but that. It has been highly adversarial. It is miserable for parents going through that system. It is years before they get any compensation even if they have a valid claim. The important thing, and this really is the end of the arc of my story, does MMR cause autism now, that Court of Federal Claims has conceded that MMR vaccine can cause brain damage which leads to autism.

That is now an issue that has been conceded by this highly adversarial court that has been resisting this issue for a long, long time. As you know law is based on precedent. We are now going to see a whole slew of these cases coming through. It really puts a light to the story that's out there that there is no

link between MMR vaccine and autism and now it's simply a question of the body count.

One of the things that motivates me is the injustice, the extraordinary injustice that these families encounter at every level, at every level. My child regresses, I go to the doctor and say, "Look you've given this vaccine, he's regressed." "Oh no, that was coincidence," or "He was never right, you never noticed it." "Oh, your child's fine. It's just that you're a bilingual family and he's having difficulties," or "You've just had another child and he's jealous," or any excuse, any excuse but to properly investigate the possibility that the vaccine caused the injury.

Then the parents apply for compensation. They go through the vaccine courts and they are told on the basis of a video clip on the first birthday that, "Oh, your child was, look there he's never right. He was autistic from the beginning." No, he wasn't. He was speaking. He was talking. He was saying words like helicopter. Helicopter is an incredibly complex word.

One week after the MMR, he was saying copter and a week later, he was saying nothing. Oh, well you thought he was talking but he was just making noises. This is the kind of thing that these parents confront on a regular, regular basis. Then they come up against the school system that says, "Oh, we're not going to give you child special education because …" or, "We're not going to give you the various grants that you're entitled to because and then they changed the diagnostic criteria to shuffle those cases around in order in large part to avoid paying for the necessary services for those children. At every single level there is discrimination.

In the background, the family is falling apart. The father is drinking and the mother's whatever. It's falling apart. The divorce rate is huge. The siblings are getting ignored and then it takes three or four carers to look after that child then it takes special educational needs in school to look after that child.

Then they have to cancel the soccer program in school because the special educational budget has gone up so dramatically.

People don't get it but everybody will be affected by this disorder. It is pervasive. Its insidious impact will hit everybody because it takes so many people out of the system. Suddenly, we've got speech therapist and occupational therapists and speech pathologists and applied behavioral analysis therapist. Suddenly, we have a working population devoted to effectively maintaining the status quo. Not getting these children back to a point where they can be functional adults working in the system, taxpayers but actually people who are inherently going to be a financial burden on the system tragically and then the parents die then their parents become infirm or die. What happens then? There are no answers. There's a wall of silence.

I read a book the other day, the coming plague and it was about there's this vision of boils and pustules and rashes and fevers and people dropping, bleeding to death in the streets from some contagion. That's the perception of the coming plague. This is what it's going to be like. No, the plague is already here. It just came in a different guise that's all. It came as neurodevelopmental disorders. It came subtly. It came as something that we never expected and therefore we've missed it for years but the plague is most certainly here and we need to deal with it.

Now, what happens when the parents of these children become infirm or die? One of the reasons I was motivated to get involved years ago was that a mother called me from the north of England, said, "Dr. Wakefield, you don't know me, I'm an old elderly mother. I have an affected child. He's severely affected and I don't know what's going to happen to him. So when I die, I'm taking him with me. I'm taking him with me because no one else loves him. Please do not judge me too harshly."

Rather than judge her harshly, I was deeply moved by the love that his mother must have for her child that she would take his life rather than let him fall upon the mercy of a world that didn't care and he would die on the streets if it were not for that. Since that time then there was a tragic murder suicide of a mother and her son who jumped from a viaduct 180 feet to their deaths in the north of England because the autistic son was beyond repair, beyond control. She was being pursued by social services for being inadequate.

Now, I've heard so many of those stories, murder suicides, failed murder suicides. It's catastrophic. I was in a congressional hearing and the government oversight committee chaired by Dan Burton from Indiana back in the year 2000 and Henry Waxman, the ranking Democrat said, "We need to stop doing research on to the cause of autism and spend the money on building homes to put these people in." I was dismayed by that comment.

I said, "Although my microphone was switched off and therefore it will not be on the congressional record, you don't have enough bricks." Two things have come to pass, well, one has and one hasn't in terms of Henry Waxman's wish. There has been a severe curtailing attenuation of the studies that should have looked at the cause of this disorder. Sadly nowhere has been built to house these children when their parents become infirm or die. What do you do when you're sitting in the clinic and the mother comes in with her child and he is badly, badly broken? He is trashing the waiting room. He trashes your office. He's running around. He's banging his head. He is wearing a diaper at the age of 10. He's a mess.

There's no eye contact, no communication, nonverbal, violent. His mother is barely able to concentrate enough to tell you the story. Where do you even begin with a problem that is so complex. Once again, the answer is very simple. You listen to the mother. What happened to your child? What ails your child? What are his predominant symptoms? Put the autism to

one side. Put the development and the behavior to one side for a second and say, “Isn’t there something here physical, something organic that we can get to the core of, that we can actually get a handle on and treat?” That’s the key. So listen, and pursue those symptoms she describes to their natural conclusion.

What is the origin of this problem? That’s what medicine should be about It’s not difficult. That doesn’t mean autism is not difficult to deal with. It means the starting point is straightforward and that must be the starting point. That’s where it all begins. Then you examine the child to the best of your ability. You examine that child. Child’s got gastrointestinal symptoms, you examine his abdomen. You find out if he’s tender. You find out if he’s distended. You find out if he’s got a mass. You look.

If in doubt, a teacher of mine in medicine once said, “If in doubt, examine the patient.” Behavioral symptoms, psychological symptoms or apparent psychological symptoms have an organic origin until proven otherwise. You do not start from the point that this is coincidence or this is a disorder associated with the fact that you the mother hate the child. You never wanted them and you want them to die. That was the starting point for autism, the refrigerator mother. This is where it all came from and that belief interestingly has pervaded the field.

One of the greatest disasters for this disorder is it ever fell into the hands of child psychiatrist, people who would think about disease in psychological or psychiatric terms and then medicate it to the max in order to suppress the symptoms without really understanding their origin at all.

The disease has an organic origin until proven otherwise. It’s your job as a physician to pursue that, to find it and rule it in or rule it out. How did we help, how did we contribute? We took

the bowel symptoms very seriously as we should've done, as we did as gastroenterologists.

The children underwent colonoscopy of it originally and we found inflammation, subtle inflammation rather like a mild form of Crohn's disease. When we treated that inflammation with anti-inflammatory medication or diet that we would use routinely for Crohn's disease, the children got better. Their bowels symptoms went away, but much more interestingly, they started smiling, talking again using the words they've stopped using three or four years ago, interacting with their siblings.

The mother would come back and say my child is coming back and this was incredibly gratifying. As academics we said that didn't happen. Didn't happen. We did it again. It happened again. We did it again, it happened 1000 times so there's something real. There's something real and it may be something as simple as rather like alcohol, you drink a glass of wine. 10 minutes later, you feel the effect. People say I don't understand this gut brain link but it may be a simple as some toxin from the gut. Why does the neurotoxin get into the brain and influencing your perception, your behavior etc. Is it plausible? Absolutely.

That's what we seem to see in clinical practice. You treat the bowel and the brain gets better. We had at least a handle on how we could improve the lives of these children. When we treated their bowel disease, they stopped head banging, they stopped injuring themselves. They stopped biting themselves. They stopped attacking other people. That was the beginning of a fascinating journey. Quite what the mechanism is, we don't know.

Truth is we may never know precisely but it is real. I know that you can significantly change the lives of these patients now and we do it all the time, my colleagues and I are working on this. It happens. It is something that is the most gratifying thing

you could ever be involved in, to take someone who to all intents and purposes from mainstream medicine was broken finish, put them in home, forget about it, move on, have another child but this is the way it's going to be. No, it's not. You can do a huge amount. It's relatively straightforward but it does require that you go back to basics, that you schedule skepticism. You schedule disbelief in the parent's story and the findings and act in the interest of your patient and not in the interests of public health with the pharmaceutical industry.

Life is about choices and the Dean of the medical school who was an advisor to the World Health Organization on Hepatitis B vaccine was very big in the vaccine world, a great friend of the industry. He said to me, "This is not going to be good for your career. If you pursue this, this is not going to be good for your career." I was presented with a choice. There were only two choices.

One is that you act in the patient's interest. You continue to pursue their story to test its validity in a scientific setting and to determine whether it is right or wrong to the extent that you can, or you can just walk away. You can walk away. You can say to the next mother who comes in, "Look, I know your story may be valid. I know your kid's suffering but I'm really sorry. Could you just go and find someone else?" That was the choice.

It was as stark as that and I took the former, the consequence of taking that choice was that I lost my position as a senior academic at the Royal Free Hospital, that I lost my medical license. I lost my fellowship at the Royal College of Surgeons. I lost my fellowship at the Royal College of Pathologists. I had papers retracted. I lost my career, and eventually, lost my country effectively.

Again, it's a relatively small price to pay compared with the price that this having to be paid on a daily basis by affected families. [inaudible 00:39:30] in medicine. I never write in

science. When I used to teach medical students, I would say to them, “Half of what I’m telling you is right and half of it’s wrong. The problem is I don’t know which is which. It’s your job to tell me. It’s your job to confront me and ultimately educate me into which part is right and which part is wrong because I don’t know.”

What’s happened to me specifically, well, I guess the most significant event is that the journalist, Brian Deer, was set on me to find something big about MMR. It's very interesting, I mean, for the last 10 years or so, I’ve been dealing with this man and trying to work out his modus operandi. How does he work, how does he convince people of the malfeasance of me and my colleagues but particularly me, how does he allege fraud and get away with it.

Brian Deer driven through the Murdoch Media and through various interest groups associated with the pharmaceutical industry have come after me. The simple modus operandi is to isolate the individual, discredit them, destroy their career and then hold them up as a fraud and then say, “Look at this guy. If you get involved, this is what’s going to happen to you.”

That is how it happens or what happens. The precise mechanism is to file complaints against the individual to the regulatory body in the UK to make allegations which are false, to reconstruct the narrative. Very, very interesting but what he does is he takes a question that we have asked. He changes the question. He then provides his answer to his question. He compares it with what was written for example in the Lancet paper and he represents the difference as fraud.

It’s a very interesting mechanism. It takes a lot to unravel that and to explain it to the courts, to a jury, to the public because it becomes so complex, so convoluted. He prides himself on being able to interpolate multiple meanings, adverse meanings into the statements he makes. This is the way he operates. You have to unpick the mind of Brian Deer in order to present the

contrast between what is true and what is not true. It's been a real and really interesting battle, but for the first time now we are suing him for defamation in the state of Texas, him and the BMJ and the BMJ's editor Dr. Fiona Godlee.

We're going to be able to put them hopefully before a Texas jury. In other words, let the people decide what they believe. This is come back to basics, let the people decide based upon the facts and their own intuition who they actually believe. I think this is going to be a very important moment, a defining moment in the history of the conflict between individuals trying to help their patients and a government industry complex trying to prevent that.

The recent decisions in vaccine both in the states and in fact in Italy as well that MMR vaccine can cause autism are crucial. Why? Because part of the argument from the other side is no one else has been able to prove it. No one else has been able to demonstrate what Wakefield is reporting that MMR vaccine can cause autism. Now we have concessions, not losses, but concessions in federal court, in Italy and in this country, that MMR vaccine does cause autism. That's extremely important because it removes the plank of their argument completely.

There's a case now in federal court of [inaudible 00:43:44] and Wilczkowski against Merck were two workers from the vaccine lab, the MMR vaccine lab at Merck have blown the whistle on fraud taking place in work. The essence of the story is that mumps vaccine does not work. Not only was it never needed, but it does not work. Not enough people get protection when they're given the shot and then the protection that they do get diminishes very quickly.

The effect of that is that mumps is trivial in children. It's not trivial in adults, in adolescent males who got testicular inflammation and possible sterility so what mumps vaccine has done because it does not work is take a mild disease in children and turn it into a much more serious disease in young

adults. In the face of vaccine failure, mumps vaccine failure where there had been outbreaks of mumps around the world in highly vaccinated populations have received two or three doses of this vaccine, then what has happened is the FDA have gone to Merck and said either you prove that what you say on the product insert that your vaccine is 95, 96% efficacious, if you cannot prove that, you're going to lose your license.

If you lose the license for mumps, you lose it for MMR. That is a huge market rather than improve the vaccine, Merck decided to fake the test. This is the allegation. What they did was to alter the assay that measures the potency of vaccine to give them the result they wanted, not to change the vaccine, but to change the test and they did so by adding rabbit serum, rabbit blood. They put rabbit blood into the test to give an artifactual enhancement of the protective ability of the vaccine. That's all well and good.

It doesn't tell you anything about how well it protects children who get mumps. It's purely artifact. It is illegal, it is fraud in and of itself. However, here's the problem that when you measure the potency of vaccine, what you do is you take blood from a child before they've been exposed. You then give them the vaccine and six weeks later, you take another blood sample and you aim to demonstrate that between here, the pre-sample and the post sample, they have developed antibodies that protective against mumps.

The problem with rabbit blood when you add it to those samples is it produces artifact in both and it makes it look that pre-sample is immune to mumps, of course it's not. It's never been exposed so they got a real problem. They've cheated on the assay. They've cheated on what they put in the assay and now they still can't get the result they want.

At that stage, they decided just to change the numbers, cross out the numbers they didn't want and put new numbers in there that gave them the result they want. They asked the

whistleblowers to do that and [Carlin 00:46:54] said, “No. I’m not doing it. In fact, I’m reporting you to the FDA.” He went to his boss and then his boss’s boss and his boss’s boss’s boss and they said, “This is a business decision. You're going to get a big bonus at the end of it. By the way, you’ve signed a nondisclosure, you’ve signed a confidentiality agreement and you'll go to prison if you breach that.”

He told the FDA anyway. The FDA then called Merck and said we’re coming to do a surprise raid on your laboratory next week or to that effect. Gave them the heads up, gave them time to destroy the evidence. Well, the long and the short of it is the case is now in federal court under the Whistleblower Act and Merck stand to be fined billions of dollars for the fraud in the American government and the American people for selling them a vaccine that does not work and indeed Merck have said in the Wall Street Journal in their defense, this is not a safety issue.

Yes, it is for the very reason I mentioned, that a vaccine that does not work and makes the disease more dangerous in older people is a dangerous vaccine. It is very much a safety issue. The situation at the moment is this that when there’s a whistleblower case that involves defrauding the government then the Department of Justice get to look at the case to decide whether they want to join in the prosecution or not.

Now, they have decided not to join in this case. That may well be because the FDA were to an extent involved and therefore there was a conflict of interest. They’d be prosecuting one of their own or a case that involve one of their own departments.

Merck in their motion to dismiss the case from court said, “Look, the DOJ isn’t interested, there’s clearly nothing to this.” When the DOJ have just written back saying, “Actually, we’re very interested. We want this case prosecuted. We're very interested in the outcome and we reserve the right to join the

case at a later date," which blows Merck's case altogether. The case is now I'm sure are going to go to court.

I think the consequence of it is that they are going to be found guilty of fraud, of defrauding the government of billions of dollars. They will then be fined a multiple of the amount by which they've defrauded the government. We will see where it goes from there. I would hope that there's executives who took the deliberate decision, the business decision to defraud the government and the American taxpayer and put children at risk would go to prison.

In terms of justice, there are two outcomes to this. One is that Merck are very likely to be fined. They will put that down to the cost of doing business. That's unfortunate move on except they can't. The second aspect of justice comes down to the people. That is that here you have clear evidence that people who you believed were acting in your interest, in the interest of your family were actually putting them at risk in the interest of profit and the people that you believed were keeping an eye on this, the gatekeepers, the FDA were aware to some extent of this. You have been lied to. You've been misled. Your children are a marketplace and nothing more.

You have got to change that. The other aspect of justice comes down to the people. It comes down to the people saying enough is enough. We believed in vaccination. You lied to us. Now, we no longer trust you. So something's got to change here and we're going to vote for those people, those representatives, those people in Congress, in the Senate who will represent the interest of our children over and above those of the pharmaceutical Institute."

You're not going to be cowered by lobbyists coming up Capitol Hill like orcs in Helm's Deep. That's not the way it's got to be for the future but it comes down to the due process of democracy. It comes down to the people getting justice for themself, voting for people who are going to represent their

interests and that's the key. It's not something we can just sit back and say, "That's terrible, that's a bad thing. That should never have happened." People actually have to do something about it.

The government is terrified of pitchforks at the windows. People need to rally, and people need to act on this, and people need to do something to take responsibility for what has happened. There is a collective responsibility here. It's not enough to just say, "Oh, I'm glad they're fined, or they should go to prison." They should be made to go to prison. They should be made to go to prison by people filing suits against them for this kind of behavior. That's what should happen.

What is the public perception of vaccines right now right here in America? There is the argument that the great majority of people believe doctors. They think vaccines are perfectly safe. That's not true. A recent study from the University of Michigan surveying parents in America showed that 87% of parents put vaccine safety science as their number one medical research priority, vaccine safety science.

So 87% of parents do not believe the rhetoric from the CDC or the American Academy of Pediatric. They want more. They want more information, more research needs to be done. Over 50% of Americans believe that vaccines can cause serious injury including autism. There is a growing movement, a growing body of people out there particularly among the intelligencia, the people who read and think and talk, the people who actually do background checks, there is a problem going on here.

That's the problem for the government because it's got this thinking talking, writing individuals actually not trusting them. This makes them very, very angry. There's a huge anger. Part of the invective, a part of the attack on me is rooted in this growing mistrust of the government. Why don't they believe us? Surely, they should believe us. That guy is just a complete

maverick. As a follow-up, I mean what I've done now having been on the defense for years, I've decided that's enough. No more. I'm no longer going to have to explain what I've done. I've written books about it. I've told people about it. I'm going to go on the attack. We now go in to attack. We're going to win this.

They have invested in a huge expensive, elaborate and ultimately failing public relations machine which is letting them down. Why? It's not based on the truth. So in going on the attack, the first thing I'm doing is issuing a series of video news releases to challenge Dr. David's source the head of immunization in the UK to a debate public debate on the issue of vaccine safety and specifically issues in which I believe he has failed to act appropriately, he has ignored issues of vaccine safety, and he has dismissed the concerns of parents.

They are the issues of vaccine failure that we've discussed. They are the issues of the introduction of a dangerous MMR vaccine in the UK when it was first licensed to have to be withdrawn in a hurry four years later. He was told from the outset that that vaccine was dangerous. It was causing meningitis in children but it was cheaper, issues of his intervention in vaccine injury cases, in one particular case the death of a child called Christopher Coulter in England where as head of the department is the person in charge of the vaccine program that injured this child, he became an expert witness, an independent expert witness ruling against the child's parents for that son's death when the boy had died 10 days after a measles rubella vaccine and perfectly healthy beforehand.

These are the kinds of questions that I'm challenging the authorities in the UK with now that they have been unable to answer. The time to do safety studies, baseline safety studies on a vaccine is prior to its licensing and introduction. Once you've introduced the vaccine and it's being given widely, how do you compare one group who were vaccinated with another

group who weren't vaccinated in a randomized way? You can't do it. You can't do it so this time to do those studies is before they're licensed.

What happened in the UK is just as an example is when they considered licensing the MMR, they use safety studies based upon the US experience and the Scandinavian experience using a completely different MMR vaccine. It did not contain the dangerous Urabe strain mumps vaccine from Japan. They were extrapolating from irrelevant data as to the safety of the MMR in England.

Then they gave it to 10,000 children across the country without any controls just gave it to these children and ask the parents to report in for the next three weeks if their child had any problem. That's not kind of any follow-up. Three weeks is far too long. Then they licensed the vaccine after that. The problem with that is as we now know, they gave a dangerous vaccine, the complications of which only emerged afterwards and they have to withdraw it. Yet, they go out there and say this is a vaccine with an exemplary safety record.

No it's not. What we need now and what the public have been asking for is a comprehensive study of vaccinated versus unvaccinated individuals. Retrospective, you can look back and look at their vaccine records to establish those two groups. You're not going to be depriving anyone of vaccination because there is a large body of children in this country now who have received no vaccines certainly enough to compare with those who've received full vaccine schedule so the [Vaxed Unvaxed 00:57:00] studies as it's affectionately known is a study that has got to be done.

The authorities, the CDC are highly reluctant to do it and offering all kinds of excuses and now Congressman Posey has sponsored a bill with Representative Maloney as well from New York to enforce, to make sure that a comprehensive, health outcomes study comparing vaccinated with his own

vaccinated children takes place. That study is awaited with great interest and the CDC should be nowhere near it because they've got skin in the game. It should be completely independent.

Speaker 3: Gary, it's really great to meet you in person.

Dr. Gary Goldman: Yes, it's nice to be here.

Speaker 3: I don't know if you know this, but I have followed your work for the last three years since I first called you. I find your work amazing and I find one of your stories incredibly compelling which is really why I'm here today. I want you to if you can recall everything that happened but the story I'm talking about is the work that you did for the Antelope Valley health department and the CDC on the chickenpox vaccine. If you can just take me through that step-by-step what happened, what happened to your data and where that ended if you remember everything.

Dr. Gary Goldman: Let's see. I was employed in 1995 by the Los Angeles County Department of Health Services and that was in a cooperative project with the Centers for Disease Control and Prevention, CDC. We were to study the effect of the chickenpox vaccine on this Antelope Valley population which had roughly a population of 300,000. We were one of three sites in the nation selected to conduct active surveillance which means we would identify all schools, hospitals, medical care, health care centers that would report cases of chickenpox and we would actively obtain those each month.

What happened in the course of time, we initially started monitoring only chickenpox but there were some nurses in the schools that were saying for the first time they were hearing cases of children with shingles or herpes zoster as the technical name.

Just before our grant was renewed in the year 2000, roughly five years later, what we did was put in a proposal to monitor both chickenpox and shingles because it was no more difficulty. We already had it set up to collect the chickenpox cases. It was trivial to add shingles to the data. Within a year or so, I found abnormally high incidence rates of shingles among children who were not vaccinated also reports among adults seem to be increasing in the community I participated with the CDC in the publication of papers that showed the 80% decrease in chickenpox from 1995 to around the year 2000 but there was specifically no request for data dealing with the shingles and it's incidence rates.

Speaker 3: I understand the connection but if you could really explain the connection between chickenpox and shingles and why we even should've been looking or why they should have wanted the data on shingles.

Dr. Gary Goldman: Right. Initially, we should have been monitoring both diseases but the plan was only to monitor the chickenpox vaccine. Shingles is a disease, a secondary disease. Once you've had the chickenpox, you can reactivate the same varicella-zoster virus as shingles. That's normally on one side of the body in what is called a dermatome, a specific region and it's the second manifestation after you've had chickenpox.

Normally, older adults get shingles many, many years after their chickenpox initial case adults continue to be boosted year by year by cases of chickenpox in the community and so once you're boosted, your body is reminded that you once had chickenpox and you build up an immunity again. When that immunity wanes such that you're no longer have these exogenous or outside exposures to children with chickenpox, then you will break out in shingles.

Speaker 3: You said that you were noticing shingles in children who had not even been vaccinated against chickenpox.

Dr. Gary Goldman: Right, but they had had the natural chickenpox disease.

Speaker 3: Oh I see, but then they were so do you think it was because they were re-exposed to a genetically engineered chickenpox virus from the vaccine? What was going on there?

Dr. Gary Goldman: As the vaccine became more widespread and by year 2000, 50% of children aged less than 10 years old had been vaccinated, the boosting from the children in the community with natural chickenpox was severely decreased because so many children had been vaccinated so the young children that had had natural chickenpox which is called wild type chickenpox no longer were receiving those exogenous or outside exposures. They were reactivating with shingles.

Speaker 3: What about the children who would receive the vaccine, were they coming down with shingles as well?

Dr. Gary Goldman: Vaccinated children were reported as having shingles but it was less than those who had the natural disease because the vaccine was an attenuated Oka, or a vaccine strain of the virus. Once you're vaccinated, you get a recent boost so you're unlikely to reactivate with shingles, still a small number reactivated with shingles.

Speaker 3: What happened with this information? What was going on? I know that there was some issue with the CDC not wanting you to publish your findings.

Dr. Gary Goldman: Well, I was the sole research analyst for our group in the Antelope Valley area. We operated out of high desert hospital so I had access to all the information. I had written all the programs of analysis that were used in the summaries to CDC and so I was encouraged to write whatever was of publication quality material to promote the varicella vaccine and vaccination in general.

When it came to shingles rates, the CDC along with the local supervisors out of High Desert Hospital or the LA County Department of health services did not want me to really investigate the shingles aspect.

Speaker 3: Because it would look bad for the vaccine or …?

Dr. Gary Goldman: Because that was considered a deleterious or negative effect of vaccine and it could possibly influence vaccination rates.

Speaker 3: What did you think about that?

Dr. Gary Goldman: I wanted to be a honest researcher and look into all avenues that were affected so I heard what they said but I still kept an active study of the data that was coming in to try to explain why are shingles increasing so then I looked at different medical journal papers and I found one dating back to 1965. Dr. Hope Simpson had initially made a suggestion that the rates of shingles in the different age groups were due to the association with children with chickenpox.

Adults who rarely have contact had very high rates of shingles. Adults with children had lower rates of shingles than parents who had already raised children and the children had left. There were also papers on physicians that saw children regularly in their practice. They had 1/8 the shingles incidence rate of the normal population because they were getting boosted all the time so then I had the biological mechanism that explain why we were seeing an increase in shingles. The outside boosting effect from regular chickenpox, natural chickenpox was declining due to children being vaccinated. They no longer manifested a contagious disease and so as chickenpox exposures decline, shingles increased.

Speaker 3: Shingles has a much greater morbidity and mortality rate than chickenpox.

Dr. Gary Goldman: Yes, that's a good point because in healthcare terms, the cost to treat chickenpox are at 25% of the cost and shingles is 75% of the cost. Even if you were to eliminate the 25% cost by eliminating chickenpox, now you have to deal with children and adults with natural chickenpox who had it as children and now they are experiencing almost 100% increase in shingles so that far offsets any savings, medical cost savings for chickenpox. Out of all the costs associated with chickenpox and shingles, 25% are cost for chickenpox, 75% are cost for shingles. If you eliminate chickenpox but shingles increases, then you've offset the benefit that you tried to achieve.

Speaker 3: That's interesting because that is the one vaccine that actually was the PR around the chickenpox vaccine was really more about saving money than lives because as we know it's 100 people a year would die in this country, 50% of those were children but they were all immune deficient usually in chemo and so it was [inaudible 01:07:54] but wasn't a high number of people that were having a lot of illness from chickenpox but the reason that they really marketed these heavily to parents was that people lost days of work because staying home with their children with chickenpox. Here now, it was advertised to be a money saver and now we've got this morbidity and mortality that cost so much more because of the shingles is a much deadlier and a much more serious illness than chickenpox ever was.

Dr. Gary Goldman: Right, and just to re-emphasize, the chickenpox vaccine was not adopted based on any medical cost savings. They had to analyze the time a parent was away from work to take care of their child. Once they did that and estimated it to be perhaps $360 million a year, then the vaccine was justified, but the cost to treat shingles well exceeded that. Also, the initial cost estimates were based on a vaccine cost of $35 per dose and that one dose would provide lifetime immunity. What happened was the vaccine now is over $70 per dose. You

needed a booster vaccine and so those factors alone pushed the cost effectiveness to zero.

Speaker 3: To zero. And you need a booster because those people who are vaccinated have also been getting shingles.

Dr. Gary Goldman: Right. What happens with one vaccine dose, the efficacy of the vaccine declines. This is interesting. When the vaccine was touted as 190%, 84% effective, the studies were initially based on the vaccine used in Japan but only one out of five Japanese children were vaccinated. You had four out of the five having the wild type vaccine boosting the ones who were vaccinated so at the follow-up end of 20 years, the vaccinated group actually had higher antibodies than when they started because of this outside boosting, but in the US, the decision was made to do universal varicella vaccination, varicella is chickenpox.

All children were vaccinated and that eliminated the boosting. Another strategy that has been considered would be only to vaccinate those children 12 years and older who have not yet experienced chickenpox yet then you don't change the dynamics of the boosting between children and adults and have unusual increases in shingles.

Speaker 3: This is all fascinating. I love this stuff. It's great. I want to hear about the cease and desist letter. I want to hear about the politics around you publishing your findings.

Dr. Gary Goldman: I was included in several CDC publications and then because I was encouraged, I decided I'd write more on some shingles studies. I put together various other at least three or four studies that I had proposed and I was promised my local supervisors who would read that pass it on to the CDC so it would go through a process, get approved for publication but those just sat on a desk and there was going to be no publication of any shingles data because it was again a deleterious finding. It wasn't cooperating with the positive vaccine. After serving eight years from 1995 till close to the

end of 2002, I had to resign because I did not want to be part of research fraud.

Actual studies that we had conducted, we were studying the susceptibility of chickenpox in the community and we added questions that would also study shingles in the community. Well the paper on susceptibility of chickenpox was accepted almost word for word as I had written it.

The section on shingles and its incidence rate in the Antelope Valley was simply deleted with no explanation again due to not wanting to be part of research fraud, I could no longer conduct research objectively. I wasn't even allowed to call 10 individuals who were reported to our offices as having shingles twice.

I was looking at a secondary rate of shingles in the community. When we had called 20,000 individuals on chickenpox and all I wanted to see was if they had some pre-existing condition, cancer or something that might trigger those second cases of shingles so without being able to conduct research in a objective way, I did resign and then just for ethical purposes, I said to myself, I might as well not tell half the story but publish all the story.

I submitted three of the papers that had been lying on the desks and they were accepted for publication right in sequence in the journal vaccine, a European Journal that's peer-reviewed and listed on the National Library of Medicine.

Speaker 3: Great, I've read the paper. It's impressive. I want to ask you something, you resigned because you couldn't be part of this research fraud. Did you vaccinate your kids?

Dr. Gary Goldman: I have three children. I always trusted the physician whatever the CDC or the recommendations were, I just had implicit trust. After this experience though, I recognize I was just totally

naïve. Now, my thinking has changed after significant years of research.

Speaker 3: I'd like to hear those specifically because you haven't said those, that term but I know because I saw a copy of a cease and desist letter that was sent to you.

Dr. Gary Goldman: Yes. When I left the CDC because I didn't want to be part of research fraud, I still had these three papers that I thought it would be ethical to go ahead and give people the second half, the other side of the story so I went ahead to publish that. I contacted the CDC and the Los Angeles County Department of Health notifying them that I was pursuing the publication and if they wanted author credit or to modify it or to collaborate on it, I was pleased to include them.

After getting no response, I proceeded and then all of a sudden one day this letter arrives from the LA County legal department and a very senior attorney has asked to cease and desist publication in a medical journal so I called. I said, "What's the basis of this letter? We want you to not publish because the data is considered proprietary to the Los Angeles County Department of Health." I said, "Well through the Freedom of Information Act, anybody can get access to this data."

Then he said, "You don't understand, Goldman, we don't want it published," and I said, "Well, it's not uncommon for researchers to have a difference of opinion, of conclusions of what data shows, why not let the editors of the journal decide." Then I secured an attorney who was located in San Diego who actually had more seniority than the legal representative of the LA County group and I paid a fee and he was intrigued by this letter. He wrote back a letter to the legal department that I would pursue legal action based on federal and state false claims. That could go into the millions of dollars and so really the legal cease and desist was simply dropped by the county.

Speaker 3: Do you think the CDC was also behind the county's health department's letter?

Dr. Gary Goldman: Yes, definitely because then even years later, I did a cost analysis of the chickenpox vaccine taking into account shingles. With one call from the CDC to the life science director of Elsevier, who handles vaccine journal publications, my paper was put on hold for a year. It took interaction from an attorney to finally get that article to print.

In the meantime, I collaborated with the CDC, asking what's your objection, what should be changed. At the end of the year, they said, "Nothing, just go ahead and publish it." It was just a stall tactic to give the vaccine more exposure in the communities.

Speaker 3: It's really amazing. I'm assuming that you started off on this journey working for the health department, vaccinating your children thinking that everything's upright and that science is science and whatever is found, the data gets printed and you come across a lot of stalling.

Dr. Gary Goldman: Yes, in fact, I was so energized by my position as a research analyst in this program. I was thinking to myself boy, I'm going to really help our community. We'll impact national vaccine policy. It was all very positive. The study itself was being conducted by a department of the CDC so what seem to be like they weren't really after problems or negative issues with the vaccine, they want to promote vaccination so there was a conflict of interest there than anytime I had something that was valid to suggest I know other projects such as an HIV AIDS project was being funded by the CDC.

If the chief of the project didn't cooperate, they could lose millions of dollars in funding in other places. Then later, I learned that some of those on our project actually were speakers for Merck and so they got some outside

compensation supporting Merck who made the chickenpox vaccine.

Speaker 3: It's no surprise there. I'd imagine that your view on integrity around the science supporting and promoting vaccination has changed based on your experience. My question to you would be how do you view the recommended vaccinations schedule, do you now recommend that people follow that schedule without question?

Dr. Gary Goldman: Each vaccine needs to really be judged on its own merit. With the chickenpox vaccine, there have been many reports to VAERS, the Vaccine Adverse Event Reporting System that document many adverse effects. There's even recently been reported a death due to varicella or chickenpox vaccine. That particular vaccine has actually changed the whole structure of how immunity is gained within the communities of a country.

At this particular time it would take a large effort to actually stop and get the same protection naturally and for free from the outside boosting going back to children with regular chickenpox. No boosters would be needed because the annual epidemics of chickenpox which is a mild disease actually served to boost for free the immunities in the adults and so that natural immunity that is inherent to the disease has been lost at this point. Also man is only understands the fringes of these immune processes. It's been reported for example that individuals that get fast-growing brain tumors called gliomas, they're individuals that never had chickenpox.

When you look at the outer structure of the virus of chickenpox, it's believed it may have an epitope or an outer structure that's similar to other antigens or other viruses so by getting the chickenpox virus, you actually protect against other viruses that look or appear similar in their antigens.

Toni Bark: My name is Toni Bark. I'm a physician. I also teach and have a Masters in disaster medical management. I have a private

practice and I teach part-time and I do medical response work, disaster preparedness consulting, medical consulting. I knew going to medical school that I wasn't going to practice mainstream medicine. I had doctors in my family. They didn't seem very healthy to me. They were fat and out of shape. I knew that medicine already I mean that was a long time ago but I knew already that it was really all about prescribing medications. I thought I would be an acupuncturist and work with Chinese medical herbal treatments.

I didn't know anything about that and I wanted to somehow affect change and be on the inside so I knew I'd go to medical school. I went to medical school. I did residence. I did internship in pediatrics, a year of rehab training and I finished pediatric residency and really thought I would go right to Chinese medical school but got offered a great job running, the director of the pediatric emergency room at Michael Reese hospital in Chicago which is where I had trained.

It was a very exciting emergency room and I really loved emergency room. I loved intensive care work. I like all that stimulation. I thrive on it so I took the job but I knew I wasn't going to stay there forever and I didn't. I was there for two or three years and then I worked emergency room part-time and went back to school to study mostly naturopathic medical treatment so classical homeopathy nutrition, started working in a private practice very part-time taking patients. I have a supervisor.

Even though I had a background in mainstream allopathic medicine and worked as a director of an emergency room, and I love trauma care and I think that's the one thing we do very well in this country is acute trauma care. I did not think that my clinic training in medical school and residency was good. I don't think that managing patients on medications is really good. It doesn't work.

I mean all the medications come with the side effects of the very same thing you're trying to medicate against. I wanted an alternative and I knew that going into med school wasn't so much of an aha moment but there's been many ahas along the way the more I've learned. A lot of people think of doctors as being scientists. I wish that was true but it's not.

The difference between scientists and doctors is huge. If you get a Master's or a PhD, you typically learn how to analyze data. You learn how to critique studies. You're taught some analytical skills and you really have to think about things and there's a creative process and there's a real analytical process. When you're in training to be a physician, a medical doctor, you don't really get that training. You might read some studies and have to go over them for grand rounds or something like that but you were never asked to be analytical in terms of analyzing the data, looking at is there a bias in this study.

Did they set up the study with a specific wanted outcome, who funded this study, looking deeper at deeper levels. I know this now after doing a master's recently. I just got a Masters in disaster medical management which is a healthcare emergency management. Whatever studies we learn to critique studies to look at the inherent bias and now I teach graduate students in the same program.

That's one of the things that we teach is like, "Look at the study. What can you tell me about the bias? Where is your problem with the study?" You don't get that at medical school and so PhD's and master's in science tend to be more analytical. They tend to know how to read data and say, "Well this study isn't really a clean study. It wasn't set up well. There's so much bias that we need to throw this study out."

Doctors can't tell you that. Most doctors don't read the studies to be honest, they read the synopsis. They read the information that the drug companies come to them with. They'll tell you they're just too busy or they'll tell you if they

read the study, they wouldn't know what it meant anyway. That is the biggest difference I see is that doctors, I hate to say it, but in some ways they are really glorified mechanics which is, "Hey you want that," if you're having knee surgery, if you're having a procedure done, you want somebody who's done a ton of procedures.

The question is did you really need the procedure in the first place. That's the problem we're at right now with our medical system is that there's just so much what we call selling sickness. There's just so much disease mongering in the first place that do people really need half or even more than half the drugs or procedures that they're receiving but if you do need something, you certainly want somebody who has done a million of them.

On one hand, sometimes it's okay to be a glorified mechanic but do you really want somebody who's analyzing all the data or who's looking at your general health and trying to do prevention with you not knowing how to analyze data, not knowing how to be critical in their thought or analytical in their thought. That's really what we've got now in medicine and that's a problem especially in this country. I mean this country is one of the worst I would say for that.

I tell my patients that you really can't, unfortunately, you can't just listen to what your physician tells them. I wish it was different, but it's not. It's not like I'm saying all doctors are corrupt, they are not. Most doctors don't get that they're being played by the industry. But they are, they are being played by the industry.

What most physicians recommend, what most pediatricians recommend, their heart's behind it, they think they're doing the right thing. They're very busy. The way medical practices are set up especially with HMO systems now is that you need to see a lot of people really quickly in order to make your nut. If you want to make any kind of living, you need to see a lot of

people. There's no time to do anything but follow the law, follow the rules.

Pediatricians really believe what the Academy of Pediatrics tells them. It's the problem is at the Academy levels, it's at the academic levels. It's certainly at the regulatory agency level. I don't know that that's so surprising for a lot of people. I tell people unfortunately you can't just listen blindly to what your pediatrician is telling you to do with your children. You shouldn't listen blindly to what your doctor is telling you to do with yourself.

You really need to go out and read and look at some other sides to it because there are a lot of other sides to that story. A lot of what we hear is people being injured from their disease process or dying from complications of their disease process. It's really dying from treatments of their disease process or dying from treatments or procedures.

The amount of deaths that happened yearly annually in this country alone is mind-boggling. What's reported is probably a small fraction of what the reality is but I've got some very interesting stories to tell about that but the bottom line is I wish I could tell you to trust what your doctor tells you to do but I have to tell you not to that.

The Gardasil vaccine or the HPV vaccine because there are two of them, there's the Cervarix as well, is a very interesting vaccine. It has created a lot of noise. What's interesting is that the industry likes to say that the noise is because parents are against the idea that it's to protect against sexually transmitted disease and that these parents are just being archaic. That is not the truth. That's not the reason people are questioning the vaccine. There's many reasons people are questioning vexing.

First of all, cervical cancer takes 15 years or more in the making. It is mostly induced by certain strains of HPV virus.

However, 95% of the time, you get the virus, you clear it. At any one time, this is what I was taught in medical school years ago, at any one time, 40% of all adults will test positive. If you tested the population, 40% will test positive. You can take those people back in two years later, they might not test positive at all. It's cleared by the system as long as your nutritional status is adequate.

I was taught to treat precancerous lesions with vitamin A, beta-carotene, selenium, zinc and folic acid. There's a lot of evidence that a deficiency of folic acid will predispose you to precancerous lesions specifically cervical cancer. That's one thing but aside from that, there's so many problems with that vaccine. First of all, if you actually read the studies, the antibodies for the vaccine last on average 3 to 5 years. Okay, 3 to 5 years.

Now, two weeks ago, the recommendation was for the HP vaccine to be given to newborns, to be given to newborns because there's been such a disappointment in the take-up rate of this vaccine in the population at large in the United States and in some of the other Western nations. Right? If only 40% of parents were giving this vaccine to their children, the drug companies aren't making the money they wanted to make. So now the recommendation by the national vaccine advisory committee is to give the vaccine to newborns, day one of life just like they did the Hepatitis B vaccine.

The vaccine's never been tested on small children, let alone, infants. If you look at the study carefully, the placebo was aluminum adjuvant. In the phase one trial, the placebo was actually saline. Phase one, just so you know, when you do a study with vaccines is to look at the antibody response.

In that group, the placebo was actually saline. It wasn't inert saltwater injection. That makes sense but when they went to the phase two trials, phase two and three to look at the safety, they then changed the placebo to the aluminum adjuvant

which is a neuro aluminum adjuvant one but aluminum adjuvants by themselves have never been looked at and tested against an actual inert placebo to look at safety.

We had a very high death rate in both the placebo and the actual group that received the HPV viral vaccine. The death rate was very high. There was a group of us that looked at the statistics regarding the death rate. It was predominantly Asian women and Asian girls. Most of the deaths happened in the first seven months not over the two year period spread out, which is what would've happened if it wasn't for natural causes so it's very suspicious. Correct?

We have a problem with this vaccine being very toxic. We know we have a very high death rate from the vaccine. The death rate was so high for girls above 26 years of age that the FDA didn't even approve it, refused to approve it for in the age group above 26 years of age for women because the death rate was so high. Now the death rate has to be really high for the FDA not to rubberstamp this because if you listen to FDA whistleblowers, basically it's a rubber stamping industry for the pharmaceutical industry, but yet, they wouldn't approve it for over 26 because the death rate was so obviously high.

In the boys study, the death rate again was very high in and out of the placebo group and in two years alone, there was 10 boys out of the 2000 that died in the placebo group, it's really high death rate. Now we have a recommendation for day one of life. You would never be able to study this vaccine in experimental control with newborns. This wouldn't be approved and yet we're recommending for newborns. It makes zero sense.

The antibodies last 3 to 5 years. Is this newborn going to be having sex in the first five years of life? I don't think so. You can't give boosters safely because what the post surveillance in Norway discovered was that we have now seen when we had never seen before several cancer in young girls and teens

who've received the vaccine. According to post surveillance in Norway, receiving the HPV vaccine if you've already been exposed to HPV virus doubles your chances of precancerous and cancerous lesions. It potentiates it much more quickly. It develops cancer into much quicker rate.

We know that it's not safe to give people the vaccine that they've already been exposed and yet the recommendation is to give newborns the vaccine and the antibodies last 3 to 5 years. Where is the disconnect on this? It makes zero sense. It only makes sense if you're out to benefit the drug companies. That's the only thing that makes sense. I'm not an alarmist. I'm not a conspiracy theorist, but there is a disconnect here.

Giving somebody day one of life a vaccine that's never been tested on infants, can't even be legally tested on newborns, antibodies last 3 to 5 years. It's only sexually transmitted. You can't give a booster once exposed to HPV virus, makes zero sense unless it's lining your pocket. I actually said, "You know what? Good because the more people will wake up and say, 'Wait a minute, I've read about this vaccine and the antibodies don't last very long.'" Or maybe somebody's read the post surveillance studies in Norway and now at least the Scandinavians will look at our country and say, "What?" This vaccine had been recommended by the Japanese government. It is no longer recommended.

The vaccine is still available in Japan for parents who want to give it to their children, but the government is no longer backing the recommendation. The healthcare system will not pay for it so we know there's a problem. In France, just last year alone, there was a moratorium on vaccines with this aluminum adjuvant because of so many complications from the adjuvant. We have a lot of problems and we have a lot of disconnect. Unfortunately, our vaccine policy has very little to do with the vaccine science and the post surveillance studies. We allow studies on safety for vaccines using crazy things as

placebos which actually violates the ethics around placebo and how you test vaccines.

It's actually a violation because it's not the latest beneficial treatment. It's not an inert substance and so it's in violation of our code of ethics. Yet everybody gets away with it. This is what's done. The Prevenar vaccine by the way, the Prevenar vaccine when it initially came out, the initial Prevenar which had seven antigens was tested against an experimental meningitis C vaccine. When that vaccine was pulled and they came out with a new Prevenar vaccine, the Prevenar 13, that vaccine was tested against the placebo of the old Prevenar vaccine.

I mean, this was like, this is such a crazy story. It's not even believable. In India, an infant died in the study. First of all, the infant should have never been on the study. The infant that had received the placebo which was the old Prevenar vaccine and so India was up in arms. This is the kind of stuff going on in the third world countries, there was a lot of even more egregious behavior around these vaccines studies because they can get away with more, but yes, we have vaccines that when they go to their safety studies, the placebos are actually experimental vaccines.

Dangerous adjuvants which we know cause neurological toxicity and death. This is just the game that's being played and the FDA allows it to happen. That's the real upsetting part of this is that the FDA is fully aware and helps, by the way, helps design these studies. They help Merck and Glaxo and Baxter design these studies. The FDA's been complicit in designing these studies with these faulty or false placebos that violate these ethical standards. When you test one poison against another poison, you don't have a measurable outcome. That's just the reality that people want.

If you want to show that your product is safe, you have to show that the death rate or what we call comorbidity which is

illness and mortality death. Death rate is equal to the morbidity and mortality rate that's already out there. What better way to show that than to design a study using a placebo that is dangerous. There's no better way to do that. It makes total sense if you're an insider in the pharmaceutical industry or in the regulatory agency waiting for your big job as a lobbyist or for the vaccine companies, for the manufacturers, then it makes total sense.

That's the reality, that's just the reality that we're living with right now is that the placebos, these studies are designed from the very beginning to show that the morbidity and mortality rate is the same as the rate in the outside world. They do that by mentioning they've used placebo and not explaining away what the placebo is. If you ask the average doctor or the average scientist or the average layperson, what's placebo, they'll tell you it's an inert substance, or they won't say inert, they might not know that word if they're a lay person. Then they'll say, "It's a sugar pill, it's a saline injection."

Most doctors would swear hands down that that's what a placebo is. They have no idea. When I tell other doctors what's used as placebos in these vaccine studies, their mouth drops open, "I don't believe you." I show them and they're like, "Well there must be a reason. Of course what we're told by people like Paul Offit, an industry insider is that, "Well we couldn't in good conscience not give another vaccine as the placebo." But in the case of Prevenar it was an experimental vaccine.

In the case of the aluminum adjuvant, how do you even explain that away other than they'll say if you talk to the NAH office that studies aluminum adjuvants, they'll tell you we know aluminum adjuvants are safe. We've been using them for decades. Have you done studies on it? No, but we've been using them for decades. We'd know by now if they weren't safe. That's what I was told when I actually talked to somebody at the NIH who looks at aluminum adjuvants.

The media won't cover it. How can mainstream media cover it? There's seven basic mainstream media outlets. They're owned by huge conglomerates. Who is their number one advertiser? In a non-campaigning year, in a year where we're not, we don't have elections, I think drug dollars, advertising dollars from pharmaceutical industry is somewhere between 70 and 80% of the advertising dollars, in news, in media so think about that for one minute.

How can any mainstream media cover this? They really can't. They can't. Their hands are tied. They'll lose their advertising dollars so the media outlets aren't going to publish this. The academic writers get vilified because if you're from an academic center and a large portion of monies for your chair or for your department or for the medical department down the hall if you're in anthropology is coming from the pharmaceutical industry. Basically what happens to you is you become vilified because you're losing funding.

They'll be a threat that well if you want to see another 250,000, go to your chair or if you want to see another five million, go to your department for research, you better shut this person up. That's what gets done. If you talk to people that are whistleblowers, they'll tell you this. They'll tell you this in the academia. They'll tell you this at the FDA. Nobody wants you to blow the whistle because that means somebody is going to lose funds.

Now at the FDA, the EPA, the HHS, anything under the HHS so the CDC, the NIH, all of these places that are regulatory agencies or advisory agencies for the federal government, there is no whistleblower protection. While somebody could say well wait a minute last year, December 2012, we finally got whistleblower protection for federal workers. That's true except there was a caveat.

The caveat was for anybody who's a federal worker for healthcare, you cannot sue a vaccine manufacturer. You can't

sue them. Since 1986, there's been the vaccine National Vaccine Act which protects the vaccine industry from direct lawsuit. In February 2011, it was opined by the Supreme Court that you can't even sue them for faulty design. That's what [Sculia 01:41:29] opined in February 2011 that even in a faulty design case, you can't sue them because vaccines are faulty by nature.

Their legal classification is unavoidably unsafe. That's their legal classification so caveat MtaR except that at the state level, they're mandated for public schools. You've got a huge disconnect again. Therefore, there's also this court, the court that you have to go to if your kid's been damaged or you've been damaged by vaccine is a special court with special masters. It's run by the federal government. The monies are taxes that people pay when they buy vaccines. When they pay for vaccines, there's a tax put on that. That money is collected.

If the federal government that has these special masters that then decides who gets to be seen or heard in vaccine court on what wins and what doesn't win and it's a very small percentage by the way that gets to go and a very small percentage that wins but to date, there's been billions paid out in damages.

The US government, the Department of Justice, the DOJ will not get behind or be involved in a lawsuit that has to do with a vaccine. They will if it's a drug so it could both be Merck, let's say, or Glaxo or Baxter. If it's a lawsuit that's involved one of their drugs, DOJ will get behind them. It's all so complicated but there are so many conflicts of interest.

It's such high-level and such a deep level that we have a system where if there's no post surveillance penalties for killing people and maiming people, how are we going to hit … So there's no incentive for this whole industry to create a safer vaccine or a more effective vaccine. Forget the vaccine, I mean vaccines probably already even the best way to deal with

preventing disease anyway but there's no incentive to create a better product to prevent disease.

Why would there be if you have no downside for creating a faulty product or defective product or a product that doesn't even really work well but you're making money and it's status quo and you've got the State Department buying your vaccines and states buying your vaccines for their Medicare patients. It's business as usual. There's nothing driving improvement and product.

If you look at the flu vaccine studies, the large-scale meta-analysis studies that are done by the Cochrane elaboration. The Cochrane collaboration for people who don't know is an international collaboration of researchers, scientists, doctors who pulled together, there's no industry money taken for the studies, they never get funding from industry. They are really considered the gold standard.

I mean governments around the world look to Cochrane for outcomes. Every time there's been a meta-analysis done on flu vaccine by Cochrane, it's always ended in the same note that it really doesn't do very much. I mean, you have to vaccinate 100 healthy adults to get one less flu and that's the best, that's in the best of times. You've got the deal with matching the flu strain, that's one issue but even if you've matched the flu strain, first of all, let's talk about the real numbers, who really gets flu, how many people really get flu. I mean the CDC would love to have you believe that thousands of people die from flu every year just in the United States alone.

I'll give you a great example. 2001 was a big year for upper respiratory infection. There's a reason for that just like last season was a big year. Every 11 years, we have the cycle of increased upper respiratory infections and it has to do with sunspots and UV solar radiation reaching our atmosphere and vitamin D levels that are stored in the summer. It really has a lot to do with vitamin D because vitamin D drives our innate

immunity. We have these cycles. So 2001, the last great big cycle for upper respiratory infection, the CDC published that about 60,000 people in the United States died that year of flu.

Okay, well, Peter Doshi and his crew and Peter Doshi is a post doctorate fellow at Johns Hopkins who's really wonderful and is just an amazing analytic scientist. At the time, he was still getting his PhD at MIT. He actually looked at this because he was studying Tamiflu and he was working with Cochrane. It turns out that out of the 60,000 people that the CDC said died of flu that year in the United States, there were 18 confirmed deaths from [inaudible 01:45:55] that's like 18, not 1800 even or 18,000, but 18.

That's just a huge discrepancy. I mean the discrepancy is so great and then if you … I don't remember the gentleman's name at the CDC who talks about how they guesstimate but they admit that it's a guesstimate based on the best resources they have. What they do is they pull all deaths that in the winter have anything to do with respiratory symptoms together and they all labeled them as flu deaths whether they've even documented flu or not.

Last year, we had a lot of flulike what we call it ILI, influenza-like illness but if you looked at the actual studies, a third of these were coming up positive for RSV, respiratory syncytial virus which is another vaccine story, actually a whole nother story to talk about, but it was RSV.

It wasn't influenza. We were seeing a fair amount for influenza about 15% were coming up positive for influenza which is actually a large amount for us. Typically in any one year it's about 7% of people tested for influenza that are diagnosed like if you go to an urgent care or an ER and they bother to test you. All these people that are told they have flu, 7% actually have influenza at any given year so out of 100 people who were told they had flu, seven probably actually had influenza on an average year.

Last year, it was slightly greater but there was also a lot of RSV going around and Coxsackievirus. It all gets labeled as flu. The CDC loves to promote the flu vaccine because the CDC has been very much in cahoots with the industry but we have even people at DARPA meetings, the defense meetings talking about that these vaccine is not working. It doesn't work. It's a waste of our money. It's a waste of our time. There's a lot of reasons why flu vaccine makes no sense. I mean one of the reasons I started talking about which is innate immunity versus acquired immunity.

What vaccinations give us if they give us anything theoretically is acquired immunity. They promote an antibody response or they passively give us antibodies. In the case of most viral illnesses, really what matters most actually in any illness, what matters the most is innate immunity and innate immunity for the most part is genetic and vitamin D dependent. We know that if you're vitamin D deficient, you're going to be much more likely to contract not only viral infections but fungal bacterial infections, certainly all upper respiratory tract infections and cancer because to some degree cancer is an immune issue or immune failure issue.

The flu vaccine makes zero sense, there's no body of work that shows that vaccinating healthcare workers prevents spread of flu. We know that actually things like washing hands helps prevent the spread the flu but adequate vitamin D level makes more sense keeping people at home and again it's not even influenza that what we're seeing in the patient body in healthcare workers for the most part out of 100 healthcare workers who were told they had flu, we know only seven probably have flu.

The vaccine on one hand isn't really covering most respiratory illnesses that we see in the winter, if not, covering 93% of them so right there and then of the 7% that it covers, it's about 33% effective anyway so that's why you have to vaccinate 100 people to get one less flu. There's the downside.

How much Guillain-Barre are we going to see? Guillain-Barré is a viral post infectious postvaccination syndrome that is loss of myelin in the nervous system so we see paralysis. The reason we tend to see it post flu vaccine is that most flu vaccines are made in egg medium and the most common reason for Guillain-Barré's is post-Campylobacter infection which Campylobacter is something you get from eating raw chicken or uncooked chicken or uncooked eggs. It's one of the bacteria that can invade chickens.

If you get Campylobacter, your antibodies can often cross-react with your myelin and that's why we see and that's when we saw with the swine flu vaccination in the 70s huge problem with Guillain-Barré. That was such a big debacle in the 70s, that swine flu vaccine debacle. Many people died and thousands became paralyzed with Guillain-Barré and permanently injured with Guillain-Barré.

There was a lot of money paid out and that was really the start of the creation of vaccine court was that flu vaccine push. We know what works in terms of keeping populations healthy. I'll give you some good examples but let's go back to the early 1900s, late 1800s, early 1900s. People died in droves. Any infection could kill people especially in crowded city centers where there was a lot of sewage, sewage wasn't being treated. There wasn't fresh water. Water was contaminated. The most common reason people died in this country and in most countries was diarrhea.

Diarrhea was the number one cause of death but if you look at the graph, the statistics on mortality rates and what they were from especially infectious disease or just mortality rates in general, scurvy was on top of the list and it was the same rate of disease and declined at the same rate as tuberculosis, cholera, scarlet fever, yellow fever, pertussis, measles.

People die from all these infections but they died from scurvy at the same rate. Once the death rate from scurvy started

dropping, we see all these infectious diseases dropping at the same rate but what else was going on at the time? Why aren't people [inaudible 01:51:38] from scurvy anymore? Well, we have trucking, we have railroads. We're getting produce lemons and limes in the winter so people aren't dying of scurvy in the middle of the winter and dying from other diseases because they don't have adequate vitamin C.

We also have sewage treatment. Sewage treatment, the advent of sewage treatment was huge in this country, huge anywhere. Having water that's not going to give you diarrhea so you're not constantly being bombarded with infectious agents so all these things. In this country, we did not vaccinate away cholera. We didn't vaccinate away tuberculosis. There were sanitariums in the 20s and 30s even the 40s from tuberculosis. We didn't vaccinate that away so there's a lot of things that people think of that we vaccinated away but we never did in this country.

It was all actually changes and improvements and public health and just sanitation and water and nutrition. That's really what we need.

I was in Haiti several times after the quake and I was there the last time for the cholera of response, what happened politically for the cholera response was very interesting because we saw a big push for the usual players to receive State Department money for cholera vaccination to vaccinate away cholera. Now, that makes no sense.

We're talking about a population where there's not adequate sewage. There's not any sewage in fact where I was. You go up to Hanjin, you go to the rivers where the cholera spilled over from the Nepalese visiting from the UN and it wasn't their fault but it was really the contractors' who built the toilets fault.

If you look at that area, they're cleaning the water in the river that's loaded with cholera, they were using that water for

drinking, for cooking. There's no toilets. There's just outhouses. They don't have clean water. Okay, the money spent on the cholera vaccine which there was going to be just a few million doses or a million doses and the vaccine only last a few months. They weren't cleaning up the river. They weren't bringing fresh water or clean water, water treatments to the area. They weren't bringing toilets or sewage to the area.

The money would be better spent with normal just public health measures. That's what makes sense. What we know is that people with adequate vitamin D all winter don't suffer the same way that people who don't have adequate vitamin D all winter suffer from upper respiratory infection of all kinds. There's numerous studies on looking at intensive care unit admissions and children and elderly people and people who get intensive care admission with respiratory illness who wind up being on respirators, they all have low vitamin D levels.

We know that vitamin D is very important for respiratory infections and immune function in general so really better measures would be nutritional measures, making sure that areas that have a lot of problems with illness like Third World areas, like Haiti for instance, that there's adequate nutrition. In their case, it's really the water in the sewage that's the issue but people like to attribute the reduction in mortality rates from infectious diseases to vaccination.

In fact, that's not the case and all these things that we do use vaccinations for, the morbidity and mortality rates were already low. They were already where they are now. The mortality rates were already flat before we introduce the vaccinations. I know that that sounds so kind of sensational if you're not used to hearing that but it's very easy to check what I'm saying because the graphs were there. They're at all the medical school libraries. They're in government libraries. These are statistics that are published, that have been published for years. This is just I'm talking about looking at statistics from

the government of England, Australia, Canada, of United States, medical graphs that were official, official graphs.

If you look at them, you'll see that the mortality rates were where they are now prior to the introduction of vaccination. What you really have to look at is are we getting rid of disease because it's a pain in the ass. That was the case with the chickenpox vaccine. It was the first vaccine that was being promoted because it saved parents time off work. It saved them money. That was how it's being promoted.

When I was a resident in pediatrics, I was told we'll never promote this vaccine. This vaccine will never be a recommended or mandated vaccine because all vaccines come with risks and chickenpox is so risk-free. Of course you like to hear children died from chickenpox. Yes, on average in the United States, there were 100 deaths a year from chickenpox on average. Half were children. The other half were adults.

If you look at who died, it was kids on chemo. It was people who had immune deficiencies who were on steroids or chemo. They would have died from any infection, I mean really. It's really in 100 out of how many million, that's not considered a problem. I hate to say it. Of course if it's your child or your spouse who dies or you, it's a problem but if you look at statistically a hundred deaths out of how many hundred million people we've got in the country, it was a really low rate. It was people who are immune deficient.

The problem with that vaccine is many more deaths from the vaccine than we would've seen from chickenpox because now what we've done is we've shifted the burden of disease from chickenpox to shingles. The mathematical biologist actually published before we recommended the vaccine in this country and in England, statistics, they looked forward and said, "Based on what we know about this disease and how we stay immune to shingles, that if we introduce the chickenpox vaccine to the public at large, what we'll do is we'll see a shifting of the

disease burden from chickenpox to shingles and we'll have shingles coming at much earlier rates, at much younger rates." They were right.

They've been proven to be right. That's an easy thing to model because what a lot of doctors don't even understand is that chickenpox like pertussis needs to be in the environment so we can be constantly exposed and the constant exposure maintains our antibodies and keeps us from getting shingles which is why when I was a young kid, the only people that got shingles were very old people because they weren't exposed to young children anymore.

If you're out in the environment and you're exposed to the population at large, in young people, you are exposed to chickenpox or you were exposed to chickenpox and it kept your antibodies adequate to suppress shingles from coming out. It's actually what we've done is now we've shifted the burden.

Shingles is infinitely more deadly. It causes a lot more morbidity. It'll also cost us a lot more. You can find articles in very mainstream journals about how the burden now has increased our expenditure at the hospital level for hospitalizations from shingles.

My greatest fear, I believe, has been realized unfortunately and that is that we have a whole generation of children that are really damaged. I see a lot of these kids in my practice. I see a lot of parents who are going through just a lot of depression and anxiety because they have children with these issues. There's no end for them. Everyday is a huge challenge. I can't even imagine what their life is like.

My worst fears unless I can't imagine bad enough are realized. We've damaged a whole generation of children. We're damaging more. Now with the HPV day 1 of life along with Hep B day one of life in this country, I can't even begin to imagine

what we're going to see. Any parent who agrees to give their children a vaccine day one of life already doesn't get it because also the Hep B vaccine by the way is sexually transmitted, the antibodies we don't know how long they last.

They last 10, 12 years really is your kid in the firs, in grade school having sex or shooting IV drugs? I mean, we've already pulled the will over our public's eyes. We already have a whole generation of really damaged children. We've got parents whose lives are ruined, kids whose lives are ruined. We've got my children's generations is going to be supporting all these damaged kids.

Who's going to hire them, what kind of work are they going to do? I mean, there's just things that we can't even imagine. I know what to attribute autism to. I mean while I don't say it's 100% due to vaccination, I think environmental toxins are the problem. We didn't see autism. Autism is not even in the literature until 1937. It's not described in the psychiatric literature until 1937. The first cases were of children, of doctors and researchers, did you know that? The first few cases described, I forgot the psychiatrist's name but was of children, of doctors and researchers who were all working with mercury and would come home covered in mercury. It was in their clothing.

That was the treatment of choice for anything in those days. I don't think it's all mercury by any means. I think mercury has been a problem. We do know that autistic rates are higher in the areas where there's big mercury problems in the soil and in the air and water but we know that aluminum is neurotoxic. We know that viruses can cross the blood brain barrier when presented with heavy metals because they opened the blood brain barrier with something called Polysorbate or Tween 80 which is used in most vaccines now.

It breaches the blood brain barrier. We know it reaches the blood brain barrier because it's used in chemo for brain cancer,

for that specific reason. If you're putting in live viruses or attenuated viruses along with something that you know is going to breach the blood brain barrier, what you're going to see is something called microglial activation which is a chronic activation of the immune system of the brain.

When you have that at a certain phase of development, you get autism if you have that in a later phase and in an adult, you get chronic fatigue. You might get dementia, you might get ALS or Parkinson's, things that we can't imagine but we do know that when you can reduce inflammation in the brain that a lot of those diseases I just mentioned improve and we know from auto post, an autopsy slides of the brain that we do know that with kids with autism where we looked at the brains and some of these other diseases, some autoimmune diseases, we see microglial activation.

That's a chronic stimulation of the immune system in the brain which is not a good thing. That's what's causing the autism. That's the best bet we've got so far that that's what's causing autism. There's probably a lot of ways to get there, probably a lot of ways to get to chronic activation of the immune system in the brain just like we were seeing an explosion of autoimmunity in our public, and children.

That's why Diabetes type I is on the rise. It's associated with autism by the way. We're seeing a lot of cases of kids with autism and diabetes type I which is an autoimmune disease, celiac, gluten insensitivities with kids with autism with a lot of kids on the spectrum, a lot of kids with other types of brain disorders like OCD and ADHD, we're ruining our environment internally and externally and we need to use something called the precautionary principle. We don't use it in this country. We don't use, we don't even talk about the precautionary principle.

In public health, it really amazes me when I was studying for my Master's, my public health teachers talked about

somebody had brought up artificial sweetener and how it was toxic and should be taken off the market and they said, “Well until we see it’s proven toxic, why would we take it off the market?” I said, “Actually you have it backwards. You're teaching public health and you’re telling your students that the burden of proof should be on the public to show that something that’s created man-made that an industry is spewing into our environment is safe, we have to prove that it’s dangerous. No, the burden of proof should be on the industry, not on the public.

Patrick Gentempo: I really hope you enjoyed episode one, and we’re wowed by the information that you got by these experts. This is just the first day. Tomorrow is another mind blowing day as we escalate the information and the intensity of this issue as it needs to be because of what’s at stake.

Tomorrow we have Dr. Suzanne Humphries, maybe one of the greatest experts in the world on this issue, you want to hear what she has to say. We also have part one of our interview with healthcare activist Sayer Ji. Sayer is the founder of GreenMedInfo and I went to Florida sit with him. That interview was amazing and brilliant and bright. You’re going to enjoy part one of that that’s coming tomorrow.

Also, a very critical dimension of the whole vaccine issue is the legal dimension. We have scholar, Mary Holland with us tomorrow and you’re going to find some startling truths about the legal implications of this whole vaccine issue and vaccine mandates. It’s an amazing balance of presenters tomorrow. It’s spectacular in its scope and it’s just going to build the momentum of our series day by day by day.

You have something else to do right now. This information is critical and needs to get out there in the world. This is all free. We produced this and we’re streaming it all online worldwide at no cost. The information however is extraordinarily valuable. I want you to share it with your family, share it with

your friends. Get people to come to vaccinesrevealed.com to register for the free series. We have so much more great content coming in the days ahead. I don't want anybody to miss it and I will be there with you step-by-step every step of the way.