

VACCINES REVEALED

Episode 2 Transcript

Patrick: Welcome to episode two of Vaccines Revealed. I'm your host, Dr. Patrick Gentempo. We've got a heck of a day planned for you today. In this episode, we open with an interview of Dr. Suzanne Humphries and Suzanne Humphries is considered by many to be one of the greatest experts on this issue in the world. You want to hear what she has to say about this. Secondly, we have part one of my interview with Sayer Ji. Sayer Ji is a health care activist [inaudible 00:00:31] throughout the world. He's the founder of GreenMedInfo, and he has such an elegant way of describing the considerations around this vaccine issue that you'll want to hear. In our final interview for today's episode, we have legal scholar, Mary Holland, an enormous expert in the legal side of the whole vaccine issue. Let me tell you, that's a big piece of this puzzle. As you're learning about vaccines, as you're learning about what's going on there in the world, understanding the legal dimensions of this issue is absolutely critical. I'm thrilled that you are here with me right now, and my sincere hope is that it adds value to your decisions and your life.

Suzanne: My name is Dr. Suzanne Humphries. I'm a medical doctor. My specialty is internal medicine and nephrology, which is kidney specialty. Over the past three to four years, I have moved more towards a holistic orientation with an emphasis on the study of vaccination efficacy and safety and necessity.

Speaker 3: Dr. Humphries, when you first began practicing medicine, what were your views on vaccinations and vaccines in general, and how have they evolved or changed and what are they today?

Suzanne: Today, I'm anti-vaccine. However, ten years ago, I was not anti-vaccine. I was agnostic about vaccines. I was raised up medically in a system that loved vaccines and that has faith in vaccination. I've written many orders for vaccines. I've received vaccines growing up. I received them before medical school. Frankly, I never thought about them all that much

because we're not taught about what's in vaccines in medical school. We're not really taught anything about the downside of vaccines in medical school. We're given the schedule for pediatric vaccinations and told when they're due, and we administer them, which is what I did rotating through my pediatric rotation, really not thinking about it all, never asking patients when their last vaccine was when they would present with a problem. Given that vaccines are actually drugs that have lots of chemicals and impact on the immune system, we really should be asking that. It wasn't until later in my career that I began asking those questions, after I started noticing certain things happen. That's when I started doing my research, and I moved from agnostic to someone who questions the necessity of vaccination in this day and age where we are today.

Speaker 3: Do you think vaccines are safe?

Suzanne: Well, the reason I say that I don't believe that there's guarantee for safety with vaccination has to do with where vaccines originate, what is in them, and the lack of studies that we have comparing vaccinated individuals to unvaccinated individuals. The reason most of us have faith and don't question vaccines is because we've all been vaccinated, because we don't have a look at a group that's been completely unvaccinated. It wasn't until I actually had experience with a group of people, children who were totally unvaccinated that I started to see that what we expect as childhood illness and all the things that happen as we age has something to do with vaccination because that was the only thing that was different about these children that I met about four years ago. I've never seen such healthy children. They did get whooping cough, they did get chicken pox, they had the normal childhood illness, but they never required antibiotics. They were never sick for longer than 24 to 48 hours. They were brighter, smarter. It was like talking to aliens after seeing and meeting unvaccinated children. That's one of the things that

got me to really start investigating further was when I noticed that difference.

I think most doctors and people like you don't have to opportunity to really appreciate the difference between the vaccinated and an unvaccinated person, let alone populations. What we need is a study that actually looks at these vaccinated and unvaccinated populations and that study hasn't been done. Whenever you want to test any drug to see what the effects are, negative or positive, you need to compare vaccinated and unvaccinated individuals and if you want to know the long terms effects or downside or upside of the intervention, you have to follow people out for a long period of time. That's never been done with any vaccine.

If you think about what's in a vaccine, which most people actually don't think about, because they don't know, because it's really not advertised to doctors, it's not advertised to people who are recipients, potential recipients of vaccines. Once you start to look at how a vaccine is made and what's in it, questions have to arise as what could possibly go wrong here that we're not picking up in later years because some of these issues take weeks, months or years to develop. In order to make a vaccine, you have to first obtain the virus or a toxin from the bacteria or a piece of the bacterial cell wall, so you first have to extract disease from an animal or a human. For instance, with measles, they got blood of somebody who had measles, and they incubated that through a series of cell lines, because you can't just inject live measles into a person. You first have to do what they call attenuating it, which is to make it less virulent.

In order to do that, you pass it through different cell lines. Some of the cells lines that they pass this measles through are human cells, amniotic cells of human beings, chicken cells, monkey kidney cells. That's what they do after they get the original virus. They have to pass it through to attenuate it. Then after they do that, they have to multiply it so that they

can make massive amounts of vaccine. In order to multiply it, they'll multiply it on all different kinds of cells, like something called a madin-darby kidney - this isn't for measles, but for flu shots, for instance - madin-darby kidney cells, which are Cocker Spaniel kidney cells that have been made tumorigenic, so that they multiply rapidly.

Now, part of those cells go into the vaccine. Fetal lung cells, which came from an abortion in 1966 are some of the other cells that these vaccine cultures are grown on. Monkey kidney cells are still used today, and they've been used for a very long time. All of these things, all these animal cells, animal DNA are part and parcel with a vaccine. It's even listed on some of the package inserts. You can imagine that different diseases can be picked up along the way and that has happened in the past. There have been monkey viruses that were finally, after 30 years, acknowledged to have been causing tumors in human beings and associated, heavily associated with tumors in human beings. Simian virus 40, if anyone looks that up, it's all over the medical literature. This is not a cult science. In addition to that, there are various unknowns that can't be picked up during testing, because if you don't know something is in a vaccine, you can't test for it. You have to have a specific test developed to detect any sort of unknown viruses and things have been found by third parties, viruses. Stray viruses have been found by third parties in vaccines.

There's a lot that we don't know that happens with vaccines. Say somebody gets a vaccine, and they develop a viral illness afterwards or tumors afterwards, can we guarantee that person that the vaccine didn't cause that? No, we can't guarantee, but most doctors in the medical profession and most lay people will never make any connection between the two things. There haven't been any studies to really assess the difference in cancer rates between vaccinated and

unvaccinated, but we do know that cancer rates have gone up as the practice of vaccination has grown. We do know that.

In addition to any kind of stray viruses that come from animals and animal cells and animal DNA, there are all sorts of chemicals that come along with vaccines. Formaldehyde, which is a known toxin and carcinogen. There still is mercury in vaccines and there was a lot of mercury in vaccines before they removed it, but there still trace amounts of mercury in some pediatric vaccines and there's still mercury in the multi-dose flu shots.

Speaker 3: Are there any things in vaccines that are beneficial or necessary for good health?

Suzanne: Well, I believe that people should maintain the right to have vaccines if they want them. What concerns me most about the practice of vaccination is that people who don't want them are losing their rights to refuse them and that there are more and more vaccines being recommended to children and to adults all the time. When I was growing up, there were about six vaccines in the schedule. Now there are about 32 vaccines in the schedule. When I was growing up, we didn't get our first vaccines until we were around kindergarten age. Now infants are getting their first vaccine when they're hours old. When I was growing up, adults didn't get vaccines routinely and regularly, but now adults are being recommended to get influenza vaccines, whooping cough vaccines and measles vaccines. The more vaccines we use, ironically, the more vaccines we need, because what happens is we lost the natural immunity. For instance, with measles, people would develop long term immunity for up to 75 years. There's studies that were done in the Faroe Islands that showed that once somebody had measles, they stayed immune for 75 years. It's a long time to stay immune.

With the vaccine, the kind of immunity that's provoked is not the same as when you develop a natural disease, and it doesn't

last as long. If you vaccinate a little girl for measles, she may stay immune to measles for 20 to 30 years, but when she goes to have her first baby, she's not going to be passing her immunity onto that baby the same and as well as she would have had she had the natural disease, because vaccines don't impart the mucosal immunity, so her breast milk won't be as full of protection as it would have been. This is proven in science medical literature as well. I've written about it and it's in conventional medical literature that vaccinated women do not impart the same degree of benefit to their infants as women who have had the natural disease.

In addition to that, both her child and she will not maintain long term immunity because we don't have measles around circulating anymore, because part of the herd immunity that was happening, where the term herd immunity was coined had to do with measles, and it had to do with the percentage of people who had had measles and were immune to it. It had to do with the circulation, the ongoing circulation of that virus in the community, which was actually beneficial to adults, because they were re-exposed over and over. The same with whooping cough, the same with chicken pox. Look at chicken pox today. Chicken pox, most people know chicken pox is a pretty benign entity. Now we're vaccinated for chicken pox and hey, the vaccine's working. We're not seeing as much chicken pox, so that seems like a good thing. However, what we're seeing more of now is shingles, because those of us adults who need to be exposed to ongoing chicken pox through children aren't, so we're not getting those natural boosters and so what happens is our immunity level starts to drop, and the virus can come out our spinal cord and give us shingles, which is basically it's a very painful pustules in a specific area on the skin.

This has happened both in children and in adults now. I don't think this is an overall benefits. There are many countries who have refused the very vaccines that we're giving in the United

States, so there are other countries who actually agree with me, and their policies are in line with my thinking, that there're too many vaccines, too early and that there's no end in sight to how many vaccines people are going to be recommended to have, because the more acceptance people have, and the more fear they have about disease, and the less they know about what they can actually do for these various diseases, which there is a lot we can do, and a lot we know about today that's actually promotes health, the more of a problem it is.

There's no possible way that injecting animal matter, live viruses and toxins as well as chemicals, formaldehyde, aluminum actually promotes health. This is not a holistic practice. Anyone would have to agree to that. There's nothing biochemically, medically necessary that anything that's in a vaccine, it does not fortify us. Vitamin D does, vitamin C does, good nutrition does, good hand washing does, getting sleep and getting adequate all benefit us and fortify us and all of those things are what contributed to the decrease in mortality of the supposed vaccine preventable disease before these vaccines were ever invented. What most people are unaware of is that the mortality for a disease like measles and whooping cough was down almost 100% before the vaccines even came on the scene in the developed world. That's pretty startling.

Now imagine if somebody invented a drug that decreased mortality by nearly 100% for any disease. That would be a pretty big deal, wouldn't it? You would hear about it all the time, but yet we don't hear about how hygiene and nutrition is really what prolonged our life expectancy and made us healthier as humanity after the 1800's when we really hit a bit of a pothole as far as sickness and disease went. I think that's a major big deal that needs more focus, but when these vaccine campaigns are initiated, we never hear about vitamin D and hand washing and even fermented foods that contain isoflavones that actually have benefited and documented effectiveness and polio prevention. Why aren't we hearing

about this with the hype. Always we're hearing about is scaring the population and getting them off to get their flu shots because we're running out of supplies. I don't believe any of that's true. I've investigated that. I've investigated the data on prevention of these disease, especially influenza with the flu shots. I don't think the data is there.

There are other professions that agree with me. Dr. Thomas Jefferson, who heads the Cochrane Collaborative Research Database on influenza, also agree with me. He is been outspoken about how the pharmaceutical industry and policies are really hyping up the danger of influenza and the effectiveness of these vaccines, but you would never know that by listening to the television or reading the newspaper. I'm quite concerned about the publicity that vaccinations are getting because it's not balanced, and the science isn't there, because we've never done a vaccinated, unvaccinated study. Even vaccine studies that are done properly don't follow people out long enough beyond four weeks. Most of them, it's 24 to 48 hours. They're not looking for the right things. They're not using just one vaccine. We have to look at necessity. We have to look at effectiveness and what effectiveness means is not just does it stimulate an antibody in our systems. That is almost always how trials are done, however, is just to look at how much antibodies stimulated in our systems after we're injected with the vaccine and what kind of titer. Usually around one to four is considered immune for various viruses.

In order to really know if a vaccine is effective, we would have to intentionally expose the vaccine to the virus and see if they became ill. We would also have to know whether that person was already immune to that particular virus or not, because say I'm already immune to chicken pox or to the flu, whatever strain is circulating, and you give me a vaccine, and I don't get sick. Well, we don't know if I didn't get sick because I was already immune because I've contacted it naturally in the past and perhaps had a sub-clinical case, which does happen with

measles, with chicken pox, with influenza or whether the vaccine actually had that much of an effect that prevented me from becoming ill. We don't have studies like that. We just have studies that look at the antibody generation after a particular injection.

Now, the other problem is that the influenza virus is an RNA virus, and it's a very unstable virus, which is why we have to every year go and create a new vaccine that has different strains in it, because there's all this strange shifting. There's drifting and shifter, which are two different things. Just to say that it's an unstable genetic makeup that changes. If you don't have an exact match in your immunity and your immune system from that vaccine, then you can't say that that vaccine actually helped you. Say we vaccinated the entire population, well how many of them actually were prevented from getting the circulating strains. Well, we don't really know that, but they have taken some look at this. In order to take a look at it, you would have to basically get a viral culture from a person who becomes ill and verify that it is influenza A or influenza B and what strain it is. Then to see if it actually is a strain that matches the vaccine that the person received.

They find that it's actually a fairly low percentage of matches that happen when those studies are done, somewhere around 13%. Now, looking at that, can we say that we have 99% effectiveness, if there's a wild card in strain matching and strain shifting? No, we can't. What's more important to be is that the focus has long been on giving vaccines to prevent disease. Like I said before, a vaccine does not fortify our immune system. It stimulates the immune system, but it doesn't make it healthy or smarter or stronger. It basically makes it have to work hard so that it can't be doing other things in the meantime.

There was a study that came out in 2012 by an author named Cowling, C-O-W-L-I-N-G, and they used a true placebo in this study, a saline placebo, and they vaccinated half of the people,

and they didn't vaccinate the other half of the people. They found that there was no difference in the contraction of influenza between the groups, and they found that the vaccinated group had a five to six times higher rate of non-influenza viral illnesses. Why could that possibly be? Well, we know why that could be. There have been theories written about how immunity works since the 1940's and 1950's. One of the theories has been coined original antigenic sin. What that means is that your first exposure to a virus leads you to respond to that particular virus so that if you're exposed to another virus that's similar to it, you won't fully respond to that second virus.

We saw this happen in the swine flu pandemic year, where people were more susceptible to the swine flu who had had the seasonal flu vaccine the year before. That's also documented. There are so many unknowns about the immune system, but we do see, in this study, that there were more non-influenza viral infections in the people who got vaccinated. What happened to their immune systems? Did they develop enough antibody? Well, they probably did, but it didn't protect them. Why didn't it protect them? Those kind of studies need to be done because the viruses that they contracted, Coxsackievirus, Echovirus. These are viruses that are pretty nasty that we don't have vaccines for and that back during the polio days, were responsible for part of the paralysis that we were seeing that was called polio that actually wasn't caused by polio viruses.

These are questions that need to be answered, because vaccines have other effects. They do have downside and there's still so much we don't know about the immune system. The immunology literature admits that we barely know the tip of the iceberg about how the human immune system actually works. It involves cascades of T cells and B cells and antibody generation, but antibody generation is actually what happens at the end of an infection. The first line of defense for all of us,

the reason we don't die from every infection we have is because we were endowed with an innate immune system. This is the part of the immune system that vaccines don't provide. It's basically the immune system that our thymus was educated in and over and over and over as we've survived exposure in the environment. Those are the cells that are ready and waiting to attack, the ones that don't have to be trained. That's a powerful part of our immune system that's significantly overlooked. That part of our immune system requires vitamin C.

I believe that most people are walking around in a sub-clinical state of scurvy because the recommended daily allowances for vitamin C is only 90 milligrams per day. That's not enough when you consider what we're exposed to in this day and age. If you smoke one cigarette, that utilizes about 50 milligrams of vitamin C. That should tell you that most people, just what we're breathing, what we're eating, what we're having to process, because vitamin C does so much detoxification and supports our immune system, that we're not getting enough. If we just look at that, why aren't scientists looking at that and advertising that?

Well, how much money could we make by selling vitamin C? Not very much. How much money do we make by selling vaccines and implementing them to the entire world's population, starting at one day of age and giving flu vaccines to six month old babies for every year for their entire life? How much money is to be made on that? Significant amounts of money. It's an industry. It's an industry with think tanks. It's an industry with government support. Natural, holistic health doesn't have that. That the population is not being offered fair and balanced information, and they're not being offered alternatives that actually fortify their innate immune system and their overall health.

Speaker 3: Were there specific events that challenged your personal views on vaccines?

Suzanne:

Well, the evolution to where I am now started when I first met a population of school children who were totally unvaccinated. I noticed that none of them were as sick as I was growing up. None of them were as sick as the patients that I had tended to during my pediatric rotations. Their parents didn't expect their children to be that sick because they weren't that sick, so that was part of the beginning. Then when I was working in the hospital, in 2009, in succession, I saw three patients brought into the hospital with fulminant acute kidney failure, meaning they weren't making urine, and they required immediate dialysis. They had just weeks to months before had perfectly normal kidney function. Two out of three of them volunteers to me that, "I was fine until I had that vaccine."

I talked to the administration of the hospital because I thought they would want to know about this, but instead of wanting to know, they actively, rapidly refuted any potential correlation between the vaccine and the kidney failure, despite the fact that the nephrology kidney literature is full of case reports and potential mechanisms for how the components of vaccines and the initial inflammation that's caused by vaccinations can either exacerbate underlying kidney problems or create new kidney problems and vasculitis, which affects the kidneys. That fact that the potential connection was denied by my colleagues and by the hospital administration necessitated me to start doing some research and as I started researching just the influenza vaccine, the whole barrage of new information was available to me, not just on that vaccine, but on many other vaccines, on how vaccines are made, on the components and on the absolute denial that vaccines have any downside by the medical profession. Because of that, I was really drawn into the history of vaccination and then I started to discover that what we were told and what I had heard time and again by my colleagues in the hospital and by the hospital administration, which was the response to me about the flu vaccines, was that small pox was eradicated by vaccination and

polio was eradicated in the western hemisphere by vaccines, so what's my problem with vaccines?

At that point, I didn't have an answer to that question, because I was never taught anything about small pox and polio in medical school, but when I started to do the research and read the history books, both the pro-vaccine and the anti-vaccine literature, I was startled. First all, because what was in those small pox vaccines is absolutely disgusting and even some of the most ardent pro-vaccine people today don't want to give small pox vaccines to the population, because they know how devastating that is to the immune system. There were vaccines that were loaded with animal matter and debris and that caused all sorts of secondary infections in people. Yet, that is the one vaccine that's credited with the only eradication we've ever had. Isn't that strange?

Well, when I dug deeper, I found that the most highly vaccinated populations for small pox were the populations that developed some of the worst and most devastating and deadly small pox epidemics. This is not something that you can even have a philosophy about. It's hard data that you can look at what the vaccine rates were in different towns throughout Europe, different countries and also in the United States, because we started taking data in the United States in 1900 and in the UK, in England, in 1838, they started gathering data. We have data from there, so we were able to actually see what the death rates were from certain disease and what the vaccination rates were, especially with small pox. There is a correlation between the deadly epidemics, and the most highly vaccinated populations. This happened in Japan and Germany and England and the United States.

That made me want to learn even more about small pox and the small pox history, which is what we wrote in our book. Polio was another one, because that's one of the vaccines that really scares people, because they don't want their kid ending up in one of those iron lungs or having a crippled limb like that.

I used to share that fear. However, when I started reading about polio, because I was told that I should believe in vaccines because of small pox and polio, it was unbelievable what the history of that vaccine is, what poliomyelitis really is and how it's been defined over the years and how that's changed. It's incredible, and it's contorted and complicated that it took me 70 pages of writing to just barely tell the beginning of the story.

The fact that these vaccines are what doctors use to uphold their belief today in vaccination, I think also needs to be critically looked at by these doctors that are upholding their vaccine belief based on that, because what we understand collectively is really not in line with what the history books and what the data show. Anytime I was consulted with a patient with kidney failure and any other drug was thought by me to be causing the kidney problem, be it a cholesterol medication, a high blood pressure medication, a pain pill, an antibiotic, all very common causes of kidney failure. Any time I ever made that correlation, no questions asked, the drug was stopped, end of story. I was never considered a quack in my career. I was a highly respected nephrologist. I earned a good living, and I was teaching the entire time. Nobody ever had a problem with me ethically or philosophically.

It was only until I started questioning the practice of vaccination that this occurred. This happens with all sorts of credible scientists once they turn their backs on the practice of vaccination. We're automatically considered a quack, no matter whether we're Nobel prize winners or not, no matter whether we're neurosurgeons, no matter whether we're successful obstetricians, doctors of chiropractic, PhDs in neuroscience, PhDs in biology, PhDs in immunology. These are all people that are out there now speaking against the practice of vaccination, who are categorically, no questions asked, considered quacks. I think that that should raise a red flag for people. What I found is that when people hear me speak and

hear the pro-vaccine side speak, they're intelligent enough to make up their own mind.

Speaker 3: What is our best defense against disease?

Suzanne: Well, as far as fortifying our own immune systems, I believe this begins probably generations before we were even born, because there's a whole field now that's basically blossoming called epigenetics, which has to do with what's above the genome. It has to do with what our ancestors were exposed to, what kind of stressed they had, what they were eating, and what kind of disease susceptibilities we have. What we do has an effect upon what our children's susceptibility will be. I think this is very pronounced during the period of pregnancy. I'm very alarmed by the fact that pregnant women are now being recommended to get influenza vaccines and whooping cough vaccines, diphtheria pertussis, tetanus vaccines while they're pregnant. I'm very alarmed by that because the immune system begins during pregnancy. In addition to that, once an infant is born, there's a whole process in the birth that has to do with the immune system. Human beings do something that no other animal does and that is we immediately clamp the cord when the baby is being born. There's not other animal that does that. It actually doesn't make any biological sense.

What we're essentially doing is depriving that newborn baby of one third of its blood volume, of stem cells that that baby needs. The placenta is packed with stem cells and that's basically a stem cell transfusion and scientists are just beginning to understand all of the other benefits of allowing that flow into the baby. This is the way humanity and all mammals were actually designed for the birth process, so why are we clamping the cord immediately? That needs to be questioned, because that has long term effects as far as immunity goes on to children. It has effects onto anemia, stem cell transfusions and basically those stem cells are able to go in and mop up damage that occurred.

After the baby is born, should be put immediately to the breast, nothing in between, so the immune system begins going down the vaginal tract, getting the first swallow of probiotics. A c-section deprives that baby of that beginning of immunity. There's so much that has to do with normal microbes that live in our bodies. This is very important, I think one of the most important factors in our immunity that's leading people to believe that they need vaccines is that we are not cultivated the microbes that we need. We're not giving ourselves the probiotics that we need throughout life. We're deprived of them at birth. We're deprived of activated T cells, immune globulins and probiotics that come through breast milk.

A breast fed baby is completely different as far as what their stool component is to a formula-fed baby. Those things are very important foundations and the foundations of anything, whether it's a building or whether it's a human being, are extremely important and much more important in my opinion than fighting disease with vaccines. I'd really like to see more of a focus there and really educating parents and mothers as to why they should breast feed and how long they should exclusively do it for, because if they understood what they're giving those babies with that breast milk, they would be much more motivated to do it than just hearing, "Well, it's just better." Most doctors don't actually understand all the components that are in breast milk and scientists are continuously discovering more benefits of breast feeding. It has to do with higher IQs, lower type one diabetes, better immunity in the long run.

That's the foundation. After that has to do with nutrition. If a mother's eating poorly, her breast milk is not as high quality. If a child, when they start eating, is eating chemicals and high rates of sugar and carbohydrates and not enough fresh fruits and vegetables, their mitochondria aren't getting the power that they need to have to sustain an immune system. They're

not getting the vitamins and the minerals that they need for good, strong bones and an immune system. Those things are very important. I think birth and nutrition primarily the most important things. Then we have supplements. I like vitamin C because it's something that as mammals, as human beings, I should say, we don't make. Human beings, primates and guinea pigs don't synthesize our own vitamin C, even though we have the entire mechanism there. There's one gene for an enzyme that's defective.

We have to get that in our food, and because of the toxins and the viruses and the food that we're exposed to now, and the levels of stress the most of us are exposed to, that consumed vitamin C. Because vitamin C is a necessary factor for immune function, we're all in need of it. There's not known toxic dose of vitamin C. There's never been a death from vitamin C. There are some mild, potential downside to vitamin C in very high doses that people who are using it need to be aware of, but people need more education on the use of sodium ascorbate, because I have firsthand experience with it in the pediatric population and how incredible effective it is in calming the cough of whooping cough. I have had dozens of parents consult me because they had heard on the news how deadly whooping cough is. I've had anywhere from newborns up to 64-year-old people consulting me, terrified that they've develop whooping cough or that their children have developed whooping cough.

The first thing I have to do is calm down their fear. The second thing I have to do is get them on high enough levels of sodium ascorbate. Within 24 to 48 hours, those parents are relaxed. The babies do fine. The toddlers do fine. Can anybody say that about an antibiotic? What do antibiotics do? They destroy the normal gut flora, which is part of our immune system and that's another burgeoning arm of science is how our gut flora is actually part and parcel with our immune system. That goes with the mother too, that the lining of the intestine, and the

mother is lined with these things called peyer's patches, and they hypertrophy when she's breastfeeding because her body is taking what she's eating and the bacteria in her system into her system and out into the breast milk that educates that baby what's her, what's bacteria that's good and beneficial, what's disease and what's not. Basically, educating that baby's thymus and their immune system. The bacteria in our bodies, on our skin, in our throats, the proper balance of those bacteria in conjunction with a functional immune system is the best defense against any disease. Period.

Patrick: Sayer, first of all, thank you for doing this with us. We're very passionate about getting this information out to the world, as I know you are. What got you started? Why are you an advocate for the things that you advocate for?

Sayer Ji: I believe that what got me started in it was at a very young age, I was vaccine injured. From six months of age onward until 18, I was diagnosed with bronchial asthma, had many allopathic interventions to keep me alive, actually. In many ways, I believe that I'm the ideal case of someone who became an activist on the issue and educated on the issue because it was a necessity for me to figure out what had gone wrong in my health and wellbeing and then how to maintain it. Then, of course, being a parent of two children, the decision can not be academic. It's clearly in many way a life or death decision and it's a basic responsibility, so I had to go into the literature to really see what does the evidence say. Are vaccines as safe and effective as we're being told? I was shocked to find that quite frankly, there's very little literature that unequivocally demonstrates those two things: safety and efficacy. In that process, it became apparent to me that if I was given this opportunity to learn the truth, that, especially with the technologies available today, it would be easy to get that information out to the public. That became a hobby passion and then it became what I do as a living as well.

Patrick: You grew up in a, let's say, a biologically orientated household. Your father is a PhD. You're vaccine injured. Tell about your father's credentials and what his context was.

Sayer Ji: My father is a remarkable man because in many ways, he's more of a philosopher than a conventional scientist, just love talk about his theories. He was very much into experimental research. I remember very early on, he took me into the laboratory at Rutgers and he would just dispassionately vivisect a rat and keep its liver alive like some Frankenstein setting with a perfusion station, and it was all like for the benefit of humankind, right? Ostensibly, he was studying actually acetaminophen or Tylenol toxicity for many years. I was just so grossed out by it. I felt, "Wow, this is really the dark side of medicine. We're going to vivisect and torture and poison animals to try to figure out how to heal the body?" Early on, I was always obsessed in a way with trying to understand how was I born in this circumstance, my own health issues. I was basically, through osmosis, exposed to biomedicine at a very early age. My inclination was more towards the artistic realms, philosophy, art, but over time, I found myself being at least able to decipher the obscure language was biomedicine much easier because I had had an upbringing by a very intelligent, successful scientist.

Patrick: It's interesting, because you said you explore philosophy, but you also ... Your father, you said his PhD was in what subject?

Sayer Ji: Well, he's in toxicology, but molecular biology was his focus.

Patrick: Was his focus, yeah. Did you refer to him as theoretical biologist?

Sayer Ji: Yeah, because he could have take the route of getting grants and climbing the ladder of [clouts 00:38:14] and even salary. Rutgers is a research institution, but he chose instead just to follow his path of trying to understand the nature of the cell and ultimately through that lens, the nature of the universe.

He's doing a theory of everything, so that's inculcated to me a real interest in what is life and all these questions, so it was natural for me to go to college and study philosophy. I focused on the philosophy of science or phenomenology, because I guess in many ways, I was still trying to figure all these things out. What is true? How does the body work? How do you get sick? How do you heal? These are always questions all of us have to ask just by being alive.

Patrick: Now, your work in time has evolved into GreenMedInfo. What is GreenMedInfo? Why does it exist in the world?

Sayer Ji: What it is is just a by-product of me deciding that this treasure house of research we all have available to us: the National Library of Medicine produces Medline, which is accessibly through pubmed.gov, the search engine, and I liken it to global brain. Clearly it's on the internet. There's 26 million citations, but it's the medical convolution of that brain, so you google, but you're googling everything that scientists have ever published on biology, medicine, life science. It's really quite remarkable, so once I got familiar with it, I realized I could type in vaccine and type in maybe adverse effect, and there are literally tens of thousands of studies. I would use the research to balance out my assumptions or my own experiences, if I knew that tumeric, for example, reduced inflammation personally, I could go on Medline, and I would literally find thousand plus studies showing this to be true. I had never known that. The public doesn't know it. They still think that natural alternative medicine is quackery and woo and not evidence-based. They still think that if there are problems with vaccines, that there's no research to support that. There actually is quite a lot of research, so GreenMedInfo was a by-product of this discovery. I realize that if I indexed all these different ailments and substances and interventions like vaccination, the public would have an alternative, high gravitas source of information so they could have informed consent in their medical decisions.

Patrick: I give my compliments for greenmedinfo.com and know that it's having an effect in the world and that this information needs to get out there, so I'm an admirer of your work.

Sayer Ji: Thank you

Patrick: Interesting, then, so the picture that gets painted is you are a vaccine injured child, your father is a science researcher in the field of biology and that you evolved now to say that, "I've got a philosophical context for things. I got scientific background in experience through my upbringing and my education." Now you want to get information out to the world. Given your experience to date, what is your overall view of vaccines, and the whole vaccine campaign, if you will, out in the world, the force vaccination campaigning?

Sayer Ji: Well, my exploration of the published literature on the topic has been very interesting, because despite the fact that publication bias is a prevalent phenomena, meaning Merck, Glaxo Smith Kline can put billions of dollars into creating research that they then, after the results are available, can choose not to publish. There could be null findings or there could be negative findings. Although ethically, you should make that information available, that doesn't happen, of course. There is a lot of influence already at the level of how things even become published in these high gravitas journals. When legislators or vaccine advocates reference the published research and say, "Oh, look at all these studies showing there's no link with autism or vaccines are safe and effective," they're talking about an excreta of industry. The whole array of published research is already so biased and so what I was more amazed about was that when I looked at the adverse events research, there were literally thousands of studies proving that anything from sudden infant death syndrome to any disease you can think of is actually linked in the literature. There's at least a signal connecting those events.

Many of us, again, who have a personal choice, we don't believe that our bodies should be exposed to this, especially this route of exposure, we didn't necessarily know that the research supported us in this way. GreenMedInfo, one of the projects is to just collate all this research that isn't being reported on or that is claimed doesn't exist, showing the link between hundreds of diseases, some of them the very disease that they're trying to prevent and the vaccinations.

Patrick: Basically, what you're saying is that the people who profit these huge multi-billion dollar companies, who profit from vaccines, are also charged in many cases with the responsibility of researching the safety and efficacy of the vaccine. Quite frankly, if they don't like to result, they can just bury it, re-design and try to create another result. Incidentally, I've also known, in my own reviews, that sometimes what they'll do is say, "Oh, well we see a negative effect in 18 months. What's the data show if we cut it off at 12 months?" They'll just ignore the rest. This is kind of the fox guarding the henhouse is what you're saying here to a degree.

Sayer Ji: Absolutely, the statistics don't lie, but statisticians do is the whole aphorism and in the case of published literature on vaccines, it's pretty amazing that this discussion isn't even really held. The assumption is that it's really more a case of science by proclamation, or it's not evidence-based medicine. It's eminence-based medicine. You go to see CDC's site and there's a page on, "Oh, there's not link between autism and vaccination." They reference a handful of studies that actually, when you look at the authors, they have direct consulting relationships with vaccine manufacturers. It's just so clear that they're not actually providing the so-called evidence that is supposed to validate these statements. A lot of it is based on we assume by ... There's a cult of authority. If the CDC says it's true, that's science. Well, when you look at the science itself, especially in the case of the Cochrane Collaboration, which is an independent group internationally of scientists that are

intending to disentangle industry influence from the actual research. They're doing meta-analyses. All the published literature on flu vaccine, for example, has been meta-analyzed by the Cochrane Collaboration.

Patrick: Explain what you mean by a meta-analysis for somebody who might not understand the term.

Sayer Ji: All these different randomized controlled trials, they'll look at every one that's ever been performed and then they'll look at the total result after you look at all of those. What they have found, invariably, children under two, healthy adults, the elderly and those who work with the elderly as health care, none of the reviews on the flu vaccine safety and efficacy show that they're safe and effective. They just don't show it. There's never been conclusive evidence to that. In fact, in the case of children under two, there was only one safety study that was ever performed and yet it's mandated, Health Canada and the FDA, that children six months or older or infants should get the annual flu vaccine.

Patrick: We've got the vaccine manufacturers doing the research. We know that if they don't like results, they can basically bury them and start over or redesign, what have you, but there's this other element that unprecedented and that is that the vaccine manufacturers are not liable for any damage that they do, that the government - the CDC is branch of that government - literally indemnifies the vaccine manufactures for damage. Why would that be? The answer is because the actuaries who rate the risk say that, "The risk is too high. We can't insure you." Then the government says, "Well, find, if the risk is that high, we'll insure you because we have an agenda to get this out there, get this vaccine agenda put into the public." Isn't it interesting with what you're saying that you have the insurance companies will not indemnify it, because they don't have a political axe to grind here. They don't have an agenda.

They look and say, "What's the risk here and can I make money if I get paid insurance money to indemnify the risk?" The insurance company said, "No, we won't do it." Which tells you something in and of itself. Then you have the government saying, "We'll ..." There's no other precedent that shows that the government will indemnify a private industry for something that they want to give, not even put into the public and say, "Hey, the public should have an option in this." But they want to force children to get this.

Sayer Ji: Yes, the only parallel I can think of is in the nuclear industry, which of course, is one of the most deadly of all because they use really material that could be used for weapons of mass destruction as the basis for how they produce energy. They are indemnified. Their risk is underwritten by world governments for the same reason, so what you're pointing out is such a profound indication of a submerged iceberg of harm that is orders of magnitude higher than the official statements seem to imply.

Patrick: Now we have, at this point, looking at the history or trajectory of vaccines, when we were children and especially when I was children many years ... I was a child many years go. If you look at the vaccine schedule compared to today, how has it changed over time?

Sayer Ji: Well, because as you say, the indemnification manufacturers and this unilateral suppression of evidence that they are not safe and not effective. There is a just feeding frenzy. There's something like 271 vaccines in the pipeline, just waiting for FDA approval. When you have vaccine safety spokespersons, who owned patents on the very vaccines they're supposed to be impartially assessing for risk, like Dr. Paul Offit, saying that you can have as many vaccines as 10,000 simultaneously safely, clearly there's no reason why these companies won't be pouring billions more dollars into expanding that schedule. As of present, we're dealing with what almost 69, 70 vaccines by age six. Here's one of the points that I would love to make is if

you look at a vaccine today, what's happening is a lot of them are grown still through live cell cultures. Those live cell cultures and things like fetal albumen can literally tens of thousands of different proteins and lipids and other structure, which when injected into the body, will produce an antigenic reaction. Each one of those could be considered a separate vaccine. When you look at things like HPV vaccine, it's a genetically modified yeast that has HPV protein as a component, there are literally tens of thousands of other proteins that are antigenic in that vaccine.

In fact, brewer's yeast contains a set of proteins that overlap so perfectly with the human genome, up to 33% of the proteome of yeast is almost identical to the human proteome. When you inject that vaccine ostensibly with one antigen, HPV protein, into the body of a child, literally the immune system could feel assaulted by thousands of different pathogenic proteins simultaneously, which explains why it has the highest adverse events reporting record of any vaccine on the market. The point is is that we are dealing with more than just what ostensibly is maybe 69, 70 vaccines for a young child at age six. We're technically dealing with what could be considered orders of magnitude more vaccines, and the real world effects it has on the body.

Patrick: Like a Trojan horse, you have these things ... The primary target is this one thing, but all these others ... It's a packaged deal. You can't really isolate, like you said, which something I never thought of before, but actually that can explain a lot of why bodies would violently react, as they do sometimes with vaccines.

Sayer Ji: Absolutely, because the assumption is that if you target humeral immunity, meaning the adaptive pull of the immune system secretes these antibodies through the B cells and that that is how immunity works, that you get the right antibody, attaches to the antigen, and you neutralize the infection. If that is the way that the immune system works, that's great,

but that isn't. Most of our exposure to infections agents is through the mucosa. Initially, it's through digestive tract, which is why the majority of our immune cells are located there. It differentiates the boundary of self and other and that nasal passages. The secretory IGA is released directly interferes with the entry into obviously muscle and then blood. What we're doing is we're injecting directly, evading the natural route of exposure, which is eons of co-evolution and now we're assuming that by jacking up the antibody titer, it's like kicking a beehive literally. Those bees are freaking out. They're angry, and you're assuming that they're just going to attack exactly the pathogen that you think is going to cause this disease. It's absurd and ultimately what it's done is create TH2 dominance, which as you know, is associated with all types of autoimmune conditions, atopy, cancer itself.

Patrick: Which is, in your own case, you were having issues with asthma and so on as a consequence of being vaccinated.

Sayer Ji: Exactly, it's one of them. We know now through the hygiene hypothesis is when you sterilize the environment, you remove all the [quo 00:52:49] germs, which by the way, were constituted up to 99 times more of the protein coding genes in our entire [sympions 00:52:56] system, because we're like this entity composed of viruses, bacteria, fungi and then yes, human cells. 99% of that is from pathogens and so when we assume that there's a one measles virus out there that's just going to kill us and that we're going to vaccinate our body and put the living disease inside of us along with all these other antigens, that that's going to improve immunity, it's kind of an absurd proposition.

Patrick: Incidentally, because you talked about humoral immunity, which means the blood, right? They're saying, "Oh, there's antibodies in the blood as a result of the antigens." The antibodies, for people to understand it, the antibodies are your body's immune system that can say, "Hey, we're built up a force or an army here to defend ourselves or to attack these

bad actors that are in our blood with the antigens that are in the vaccine." Humoral immunity is not the same thing as cellular immunity either. That's another thing saying, "Oh, well look, we can prove vaccines work, because there's antibodies in the blood, which means you're defended," but that's not the same thing as saying the cell is defended, which is ultimately what needs to happen. It's inferred, but that's not necessarily true.

Sayer Ji: There's a new wave of research in fact that shows that sterilizing immunity is possible without any participation of the so-called humoral pull of the immune system. The idea that again just increasing antibody titers by number without even being able to qualify whether they actually bind with the antigen that it's intended to is really pseudoscience, and it's outdated science, but here's the problem: in 1999, the FDA approved surrogate markers of efficacy for approving vaccines, so the HPV vaccine was never once studied or proven clinically to prevent a single case of cervical cancer. It was shoved through by using surrogate markers, meaning the antibody titer level was considered equivalent to the clinical end point, which was save young girls' lives from cervical cancer. This is absolutely not evidence based, and it's why we're seeing an acceleration of approval for vaccines today.

Patrick: The analogy I give on the indemnity side is how safe would you feel getting on an airplane if the carriers, United, Delta or any of them, had no liability if the plane crashes, if you have any kind of problem. Saying, "Oh, the government wants people to be able to get on airplanes, therefore ..." But it's unsafe. It's completely unsafe. They're going to crash pretty often, but no problem. The government's going to indemnify the air carriers, so imagine what motivation would United or Delta or any other ones to provide safe transportation if they weren't responsible for it. That's one thing, because people can choose to fly or not, but in this case, you got the government saying,

"We're going to indemnify them, and we want to force this on everybody."

Sayer Ji: Absolutely true, and as you know, the way that the adverse reports system is set up, it's passive surveillance, so if someone gets a vaccine and then they suddenly have a febrile seizure, and they end up dying, that's usually going to end up reported. Literally, with autoimmune conditions and things like adventitious or secret viruses that are by mistake in the vaccines getting into your body and 10, 15 years down the line contributing on a multi-factorial basis to some chronic health issue will never be diagnosable.

Patrick: Exactly right. It can't be traced, because yes, like you said, the dramatic changes that could be seen immediately after the vaccine, the reaction, etc, which unfortunately, there's too many of those. I know one recently personally that the child died within 48 hours of the vaccine, a three month old infant. Those are the easy ones to track, but it's the things like you were talking about in your own personal experience saying, "Yeah, I got these chronic, somewhat debilitating illnesses. My body is just struggling. It's not functioning right. I can't breathe right. I've got asthma. I've got these allergies, these other things." That stuff, it's almost impossible to try to track the implications of that.

Sayer Ji: Absolutely, that's where when you're aware of these possibilities, and you speak to them, they say, "Oh, you're a conspiracy theorist or just some pseudo scientific anti-vaxxer." The reality is the CDC's own website talks about sudden infant death syndrome. Around three to six, when they start initiating a real, intense set of these vaccines is when SIDS happened. What they do is they just throw idiopathic syndrome on top of what is clearly a cause and effect relationship and even state on the website, "Oh, and this is the reason why people are concerned because this is when the vaccine started. This is when SIDS incidents start." They just say, "But because there's never been proof that a vaccine causes SIDS, this relationship

is not causal." It's like this very disingenuous, and it's pretty much a cover-up

Patrick: It's really disturbing when you look at what's at stake here. It's not like covering up something that's kind of minor, but it's something that literally is not only affecting kids, but the entire family unit. The ripple effects are staggering when you have a kid that's injured by vaccines, or a kid that's got health problems or dies, in the most tragic circumstance, and there's all these questions as to why. The thing that really upsets me is how they try to make the parents feel crazy. In other ways, basically saying, "Oh, that has nothing to do with the vaccine. There's no cause and effect there." Now the mother or the father, especially a mother who's intuitive, is saying, "But no, wait a minute. After the kid was vaccinated, here's what happened. I knew my child before that, and they completely changed, so how are you saying that the vaccine ..." "No, it's all in your head. You're a stupid parent. We're scientists. We understand these things."

That, to me, infuriates me on a level that I can't even begin to communicate. This is the whole thing. First of all, if the full, unbridled truth were told, which is what we want to do here, and then people could choose. If you know the truth now, and you want to choose to make that decision, then that's your decision, but the fact that they're trying to take away choice, force this issue amongst people, knowing ... There's no such thing as a person in the world who says that vaccines carry no risk or let me put it this way, rationally. Somebody says there's no risk. We could debate what the risk is, but there's risk. A parent not being able to choose whether or not or a child being taken away from a parent. I know a mother in Houston just had this happen. They took the child and vaccinated the child against the mother's wishes. We're starting to get into territory on a moral and political level that is chilling.

Sayer Ji: Absolutely.

Tony: Mary, it's so great to meet with you again.

Mary Holland: Likewise

Tony: I've been an amazing fan of yours. I love your work, and I'd like for you to explain who you are, where you are, what your position is, what your role at the university is and what your work has been focused on for the last few years.

Mary Holland: I am a lawyer, and I teach at NYU law school. I am a research scholar, and I also teach lawyering skills to foreign trained lawyers. My personal agenda, research agenda, has been in the area of vaccine law and policy. Surprisingly to me, Tony, in that these are global medical interventions for almost every child on the planet, there's very little scholarship about these laws and policies, so I was surprised act when I really started getting involved in this area several years ago to see that there wasn't as much as I would have expected. Over the last several years, I have really tried to talk, look at and write about the constitutional issues related to vaccine policies. I've also looked at the vaccine injury compensation program and specifically I've looked there on the issues about autism as a vaccine injury.

I've also looked at the underlying rationale for vaccine is to achieve herd immunity. I'm recently working on a paper on that. I've also been working on the federal law, analyzing the laws that create the architecture for our policies in this country, so there's the national 1986 childhood vaccine injury act. All of those have been things I've been writing about in scholarly journals and, as you know, you've contributed beautifully. I co-edited a book called Vaccine Epidemic. It's come out in two editions: a hardback and a paperback. That was an attempt to look at the vaccination issue from many different perspectives, medical perspectives, scientific perspective, ethical perspective, philosophical perspective, religious perspective, legal perspective, parents' perspective, children's perspective, business perspective. Looking at it like a

prism, there's a lot going on here, and so that was an effort to expand the dialogue and look at this as a serious issue. I think it's often trivialized, and it's portrayed in black and white, fundamentalist terms. You're pro-vaccine, or you're anti-vaccine and that's crazy. It's much more complicated than that. It's a very complicated issue. I've been striving to continue to work in this area. I think it's very important.

Tony: Why do you think it is such a polarized issue? Why is it that you're either pro-vaccine or anti-vaccine? Where do you think that polarization comes from?

Mary Holland: I'm not sure I have a full answer. I think it's crazy, as I say. I think it's not pro and anti and I reject those terms. I completely reject those terms. No one would ever say, "I'm pro-aspirin or anti-aspirin or I'm pro-medicine or anti-medicine or I'm pro-doctor or I'm anti-doctor." Nobody would ever frame a dialogue like that. It's complicated. I think the reason that it's become so complex is the country has a trend starting actually in the 19th century, but certainly gaining momentum in the 20th century and particularly starting in the 1950's to decide to eradicate certain diseases and to vaccinate every child. I think once you adopt a kind of one size fits all or a totalistic approach like that, then you have to start looking at it as the good and so vaccines have been sold very strongly as safe and effective for everybody. Now, the evidence doesn't suggest that, the law certainly doesn't support that. Legally, vaccines are considered unavoidably unsafe, like all prescription drugs. They have real risks. We've been sold on this idea that they're safe and effective. Anybody who criticises safety or who questions the effectiveness or who questions the policies is easily labeled anti-vaccine, often improperly so, but it's an easy label to tag to keep the debate very simple.

Tony: Where do you think that is coming from? Who's keeping [crosstalk 01:04:27]

Mary Holland: Who's behind this? These policies have been driven by the pharmaceutical industry that profits from the mandates of vaccines. It's driven by the government, federal and state, who have enacted laws to make these mandatory interventions, and it's promoted by the medical establishment, if you will, certainly by doctors, groups, pediatricians groups, infectious disease groups, who also I think truly believe that these interventions are positive, but they also benefit financially. We have the medical industry, the pharmaceutical industry, the government, federal and state and then we also have the media. The big pharmaceutical companies are major players in media advertising. We have the pharmaceutical industry and then add to that, we also have the non-profit sector. We have foundations, the Bill and Melinda Gates Foundation. We have many big foundations that very aggressively support public health including vaccination efforts.

Tony: Why do you think the government is involved? What's in it for the government to be quelling the conversation and labeling people who question safety or question the ethics or the legalities? What's in it for the government to quell that conversation?

Mary Holland: Well, I think because the government has taken such an aggressive stance, starting really, you could even argue starting way back at the beginning of the 20th century. The government has said states can mandate vaccines, then the government has said, "These interventions are safe and effective. We want all children to be vaccinated. We advise the federal government that states impose these mandates." Government's taken an aggressive position. It's a good thing, so anybody who comes along and says, "It's a bad thing, or it's not as good [inaudible 01:06:15] is, or we should really shift things around a little bit," it's challenging orthodoxy. This is orthodoxy and not only is it people are making money and there's a revolving door that I'm sure you've been talking to others about.

But there's something else going on here, which is that this 1986 statute that I mentioned, the national childhood vaccine injury act, it was a statute passed by congress that suggested that vaccines were so important in achieving public health for children that the industry and doctors needed blanket liability protection, almost blanket liability protection. In other words, the government decided that it was in the public interest that individuals not be able to sue any doctor or any pharmaceutical company for a federally recommended vaccine. Health and Human Services is the respondent for all cases of vaccine injury. The government has a bottom line interest, among other things, in suggesting that, "Oh, vaccines are safe and effective. There really are no injuries. Any claims about lack of safety are exaggerated." It goes against orthodoxy. It goes against a policy that the government, federal, state, has been aggressively pushing for more than 50 years.

Tony: If you're injured, you have to go to government then to receive any compensation.

Mary Holland: You do. It's a very very peculiar program, in my judgement. There are other federal compensation programs, but they tend to be much more limited. There is a federal vaccine injury compensation program, which provides that anybody who received a federal recommended vaccine, now, child or adult, must file their injury claim in this program, which is located in Washington under the court of federal claims. You cannot go if you think you got an adulterated vaccine, or you think that you got a vaccine that was improperly designed, it contained let's say aluminum or mercury as vaccines do, you may not go to your local state or federal court and file a court case. That is prohibited. You must go to this federal compensation program and when you go there, you have to go within three years, you have to sue health and human services. You cannot sue the pharmaceutical maker or the doctor directly.

The government, HHS, is represented by the department of justice. You're suing the government, and the government's representing themselves, and pharma is completely off the hook and doctors are completely off the hook. Why are pharma and doctors so disinterested in a dialogue? Well, they don't really have to care. They have no liability. If, like for Vioxx or for some other drug, for Statins that's caused harm or that's controversial, where the drug manufacturer and the doctors actually have to answer. They have to be accountable in some sense, that they can't really resist that dialogue. Here, pharma and doctors have a completely blank slate. They have no real threat of liability. That's completely distorted this dialogue.

Tony: Is there any other industry that has complete carte blanche?

Mary Holland: Not that I'm aware of like this. I don't want to overstate. The 68 lot on paper says that you have to file first in this compensation program and then if you don't get a result that you like or if you wait 240 days, and they don't actually hear your case, you can go file in a civil court. In theory, the door is open for you to go elsewhere for most claims. The problem is, Tony, as you well know, the science on vaccine safety and vaccine injury is very poor. The science really hasn't been done. Proving that a child's seizures that literally occurred within minutes of a vaccination and proving that that was because of the vaccine, it's much easier said than done. It's very hard to prove that. You have to have causation. You have to be able to prove causation. In truth, there's kind of this dead end. You really can't go anywhere else. You have to go to this program and I personally, having studied it at some depth, think that it is really a huge part of the problem in this debate and that in my view, we would do well to have congress repeal the '86 act.

Tony: Has that ever been brought up?

Mary Holland: I believe it's going to be brought up this fall. I believe that we're going to see some legislation that will propose repeal.

Tony: Now, the vaccine industry, of course, they claim that they don't really make money off of vaccinations and that's so if they were liable, that they wouldn't be able to produce them at all. I was under the impression also, when I was training in pediatrics years ago, that people didn't make money off of vaccines, that the industry did it for the good of the country.

Mary Holland: For the good of humanity. Well, that was what they argued in '86 and that held the day, that swayed congress back in '86, but life has changed. Nowadays, we have a pipeline of hundreds of vaccines. It's a \$30 billion a year industry. It used to be that there were like 30, 40 vaccine manufacturers. We now have four. They serve the US market and most of the global market. This is an oligopoly. It's extremely profitable. The margins are higher than in other areas of pharma and the schedule for children, as you know, is nothing like what it was in 1986. In 1986, there was the diphtheria tetanus pertussis, the measles mumps rubella and the oral polio. In point of fact, those vaccines have changed. Those have been found to be not as safe as they could be, so now we have the intramuscular polio virus, and we have the dtac vaccine, the acellular pertussis, because those two vaccines were not as safe as they should have been. But in addition to those seven, we now have nine other federally recommended childhood vaccines. The federal government is recommending 70 does of 16 vaccines for children under 18.

That's unprecedented. There no science showing that that's safe. There's no science of any study comparing vaccinated and unvaccinated children with that schedule. That's irresponsible. I think that's just irresponsible.

Tony: You know I've spoken with the NIH, the Department of [inaudible 01:12:25] and I was told that aluminum is safe, that they really regard it as safe. I asked, "Were there safety studies? Could you show me the safety studies? Could you send them to me?" They actually were very quick to admit that there were no safety studies, but that it's generally regarded as

safe. That's the status. It's benefiting from this status, but yet it's not based on anything but a belief for them. Are there other situations? Are you implying that a lot of the vaccine schedule, and a lot of the policy is based on belief as opposed to ... I keep hearing people I'm interviewing that there's really no safety studies. It's amazing that there's really no safety studies. People can't find them. I know I've heard Sebelius, the head of the HHS, say emphatically that there's lots of safety studies, that these things are looked at all the time, and I also could not find them.

Mary Holland: Well, I'm not a scientist, but my study of this is that while vaccines are individually assessed, and they do go through some procedures within the Food and Drug Administration and within the Centers for Disease Control and then they have to be recommended by the advisory committee on immunization practices. It's not as if there's no process, but the totality of the circumstances, a typical test in law has never been evaluated. As you know, there was one study that's been done in monkeys, which was not supportive of the notion that this is safe and effective. In fact, the baby infant monkeys started to develop some of the symptoms that we see in autism or some of the symptoms that we see these monkeys couldn't suck. They didn't have normal reflexes. They probably wouldn't have survived in the wild. We don't have the studies that prove that these things are safe. It's, in my view as a lawyer, very important legally vaccines are treated the same way as prescription drugs. They are unavoidably unsafe. They carry risks for everyone. The federal government and doctors would tell us the risk is infinitesimal, one in a million, you might get a little swelling at the sight. If you follow the money, they want blanket liability protection, so there's a contradiction here. On the hand, they're sold as safe and effective, everybody should get it, one size fits all. On the other hand, blanket liability protection unavoidably unsafe.

Tony: Right, why would they need-

Mary Holland: Those don't really correspond. In my book, that's a fundamental contradiction, and it belies that there's something not quite right about where we are on this issue.

Tony: You brought up a few really interesting issues that I want to ask you about. One is the federal advisory committees and conflicts of interest, and the other question is do you know the outcomes of the vaccine court? How much is the vaccine court paid out? How difficult is it to even get to court or have them hear your case, to then win in court, and if so, what do these injured children look like? Those are two issues that are just really burning issues.

Mary Holland: Sure, I'd love to talk about them. First, about the conflicts of interest on the federal advisory committee. As you know, it's common place to have federal advisory committee members who have conflicts of interest. The rationale for that is, "Oh, well, we just don't have people with expertise who can really serve in this role unless they have conflicts of interest." Most of them have received fees from the pharmaceutical industry. There is a process whereby those advisors have to get waivers and there's been a tremendous abuse of that. There was a study about 10 years ago in congress of the conflicts of interest specifically with respect to the rotavirus vaccine. They found that there were rampant conflicts of interest. Then you look at that 10 years on, very little had changed. In fact, I looked at a study by the office of the inspector general for HHS about conflicts of interest in CDC advisory panels. They thought that some of these people need to be criminally prosecuted. There are really serious conflicts of interest that I think should trouble us as citizens that we're not having people with a medical, scientific background with no other agenda than the public's interest. We have people who own stock in vaccines. It's that simple. We have people on these committees who will get fees for speaking engagements. These people are not unbiased decision-makers and that should trouble everybody.

Tony: Do you think it would be possible to get people?

Mary Holland: I do. I think we should have much more stringent laws on conflicts of interest in the medical area in particular. We saw the head of the CDC, Julie Gerberding, go one year and a day from being the head of the CDC to the vaccine division at Merck, to direct the vaccine division. She had made several decisions that were extremely favorable, licensing Gardasil after it had been fast tracked, being the spokesperson for the concession in the Hannah Poling case, where there was a huge attempt to minimize the fact that the federal government had compensated a case of the vaccine injury, which led to autism. Gerberding was getting her pay-off, one year and one day. How can we imagine that she wasn't thinking about what she was going to be doing after her tenure at CDC. I think those terms should be ten years. I think we should get people who really care about the public as the director of the CDC, not somebody who's looking to get a pay-out a year later and to do favors while they're in office. I think there's serious problems. On these advisor committees, I don't buy that we can't find people without conflicts of interest. I don't buy that at all, and I think-

Tony: I don't either.

Mary Holland: I don't buy it and I also think that there's a much less of a public role in these advisory committees than is necessary. On that advisory committee for immunization practice, there is one seat for a member of the public, one seat out of 20. That's not acceptable to me. If vaccination in particular is going to be a mandate, it's something that's universal, it affects every member of society, then we need lots of different inputs into those decisions. We need people with a religious background. We need people with a parent perspective. We need people from an elderly perspective. We don't just need people who have a professional bias towards this, if not even a financial one.

Tony: I think we also need people who have a statistical background. They can look at the statistics.

Mary Holland: Yes, absolutely. I just think it needs to be much broader. I think that when this advisory committee on immunization practices started, it was in the '50s, it was at a time period where I think there was this ... We were as a country and maybe as a world, it was the Sputnik era. We were in the thrall of science has all the answers. Science is going to be the great ... It's going to open the door to heaven. I think we're older and wiser. I don't know if the rest of the world bought it, but I think in the US, to some extent, we did. We saw these white coated doctors. Tony, they said back in the '50s measles will be gone. The disease will be off the face of the earth. There will be no mumps. There won't be vaccination. In 10 years, these disease will have disappeared.

Well, they were wrong. They were really wrong, but that was the ethos back in the '50s. It's shocking when you look at the court decisions of that era of parents who genuinely said, "I don't want to vaccinate my child. It violates my core religious beliefs. This is not my view of healing. This is not my view of the divine." Courts are very unreceptive, very, very unreceptive to people who take a different view. This orthodoxy had lots of supporters in science, medicine, pharma, the press. I do not call it the vaccine court, and I tell all of my colleagues. I think it's important. It was never set up as a court.

Tony: It wasn't.

Mary Holland: No, it was set up as a compensation program. It was set up to be administrated. It was set up so that there would be clear cut injuries. If somebody had a seizure or somebody had anaphylaxis within 24 hours of this shot or three days of that shot, there would be a presumption that that person had suffered vaccine injury. They wouldn't have to prove it. They wouldn't have to go through a long rigmarole. The idea was within on year, poof, you show the evidence, you have your doctor's report, it's within three days, we pay you out, you go home, you go on with your life.

Tony: Is that not the reality?

Mary Holland: Oh my god. That was the idea that that was going to almost all of cases, and it was going to be for this limited number of vaccines. It's completely the opposite of that. It was set up as an administrative program, but it functions now with none of the protections of a court, no rules of civil procedure, no rules of evidence, no discover, no jury, no real judge who's looking at the facts and the law. It's set up now with these special masters who serve under judges and 90% of the cases have to go through a causation process. They have to prove that the injury that the child or the adult suffered was due to the vaccine. As I've said, the science isn't there. One judge says it's an area of science. It's bereft of science. There's very little science, so proving causation is extremely difficult and there are myriad problems in this administrative ... This is an administrative procedure gone awry. This has absolutely gone amuck.

Tony: There are cases that have won and people have been compensated.

Mary Holland: Very few. About 20% out of all ... There's so many hurdles, Tony. First of all, most people don't know about it. The federal government spends billions of dollars on vaccines, and it spends \$10,000 to let people know about the vaccine injury compensation program. \$10,000, that's the public record, \$10,000. That tells you a little bit about how much they want people to know about the reality of vaccine injury. Most people who would want to be able to go and recover for vaccine injuries can't sue, because the three year statute of limitations period has already run. Most doctors, they don't understand what a vaccine injury is.

It takes some time in the world that we live in today to understand what an injury is. Most people don't sue, but then of those that do sue, less than one in five is ever compensated. They're compensated, Tony, after literally more than ten years

of litigation. The families are harassed. The families are demeaned. The lawyers don't get paid. They're supposed to be paid by the program itself. The doctors and the scientists who would testify won't get their fees until after the case is settled, maybe 13 years out. It's a setup. It's absolutely a setup. This verges on a kangaroo court. In my mind, it is absolutely set up so that it's ... It's a steam valve, right? A little bit of acknowledgement of vaccine injury happens just enough to keep the lid on the programs as they exist today.

Tony: It's amazing anyone has one.

Mary Holland: It is amazing anyone has won.

Tony: Do you know how much money's been spent?

Mary Holland: Yes.

Tony: Do you also know if ... We don't hear from these patients, so I've never seen anyone in the news.

Mary Holland: I can tell you a little bit about that. The program is compensated over 2,500 people since it started in the late 1980s and has paid out over \$3 billion. It gives you some idea of the scale. When these people are injured, huge cognitive deficits, paraplegics. These are people who have been catastrophically injured. The payouts can be rather large. They can be very small, but they can be in the multi-millions of dollars, because these are people who need 24-hour care. I worked with a team of people, three lawyers and one non-lawyer, and the non-lawyer supervised a team of interviewers to interview people who'd been compensated. With great difficulty, we tried to do a Freedom of Information Act request to get the names of people who'd been compensated and get contact information. We were told by the Freedom of Information officer at Health and Human Services that would cost us \$7,500 and it would take us four years.

We opted to do the work ourselves, which was very painstaking and Louis [Conti 01:24:13] was the principal investigator. He put together a team of interviewers and through really open source access, we found names and information and they contacted families. What people told us again and again was that it was demeaning, that the Department of Justice questions everything they did. They drew out the process. In some cases, we learned that really the respondent, and their lawyers were waiting for a child to die from seizures so that the amount of the payout would be less. It was a description of a grotesque kind of proceeding. It was very negative overall. It was a very very negative ... From people that were very credible. We talked with people all over the country, people from all walks of life. We heard very little that was positive about this program.

Tony: Are they allowed to speak? Do they sign a waiver?

Mary Holland: They don't sign a waiver, but in point of fact, there's still continuing money that they have to access indirectly through the Department of Justice and Health and Human Services. We certainly did encounter families that did seem to feel a kind of intimidation that should they be openly critical of the compensation program were openly critical of vaccine mandates that had injured their child, that they could potentially suffer consequences that would harm their child. Of course, parents didn't want to do that.

Tony: I imagine, since it's so difficult, one, to recognize an injury or to have your doctor report it, which we didn't talk about, but I know that that's the case. It's so difficult to steer your course in this ... Not court, but this compensation program that those that win have to be unbelievably devastated.

Mary Holland: They are. They're devastated. I have one friend who went through this program on behalf of her son, who suffered autism as a result of vaccine injuries, and he was thrown out of the program as most of autism cases have been, but not all. So

long as they don't use the word autism, many have been compensated. We can talk about that.

Tony: Yeah, I'd love to.

Mary Holland: What her view is is that the walking wounded are not compensated, but those that are wounded on the battlefield, some of those are compensated. I think that's right, so let me give you some examples. We got to know these families who'd been compensated. One was a family in Florida. The child is now in his 40's. He's confined to his bed. He can't brush his teeth. He can't talk. He's not potty trained. He's completely non-verbal. He suffers seizures.

Tony: Completely brain damaged.

Mary Holland: Completely brain damaged.

Tony: Just completely brain damaged.

Mary Holland: Basically, almost brain dead, 24 hours of care, parents have devoted their lives to him. Another mother who spoke ... The Elizabeth Birt Center for Autism Law and Advocacy, I've been involved in trying to bring some attention to this issue. We held a press conference. Another wonderful woman, Dr. Sarah Bridges, a psychologist from the Chicago area spoke about her experience with the program and her son. Her son, immediately after a DPT shot, suffered severe brain injury, has suffered lifelong seizures. He has to wear a football helmet. He is non-verbal. He is in his 30's, I believe, needs 24-hour care, can't communicate with people verbally, coordination issues. These are devastating.

Another girl who was ... This is the shocking one. A case went from the vaccine injury compensation program. I was involved in this and filed [inaudible 01:27:33] with the Supreme Court in the Hannah Bruesewitz case, Bruesewitz versus America Hone Prada. Hannah Bruesewitz suffered an immediate DPT vaccine

reaction, within two hours had 150 seizures, [brought a case 01:27:46], became non-verbal, seizures, autism, mental retardation, just a whole panoply of serious medical conditions. That family went from the vaccine injury compensation program then to state court. It was removed to federal court, went all the way to the supreme court. That child, after 20 years of what was I think inconceivably anything other than a vaccine injury, lost. We can pretend that these aren't vaccine injuries, but at the end of the day, states are going to be paying for this. This is going to be medicaid, and we're going to have, as we already do, some huge crisis about adequate care for these kids. People in the state system who care for people like this are often not qualified. There's tremendous issues of wandering, as I'm sure you know, and abuse of these people. There's a lot of issues that we're just beginning to see, because there is this huge bump in the number of people starting in the late '80s who have autism. These are now people who are reaching their early 20's.

Tony: You keep saying that, and you know I have to say that of course, if you read the literature put out by the CDC, the Academy of Pediatrics, they emphatically say that the link between those two things have been debunked.

Mary Holland: Debunked.

Tony: Now I haven't actually found any of the papers that they cite ...

Mary Holland: To be credible.

Tony: ... that actually qualifies to make that statement, personally, knowing what I know about qualifying to say something has an attributable rate of whatever. Clearly, that is the position of the government. On one hand, the government's going to be paying out all this money to take care of these kids. On the other hand, they're saying it's not related. You'd think that they'd want to expose this because then the drug companies could be in align. Although maybe they wouldn't be because

now they've got all this immunity. One of the things I want to explore is 1986, that was created for a reason. It must have been that there were cases, and the drug companies were paying out, right?

Mary Holland: Yes, absolutely.

Tony: I know that the original DPT, not the DTaP, the DPT caused a lot of seizure, brain damage, death ...

Mary Holland: Autism.

Tony: Autism, had a very high rate of all these things, but supposedly that's not being given anymore. Do you know what it looked like, what compensation looked like prior-

Mary Holland: Yeah, yeah. In '86, parents started to organize. There was a group called Dissatisfied Parents Together, DTP, because the view was is that the pertussis component was extremely reactogenic. It was causing severe injuries. It was causing mental retardation, seizures, autism and death.

Tony: Had there been a lot of monies paid out?

Mary Holland: There were a lot of cases in the early '80s and some of the awards at that time, \$2 million was a huge award. The pharmaceutical industry did go to their friends in congress, and they said, "Look, we're just going to stop manufacturing." Some of them actually had, and it was basically a blackmail strategy. It was a blackmail strategy. If you don't give us liability protection, we will just take these off the market. Congress, in its wisdom, thought that that was such a great threat that they needed to comply. Now, I am of the view that we probably were mistaken in introducing vaccines where the diseases were not eradicated. Now we have mutating viruses, mutating bacteria. We really can't take out these vaccines, because now we have moms who don't have immunity. They're not passing onto their children through breastfeeding

and so on. We've created a [kimera 01:31:20] that we don't fully understand.

Tony: Well, we've got whole pockets of people who've been immunized who are ... There's outbreaks of measles and mumps in these pockets ...

Mary Holland: Fully vaccinated.

Tony: ... and now we're seeing polio resurging in places where there's a lot of stress and refugee camps like in Syria. These people had been vaccinated, so I don't think eradication's actually ever possible.

Mary Holland: It didn't work. What we were sold on in the '50s and '60s, it has not worked, and that's never been really acknowledged. They say, "Oh, well, we always intended that these would be vaccines, and we would just keep doing it and doing it." But that was not the intention. Back in the '50s and '60s, the intention was that these diseases would be eradicated.

Tony: What I hear also from the side of people who want to quell the conversation is that even if it's true, we don't want the public to know that there's risks, because then they might be confused, and they might not vaccinate and that we'll have a bigger public health ... From an ethical standpoint, how does that argument sit with you?

Mary Holland: It doesn't sit with me. I believe that the hallmark of modern medicine is informed consent. If we learned anything from World War II, it was that you can't impose medical treatments on people without their informed consent. That was the lesson of Nuremberg. It was expanded from just scientific experimentation to prior free and informed consent for all medical interventions, including preventive interventions. That's the global gold standard. That's what the United States rhetorically agrees to. That's what almost all countries in the world agreed to in the Declaration on Human Rights and Bio

Ethics. That's what we should have. Imposing these medical interventions on all children and saying, "You can't go to school unless you take these mandates, unless you take these vaccines." Telling parents, "You're a negligent parent unless you provide these vaccines to your kids." It violates our most basic notion of medicine. It has to be a choice based on information. I think the notion of mandates is offensive to modern medicine, and I don't really understand why doctors don't stand up on that. Peer countries, Canada, the United Kingdom, Australia, they have federal rights of exemption. Anybody can say no for whatever reason.

It doesn't have to be your belief in God. It doesn't have to be that you have a medical condition. You have a federal right simply to say no. In the United States, for children, there is no ethical right to say no in many states. There's no basis. There's no religious or philosophical basis in two states and in 31 states, there's no basis other than a religious right to say no and a medical right. These mandates in the United States are based on antiquated law that, in my view, has been very poorly interpreted. This really stems from 1905 and small pox epidemics and the mandates that were being imposed in 1905 were dramatically different than what we're doing today.

There was a mandate that was upheld by the Supreme Court in Cambridge because there was a deadly airborne epidemic that was deadly, and it was a universal mandate for all adults. Children were exempt. It was mandatory on adults. If an adult didn't want to comply, the adult could pay a fine. The idea that what we're doing today is remotely related to that is almost laughable. Mandating 35 to 45 vaccines, recommending vaccines starting on the day of birth, only for children, the most vulnerable population, that still has a developing immune system. It's ridiculous. The notion of this decision from 1905, *Jacobson versus Massachusetts*, was that you impose this universally, real notion of herd immunity, the idea that we can

somehow vaccinate young children and that creates magically herd immunity for the whole population is ridiculous.

Tony: It is ridiculous.

Mary Holland: It's ridiculous.

Tony: Of course, of ...

Mary Holland: It's just ridiculous.

Tony: ... course, if it's not based in science. We know that.

Mary Holland: It's not based in science. It's based in belief. I think there is a serious argument to be made that vaccination has become an established religion in this country. I think it's a serious argument, because it's not based on science. It's not based on the medicine. Jacobson in 1905 said it has to be based on science and medicine. Mandates have to be based on science and medicine. Today we see a proliferation of flu vaccines, as you know, mandates for health care workers. These are not based in science. This is based in greed. I think these are truly based in misinformation and good intentions, maybe.

Tony: Well, let's talk about the greed part on the flu vaccines, because that's really interesting. I think you've written about - I believe it was you, might be wrong - schools. There's pressure on principals. That principals actually pay out of their own pocket if they don't have a certain percentage of the kids being vaccinated and certainly with flu vaccine, we're seeing hospitals. There's a lot of pressure. It's financial pressure. It's actually financial pressure.

Mary Holland: Yes, [crosstalk 01:36:03] pressure.

Tony: Even though the studies, the scientific studies and these large meta analyses show that the flu vaccine isn't going to do anything, if you vaccinate health care workers. Do you know any of that information?

Mary Holland: Yeah, I do. As you know, there's a strong push by private hospitals, nursing homes, other health facilities to impose mandates for annual flu vaccines on their workers. There are thousands of people who've now been thrown out of their jobs for failure to comply. Courts have gone both ways on whether or not these mandates by a private entity can be enforced or not. Overall, they seem to be gaining those. You asked about the financial penalties. Yes, we've found on the internet letters related to public schools here in New York City where an individual principal can suffer a personal financial fine if 98% of the children in the school are not fully vaccinated.

Tony: Is that legal?

Mary Holland: No, of course it's not illegal. Of course that violates First Amendment rights, because in New York State, we do have a right to religious exemption.

Tony: Is it legal to mandate that the principals personally pay?

Mary Holland: I doubt it, but I don't know that it's been litigated, but it's remarkable. It's remarkable. It does seem to go to this orthodoxy conception that there's a belief system, that somehow it would be acceptable to impose anything on 98% of a school body.

Tony: Was it brought up in that hearing that ... Look, New Jersey's been mandating annual flu vaccine for preschoolers ...

Mary Holland: Hasn't changed anything.

Tony: ... and it hasn't does anything for their flu rates.

Mary Holland: That wasn't brought up, but-

Tony: They were in heighth in terms of last year. I was looking at their numbers and in terms of recorded flu, which of course, is not influenza. We all know that most flus are not actually influenza anyway. Even in terms of their documented influenza

and their reported flu, they were among one of the highest states in terms of flu. Clearly, the annual flu vaccine hasn't done anything.

Mary Holland: I think that goes to my view that this is more about the money. If you impose a vaccination mandate, you can be relatively sure that with no marketing expense, no liability expense, you can impose a cost on people and there will be money to the vaccine manufacturers. There will be money to the doctors. There will be money to the city from federal infectious disease authorities. Some people benefit from mandates. That's a big part of our issue is that we're not looking at this ... The true costs and benefits are not borne by all of us. The benefits go to the pharmaceutical industry. They go to the medical industry. They go to the newspaper that have pharmaceutical advertisers. The costs go to the public, and the costs are poorly understood by the public. People don't understand what a vaccine injury looks like. Autism is surely a vaccine injury. There's no question about that.

I was telling you a little bit about a study that I did with others of compensated cases in the vaccine injury compensation program. We wanted to contact families whose child had suffered a vaccine injury that was related to the brain. We looked for specifically cases that were seizure or for cases where there was what's called encephalopathy, brain damage. We first looked at cases that had been published and 17 published cases from the Vaccine Injury Compensation Program, we found references to autism. Some of them explicitly said the vaccine injury led to the autism in settlement decisions or in published decisions of this case. Most of them were older but not all of them. Autism wasn't a big deal until the early '90s when it became an epidemic.

Then we contacted people who had reached settlement agreements. They weren't published cases, and we were able to reach over 60 people who had settlements who told us, "Oh yes, my child, after the vaccine injury, got an autism diagnosis."

Of course, they have seizure, and they have autism." We were pretty stunned by this because the government certainly and the medical community and scientific community are all about vaccines don't cause autism. That's the one thing we know. We don't know what causes it, but we're sure it can't be vaccines. We were pretty stunned to find that there were ... We found 83 cases out of a sample size of 150, so more than half of a sample size, we found of cognitive injury of compensated cases. This was based on science, based on medical [inaudible 01:40:26] they had autism. We thought, "Gee, that's so surprising. People may not believe us, that this is what the parents reported to us. Let's just actually go one step further and see if we can verify the parental report of autism."

We worked with a developmental pediatrician, and we actually gave a screening questionnaire to about 40 families. This is all in a published paper called Unanswered Questions. It's in the Pace Environmental Law Review. In those 40 questionnaires the parents or caregivers [inaudible 01:40:55] every single one came back exactly what they had told us. In other words, if the parents said, "Oh, my child has severe autism," it came back severe. If the parent said, "Not severe, but not mild," it came back as medium. If they said, "Mild," it came back as mild. In other words, the parents were extremely credible reporters of autism. There's no question that the federal government knows that autism is a sequela of vaccine injury. There's no question that the federal government has compensated hundreds of cases of vaccine induce brain injury associated with autism. It's all about the wording. It's parsing, so instead of saying that vaccines cause autism, what they have acknowledged is that vaccines cause brain damage and brain damage manifests as autism. They don't say A causes C, but they do say explicitly A causes B, brain injury, and brain injury shows up as autism. That's just unassailable.

Tony: I think that violates math rules.

Mary Holland: It violates ... It does.

Tony: If A leads to B and B equals C, then A leads to C.

Mary Holland: I'm telling you, it violates more than math rules. It violates certainly ethical rules, and I would argue that this needs very serious investigation, and I'm very happy that there is going to be a hearing about the Vaccine Injury Compensation Program in December.

Tony: What about other countries? Do you know other countries where there's been legal cases where the courts have decided that the child's injuries were due to a vaccine, and the injuries look like autism or are diagnosed as autism?

Mary Holland: Yes. There are other countries with these compensation programs, and I'm actually starting to do some sort of global assessment of these compensation programs, because I think it's interesting. I think what we'd find ... What are some of the other injuries? What are the other injuries? What is so chronic in children today? Asthma, there are some sort of transverse myelitis, so paralytic disorders, guillain-barre, autism, attention deficit disorder, anaphylaxis, severe allergies. These are the things that are compensated in the vaccine injury program. This data set of 2,500 people who've been compensated can tell us a lot about the problems that we are experiencing in our health issues in the country. It's not heart disease. For the most part, it's not cancer. It's autoimmune disorders and it's cognitive disorders. It needs to be studied. A responsible government would see this is as an extraordinary repository, which would shed light on the health crisis in the country. A government that was trying to hide something or was trying to cover something up would not look at this database and that's what we see.

Tony: From a financial standpoint, clearly the industry would suffer. Our government, I believe, and you could probably tell me more, and I know that many of our decisions as a country have been to support large industry.

Mary Holland: Absolutely. No, I think this is all being motivated in a very very short-sighted way by protecting industry. I think the revolving door between the pharmaceutical industry and Health and Human Services is very complete.

Tony: It wasn't just Julie Gerberding. There's been other-

Mary Holland: Oh sure. There have been lots. People from the CDC go into pharma right afterwards. The people on the advisory committee on immunization practice, they work with pharma. This is a constellation. It's not just one.

Tony: Paul Offit's one of those too, right?

Mary Holland: Yes, absolutely. He's the poster child of the ... The government spokesman, the pharma spokesman, the medical spokesman.

Tony: He owned a patent [crosstalk 01:44:21] co-owned a patent.

Mary Holland: He owns a patent made over ... We know that he made millions of dollars on the rotavirus patent through the Children's Hospital of Philadelphia.

Tony: There were even some problems with his-

Mary Holland: There were severe problems.

Tony: Severe problems.

Mary Holland: Children suffered intussusception.

Tony: Intussusception

Mary Holland: Right, so children suffered severe digestive tract issues.

Tony: Some died.

Mary Holland: Some died.

Tony: That's right.

Mary Holland: But he's a key spokesman. You asked about other countries that many have compensated. Yes, so Italy recently did compensate a child for an MMR injury who developed autism, no question. If this were looked at in an unbiased way, as Dr. Wakefield started to do and then got completely side swiped, but the evidence is overwhelming. I think that some meta analysis is in the works that will come out within the next year that will be very persuasive, particularly on the issue of the mercury-containing preservative, thimerosal. I don't know how one with common sense can imagine that it would be safe to inject a day-old infant with mercury, but that's what we did. That is where we see the spike in cases of autism.

Tony: You mentioned Dr. Wakefield. He's the most polarizing name in this issue. Most people believe that he was found guilty. They all believe that there was some kind of legal justice served. Can you tell us what really happened? I don't know what you know, but from a legal perspective, was this somebody who actually had a trial?

Mary Holland: Dr. Wakefield was part of a team of I believe 13 doctors and scientists who did what he describes accurately as a humble case series in the late 1990's to look at children who had autism and severe gastrointestinal problems. What he found was that the gastrointestinal disease seemed to be a result of vaccine injury. There seem to be some link between this gastrointestinal disease and autism and the MMR vaccine in particular. He hypothesized that it was the measles component of the vaccine. It was a very humble case series. Families had come to him. He has started doing measles research. The article could not be more scientific. It says this is just a case series. This is just a hypothesis. We think this deserves further study. It was very very humble. It was very humble.

Tony: You read it and it wasn't like, "This is what's the-"

Mary Holland: No, not in a slightest. It was not in the slightest. What was different, though, is after the study was published, Dr.

Wakefield and others did decide to do a press conference. That did get a lot of attention in the United Kingdom. In fact, in the United Kingdom, that led to parents being fearful about giving their children the MMR, for good reason. Parents were then starting to selectively vaccinate with the M and the M and the R separately. Then the government in its wisdom decided to make the separate MMRs unavailable. Then families had to either go to France or not vaccinate. In the UK, unlike the US, they have a federal exemption right. They can just say no. A lot of families did. In fact, whether related or not, there then became a more prevalent rate of measles and certainly Dr. Wakefield was the sacrificial lamb for that issue.

Tony: Were there deaths?

Mary Holland: There were deaths. There were deaths. Measles is a very serious illness. I don't want to downplay that at all. I certainly wouldn't tag that on Dr. Wakefield in the slightest. He was telling the truth about his research. What he uncovered in a very important memoir of his, a book, Callous Disregard, is that again, this really goes back to the liability issue. This goes back to the money and goes back to the law. The UK had purchased a strain of measles vaccine from the pharmaceutical industry. It had already been used in Canada. They knew that it was very reactogenic. They bought it anyway. They made it available and so they were very ... The government, knowing that, was very concerned about its own liability. It needed to deflect attention from real injuries and Wakefield was disclosing a story they weren't [interested in 01:48:31]. He was also testifying on behalf of parents in an injury compensation program about vaccines and autism. There seems to be a lot of cooperation between the US and the UK on that. Certainly a lot of evidence was brought into the compensation program here from there.

In fact, Dr. Wakefield and two other doctors were brought before a doctors' peer review process. It was not a criminal proceeding at all, but they were brought before proceeding,

and it was found that Dr. Wakefield had violated his ethical medical norms. Unfortunately, because he was at that time in the United States, and he was no longer covered by his malpractice insurance in the UK, he was unable to go forward in that litigation and to exonerate himself. His colleague, Dr. John Walker Smith, who was the chief clinical person on that paper, did pursue it all the way to basically the high appeals court below the highest court in the UK. He was fully exonerated, completely exonerated.

Tony: For the same charges that were made against Wakefield?

Mary Holland: Very, very similar. Not exactly, Tony, I don't want to overstate. Not exactly, but almost the same. It was the same work. It was the same article. He was found to have absolutely been within his professional judgement to have done everything that he did. The court went out of its way because Wakefield wasn't before them to say, "We don't really know what would happen with Wakefield." Wakefield, as you know, has brought a case against the British Medical Journal. He was tried, and he was convicted in the press. There was clearly a ...

Tony: In the press.

Mary Holland: ... multi-million dollar press campaign to vilify Dr. Wakefield as somehow ... Even Bill Gates went on television to basically allege that Dr. Wakefield was a baby killer, extraordinary, extraordinary allegations against this doctor. The autism epidemic is very serious. I think because governments have a sense of culpability about it, I think there is a kind of willful blindness. They are not acknowledging the scope of this problem because they are complicit in this problem. It is related to vaccination. I think the evidence shows that today. Again, that's not been touted in the mainstream yet, but I think that's the reality that we live in.

Tony: I had never heard about this reactive measles component that was used by England and he exposed that, that they had already known-

Mary Holland: It was used in Canada. The government knew it. They bought it and so he really alleges that this is corruption. This is just out-and-out corruption. They did something that was stupid. They did on the cheap. They knew that what they had done was wrong. They knew that they could be on the hook. They signed a liability waiver for pharma that the government was going to be on the hook, just like what we have in the US after the '86 law. It was a bust. There was a lot of reactions to the measles. He uncovered that and so they vilified him.

Tony: It seems like several times a year I'll read that one of the major pharmaceutical companies is paying out on criminal fines, huge amounts of money and criminal fines. I think just about every single one of major players have and that begs the question: what do lawyers say, if they say anything, what do lawyers say about, "Oh my god. We got this whole industry that on a regular basis, is found guilty on criminal behavior."

Mary Holland: Tony, it just boggles my mind that we could imagine somehow that the pharmaceutical industry, who do suffer huge, the biggest ever civil fines and criminal fines, that they could behave that way with respect to prescription drugs, but they would be boy scouts when it comes to vaccines. That is a level of cognitive dissonance that I cannot understand. That's crazy. I'm completely incredulous about that. What have been the finds in the other areas is that they've hidden the science, that they have kept information that they were required by the FDA to provide. They didn't provide that information. They've used false marketing information. They've marketed things where they had no right to do so. It was off label. I don't see why we would think that the same things aren't going on with vaccines.

Tony: They suppressed information in regarding safety issues?

Mary Holland: Yes, one of the examples that stands out in my mind is Vioxx. Vioxx was a drug where Merck apparently knew that it was going to cause ... This painkiller was going to cause heart disease and heart attacks and death in a certain number of people. In fact, I believe it's 100,000 people died.

Tony: That's just what's reported. There's probably many more.

Mary Holland: That's just what was reported. It was an FDA scientist, who I believe was threatened with his job. He testified to congress, but that level of malfeasance, that level of disregard for human life. To imagine that those are the same companies, predators, who are producing vaccines, I find extraordinary.

Tony: You also said the FDA whistle blower was threatened.

Mary Holland: Yes, [inaudible 01:53:25]

Tony: That means the FDA did not want him to come forward with the information.

Mary Holland: Correct. That's what we learned. I think his name is Dr. Graham. I've seen him on film talking about what happened to him. I think we have to understand that these federal regulatory agencies in the medical complex, NIH, FDA, CDC, HHS, the Division of Injury Compensation Program, they are very closely related to the pharmaceutical industry. We call it capture. I think they're captured agencies. I think they are really working largely on behalf of industry. The notion that they are really serving infants and young children without doing any independent science, taking what pharma tells them and then mandating it. It's extremely troubling. It's extremely troubling.

Tony: We have these federal regulatory agencies. They were created to regulate industry to protect the public's interest, correct?

Mary Holland: Correct.

Tony: That's my understanding.

Mary Holland: Absolutely.

Tony: What do you think happened? How is that a whistle blower at the FDA who's telling the public that hundred of thousands of people or 100,000 people or more could be dying from this one drug. It's dangerous. We knew it was dangerous when it go approved, or they hid stuff. Why would the FDA want to protect the industry and not ... If they were a federal agency with the public's best interest at hand, they would encourage their scientists to come forward and say, "No, this is dangerous."

Mary Holland: They would.

Tony: Where do you think the world compass is? What's going on?

Mary Holland: I think we really do have an exceptionally serious problem with regulatory agencies that have in effect been captured by industry. I don't think it's just the regulatory agencies. I think we have a system of government where who pays the most, calls the tune. We have legislators and even the executive branch, they're very sensitive to who's paying for their campaign money, who's ensuring their jobs after they get out, where's their job on K Street? We have a system of government that is hugely influenced by industry. Industry has the most ready cash available, and it has the greatest incentives for these people, once they're out of government. We don't have a system that effectively regulates these entities. On the contrary, really the regulators are being run by industry. I think we see that in biotech. I think we see that in pharma. I think we see that in other areas. It's extremely dangerous and that's why I think we have to, as citizens, strengthen the rights of parents, particularly around the vaccine issue. I think we absolutely should have the same federal right that people have in Canada or the UK or Japan or Sweden or France to say no to any vaccine. I think that's

essential. That's just basic freedom over bodily integrity. That's just basic informed consent. We really are living in a very dangerous place right now.

Patrick:

I really hope you got a lot out of today's episode, amazing information. However, tomorrow is one of my favorite days. I sit down with Robert Kennedy Jr., and icon in America who's been an activist for things that are wrong in America, environmental issues. You're going to learn why he took a hiatus from most of his legal work to focus specifically on this vaccine issue and mercury in vaccines, which is especially important to him.

I was startled with the intellectual prowess and the organization of the information. You will love this interview. You will also be somewhat outraged by what he has discovered in his journey around vaccines. In addition to that, we have Scott and Melissa Miller. These are film makers who made a film that is incredible and different from any other vaccine film I've ever seen. Why? Because it's addressing the anthrax vaccine in the military, completely startling information there. See how this very successful film maker got hooked on this particular issue, and the beautiful film they made. This is the worldwide premier that we're going to be showing on a subsequent episode of Vaccine Syndrome.

You will be riveted with that one. Then also, we have one of our strategic alliances for Vaccines Revealed, Vaxxed, the movie, which was a very controversial movie. Maybe you saw it in the headlines because it was going to be shown at the Tribeca Film Festival and then as it typically the case, the media wants to black out this information. By doing so, they got the film yanked out of Tribeca, but then Robert Di Nero had some very strong words about this whole vaccine issue and Vaxxed has been seen by many people worldwide. Well, they've made a condensed version of the film for 20 minutes that they have shared with us to present, and we're sharing that with you tomorrow. You have a big day tomorrow in

episode three. I look forward to being there with you. Please share this information and tell everyone you know. They need to learn about this.