VACCINES REVEALED

Episode 4
Transcript

Dr P Gentempo: Welcome to episode four of Vaccines Revealed. I'm your host Dr Patrick Gentempo and today is a big day. We start out with my interview with Dr Brian Hooker, the PhD biochemical engineer who has an 18 year old autistic son who was injured by vaccines. What Brian Hooker has done over the past several years to extract information from the CDC, including his recorded conversations with Dr William Thompson of the CDC, will blow your mind. Today is just part one of that interview, it's a multi-part interview, and at times you're going to be enraged when you discover what a government agency that we entrust and that we fund with our tax dollars has done. The malfeasance is unspeakable.

Next, Toni Bark is going to be interviewing Dawn Loughborough. Dawn Loughborough is a mother of a autistic child and also a pillar of the vaccine movement. She has amazing information and context for you, and I believe that her interview is going to move you in ways that are different from many of the other interviews. Lastly, Toni Bark will also be interviewing Sarah Bridges. Sarah Bridges is a neuropsychologist, and she is the woman that Robert Kennedy Jr described as the person who approached him after one of presentations that got him on the trail of this entire vaccine movement. You want to see her interview, and learn the story about her son Porter and the journey that she's been on for over 20 years.

Dr Brian Hooker: My name's Brian Hooker and I have a PhD in biochemical engineering. I've been involved in biotechnology research for over 25 years now. I'm currently Associate Professor of Biology at Simpson University and also Science Advisor for the Focus for Health Foundation. Prior to that, I worked in areas of environmental restoration and also plant genetic engineering when I was a senior research scientist at Pacific Northwest National Laboratory. I am the father of an 18 year old son who was damaged by his infant vaccines and he has autism.

Dr P Gentempo: Brian, you're a PhD in biochemical engineering. What type of work have you done over your career?

Dr Brian Hooker: Over my career as a biochemical engineer, I started working in environmental restoration. I was working primarily on EPA Superfund sites, the sites that are considered the most contaminated and the most toxic in the United States. I worked in developing strategies using natural microorganisms that would degrade the contaminants, eat the contaminants and then release things that were innocuous.

Dr P Gentempo: For a period of time, you were working and doing research for the US government, correct?

Dr Brian Hooker: That is correct, yes. I worked for a national laboratory, actually in Eastern Washington, and the national laboratory was co-located at the Hanford Nuclear Reservation, which is a Superfund site. It's one of the most laden with toxic waste sites in the country, taking some of the legacy waste, some of the waste that had been there for years and years, and converting it to benign substances before the waste actually reached the Colombia river. We were running out the clock trying to make sure that when these, what we call, plumes of toxic waste would travel through the ground water, we would want to be able to clean them up before they became a hazard to humans and animals in the environment that all, in that area, were relying on the Colombia river.

Dr P Gentempo: You have published several papers. If I read your bio correctly, you have over 60 peer-reviewed papers to your credit?

Dr Brian Hooker: That is correct. I started publishing as a part of my PhD dissertation back in 1990 and I've continued to publish, doing work starting out in environmental restoration, then I did some work in plant genetic engineering and ultimately, where I am now at Simpson University, then primarily I'm dong epidemiology research and something that's near and dear to

my heart. That is the connection between vaccines, vaccine components and neurodevelopmental disabilities like autism.

Dr P Gentempo: What got you interested in vaccine research?

Dr Brian Hooker: What got me interested in vaccine research, primarily, was my son's adverse reaction to vaccines. We believe that he had an adverse reaction, and a cumulative adverse reaction from all the vaccines that he received from two weeks of life all the way to his 15 month well-baby checkup. That's when he had his most severe reaction and we curtailed vaccine at that time. Because of that, I became deeply interested in the connection between vaccines, primarily ... I started out with a vaccine component called Thimerosal. Thimerosal is about 50% mercury by weight and it's used as a preservative, still in the flu shot, at that time it was used in three of the childhood vaccines that my son received on a single day. I didn't know this until after he had had his adverse reaction to vaccines.

On a single day, he was receiving over a hundred micrograms of mercury, which vastly exceeded the EPA guidelines and the FDA guidelines for a single dose of mercury for an infant of his size. Even if he had received one of those vaccines when he was an adult, as an adult, in order to correctly process that mercury based on the EPA guidelines, he would've had to weigh 550 lbs. He didn't weigh 550 lbs, started out as an 8 lb infant and it just overwhelmed his system.

Dr P Gentempo: Wow. It seems somewhat ironic that your career has been spent detoxifying the environment and yet you have a child who now has been vaccine damage because of the toxic substances that went into the ecology of his system.

Dr Brian Hooker: It's very ironic. I started out my career, I'm still doing environment restoration as a part of my career, and yet one of the most toxic things that I've ever encountered was handling the body fluids from my son because he was detoxifying mercury and other components that are in vaccines, including

aluminum, including formaldehyde. When my wife and I originally made the decision to vaccinate my son, we had no idea that these poisons were in these vaccines in such high quantities. If I would've known what I know now, there is absolutely no way that we would've had anybody touch him with any type of vaccine or any type of vaccine component. As a practice now, anything that enters his body, we look at the packet insert. We make sure if there's anything that's questionable that, that particular medication, that therapeutic does not enter my son's body.

We trusted the medical establishment because of my background. I grew up in a public health family. My mother served as a public health nurse for many, many years and we were taught that vaccinations were safe. They were efficacious, and I remember when my son was being vaccinated for things like chickenpox, thinking, "Oh, how convenient. He's never going to have to get the chickenpox and he'll never have to miss school." Little did I know the toxic storm that at that point was going on in his body.

Dr P Gentempo: That was 18 years ago. Now, given what the vaccine schedule is today and the contents of the vaccines, how do you think he would've responded?

Dr Brian Hooker: If we had vaccinated today, given the bloated CDC vaccine schedule, I really don't know if my son could've survived that. You hear of infants dying within hours, days, after receiving their two week, two month, four month, six month vaccines. I believe that he very well could've been one of those cases because his system, the schedule was so relatively innocuous in 1998 as compared to what it is today, and his system couldn't even handle that. Knowing the toxins that are going in, knowing the multiple doses of vaccines that are going in left arm, right arm, left leg, right leg in a single doctor's visit, I don't see how he could've survived.

Dr P Gentempo: Now, you will talk about the science surrounding all of this, or maybe the lack of science surrounding all this, but from the personal side. Here you are, a young couple at that point, you have a child and the child becomes vaccine damaged. How has that altered the course of your life in the experience of family?

Dr Brian Hooker: Having a vaccine damaged child is basically living at ground zero of a nuclear explosion every day, 24/7. Things that happen in our life were so drastically altered by my sons vaccine injury. We planned to have other children and because of his vaccine injury, because of some of the moral choices that we would make in not vaccinating our other children, we decided that it wasn't a choice that we could make. We couldn't look at him and say, "I'm sorry you're vaccine damaged," and, "Your siblings dodged a bullet." We did not have other children and part of the reason was because of the 24/7 care that my son needed. My son sleeps an average of three to four hours a night and so my wife and I have to take shifts. She stays up late with him, I wake up early with him.

There's a constant battle in terms of deciding what type of supplementation we're going to give him, what type of therapies we're going to use for him, what type of individuals we're going to allow into our household that might provide care for him, because my wife does need to break away to do grocery shopping, to take care of our family's personal needs. It is such a drastic alteration of life. To see autism modeled in the press as, "Oh, these children are a little weird," or, "They're a little geeky," or, "They're just a little bit different than the main stream of society." Nothing could be further from the truth.

Dr P Gentempo: You're a very well credentialed research scientist with multiple degrees, publications, patents, etc. Is there any doubt in your mind that the vaccines caused his autism?

Dr Brian Hooker: There is no doubt in my mind that the vaccines that my son received caused his autism. There is absolutely no doubt. We

saw the regression. We saw the implications of every vaccine that he received in the schedule. It seemed as if every vaccine that he received would cause more damage and then we would see a little more damage. As new parents, we didn't really have a baseline. We did not have other siblings that we could compare my son's development to. I remember teaching my son how to crawl, and having a conversation with another parent and that parent saying, "Well, you know how kids just pick up things on their own." I scratched my head. I was stymied, like, "My son doesn't really pick up anything on his own."

We've taught him to sit up. We've worked hours to get him to sit up. We've taught him to roll over. We've taught him to crawl. We've come up with games, things moving blankets around, so it would force him to crawl. We worked to get and hit every milestone and the milestones that we did hit were all abolished when he received his 15 month vaccines. Before my son's 15 month vaccines, he had language. He was speaking. We have him on video saying short phrases, referring to the dog next door, which was one of his wonderful passions when he was one years old. Then, all of that is lost. There are things that we have captured my son doing on video before his 15 month vaccines that he still cannot do to this day.

Dr P Gentempo: Is he verbal today or no?

Dr Brian Hooker: No, my son is nonverbal. He has a few words. He can say momma, daddy, yes, no and that's really about it. He does understand language. We can give him simple commands and we're working through communicating with him through an iPad but, other than that, there is no expressive language.

Dr P Gentempo: I think you're to be commended with your wife on an extraordinary expenditure of energy and emotion to adapt your entire lives for the needs of your son. It's really incredible. What is the financial impact?

Dr Brian Hooker: The financial impact is immense. The outlay that you never see, that is never talked about in the media, is the sheer damage that my son can do to physical property. Things having to be replaced, things that he needs. He has his routines and has certain videos that he has to watch, but he also doesn't understand that if he breaks those videos that they have to be replaced. If he puts a hole in the wall, and he has been in severe pain and unfortunately where he is not violent against other people but he's self injurious, so he'll knock his shoulder up against the wall. He'll put a hole in the wall, we have to get the hole in the wall repaired. On top of that, many of the therapies that we use with him are not covered by insurance. Obviously the over-the-counter supplements, the things that we have taken on to keep primarily his gastrointestinal system, which was screwed up from stem to stern, from his esophagus all the way down to his rectum we had problems. Medically, we have to address that, so the financial outlay is immense.

In order to provide for my family, and provide for this intense drain on our budget, then I'm not only a professor at a university but I also run a consulting firm. I consult for multiple clients and I teach adjunct at a community college, so I'm juggling three jobs and having a family in order to provide financially because of the train wreck that autism is.

Dr P Gentempo: This might be a little bit of a tough question but do you ever reflect on how life would've been different for you, and for your family, if this didn't happen?

Dr Brian Hooker: That's a really good question. I reflect on that on a regular basis. This year, the beginning of the semester when I had students come in for their classes was rather hard on me because this would've been the freshman year of college that my son would've started if he hadn't have been vaccine damaged. Seeing these young adults come in, take their classes, buy their books, study, interact with their peers, go have a good time, go to movies, drive a car, all of these things that my son cannot do. It really, really hit me hard this year. It

was the first time that I had actually encountered that. We've homeschooled my son since he was four years old. We had a bad experience in a public preschool, and at that point we decided we would withdraw him from the school district and so we chose to homeschool him.

This is the first time I interacted with students that were the same age as my son and saw the complete difference. Going home and helping my son with his Barney videos, watching Barney, watching Bob the Builder, watching things that just are not age appropriate for an 18 year old whose voice has changed, who's developing a beard. These are just not the things that you plan in life.

Dr P Gentempo: With this, obviously if you'd understood the nature of vaccines, the risks of vaccines, the components of vaccines and especially with your education in academic background, you would've had the opportunity to make other choices, perhaps, at least the opportunity to weigh it out and decide if this was the right thing or not. You've now done a good bit of research in the vaccine community, the autism community. You've become a very strong advocate for getting the truth out there. Where has this led you, this journey to discover why does the public not know about this? Why do parents not know about this? Why is it maybe a bad idea that the government wants to mandate that children get vaccinated? Talk about that journey a little bit.

Dr Brian Hooker: Well, my journey started in 2001. That's the first time that the Institute of Medicine, which is a part of the National Academy of Sciences, that is the first time they convened a meeting and they specifically convened a meeting regarding Thimerosal, the mercury-containing preservative that was in the three of the series of vaccines that my son received. That's the first time that there was any type of public meeting where parents could participate, parents could send in comments. I was on the West Coast, the meeting was on the East Coast, but I was firing away emails to the National Academy of Sciences. I was

following the research at the CDC, which at that point, even though the CDC had not officially published any research on Thimerosal, we knew because of some of the things that were being leaked out that the CDC had found a relationship between Thimerosal-containing vaccines and autism, especially within the first month of life.

The CDC was actively working to cover that up with very dubious statistics. I knew something was dead wrong and I was, with the internet really starting to grow at that particular point in time, the early 2000s, I was starting to meet other parents, other families, other people that were going through the same nightmare in their own personal lives that my family was going through, so I became active. In my past research, I had done a lot of statistics. When you clean up a Superfund site and you say it's clean, you have to prove it to some level of certainty, so I had developed an expertise in statistics and I tried to, and I believe was successful, in applying that expertise to the epidemiology that the powers that be, the CDC, the National Institutes of Health and the FDA, the things that they were relying upon in order to somehow proclaim in a very religious fashion that Thimerosal was safe.

We knew that it was preposterous that anybody would say that mercury in any form was safe to inject into an infant's body. We knew that and so the eyes were on the National Academy of Sciences, the Institute of Medicine did deem that they could not rule out a relationship between Thimerosal-containing vaccines and neurodevelopmental disabilities and then the race was on. The CDC was trying to cover up this relationship. I was actively, at that point, calling CDC researchers, giving my input on their studies. Studies that they were doing in the United States, studies that they were planning to do in Denmark, Italy, the UK. The CDC was so desperate at that time to find any population of children that would somehow indemnify Thimerosal that they were going to Greenland. They were looking at cohorts of individuals with

autism in Greenland, somehow to use that particular population to say, "There's no relationship between the Thimerosal that you get in the infant schedule in the United States and autism." They were completely desperate and so I knew at that particular point in time I had to get involved.

Dr P Gentempo: Wow, and that led you on quite a journey because you ended up in communication with CDC scientists, and most notably probably Dr Thompson. You had a series of conversations, now that have been made public, some of them were recorded and made public and it's out there. People are seeing kind of behind the curtain. Can you speak to those conversations and what Dr Thompson revealed to you?

Dr Brian Hooker: Dr Thompson was one of the scientists that I interacted with very early on in an official capacity. When I contacted the CDC's public liaison, she referred me to Dr Thompson and a physician by the name of David Shay who was working with Dr Thompson at the time. We had several very abrupt conversations. The CDC didn't like what I was saying. I received a cease and desist letter in 2004 from a CDC attorney saying that I was no longer allowed to contact these scientists, that the only recourse that I had was through the Freedom of Information Act.

Dr P Gentempo: Why do you think that they felt so threatened that they had to ask you to cease and desist just to have conversations with their own scientists? From one person who's got an expertise in biostatistics and others and saying, "Hey, I wanna talk to you about this." Why were they so threatened by that?

Dr Brian Hooker: I knew because of my background in statistics, I knew what they were doing. I knew that they were actively working hard to bury a relationship that they didn't want to go public and I knew that the reason why they were doing that, I had recovered emails via the FOIA-

Dr P Gentempo: FOIA meaning Freedom of Information Act.

Dr Brian Hooker: ... FOIA meaning Freedom of Information Act.

Dr P Gentempo: For anybody who might not understand that, the CDC's a government entity.

Dr Brian Hooker: That's correct.

Dr P Gentempo: We, the citizenry, have rights to get disclosed, not all information's available to us but a lot of information's available to us. You filed this request for freedom of information and if they honor your request, they'll give you certain documents. What did you find?

Dr Brian Hooker: I received documents early on from the CDC and I found that, in the background, the chief scientists in vaccine safety were trying to preserve the vaccine program. They had no intent to help children but everything was focused on, "Oh, we have to preserve the vaccine program and we have to keep that going." There's also a-

Dr P Gentempo: Why do you think that is, though? Why do you think they seem so hellbent? These are scientists, supposedly they're serving the cause of humanity, why do you think they were hellbent on preserving the vaccine program, as compared to reporting the data as they saw it?

Dr Brian Hooker: The CDC acts as a vaccine company. They buy $4.6 billion worth of vaccines every year from pharmaceutical companies, and they take those vaccines and they distribute them to the state public health departments.

Dr P Gentempo: Literally the CDC purchases over $4 billion worth of vaccines themselves?

Dr Brian Hooker: That is correct. That's one of the things that Dr Thompson revealed to me.

Dr P Gentempo: So they're a purchasing agent also, not just a research entity but a purchasing agent.

Dr Brian Hooker: They are a purchasing agent and they're extremely conflicted. They did not want vaccine rates to go down, primarily because if vaccine rates went down they would not be reimbursed for the vaccines that they were buying to be distributed by state public health departments. It's big business. It's big money. $4.6 billion were on the line and that's when you see a scientist talking about the nebulous, "Well, we have to keep the vaccine program going. We can't damage the vaccine program." When you see a CDC scientist saying that, basically what they're saying in the background is, "We need to get our reimbursement of that 4.6 billion."

Dr P Gentempo: You start submitting your first FOIA requests. What comes back?

Dr Brian Hooker: The first FOIA requests that I submitted were in 2004. Just to back up, the primary reason I was submitting those requests is because CDC had cut off any scientist-to-scientist contact that I had with Thompson or any of the other scientists in the vaccine division, so my only recourse to get information from CDC was via the FOIA. I started to submit requests and one of the first things that came back was a big cheat on a study that had come out of Denmark.

Dr P Gentempo: A big cheat?

Dr Brian Hooker: A cheat.

Dr P Gentempo: What does that mean?

Dr Brian Hooker: It means that they used statistics to lie about the autism incidence in Denmark.

Dr P Gentempo: That's an extremely bold statement. You're asserting it with full certainty, so why do you say that?

Dr Brian Hooker: I have full certainty that what they did ... Somebody got the big idea that autism rates were increasing in Denmark, even though they had removed Thimerosal from the vaccines in

1992, so, therefore, if there was a connection between Thimerosal in vaccines and the autism epidemic, then you should've seen numbers go down in Denmark.

Dr P Gentempo: Right.

Dr Brian Hooker: Okay. What they did was they published false data showing a very false increase in the incidence of autism in Denmark, but it came to data that was in 1998, 2000 and 2001, when the oldest kids were actually able to get an autism diagnosis and there was a steady downward trend. What CDC did, in connection with the Denmark researchers, is that they recommended that they remove the last data points, so the only thing that you would see was an upward trend in the autism diagnosis after they removed Thimerosal from vaccines. Historically, now we know that's the, what's called the Madsen study, it came out in 2003 in the journal Pediatrics. Historically, that study has been debunked but I actually got the emails where they made the decision that they were not going to put the last data points in the study because they indeed showed a downward trend and that was counter to CDC policy to keep Thiomersal in vaccines.

Dr P Gentempo: Let me get clear. You've actually seen the emails where they said, "We're going to remove certain data points to give a false impression of autism rates so that we can, so people will not draw the correlation between Thimerosal, in this particular case, Thiomersal and autism."

Dr Brian Hooker: You have to understand the CDC never puts that type of verbiage in an email.

Dr P Gentempo: Right.

Dr Brian Hooker: They will never say something like that, but they had a co-author from Denmark who was saying, "These data points are important and we need to include them in the publication," and then the principal investigator who was at the CDC at the

time said, "No, we have to have a discussion and we may have to remove that data." We know, historically, if you go back to the paper, they removed the information that would've shown a downward trend. Not an upward trend, but a downward trend after they removed Thimerosal in vaccines.

Dr P Gentempo: Was there any reason given for the removal? For the person at the CDC advocating, "No, no. We need to remove that data," did they give a reason?

Dr Brian Hooker: No.

Dr P Gentempo: Just the fact it had to be removed.

Dr Brian Hooker: There was no evidence. There was no reason. There was no scientific reason to remove that data point. The data point was clear. It was data from 2000 and 2001. It needed to be included because it showed the rates were going down. There's no scientific reason to do that.

Dr P Gentempo: This is roughly 2004 or so?

Dr Brian Hooker: That's correct.

Dr P Gentempo: Now, you're seeing the first evidence, and I'm talking about evidence not speculation, that they are literally manipulating data, omitting information to get a certain outcome impression in their data that they want to release publicly.

Dr Brian Hooker: Right.

Dr P Gentempo: What happened after that?

Dr Brian Hooker: The information started tumbling in from the CDC. One of the things ... People have asked me before, "Why did you FOIA the CDC so many times?" Well, it was easy. All I had to do was shoot off an email and the CDC would process the information. At first, the information was coming back in a very, very timely basis. I'd get information maybe five, six months after

submitting the requests which, in government terms, was a short period of time.

Dr P Gentempo: Right.

Dr Brian Hooker: Analyzing the information along with David Geier, who is a very prolific scientist and works with his dad, Mark Geier, and has published many, many studies on Thimerosal. We would go through the information together, just glean anything that we could that would show the evidence of fraud, evidence of manipulation or evidence of taking whole data sets and hiding them from the public. That's probably the thing that stuck out the most, was what CDC was trying to do. They were coming up with their own fraudulent studies and then, by law, they were supposed to supply the data so independent scientists could check their work, but what they were doing in the background was they were playing a shell game, so they could hide that data, so nobody could get access to the data, reanalyze the studies and show the faults and the fatal flaws in their science.

Dr P Gentempo: You were extrapolating these conclusions by teasing out bits and pieces from all the FOIA information that came back to you?

Dr Brian Hooker: That is correct. I-

Dr P Gentempo: What kind of volume are we talking about? How much stuff were they sending you?

Dr Brian Hooker: I've probably received, I'd say, 500,000 pages of documents.

Dr P Gentempo: 500,000 pages?

Dr Brian Hooker: Some of them are redacted. Redacted means that the information is blocked out, blacked out and removed. Some are actually just full, clean copies of information. I received a contract between the CDC and the Institute of Medicine regarding their final meeting in 2004, which basically put the

nails in the coffin in terms of the government's response on Thimerosal in vaccines.

Dr P Gentempo: How so?

Dr Brian Hooker: The 2004 Institute of Medicine, the committee met in February of that year and they submitted a report. The report came out in May and not only did they say that there was no conclusive evidence showing a relationship between Thimerosal exposure and autism, but they also went further in an unprecedented move and they said that no research should be done further on this particular link. You know when somebody's saying no research should be done on a particular link that they're trying to hide something.

Dr P Gentempo: Wow. What's going through your mind at this point? Now it's 2004, you're the father of an autistic child. You have basically done the research and the math to say this much mercury went into his body. It's an extraordinary amount of toxicity and that my child is autistic, it's disrupted and transformed my entire life, my wife's life, our family, etc. You're a research scientist, and you've got a background in statistics, and you start getting this information and you see, literally, the malfeasance. I can understand the didactic side saying, "Wow, this is really wrong," etc., but what's going on, kind of on the psychoemotional side, that you're seeing this, realizing the damage that's done to your family and that they're trying to hide this stuff. How did that feel?

Dr Brian Hooker: It was very, very difficult between 2004 and till about 2007, which I literally, for my own emotional stability, I took a break in 2007 and I curtailed some of my FOIA activities, just because I needed to rest. When you look at that much evil in the face on a regular basis and you know people are lying wholesale about a large portion of children in our society, it's very, very difficult to sleep at night. I didn't realize that the government entities could be as evil and corrupt as the CDC was, and still is. I worked very, very hard to get the information to some level

of closure. I put out a website with another autism dad who's actually very, very active in the community, JB Handley. JB and I published a website called putchildrenfirst.org.

Many of the responses of the information requests that I received were put out on that website and it had an entire narrative, specifically, at that time, regarding Thimerosal in vaccines. I just was starting to come to grips with the fact that the CDC was studying Thimerosal in vaccines because they were trying to put down the fear that was in the public regarding children's exposure to mercury. What that meant was that there was an entire vaccine schedule, there was an entire laundry list of other components that, because there was no fear about, the CDC wasn't studying. That threw everything regarding the vaccine program in doubt.

Dr P Gentempo: You have to imagine, here you are in this huge government institution that has the public trust and that they are also buying $4.6 billion, I think you said, of vaccines a year, that they actually are a purchaser of billions of dollars of these things, to imagine that if they said, "Oops, we've made a mistake." How could they possibly admit to that? You're painted in a corner, in a respect, because you're saying, "We will lose the faith of the American people. We will be under extraordinary attack but if we continue to try to protect and hide the results of what we know to be true, more kids are being damaged and families destroyed every single day."

Dr Brian Hooker: It just flat out appeared, from the documents that I received via the FOIA, that the CDC didn't care.

Dr P Gentempo: Whoa.

Dr Brian Hooker: There was such a huge level of callousness and enmity for the parents of affected children, okay.

Dr P Gentempo: When you say evil, that's what you mean.

Dr Brian Hooker: Not only did I hate the CDC, but the CDC hated parents like me. They hated anybody that would question the status quo, anybody that would rail against the Advisory Committee for Immunization Practices and the schedule that they put out every year, anybody that would raise a stink against that. I was calling my congressional official. I was calling my two senators. They were conducting their own independent investigations. At that time, Dr David Weldon was a member of Congress. He was running his own independent investigation and I was working with his office on that investigation. The CDC, instead of looking at that and responding appropriately in saying, "We have a problem. We have not only a public relations problem, but a scientific and a grave medical problem," they continued to cover up and they became very, very polarized against anybody that, like I said, would rail against the status quo.

Dr P Gentempo: Wow. Now, 2004, 2007, you're combing through huge volumes of documents. You're seeing this, as you referred to it as the face of evil, and now in 2007 you did take a break. What happens then?

Dr Brian Hooker: In 2007, I took a break from the activity. I finished my career up at the national laboratory and made the decision to move on.

Dr P Gentempo: Well, incidentally, so this is interesting, while this is going on, you're working for the government.

Dr Brian Hooker: That is correct.

Dr P Gentempo: The government hired you because they felt your credentials as a scientist, researcher, etc. in your area of expertise, they felt that you were worthy of employment for that. In the meantime, you're looking at what the government's doing in a different branch of the government and seeing all this malfeasance. You couldn't write this story in a novel to make it believable. Now, 2007, you decide you're going to leave that government position, or you're going to move onto another

phase of your career, and take a break from all this activity in reviewing the CDC activities.

Dr Brian Hooker: That is correct. I suspended the activities in 2007. I also then concluded my career as more of a prolific research scientist in 2009. I left the national laboratory and then became a part of the faculty of Simpson University in 2010. I felt there was an intense amount of scrutiny that national laboratory was a great environment to do research but it was also, in and of itself, it was a pressure cooker of a job. Having those types of responsibilities, and having a special needs child and a wife who has sacrificed her career to take care of a special needs child at home, then I needed to have a change.

Dr P Gentempo: Now what happens? When did you re-engage and what encouraged you to re-engage in this?

Dr Brian Hooker: I started my job at Simpson University at 2010 and very early on I contacted Mark and David Geier and wanted to talk to them about some of the Freedom of Information Act requests that I had done at the very beginning, back in 2004. I felt like there was more information available. The CDC had done a level, best job of withholding, redacting, marking out information that I felt was vital and would expose more of the lies, in terms of the studies that the CDC was saying was reliable evidence to show that vaccines and vaccine components were safe. In conversation with the Geiers, we decided to sue the CDC.

Dr P Gentempo: You sued the CDC?

Dr Brian Hooker: Yes. July 2011, with my attorney Bob Reeves, we filed a suit against the CDC for withholding information for the four first FOIA requests that I had ever submitted. These had to deal with studies on Thimerosal that involved Denmark, studies on Thimerosal that involved the UK and several internal series of documents that I was trying to get from the CDC. At first, I felt that this would be a very, very simple endeavor. I had seen the

documentation, we were in the Obama administration. At the beginning of his administration, he had filed a presidential order to say that entities like the CDC needed to err on the side of being able to release, err on the side of openness, and so I was using that even in some of my exhibits in the lawsuit.

I thought, "Okay, well the CDC will see this and they'll finally release those documents," but instead what ensued was a two year fight against the CDC. Tooth and nail, where we were filing motion after motion and then they would file motions not only against what we had filed as evidence, but motions to vacate previous decisions that the judge had made.

Dr P Gentempo: Really? The judge had ruled on some motions and they wanted him to vacate those rulings?

Dr Brian Hooker: Right. Right. At that point in time, the judge was ruling that the CDC turn over documents that had been improperly withheld, documents that had been improperly redacted and the CDC was trying to vacate those motions. The fight ended almost exactly two years later in July 2013. During that particular period of time, the CDC had to release about 500 more pages worth of documents because of the order of the federal judge. Rather than having to go through the appeals process with the case, we finally came up with a settlement with the CDC but the thing that stood out was the CDC was fighting tooth and nail not to release this information.

Toni Bark: Welcome Dawn, thank you for coming and speaking with me.

Dawn L: Thanks, Toni.

Toni Bark: What I'm really curious about is what your involvement in the vaccine safety movement is and how it came to be.

Dawn L: Right, so it's been a long journey. I got involved in the 1990s looking at vaccine safety. It was initially a playground conversation amongst moms. We would attend these

preschool meetings and you'd hear from older moms this murmur of something was going on with the vaccines and we started to investigate. We started to look things up and read about it. I also was still working and my job took me to London, so my former husband and I lived in the UK right about the same time the buzz around the MMR vaccine was going on with Dr Andy Wakefield. Initially, I had questions and nobody seemed to have answers. I had my first child in 1997 and in 1998 she reacted to her MMR vaccine. She had night screams, back arching, I could not console her for months on end.

Toni Bark: Did this start right away? Right after her vaccine or ...

Dawn L: Pretty much, pretty much. At that time, I was still working and during the day she would stay with a nanny and I went off to my work at Price Waterhouse. This was something that I saw as rather dramatic because during the day I was gone. I'd be up three or four hours with her in the nighttime while she was having these inconsolable night screams and it was a very traumatic experience for me. I was raising her on my own, I was an executive senior consultant with Price Waterhouse. I had a lovely career going. My then husband was traveling with IBM and he was gone, so I was really raising her on my own.

Toni Bark: This wasn't just infantile colic, she didn't have it in the first year of life. It clearly started-

Dawn L: About 13 months when she received her MMR vaccine.

Toni Bark: Like the same day? A week later? I'm just very curious.

Dawn L: There was a cascading effect. I don't think, at the time, I went, "Boom." She had that and boom, she had this problem. It was over time, over a number of weeks, and it went on for several months. I remember asking my mom, "Is this normal? You know, this waking up in the middle of the night?" She didn't look like she was awake, even. It was more like a night terror screaming, they called it. I took her to our pediatrician down in

Florida who is very open-minded, he was an integrative MD and he gave me some education around the MMR vaccine. He diagnosed her with allergies and he did a lot of treatments around things like the egg allergy, which, you know the MMR is cultivated on an egg protein. The inflammation that started with the MMR affected her throughout the next several years in the form of allergies, asthma, ear infections and the night screams went away. We did do a lot of allergy elimination. I ripped the rugs out of the house, got the breathing parts bettered.

Toni Bark: Did you further vaccine her?

Dawn L: I did. I actually was on a delayed schedule. I took her to the children's hospital in Philadelphia. She had a heart murmur when she was young and I had a specialist take a look at her. During that appointment, she said, "Mrs Loughborough, um, there's a doctor here who would like to speak to you. I'll hold onto your daughter while you can go have a conference with him." I said, "Sure, what's it about?" And I got kind of nervous because I thought, "Oh, she must really have a bad heart problem going on." Well, turned out it had nothing to do with her heart. It was actually, in my opinion, a planned meeting with the then head of pediatrics named Dr Paul Offit and he brought me into a examination room.

He had a nurse also attend this meeting and he questioned me rather fervently about why I wasn't on schedule with my vaccines with my daughter. I explained to him, "You know, I'm concerned. There are changes going on in the vaccine program I don't understand. I'm not getting clear answers as to why our national program is changing the schedule. And I've read a lot, and it looks like there could be some problems, and my daughter has reacted to the MMR vaccine." He said, "Well, what makes you say that? Who's telling you that?" I said, "Well, my pediatrician in Florida." He said, "Who is pediatrician?" He said, "Nurse, write that name down." And he said, "Do you know who I am?" He gets very close to me, and

his body language and his voice tone and mannerisms were that of very serious conversation we were having. In the back of my mind I was thinking, "My daughter is in a different room to me. Am I being set up here as this crazy mom because I'm taking a different approach and have concerns about her vaccines?"

It was very uncomfortable for me. He asked me what my profession was. When he learned I was a management consultant, he seemed a little more respectful. At the same time, he was calling me a baby killer for delaying my vaccines with my own child, who was having problems with them. He was explaining how in Africa children were dying of infectious diseases and people like me who are spreading these myths. I said, "I'm not spreading any myths, I'm just having a conversation with you." He said, "Well, I think you should stay on schedule." I said, "Well, I'll take your advisement, and I'll go home, and talk to my husband and we'll make our decisions and thank you." That was about the end of the meeting. It was a little rough, there was some shouting coming from him. I was not shouting. However, I was asking some questions that were on my mind. He did take down several names of doctors. One of those doctors lost his license about four months later, so I have curious questions. A lot of things seemed odd about that meeting to me.

Toni Bark: I can't believe that you actually ... I wonder if I would've been in that situation, I probably would've walked out of the room. It was intimidating, it sounds like it was incredibly intimidating.

Dawn L: It was intimidating and it also probably held me into distrust of my own natural instincts. For example, I thought, "Wow, this is the head of pediatrics telling me I should do this." This was still back in the 90s when perhaps women were still thinking authority, medical, schooling, knowledge, my lack thereof, kind of thing. It gave me just enough of a mistrust of my own concerns to continue to vaccine. My daughter is now 16. She has an autoimmune disease. She misses three to five months

of school per year. For about eight years, she was doing very well health-wise, I worked with integrative doctors, and she was the top of her class at a lovely private school that my brothers and I attended in Baltimore. She was the McDonogh cup award winner, which is the highest athlete, the highest achieving in academics, and in drama and music, and then she hit her senior year and just literally crashed overnight. It's been a journey, a regression much later on in life but a regression nonetheless. It's complicated, it's multi-system and it's very similar to what I went through with my son's autism.

Toni Bark: Why don't you tell me a little bit about your son?

Dawn L: I have three great children and my second child, I took him for his kindergarten shots. He was developing typically and he had his kindergarten dose for the DTaP shot, diptheria, tetanus and acellular pertussis. I had very much read up on the vaccines at this point and I thought I was being really smart getting the acellular pertussis as opposed to the DTP, which was still available in our area in the Midwest. He went for his shots, about three hours later was in bed. I had put him down for a nap and he woke up screaming. It was a high pitch shrill scream that I will never forget. It was one of those that calls a mom into action, and I ran up the stairs and I found him screaming like this, again, inconsolable screaming.

I looked down at the site of the injection on his left leg. There was swelling, he had golf ball sized lymph nodes in his groin area and his whole left side was swelling up. His face was bright red, he was hot to the touch and I scooped him up and we rushed off to the emergency room. One of the workers on my farm helped me get there and rushed him into the ER. They gave him an IV, they put him on a lot of fever medications and basically monitored him. Later on, I found out he was having seizures, and encephalopathy, brain swelling, his left side looked like Popeye, his arm was all puffy.

Toni Bark: Did the emergency room doctors know that he had just been vaccinated and, if so, did they connect the dots or ...

Dawn L: I told them that he had just received the vaccination. They looked at the site of the injection. Later on, I found out that they hadn't really been trained to deal with adverse events. This was one that got reported through VAERS, the Vaccine Adverse Event Reporting System. My pediatrician was from the University of Chicago Hospitals and she said, "Mrs Loughborough, I'm very, very sorry. I've never seen this happen before. We didn't do this on purpose to your child." I said, "Of course not, no, but what do we do now?" He was left affected on the left side for about six months, he had a hard time walking. He was diagnosed as dyspraxic and everything on the left side was affected. His eye stopped tracking together, his nervous system was impacted. My immediate thought was, "It's like a stroke. We can, we can rebuild him. We can get him through this." As the inflammation calmed down, I started a very rigorous sort of physical therapy approach with him, which was initiated by me.

The pediatrician really didn't have answers. She really didn't know what to do. She was astonished and she even said to me, "Are you sure you want me to report this in the VAERS system?" I said, "Of course." She said, "Well, it's very difficult to do. I've gone into the system three times now. It's hard for me to navigate, I don't know how to fill out the reports." This is somebody who's very well trained and very bright, right, so that's one of the reasons they say only 1-10% of these gets reported is people aren't aware of the reporting systems. They're not aware of how to go about describing these adverse events, let alone, to your question, no, the emergency room didn't really know how to handle or treat the adverse event he was having.

Toni Bark: They saw that the inflammation started at the site-

Dawn L: Yes.

Toni Bark: ... and that the lymph nodes were inflamed around the site. Did they-

Dawn L: They agreed.

Toni Bark: At least they did agree that it was connected.

Dawn L: Yes. Now, one of the things I learned later, a very simple thing they could've done, which nobody took this step, is just take an ice pack and put it on the site of injection. That could've calmed some of the inflammation immediately and helped him resolve a little bit better. It was just one thing after the next and, really, it ran its course because people didn't know what to do about it. They managed him as if he just had a fever.

Toni Bark: I'm not surprised that the pediatrician couldn't navigate through the VAERS. I trained in pediatrics, I had never heard of an adverse event reporting system.

Dawn L: Well, right. We hear about all the good things. We take our babies to the doctor, to the pediatrician, because vaccines save lives. These are what we hear. We want to manage their lives, their health, we don't want harm to come to them. We're stuck in this paradigm of all is well when, in fact, the government also understands that vaccines are inherently dangerous, and that's why we have the 1986 Childhood Immunization Act to help those families who have vaccine damaged children because they know that a certain percentage are going to be injured by these. It's very tricky. It's sort of a hidden thing that we don't learn about unless you've experienced it first hand.

I think my son's reaction was a blessing and I'll tell you why: I think most parents experience what I call the cascading effects of vaccine damage and they don't see an immediate response like I got to see, so they don't make the connection. For me, it was a very physical thing. "Oh my gosh. I saw him get injected, I saw him change immediately." It gets you into a way of

thinking about how to reverse out of that. Again, like I said, I thought immediately of stroke victims. What do they do? They start doing movement. They start doing therapy. They rebuild that nervous system so it connects back up. The body can heal.

Toni Bark: How is he doing now?

Dawn L: He's doing really well. He's one of the children who is coming out of autism. Initially, about two weeks after the vaccine injury, he regressed severely. He lost speech, eye contact, he started rocking, stimming, flapping, spinning. He was gone.

Toni Bark: You said that you stayed home and raised him for the next eight years and you had been an executive at Price Waterhouse. At what time did you realize you needed to, or wanted to, leave your career, your thriving career it sounds like, and be a stay at home mom and a homeschooler? That's a huge 180 degree flip.

Dawn L: I had three doctors tell me I couldn't have children, so when I got married and had children late in my career, it was a door that opened that I was very excited about. I actually came home before my son was vaccine injured. I'd spent a wonderful time with Procter & Gamble, with General Electric. I was working in Philadelphia in our internal, corporate global services program and I was heading a solutions center. One day, it hit me: I had done everything I wanted and what I really wanted was to be their mom. I came home and, after a few months living in Florida, I thought, "What I'd really like to do," because I really was turned off by some of the corporate experiences I had. I learned a lot, I was trained in the most excellent conversations of management and the best Fortune 100 companies. What I really wanted to do was go back to our family farm outside of Chicago.

I started growing herbs, creating gardens and we had farm days where lots of families would come out. Children with autism would spend the afternoon at our farm with animals

and walking through the gardens. I was an herbalist, I studied through the [Austro-Asian 00:59:58] College of Herbs, and I was very much into holistic living. I was taking our farm from a traditional farming into sustainable permaculture. It was all about the soil, and really digging in and coexisting with Mother Nature. I had loved raising my children in that setting and I had a lot of wonderful experiences with disabled children in that setting. Our children connect with nature. They heal inside of nature. There were connections made.

I remember one boy who was severely autistic. Beautiful, red-headed boy about six years old, probably did not know his mother who was tethered to him 24/7, afraid to let go of him because he might wander off, and he connected with a horse that I had in a very moving experience where doctors were around saying, "This is it. This is the access. We've gotta get him working with your horses. He's gonna connect and come out because of this." The excitement about that, and making pesto in the gardens, and letting them put edible flowers in their mouths and just running free. It was beautiful.

Toni Bark: It sounds like utopia.

Dawn L: Our children really, really benefit from being outside. The families go through healing. Other children with the horses, I had a very talkative girl with Asperger's say, "How am I gonna get on this horse? How am I gonna get on this horse? Maybe I should invent a slide. I could put a slide together and I could just slide right on the back of the hor-" I mean her mind is going a hundred miles per hour and she's describing inventions. She mounted that horse and went for a lovely ride, and so they're trying new things, and they're building competencies and the connections are amazing. My children were growing up in that environment. I did reach a point, I'd been to the finest hospitals in Chicago with my son. He was having a lot of digestive problems. The colon on the left side was no longer functioning properly, it lost motility and he was very, very constipated so I had him scoped.

They found problems in his GI and I was brought into a room. The head of the celiac department at the hospital, a world-renowned hospital, said to me, "Mrs Loughborough, do you believe in God?" I said, "Yes, I do." We had a long talk about CS Lewis, and scripture and I said, "What's going on with my son?" He said, "Well, there are some pock markings." He pointed out some ulcers inside the colon. He said, "But he doesn't appear, from the blood tests, to have food allergies so I don't think he needs a special diet. I'm gonna send you home with a bottle of Maalox and go home and pray." I remember driving home with him in the back seat and he had trouble with his anesthesia, which I later learned is very typical of children with autism. They have low metabolisms and so there are things we need to think about medications and drug interactions with them, but at the time I didn't know these things.

I remember driving home thinking, "Go home and pray? That's not the end of the story for my son. This is not the end. This is the beginning. There was something in his GI track and he pointed it out to me." I took that to other physicians, I took it to other naturopaths and we looked, and we figured out that he was having allergy problems inside of his GI tract. We took him off some foods, we took him off gluten and casein, which are proteins that relieve the constipation. It took about six months for him to clear and another six months for him to start to heal inside of the GI track. There's so much inflammation you're dealing with on so many levels.

Toni Bark: Why do you think that the pediatrician from that department brought you in the room and said it's not allergy. It's not allergies, why would he make that comment?

Dawn L: I work with a lot of physicians and researchers who are concerned about vaccine safety. What they have found with the physiological effects on these children's bodies, leads back to vaccines. There's an innate problem with treating these children physiologically because you're going to lead back and

point to something that nobody wants to talk about, which is vaccine damage.

Toni Bark: I see. It's almost as though he just didn't want to give you any more information.

Dawn L: There's a term called Wakefielding. It's where a doctor from the UK, Dr Andy Wakefield, lost his career for bringing up concerns about vaccine safety. Pretty much, he was a gastroenterologist and I think all the GI doctors are scared to death-

Toni Bark: Oh, I see.

Dawn L: ... to say anything about this. I think this doctor was very genuine. I think he's kind. I think he cares about his patients, but I don't ... I think he knew my son had autism and he didn't want to go there.

Toni Bark: It also seems like maybe he's unaware of how dietary measures could help, or ...

Dawn L: Oh, very much. I don't think our physicians in this nation are trained in nutrition, so when you have those conversations they're just on a different ... They would like to offer you a medication, as opposed to a dietary change. A lot of parents don't want that. They don't want to take the effort in preparing foods and reading labels. My son has a very specific reaction if he has gluten or casein in his food.

Toni Bark: What is the reaction?

Dawn L: He, within 20 minutes, has a severe headache behind his left eye. I would describe it now as a migraine because of the way it manifests. He throws up and then he goes and falls asleep for two hours. It has a severe impact on his life and he's become very good at reading labels. He says, "Mom, I don't wanna eat that food." Now, when he stopped having those foods, he started getting speech back.

Toni Bark: Okay, that experience with this doctor in Chicago was completely different than the experience with Dr Paul Offit. However ineffectual the doctor in Chicago was, he did not sound like he was intimidating or harassing you.

Dawn L: Oh, no.

Toni Bark: The first encounter you talked about really sounds like you were being harassed. Can you tell me how you felt about it? Am I interpreting that incorrectly?

Dawn L: No. I was actually describing it in a very mild mannered way. It was horrific what I went through in that meeting and I was very intimidated. I would describe it as a bullying situation.

Toni Bark: I would've ended up in a huge all-out war with him, or I would've walked out of the room, he sounds so inappropriate.

Dawn L: He was very inappropriate and very aggressive. He's also written the AAP information for pediatricians on how to handle parents who don't vaccine their children. Honestly, I was scared. My daughter was in a different room.

Toni Bark: Weren't you worried they were vaccinating your daughter?

Dawn L: I was actually thinking, "Are they gonna make me out to be crazy because I'm slowing down her vaccines? Are they gonna bring CPS and report me or take my child?" There were things in the back of my mind like, "How am I gonna navigate through this gracefully so that I can get out to her?"

Toni Bark: What about the doctor that lost his license because he took the name down? Did he ever get his license back?

Dawn L: I don't know. Yes, he did, but it's one of those things that I wondered if I'd said people's names and then they went and brought harm toward their career.

Toni Bark: It certainly is what it sounds like happened and it's interesting because Dr Offit is not neutral. He's got a huge financial interest at stake. He's, as you probably know, he's designed and owns a-

Dawn L: Yeah, he designed the rota virus.

Toni Bark: The rota virus vaccine, which is not a ...

Dawn L: Which was a flop, the first one out the gate. They had to recall it, and redesign it and put it back out again.

Toni Bark: Even still, if you look at the studies it's not a very impressive vaccine.

Dawn L: Well, there have been problems with vaccines. We know this. If you look back at 1976 with the flu vaccine, there were problems with it. There were people getting Guillain-Barré syndrome. There have been noted problems from the oral polio vaccine. They knew that there was a Simian virus 40 in the vaccination, which they know, and have studied and have causal relationships with soft tissue cancers. We know that people have reactions to vaccines and that's why there is the Vaccine Adverse Event Reporting System.

Toni Bark: Did you work in conjunction with that, didn't you? Can you tell me a little bit about your relationship with the National Vaccine Information Center or the VAERS reporting system?

Dawn L: When I came back to Maryland, which is where I grew up, from the Midwest, we left our family farm and I brought the children back here with me. I was then divorced at that point. I got very interested in researching what the researchers were saying about vaccines, and I got to work with Barbara Loe Fisher at the National Vaccine Information Center and we worked very closely together in 2009. I helped her with the fourth international conference on vaccination and I also worked with her on her website. We were right in the middle

of the H1N1 pandemic, so we did a lot of work going down to the federal agency. She was giving public comment as the vaccine was being fast tracked through the FDA process of approval.

Toni Bark: We're talking 2009.

Dawn L: This was 2009.

Toni Bark: When you say pandemic you mean "pandemic" as we all know it didn't really fit the definition of a pandemic, so that's what you meant. Correct?

Dawn L: Right. Right.

Toni Bark: Yes.

Dawn L: I was looking at a number of concerns for illnesses around the world. Through the National Vaccine Information Center, we were tracking how this was progressing around the world. There were concerns. It was the same time, though, that we thought we would have some great breakthroughs around vaccine safety and I remember Secretary Sebelius in 2009, when she announced that the media should stop interviewing people with vaccine safety concerns because it's no longer an issue. It seemed like the timing was, "We've gotta get this flu vaccine, H1N1 vaccine, made and we don't want controversy." Things like that have shaped how the media responds to vaccine safety and it's turned into a war of the anti-science versus the empirical scientific what, in my opinion, is tobacco science.

We're looking at an either-or and it's really sad because how we could manage infectious disease in this nation could be so much better. It could be a lot more personalized. We could be looking at screening people for genetic susceptibilities with regards to the vaccine reactions. We could be spreading them out differently. We're not having corporate accountability as a

result of the 1986 Childhood Immunization Act, which frees them from all liability regarding vaccine damage.

Toni Bark: It would, certainly, be an expense so if they don't have to be accountable-

Dawn L: Right, so Thimerosal-

Toni Bark: ... why improve what they've got? Even if it's better, why do it, from a financial standpoint.

Dawn L: From a financial standpoint, if you were to look at Thimerosal, which contains mercury and we know mercury causes health problems, but inside of the financing of preservatives it's a cheap preservative to put into vaccines and it works. It's not as effective as the most effective ones but they're more costly, so there's no incentive by the corporations. The vaccine manufacturers have no incentive to come up with a better preservative and as long as there is tobacco science saying Thimerosal is safe, even though they've removed it from everything like your contact solution, knowing that it could be absorbed through the eye, absorbed through the skin. It's been removed from a number of things for safety precautions.

Toni Bark: Veterinary vaccines, they removed it years ago. Decades ago.

Dawn L: You can request a Thimerosal-free flu shot, but they're not telling people about it and I'm most concerned about pregnant mothers. Dr Brian Hooker did the Freedom of Information Act research around the CDC's vaccine safety research and there's a paper that was published in Pediatrics in 2010, it's called the Price et al. publication, and he found that there is an uptake of regressive autism for pregnant mothers receiving Thimerosal flu shots.

Toni Bark: Brian Hooker found this or Price et al. published it?

Dawn L: Brian Hooker found it in the Price study. It's right there.

Toni Bark: Does the Price study mention that in their conclusion?

Dawn L: It avoids the topic in their conclusion and in the abstract.

Toni Bark: Well, that's quite disconcerting news.

Dawn L: Pregnant mothers are being injected with Thimerosal flu shot and there is data showing that this can increase the rate of regressive autism in their babies.

Toni Bark: There is a push, I know, to promote flu shots for pregnant women and my question to you: do you know, I know you worked with the National Vaccine Information Center, so you've read a lot of studies, but has the flu shot ever been tested on pregnant women?

Dawn L: The testing of the vaccines is a really interesting study in and of itself. For example, we don't have a exposure vs unexposed childhood vaccination study. We don't have a vaccinated vs unvaccinated study.

Toni Bark: As a scientist, you can only make a comment about unattributable rate, which is, "Does this cause something?" If you look at an exposed population as compared to an unexposed population. That's incredible that there's just no vaccinated vs unvaccinated study.

Dawn L: The question was bounced around several federal agencies. It started in the National Vaccine Advisory Committee of the CDC, and they went to the Institute of Medicine and asked them to look at this. What the Institute of Medicine said was, "It looks to be unethical to do a vaccinated vs unvaccinated study because we would be saying some children won't receive preventable disease management through vaccination and that's unethical." However, they avoided the question and they never answered the question of why not do a retroactive voluntary study.

Toni Bark: That was my next question. There's plenty of children who don't get vaccinated voluntarily.

Dawn L: There are.

Toni Bark: Why not look at them and look at their autistic rates? Or look at their autoimmune rates or their allergy rates? That would be, seems like the most common sense thing to do.

Dawn L: There are some pilot studies that have been done through independent researchers, not through the government but through independent researchers who have looked at children whose parents decided not to vaccine them for religious reasons and they opted out versus children in the communities that are ... Homogenous types of families that are vaccinated vs unvaccinated. Quite unsurprisingly, those studies show health outcomes that we have kind of assumed, meaning the children who are unvaccinated have fewer cases of ADHD, have fewer allergy problems, have less asthma, have fewer numbers of autism, and on and on. You can actually see in this early pilot studies that are being conducted by independent researchers that the health outcomes are better in the populations who are unvaccinated. Now, imagine the costs. A lot of people are asking questions about why is the United States spending so much on healthcare and yet we're one of the sickest most developed nations in the world? Our children are 54% chronically ill.

Toni Bark: I know we have very poor infant mortality rates. Much poorer rates than all the other first world countries, and even then some compared to some second and third world, and it's mind boggling, right? Why do we have such poor mortality rates in the first year of life compared to, let's say, Cuba or some of these other countries that we think that we're so much more advanced as compared to? I want to go back to something you had said earlier. You had talked about the nutrition aspect, and the gluten and casein, and why do you think there's so much resistance in the part of mainstream physicians to

acknowledge, one, the vaccine relationship, two, that children might do better without certain foods in their diet, such as casein and gluten or whey, so dairy and basically glutenous grains. What is the resistance? What is that about? Is it a resistance? Is it an ignorance? I don't understand. Could you have any grasp on that?

Dawn L: I think number one, our medical schools don't teach nutrition so it's not a requisite of medical school to learn about nutrition.

Toni Bark: I had one week of nutrition as a med student. It was mostly biochemistry, it really wasn't looking at ... Let's say, where we are today, we know that taking in gluten can create a protein called zonulin, which opens up tight junctions and can lead to autoimmunity. In lay terms, anybody, given the right genetic predisposition, can develop autoimmune diseases from gluten. That's mind boggling. We didn't know that then, but we also didn't even look at fats versus carbs, and metabolic syndrome, and we didn't look at how formed proteins can create allergies in the body and we didn't touch on, of course, probiotics and the gut biome, or the gut bacterial flora. Literally, I wasn't joking when I said I received one week of training. We had a one week course of nutrition and it really was mostly biochemistry in medical school. I don't know how to fix the problem but I, personally, see it as a problem.

Dawn L: Our views are shaped by our experiences and if you look at the industry influences on med school from a big picture, you're going to get food pyramid and that whole food industry is going to be informing med students in a certain way, and then you're going to have the pharmaceutical industry influencing the education as well. You've got doctors being trained very well in technologies, surgeries, amazing, amazing work that they can do, but they're also trained up in what medications to give for what symptoms, to alleviate pain or mask the symptoms. They're not taught to go deeper. Going deeper, you go into the art of medicine, right? That stick out your tongue

and let me think about all the interactions inside the body and it's just not part of how our med students are trained. Holistic integrative medical training, most doctors who have that functional knowledge have come across it through rolling up their sleeves, and running the blood tests and figuring out the pieces of the puzzle. Those are the doctors that we, as parents, wind up going to because autism truly is that puzzle pieces, putting things together, figuring out it's multi-system.

Our children who regress are very ill and dealing with the peeling of the onion to get to the heart of what's causing that, the root cause analysis, takes a very special medical community. Oftentimes they have children who've been impacted as well and it took them down that path. I wouldn't say that there's something so evil, or sinister, going on as much as what informs us as med students? What informs us as parents? What are we doing as the norm and then what causes us to deviate from that? Often it's a crisis situation when you're dealing with autism. A mother contacted me and she said, "I put my son in a home. Don't judge me but I've had some amazing breakthroughs with the nurses and physicians at this home." I said, "What happened?" She said, "Well, I never gave up custody of my child and I refuse to allow them to increase the psychotropic drugs for his mounting behavioral issues, and instead I took a very nutrition-oriented approach to help him and I used doctors to guide me. It wasn't me just making this stuff up."

She put him on special diets, she removed things like sugars, things like nitrates, preservatives that might've affected him neurologically, even. When she removed those things, they did notice a difference. One of the nurses came back to her recently and said, "You know what, as a staff, we've decided to use this approach and we're actually taking more and more of these children with autism here at our center off of the psychotropic drugs as a result of dietary changes." This is the impact and it's been called an experiment because we really

don't have the evidence-based science behind it yet, but that's like any novel therapy. You have to have those early adopters, those families who are willing to make those changes and commit to them over a long period of time to help their children heal, as opposed to putting them on a psychotropic drug, which could actually kill them, there's side effects.

Toni Bark: I see the difference is that the psychotropic drugs, with these children, don't have evidence-based science behind them either, but at least with the food you can say you're still taking the precautionary principle. You can't make that claim around drugs and vaccines that haven't had safety studies. You've not much to lose, maybe some money, with avoiding processed foods, with certain chemical constituents and eating a better diet, so the risk is very low and that's the difference. I'm hearing what you're saying, is that the difference is it might be experimental but there's very low risk eating a healthier diet. Until 1935, all food was grown organically so we don't really have to worry about eating organic food. We're more worried about the other way around.

Dawn L: I wish it were that straightforward but I also know mothers who have had schools' psychiatrists call Child Protective Services in on them for sending their children in with special diets. I know one mother in Northern Virginia who was accused of having Munchausen by proxy and had her four children removed from her. The one child had mitochondrial dysfunction, which he continued to lose weight, and she put him on these special diets.

Toni Bark: What was the special diet? What-

Dawn L: Gluten-free, casein-free.

Toni Bark: Why is gluten ... I don't eat gluten and I have never eaten casein, I'm dairy-intolerant. Why is that punishable by law or you can lose your children?

Dawn L: She was accused of starving her child. Now, the other three were-

Toni Bark: But they were eating food, correct?

Dawn L: Right. They were eating food. The other three were nourished, so it wasn't like she was singling him out. He had a medical metabolism problem, a medical problem.

Toni Bark: Did he look emaciated?

Dawn L: He was getting thin and she was taking him to doctors. Sometimes we have to travel out of state, sometimes we have to go four states across the US. It's very odd that we don't have this as mainstream practice in our country that's so advanced, and we have to go find specialists to help us understand things like mitochondrial disorder.

Toni Bark: Did she get her child back?

Dawn L: She did. She had to hire an attorney and she said, "Dawn, I live in fear every day. I get up and clean my house because I'm afraid somebody's gonna come and accuse me of not being a good mother."

Toni Bark: Okay, if it was about having a clean house all the time, I would definitely have had my children taken from me. That is not to make light of it, but it's crazy. My son chose to be gluten-free for two whole years of his life, it was his choice, but he never even had dairy until he was four and a half. I suppose that was reason to have him removed from my house, it's crazy. How-

Dawn L: There's a lot of fear-based influences on parenting.

Toni Bark: It really sounds like it's industry influenced, right? Only the dairy and some agricultural industry would be concerned that a mother's not using grains or dairy to feed her child. As long as you're getting adequate carbohydrate, adequate calories, adequate fat and protein, who cares where it's coming from?

Dawn L: Look, we're losing choices as parents and the basic tenent of Americans is that we have the right to raise healthy children. If you look at, from the point of giving birth in a hospital where, on day one, you're required, before you leave the hospital, to get the Hepatitis B vaccination before we even know that child's little immune system, and how they're developing and who they are, we're injecting them with something that's completely unnecessarily.

Toni Bark: We also know the mother's status on the Hep B by that point, so that's another ... I agree, it never made sense to me. That was introduced years, and years, and years ago, and I was running a pediatric emergency room and I didn't ... It's very confusing. It was very confusing as a physician because I know that the moms were having their prenatal testing, and we knew they were Hep B negative and my concern was, "Why are we injecting the Hep B vaccine in a child who was born to a mother who is Hepatitis B negative?" When I had been training, just a few years before, we were taught that that vaccine would be for children born to Hepatitis B positive mothers, which was in a very small population, very specific populations, and then that suddenly changed.

Suddenly, the logic changed. How could the logic change overnight? It made very little sense to me. I was so naïve, but I don't ... Of course, if you stop and think about it, and they're telling you you can't leave the hospital without your child receiving this vaccine and you know your status is negative, you've got to kind of scratch your head and ask the pediatrician, "Why am I doing this? Why are we ..." There's always a risk, clearly, with a drug, with a vaccine, there's always some risk. Sometimes it's worth taking risks. Why is it worth taking a risk when we know the infant has no exposure?

Dawn L: There was a family in Hershey, Pennsylvania who refused the Hep B vaccine and, again, Child Protective Services was brought in. The child was removed from custody of the parents and they had to go into a legal proceeding. I think that it's a

sign that the vaccine program has to take a very harsh stance with parents who want to make different choices. Otherwise, they're worried it's not going to be carried out. It's obvious to me that this is a failing program, that they're having to enforce it with such harshness, because if it were something that were compelling, and that you would want to go do, then you would never have to force somebody to do it.

Toni Bark: Are there other countries where there's these types of mandates, where it's forced upon children? I know in many European countries there's no required vaccination. There's recommendations but there's no requirements, and I certainly know that the recommendations are not anywhere near the recommendations in this country. Are you aware of other countries where it's so militarized?

Dawn L: The United States gives the most vaccines of any nation and we have the most childhood illness of any nation, especially in the developed countries. If you look at France and Japan, their recommended vaccine schedules are, much fewer vaccines are given and they don't have the [plague 01:31:00]. It's really interesting. It's not like these infectious diseases are running rampant in countries where they're not using a more comprehensive vaccination program. I think it starts with the training is give them Hep B on day one and it gets them into a habit of vaccinating for preventative illnesses, and I've asked physicians about this. I've talked to pediatricians and they said, "That's the best reason I can give you is it starts you into the habit." There's sort of a fear-based thinking that we can't live without being vaccinated. We might not survive an infectious disease. I mean, look at the flu now. Everybody used to get the flu. It was seven to 10 days, you get ill, you recover.

Toni Bark: People still get sick. The flu vaccine rates, if you compare it to before there ever was flu vaccine, our numbers haven't changed. When I hear people say that, I'm always, again, I'm scratching my head because-

Dawn L: It's Mother Nature.

Toni Bark: Well, not even that. It hasn't changed the flu rates.

Dawn L: We're trying to [crosstalk 01:32:04] against the ... Then, the rate of antigens working is very low with the flu shot. Last year, I think CDC said it was 60% effective. An IH study said it was 14% effective in nursing homes. That's not very high.

Toni Bark: Well, and not only that, you're assuming that the only way to fight the flu is through acquired antibody immunity and we don't know that that's the case. There's numerous studies that shows that's not the case, that innate immunity is much more important and vaccines can't even address innate immunity at all.

Dawn L: I would love to see our DHHS go after innovative thinking around managing infectious disease that takes on much more than just the antigen approach. For example, why haven't we developed something that boosts up the immune system to create protection against anything that comes at us? Why haven't we looked at nutrition? Why haven't we figured out multiple ways of supporting the body, with regards to infectious disease? Instead, there's a very industry-driven approach to create a vaccine. What are you going to do, create a vaccine for all the billions of things that we're ... I just don't think that's going to work.

Toni Bark: Oh, they hope so. They absolutely hope so. I mean, that obviously is where we're headed, right? There's hundreds of vaccines in the pipeline, if you look at the pipeline.

Dawn L: There are hundreds, yes. Yes.

Toni Bark: I think you answered your own question, I believe. There's no money in nutritional therapies for big industry, and big industry, I don't know, you live closer to DC than I do. I hear about the industry's influence on the Hill all the time and I

wonder, you've had more experience going to the Hill and talking to people on the Hill. What's your impression of big industry's influence on the Hill?

Dawn L: I think for every office that I visit personally, one of me, there are a hundred lobbyists for the pharmaceutical industry in there.

Toni Bark: What about the food industry?

Dawn L: Same. It's just as big. If you look at how do you hold policies in shape, you hold policies in place by creating a network of conversations around them. If you look at flu, there's a conversation that comes up and it says, "Be very, very afraid of flu. It's gonna wipe out humanity. Go get your flu shot." Then you see the policies are shaped by that conversation, and then from that you have, "Oh. Now we've got flu shots rolled out." Instead of getting them from a MD, where they can then record if there's a problem they can put this into your medical record, you can now run to the pharmacy and get the flu shot. Everything's sort of economically driven and many, many pathways have been set up. There's a lot of marketing that goes on.

With healthy people 20/20, our National Vaccine Advisory Committee has done a lot of marketing studies to see what influences adults so that they would take a vaccine because we're not used to taking vaccines as an adult population. Seeing this new market emerge, they've actually done some marketing studies and one of the surveys that came back, that they talked about in the June 2013 meeting, was, "It's really interesting but we found that the number one influencer is not your physician. It's actually coming from Hollywood movie stars." Now we see movie stars in advertisements for every drug, medication, vaccine, influencing how people think about their health.

Toni Bark: That's so interesting and crazy, but interesting nonetheless. They can afford to hire spokespeople that are movie stars and one can only home that the movie stars are making enough money doing movies that they don't need to do this, but perhaps they don't know the difference, or better, either.

Dawn L: I think what will happen eventually is that people like me, the mothers, will interrupt those networks of conversations with questions, with new conversations-

Toni Bark: Isn't that exactly what Dr Paul Offit took you into his office and harassed you for? He was so concerned that you were so intelligent, and understood what was going on, that he felt the need to confront you because he was concerned you would interject yourself in these conversations.

Dawn L: I spoke to a mom this past week who felt, looking back on things, that her child had been channeled into a vaccination program through Medicaid. I said, "Really? What happened?" She said to me, "Well, we didn't go to our family physician for vaccines. He said, 'Go get in this program and go have this done at the health agency.'" They went to the health agency. They were assigned to be with a physician. Their baby was vaccinated on one day with 11 vaccines. Her child had adverse events and, when they went back to submit their information to the National Vaccine Injury Compensation Program, which is a program set up through HRSA to look at children who've been vaccine injured and then compensate those families for those injuries because many of them have lifelong impacts that they have to manage from then forth. They went and they said, her attorneys told her, "You need to go back and get your documentation from the medical files." She went back to the doctor, she brought the medical file to the attorney and it turned out there were a lot of things missing from the file.

Later on, she found out that this doctor was being investigated for doing experimental vaccine research, to figure out if they gave 11 vaccines in one day what the health impacts would be.

There were these things going on and she said to me, "I felt very channeled into that program. I wouldn't have picked that doctor to go to, and yet it was all part of the Medica- ..." You know, this is spun up through the insurance coverage as well. It's very curious. The stories are ... They're real. People are experiencing these things. You would think we lived in a different country when you hear a parent say, "I had to drive through the night, four states, to go to a specialist who would scope my child." It just seems odd to me that there's this underground medical care going on for the children who've been damaged by their vaccines.

Toni Bark: Sarah, can you tell me Porter's story?

Sarah Bridges: Porter is the second of my four kids, born totally heathy and thriving, and when he was four months old he went in for the typical well-baby checkup. Had a spate of vaccines, a whole number of them, and one of them that he received was the old whole-cell pertussis vaccine that had a live virus. What subsequently happened was we went through the day, he went to bed and we were woken at about 11 o'clock at night by the worst high-pitch scream I've ever heard. It was one of those experiences where you've never heard the sound before and you know something is just horribly wrong. We ran down, and I picked him up, and his head flopped to the side and he was boiling hot. Turned out he had a 105 fever. I called the nurse's line saying, "Something's wrong, I think he's having a reaction to the shots." She said, "Oh, you know that's common. Don't worry." I said, "But he won't wake up." She said, "Get to the hospital right now."

We gunned it into the hospital, and got in there and kind of handed off this floppy, limp baby to the doctor and he proceeded to go into a grand mal seizure. We then realized, I didn't, the doctors realized he was in something called a post-ictal phase, which is how a person is after a seizure. They're unconscious and out of it. He went into this grand mal seizure and the seizure went on for two hours. I didn't know a seizure

could go on two hours, and at some point we had nearly every doctor working in there trying to figure out how to get him to stop seizing. They're giving more and more Valium and finally the doctor turned to me and he said, "Don't worry, we'll, we'll stop the seizure, it's just that I'm gonna have to sedate him to the point he's gonna stop breathing." That was when I knew, boy, the world has changed. They intubated him, hauled him off and that started this whole trajectory that ended with where he is today, a 20 year old young man who wears diapers, and a seizure helmet, and can't talk and has intractable seizures.

Toni Bark: What's his diagnosis?

Sarah Bridges: His diagnosis is brain injury from the pertussis vaccine. He also has DSM, or psychiatric, diagnoses. He's autistic, he has mental retardation. You probably could go into a lot of different things he has, but those are the two big ones.

Toni Bark: Autism and mental retardation.

Sarah Bridges: Mm-hmm (affirmative).

Toni Bark: Post-vaccination acute encephalopathy?

Sarah Bridges: Yeah, that is exactly what it is.

Toni Bark: That's a table entry isn't it?

Sarah Bridges: Yeah, when the vaccine court was set up, they had a set of very typical, not common, but typical things that can happen from certain vaccines. They create a table. Encephalopathy or brain infection is a classic reaction some kids had to the old pertussis vaccine.

Toni Bark: Did you go through the Vaccine Compensation Court system?

Sarah Bridges: We did. We had an unusual experience in that the ER doctor treating my son that night pulled me aside and said, "I'm

reporting this to the CDC. You've had a vaccine reaction." I didn't know there was a vaccine court, so I thought, "All we gotta do is call up a lawyer and file our claim." Well, it became quite an education, or more like a re-education in a labor camp, it was a long and drawn out process getting to where we were. We found a lawyer who found a claim when he was still five months, six months old, and the case was finally settled when he was seven.

Toni Bark: It took almost seven years?

Sarah Bridges: It took almost seven years and when we started, our lawyer, other lawyers, doctors involved, all said, "This is an open and shut case. This is a classic pertussis vaccine. It should be quick, easy. There's really nothing to argue, it's as classic as you get."

Toni Bark: How many years, do you know, that that vaccine had been on the market causing those types of injuries before it was removed?

Sarah Bridges: It was on the market up until six months after Porter received it. He got it on February 25, 1994 and my understanding is it was pulled in the beginning of 95. It'd been causing those issues-

Toni Bark: For a few decades.

Sarah Bridges: ... for a few decades. Now, places like Japan had switched to the acellular version much earlier than we did and reported much lower reactions, but we didn't adopt that for a number of years.

Toni Bark: Can I ask you what the compensation was? How much did they give you, what was it for, does it cover everything and who paid for the lawyer?

Sarah Bridges: Yeah, you definitely can ask that. The way it works, the parent is not paying for the lawyer as you go, so we started working with an attorney. She worked with us the entire seven years

and never was compensated in any way. The system is set up to give her payment when and if you win your case. That said, there were enormous bills running up throughout this process because Porter was in physical therapy, occupational therapy, on special diets, having special transportation. He was admitted to the hospital 12 times in one year, constantly in the ambulance, meds for this. All of that kind of payment, much of which isn't covered even by insurance, we were paying for. You see quickly that even though this is a no-fault supposedly blinded egalitarian court system, it's very class-based. Porter's dad has two master's degrees, I happen to have a doctorate and we had the ability, through our families, to find a lawyer and have the resources to pay for things. Without that, I have no idea how a family would, A, know what to do and B, be able to navigate the system. I don't know how that would work.

Toni Bark: On top of that, most ... You were lucky you had an ER doctor who said, "I think this is the DPT. I think this was the whole-cell pertussis in the DPT," because it has been causing those reactions for years but most doctors, one, either aren't aware or two, don't say anything.

Sarah Bridges: Yeah, I don't know what happens with that. The part that always was confusing to me was we signed a release and one of the things it said is, "In rare cases, a child will get a brain infection and become brain damaged." All the things that happened to Porter, I signed a release saying I acknowledged and understood that, so clearly we all understand that can happen. It does happen sometimes, we have a court system because it happens sometimes, but people don't find out a lot. We went through the court system, it takes seven years. In the middle of it, my marriage blows up predictably, as they usually do in these kind of situations, very sadly, dealing with a kid with disabilities, the stress is enormous. We got through it. We're dealing with all of that and finally, after almost seven years, we "won" our case. What I didn't know is that's when you then start phase two, which is deciding how much money

the government will give to the child to support their needs going forward.

Toni Bark: How was that done and what was the outcome?

Sarah Bridges: The way it's done, we have this stable of professionals working with Porter who've worked with him for years and years through the school, neurologist, neuropsychologist, therapists, so on and so forth. They all wrote letters saying what they thought he needed. The government sent someone called a life care planner, who came in and spent an hour and a half at our house watching Porter talking to us, went back to Washington and she wrote a report of what she thought he needed, which was completely contrary to what the doctors, therapists, school had said. We ended up battling it out. It almost sounds funny now, it wasn't funny at the time, over the number of diapers he would need. Would he be diaper trained?

Well, I'm here to tell you he's now 20, he's not diaper trained. That one they weren't correct on. They thought he'd be out of diapers within a year or something. On every turn, they said he doesn't need any kind of therapy at school. Well, he can't talk, it seems like speech therapy would be a good idea, so on and so forth. It was one of the most acrimonious experiences I've had, where it wasn't parental conjecture saying, "Here. We think he needs all these different things." It was his healthcare professionals saying it and they would push back and say, "No, he doesn't need that."

Toni Bark: It sounds like, as the parent of a vaccine injured child, the compensation court system makes you feel like you did something wrong. It sounds like there's some antagonistic sensibility.

Sarah Bridges: It really did feel that way and, again, I tend to be quite analytical and have done a lot of research myself, so to me it seemed very black and white. You can't, out of one side of

your mouth, say, "A drug has a side effect," which, as an aside, every medication we have has a side effect for some people. "It has a side effect, we know that certain people will be injured. Public good, everybody gets it. We understand some children will have a bad outcome." We say that out of one side. We set up a court to help you out of the other and then when you go through it, you would've thought that my ex and I were talking about Area 51 and UFOs, that we're complete nutcases suggesting there might be a link. It just was very confusing. You definitely need a lot of resilience to get through it. You need to stay clear and grounded on what you know and, again, we were lucky having supportive doctors and people saying, "This is what's happened. Keep going." That made a big difference.

Toni Bark: I'm wondering because, as you probably know, the government, specifically the CDC and the Academy of Pediatrics, have come out with very public statements saying that they deny any link between vaccines and autism and yet there's several, maybe, hundreds of parents who have received, maybe even more, compensation for their child's vaccine damage where the outcome happens to include autism, and many more who probably haven't been awarded any compensation. My question to you is: how do you reconcile with that? When you see that in the news, and it's in the news a lot, especially lately, what do you think about that?

Sarah Bridges: Yeah, it's one of those funny things and it's not the first time I think that we'll have different agencies, or different parts of the same agency, doing one thing over here and another over there, but it's a major problem to me. In science, the way that you prove something, you start with something called the null hypothesis, which means there's no effect here. The minute, in the experiment or data, you find an effect, you've disproved it, there is an effect. The minute that we found that even one child has autism as a result of the vaccines, it's impossible to continue saying there is no linkage. It's not one child, my

understanding is there's over 1,200 children who've been compensated by the government for their child's battery of injuries, including autism. I don't have an answer for you. I think that's a question to be asked. I don't really understand how you can say both.

The other part is, I think, in a lot of ways autism and that label is a red herring. I say that because I think what we see with autism and all the things on the neurological continuum are really results of brain damage. It's like we can get dementia a number of different ways. You can get it through boxing, through an injury, through Alzheimer's, through drinking heavily, you end up with dementia. Autism is a similar thing, that we can end up with a set of behaviors and different things that meet the criteria. It's not a blood test that you get for autism and we can get there a lot of different ways. It's clear that having some kind of brain injury causes neurological problems, so Porter has a brain injury, a lot of the children have brain injuries that have been compensated and the result was autism. I don't know why that's so hard.

Toni Bark: I don't know either. I do know now, since the large omnibus hearing, which is complicated to talk about, really, but the bottom line is that it seems like now, going forward, if your child was injured now from a vaccine, if you used the word autism you'd be rejected in the court. You have to stick with other wording such as acute encephalitis which led to a chronic encephalopathy, just meaning brain damage. It's now you have to avoid the term because the government's so hellbent on saying there's absolutely no link between vaccine and autism. As you know, the rate of autism is just skyrocketing. It's an exponential growth.

Sarah Bridges: No, I know, and I have heard that through other parents that to use that just is so inflammatory. If it makes people more comfortable to say, "The vaccine caused a brain injury and he has extensive neurological damage." Okay. That's all right. A lot of diagnoses, and I say this as a psychologist, have an

accordion-like quality, that we see a lot of it, then we think there's none of it. Homosexuality used to be considered a psychiatric disorder, now we know it's not. Asperger's we've just pulled out of the DSM, which is our manual. I get less hung up on the words. There's a problem out there. We didn't used to have malls that had Santa set up just to deal with kids with autism. Anyone who says there was an epidemic that was for the last 100 years or we've always had it, I'm wondering why we have Santas in the malls set up just for kids with autism, why there's so many kids in these classrooms. I think, in a lot of ways, getting caught up on the word is barking up the wrong tree with this.

Toni Bark: Oh, I agree. Let me rephrase the question. The question is: it's clear the government is denying the link to the public.

Sarah Bridges: Yes.

Toni Bark: It's clear they know the link.

Sarah Bridges: Yes, they do know the link because every year they pay all of the bills for Porter to get his treatment for his autism. He's in therapy and at school they have something called an individual education plan, IEP, and the reason he has it is he has autism. The government's paying for that. This year, last year, the last 20 years. I don't know, I guess that would be a good question for the government.

Toni Bark: Right. I don't know if you want to talk about it but, just because it is such a common occurrence, families with vaccine injured children, families with children with special needs, severe special needs especially, often wind up in divorce. I don't know if you feel comfortable talking about-

Sarah Bridges: Sure.

Toni Bark: ... that but it's obviously ... You had four children with your husband. There was an connection, at some point, and what happened?

Sarah Bridges: What happened, I think, is a really classic story. It's a confluence of intense grief and just physical endurance meltdown. Transporting back in time to the whole period with Porter, from the time he was a baby up until we split when he was, I think, four or five years old, a period where, first of all, nobody ever got a night of sleep. I'm not just talking you might get woken up a little, we would often be up much of the night. Porter, when he was little, with all of the meds he was on, was up much of the night, prowling around, getting into trouble, getting hurt, having seizures, going to the ER. There was just a physical piece that we both were worn down and then there's a whole psychological piece, which is you have this gorgeous baby and we all project all kinds of things onto this baby.

You have a view of the world, or I'll speak for myself, that things are pretty good, and things are pretty safe, and then your baby is brain damaged and rendered completely different than the child you brought home when you first had him. It's a funny thing. It's kind of a death without an actual death. It's a death of all your dreams. It's a death of having a normal family. It's a death of being able to go to Starbucks if you want to because your child will have a seizure, or act out or something else. The combination of those two things just finally became too much and our marriage fell apart. We really gave it a shot. We did counseling and we ... God, it was funny. We're both psychologists and it became humorous the number of psychologists working with our family. It just finally was too much and we split. I think that's a pretty common story, unfortunately.

Toni Bark: It is a very common story. It just seems like it's such an overwhelming amount of grief and hardship.

Sarah Bridges: Yeah.

Toni Bark: Your life is no longer normal as you know it and, again, if it's just not being able to go to the coffee shop at the corner because of all these other issues and so life becomes ... You're navigating through storms all the time, it sounds like.

Sarah Bridges: It's the other kids, too. I remember one time, we live in Minnesota so it's cold in the winter, we took the kids to an indoor park and it was always dicey to bring Porter there because when he was little with the meds ... He would probably be diagnosed with hyperactivity now. He was buzzing all over and getting into trouble with everything. We get to this park and my daughter at that point is five, Porter is four and immediately gets into problems, and is jumping on kids, and falling, and ripping plants out and we had to leave. We're walking back to the car and Tyler, his sister, who was five said, "Mom, do you think on my birthday we could stay at the park at least five minutes?" It's that kind of thing that, nothing's going to be normal anymore.

Toni Bark: How do your neighbors, your friends, family receive the information that Porter's injuries were from his vaccination?

Sarah Bridges: It's funny, it's something I always feel cautious about talking about because I feel, again, it's a little bit like saying I'm a little cooky, or I'm a little crazy, to talk about it. It's probably easier to talk about it in our case because the government has not only acknowledged it, the government pays for all of his care as a result of his vaccine injury. I often will talk about it but in the next breath I'll make it clear we're not nuts and the government's validated this. I think most people don't have that, so if I'm in mixed company or I don't feel like getting into it, I'll just say he had a bad reaction to a medication as a baby and was brain injured, and just keep it neutral.

Toni Bark: Going back to the court, because I know that there's a lot of problems with the court. Even though it took a long time and they made you run through hoops, it does sound like, in the

end, at least this was adjudicated and they admitted the issue, so your lawyer did get paid.

Sarah Bridges: Yeah. I think she was paid, it still took a while after. Seven or eight years after the case ended.

Toni Bark: How does a lawyer even ... This is what I don't understand. There's just a handful of lawyers who do this because it seems like they might have to run their office for years without any cashflow, which I know this is a whole different topic now, but ...

Sarah Bridges: No. I'm a small business owner, I have my own firm and I often have thought about that. I can't imagine that for a minute, running the office and paying expenses without it. What I know is she was an amazing vaccine lawyer, had won many, many cases and right after Porter's case she quit doing these cases. She said she couldn't afford it anymore, she couldn't support her family. I think it is very challenging for the lawyers going through it.

Toni Bark: Porter was your second child and you said you have four, so that means you had two more children.

Sarah Bridges: Right.

Toni Bark: What did you do with them?

Sarah Bridges: Yeah, that was really tricky and it was a real conundrum for me because I am not anti-vaccine. I, knowing a lot about medications and studying science, I think vaccines are a godsend in many ways. What happened, though, was Porter, even though he'd had the pertussis reaction, his neurologist said he should get the rest of his vaccines. At 15 months, he got the rest, not the pertussis, and promptly wound up in the ICU, had such a horrible regression. It was funny, our neurologist, who's anything but a fringe player, said, "I think Porter's the first kid I'm gonna say you should have no vaccines

and I think you need to be very wary about vaccine-vaccinating subsequent kids," which I thought was really interesting.

My personal biases, like most medications, they were likely going to find there's a genetic piece and an environmental piece. We find that with everything. Some of us can't drink alcohol, some people can't have fish, some people ... So on and so forth. Likely there's, I think we're seeing that in science, some differences. The problem is it's a bit of a crapshoot. We don't know what boat you land in. We know in our family because we have a child who's in there in his helmet and diapers at age 20, so with the next two we didn't vaccinate when they were little. When the middle one got to be a teenager, he got some of the basic ones. Tetanus, he's gotten polio and I don't know another one, but when they were little they didn't get them, and that was at our doctor's suggestion.

Toni Bark: Think how many ... I know you can't, it's not your job to think about other people because you've got your hands full but I'm sure you do look at other parents, and wonder and would like to tell them. There's so many people whose children have been vaccine damaged but the doctors deny it because they can't believe it themselves, really, I think that's probably more common than them lying. Then they go on to vaccinate the next kid and I've known families with two or three kids with either autism or their children are on the spectrum, and all regressed post-vaccination. I feel that, and you might agree with me, that this lack of wanting to admit the reality is actually causing way more damage, because we probably could be a lot more selective in what we're doing in terms of vaccinating children, and cause less damage if we were willing to look at the real risks.

Sarah Bridges: If vaccines don't have any side effects, it's the only big medication we've created that don't. Every medication has a potential side effect, so to say, just globally, and this is where my science side comes out, no problems. That's as ridiculous as

saying all problems. That kind of black and white dichotomous thinking just stretches credibility for me. Clearly, like any medication and any person with any kind of issue, there's going to be some that don't do as well. Certainly, I'm not a pediatrician, that's not my specialty, but I can tell you in our family it became apparent there was an issue with Porter and we had this ward of doctors saying, "Watch it with the others." I think, at the very least, people need to get educated. Even in different countries in the world, we have different cultural norms around vaccines. If you look at, for instance, countries in Scandinavian, they use far fewer vaccines, they do them much later. The brain development isn't fully happening for several years.

Toni Bark: 21? 22, 23.

Sarah Bridges: Well, 21 in terms of something like the neocortex being developed but in terms of really aggressive development happening, little children are still in the throes of that. Places like Scandinavia will delay giving all of the vaccines, they give fewer, they do it on a different kind of schedule, a staggered schedule. There's lots of ways to go about this. There's lots of different things that people are doing. There's additives in some vaccines, Thimerosal has been a big hot button because it has a lot of mercury in it, it's mainly mercury. That's in many vaccines still. It's still in the flu shot, for instance, and yet there's mercury-free versions. You can get into this deeply, and really study it and figure out what's right for your family. You can do it in more of a light way, to say I'm just going to get educated on things like getting a shot that doesn't have mercury in it.

Toni Bark: Well, that brings up the issue of the fact that there's aluminum, another heavy metal that is in many of the vaccines as the adjuvant. Not a preservative like the Thimerosal is, but as an adjuvant. I don't know if you're aware of any of the neuro studies on aluminum but ...

Sarah Bridges: I have read some of that. It really gets to a complicated issue around how you want to approach your health.

Toni Bark: It really does. Who do you think should be making the decision on how our children, and ourselves, are vaccinated or how we choose to boost our immunity and live our lives? Do you think that really it should be mandated at the state or government level in terms of, even for adults now, and this is where we're headed, it's starting with healthcare workers. Even if you're a janitor going in and out of a hospital, you are mandated now to get, in most places, annual flu vaccine. There's a handful of states, and more joining, mandating annual influenza vaccination for preschoolers and all the way through school years. I can add that one of the states, the first state to introduce that, is New Jersey and they, along with Utah, have the highest rates of autism. It's one in 27 boys. My question to you really is, as a parent and as a person with individual rights, who do you think should be dictating how you handle your healthcare?

Sarah Bridges: I am very clearly in the camp that a person, an informed person, should be making that decision. We're very fortunate to live in Minnesota that lets you make that decision, so for instance my other kids, when they were little, were not vaccinated and the schools would always ask us about that but you can have an exemption. That is something that's allowed here. I would hope that everybody gets educated to whatever degree they can and makes the decision for themselves.

Toni Bark: Yeah. Exemptions are on the way out, that's part of the problem, but I appreciate the sentiment. I agree with you, I was hoping that's what you would say but everyone's got a different view on this. It's such a hot topic that a lot of emotions run high when you talk about vaccination. One more question would be, regarding that, because your other two weren't vaccinated or at least not fully vaccinated, did you have families or parents saying that they didn't want their

children playing with your children because they were worried that their children would become sick?

Sarah Bridges: Yes, yes. We definitely did have that and I've heard people say that even recently in relation to them. It's funny, just assuming I had that happen recently that someone said, "I don't want those kids around my kids," and at this point the older kids are vaccinated so that's kind of a silly thing to say. It does speak to just a hysterical reaction to it, and a knee-jerk reaction to it, that there's something bad. By virtue of saying that, if you extend that logic, then you can't let your kid be out in public because in places like Sweden there's a lot of things they aren't vaccinating for and those kids are coming over here. If you're that concerned, you wouldn't want to let your kid out of the house. The problem with the globalization of medicine is a billion people cross the borders every year and there's different standards on how we're vaccinated and everything else. I think it's getting clear what's right for you, what's right for keeping your health in the place you want it and your for kids and then going from there, but yes. We certainly have had those kind of reactions.

Toni Bark: Just to add to what you said, adults aren't vaccinated here on average and the antibodies last, at best, 10 years for all those childhood vaccines. You'd have to keep your children away from adults in the public atmosphere, so it seems kind of crazy to me but I know I understand the science a little more than a lay parent who's not trained in medicine or science. I know that that can be also difficult. You already have a child that's got special needs and then you have, possibly, parents saying, "Oh, I don't want my children playing with your children until they catch up to the schedule." It sounds like your children got a few vaccinations but were never caught up to the full schedule.

Sarah Bridges: Not to the full schedule and that was, again, because our neurologist was very clear that wasn't a good idea, after

watching what happened over time with Porter. Yeah, that is something people will say.

Toni Bark: You're in science, you've got an academic degree and you certainly have experienced a failure of the system firsthand. My question to you would be do you have any suggestions on how the system can improve?

Sarah Bridges: Yeah, again, because of a background in science, I actually believe in vaccines. Vaccines are something that I would be in support of. To me, it's sort of like when we get into the argument about are you pro-life or pro-choice. There's a big middle ground which is unwanted pregnancy prevention. The middle ground, as far as I'm concerned, is let's concentrate on something that's neutral to start with, which is vaccine safety. At the very least, people getting educated about their health, the vaccines being made as safe as possible and then, when and if the horrible, unfortunate thing happens that kids have a side effect, kids die, whatever my happen as a result of our public good, which is having everybody mandated to take these medications, then let's take care of those kids. To turn those children and their families into pariahs when they are the casualties of a system that's supporting the public good is what was totally insulting to me.

I can really understand cause and effect, I can understand unintended consequences and even that my own son had this reaction. What was reprehensible to me was then going through the process of being humiliated, going through the process of being labeled hysterical, labeled all the things you're labeled when you say, "My child's had a reaction to this." I would like to make sure vaccines are as safe as possible. I'd like to look at the vaccine compensation program and really start shoring it up to be what it was intended to be, which is neutral, compassionate, swift justice for kids that end up having problems as a result of following the schedule and I really would hope that people step up and get as educated as possible, to be able to make good choices.

Toni Bark: Do you think that it's possible to have as safe and as effective vaccines as we possibly can, if the manufacturers don't have any liability whatsoever?

Sarah Bridges: No, I think that is a problem with it. I understand in sort of a logical sense how that got set up, that they wanted vaccine makers to make these for the public good and they wouldn't if there was liability. The unintended consequence of that is that they don't have any skin in the game. I'd love to run my business and say, "All the profits I get, I get to keep and if I make a mistake, or something goes wrong or there's expenses related, I don't have to pay those." That's a great deal, but it's sure not going to drive me to try to fix things that are problems because it doesn't affect the bottom line.

Don't be confused, the vaccine makers and the pharmaceuticals are businesses. That's not evil to say they're businesses. Business is a neutral word but they are in the game to make money, and so they will respond to things if there's a problem that causes them to pay a lot of money, they're going to respond to that and change. The way the system is set up now, though, I don't see why they would be very motivated to do that.

Toni Bark: Yeah, they have no liability. Can you tell me what it feels like to have this happen to you personally?

Sarah Bridges: There's a lot of ways to answer that. What it felt like at the time is different than what it feels like now. What it felt like at the time was as if someone had unzipped the ground under my feet and I just dropped down. It was dark, and I was falling, and I was upside down and nothing made sense. It was devastating just to have a child, that I loved and was attached to completely, have everything stripped away that I knew about him. His personality, his cognitive ability. That's one piece. Grief, if you can move through it, is clean, and honest, and okay to go through and we got through that piece. I think what has been the hardest part is what's happened subsequently.

I feel like the most pain that's happened has been relating to try to get Porter taken care of, trying to get the respect that if we are going to be a casualty in this whole process, of which there will be some. I don't feel singled out. I don't feel, "Why me?" Stuff happens in life, I understand that but, if it does happen, take care of the people that have been injured. That is the part that's been really, pretty devastating to try to understand why people are treated this way, who've had the injury, who've gone through this process. That's probably been the hardest part.

Toni Bark: Is it the government? Is it the system? Is it the doctors whose involvement ...

Sarah Bridges: I don't think there's one evil group or person. It's like we can end up with institutional racism. As a collective group, we often end up behaving in certain ways that are different than how we'd behave individually. I also think unintended consequences can happen when we're operating as a group, so I don't take this personally but I guess if I had to say who's responsible at this point, I would say the government really needs to set up. The CDC, if you're mandating kids take this, and you're having us sign something saying they might be injured and you have a court set up for when they are injured, don't rake the parents through the coal. Don't humiliate the parents. Don't ostracize the parents who then choose to go and get help. That's the part that's a real disconnect for me.

Dr P Gentempo: I really hope you enjoyed today's episode. Tomorrow is a big day, we have five different presentations for you tomorrow. We start out with Dr James Chestnut, and Dr James Chestnut is somebody who cares about evidence-based healthcare. I think you'll find it somewhat enlightening and entertaining also, he's got a great style that I really enjoy. Also, we have Dr Kelly Brogan. Kelly Brogan was an MIT undergrad, went to Cornell medical school and has some incredible views on vaccines that you need to hear. She's also a mom so with that kind of pedigree in her background and training academically, and also

being a mom, there's a combination of factors there that you really want to tune into.

Also, I have part two of my interview with Sayer Ji. If you were fortunate enough to see part one, you know what great information that is and how Sayer Ji can just deliver in such a wonderful way. On an earlier episode of Vaccines Revealed, we interviewed Dr Gary Goldman on chicken pox. Now, see what Dr Goldman has to say in tomorrow's episode on the flu vaccine. Lastly tomorrow, we have an interview with MIT senior scientist Dr Stephanie Seneff. Her views and her calculations about the implications of what's going on with vaccines is something that should disturb anybody who cares about the future of our children.

As a final word, I want to ask you to share. This movement only happens because of you. Together, if we can share this information, and drive people to Vaccines Revealed, and let them see this information and learn what's true out there in the world relative to vaccines, it can change everything for the better, so please join me in sharing and getting people to this cause that we call Vaccines Revealed.