VACCINES REVEALED

Episode 7
Transcript

Dr. Gentempo: Welcome to Episode 7 of Vaccines Revealed. I'm your host, Dr. Patrick Gentempo. Today you're going to hear from Dr. Sherri Tenpenny. Dr. Tenpenny has been a very fierce and strong voice in the vaccine movement. She's going to talk about fraud, corruption, and her journey and her crusade.

You're also going to have a little bit of a unique experience today with me because rather than me being someone who is interviewing another expert, today the tables are turned. I'm going to be the expert that gets interviewed by Dr. Toni Bark. I am of course, very aligned with my own views. I think you will be too so check out my interview.

Then we also have Gayle DeLong. Gayle is DeLong is a professor and the mother of two autistic children. You need to learn firsthand from intelligent mothers who have seen what's happened to their children as a result of vaccine injury. Enjoy today's episode.

Dr. Bark: Hi, Dr. Tenpenny.

Dr. Tenpenny: Good afternoon.

Dr. Bark: Good afternoon, lovely to meet you in person.

Dr. Tenpenny: Thank you so much, likewise.

Dr. Bark: I've seen you interviewed numerous times and you're always brilliant. You're loaded with amazing information, really good facts and I'd like to pick your brain a little bit today about a lot of things but I'd like to start with the flu vaccine just because it's so timely. I'd love to hear your take on your interpretation of the flu vaccine research and what's out there in terms of safety and risk benefit ratio and even some of the larger scale meta-analyses and what your take on it and what your policy is.

Dr. Tenpenny: The flu shot has become such a common part of our society that you would think that it was a like a B12 shot. It was something that you had to do like it's good for you. Everywhere you go, didn't you get your flu shot? Aren't you going to get a flu shot? As if it was perfectly safe, 100% effective, and completely harmless and it's none of those things. Vaccines are not safe, the flu shots are not safe. What the flu shots have done is every year there are a certain number of people that get a condition called Guillain-Barre syndrome, which is an ascending paralysis from the flu shot.

People can also get something called brachial plexitis, which the brachial that starts from armpit and goes down your arm and makes your hand function on the same side where you got the flu shot becomes inflamed and becomes so inflamed that it becomes a chronic, long-term disability. It's actually on the vaccine injury compensation table in terms of an injury that is compensated through the vaccine injury compensation program.

Flu shots are not just unilaterally safe, they can cause harm. More importantly, they're absolutely not effective. Very large meta-analysis that have been done by the Cochrane Collaboration three separate times that have looked at the flu shot and reviewed every single article that has ever been published on the flu shot including 17 that were published in Russian and when they analyzed them in all populations of people whether we're talking about babies and infants, children, middle-aged adults, or senior citizens. In all of those populations, the flu shot is no more effective of keeping you from getting the flu than as if I gave you a shot of sterile water. It's an absolute crapshoot. Not everybody is exposed and the people that are exposed don't necessarily get the flu.

I think that there's a lot of better ways that you can keep from getting the flu, one of which is obviously wash your hands. If you have a cold, stay home. Taking Vitamin D is just ultimately important. One other thing about the flu shot that I think that

very few people know is that every year the CDC does nasal swabs. There are locations all across the country that if you have flu-like symptoms, which is cough, cold, fever, chills, rigors and you go into these flu testing centers and they do a nasal or a throat swab. They send those swabs off to the CDC and they test them to see whether your symptoms are actually being caused by the influenza virus or by some other virus. There are many other viruses that can cause similar symptoms.

What they actually identified over an 11-year period of time that on average the number of patients who are actually experiencing flu-like symptoms, their nasal swabs were positive for influenza only 16% of the time. What that means is that all of these people can get a flu shot, still get the flu or flu-like symptoms by some other virus that causes the same sort of problem. If flu shots work at all, and they actually protect you from getting influenza caused by the influenza virus, they maybe work 16% of the time.

Dr. Bark: It's very interesting because that is certainly one interpretation. Then you could read somebody's study like Oscar Holm out of Minnesota or the Khan Academy today. I looked at the Khan Academy and they have a lecture on the flu vaccine effectiveness. It seems as though people can interpret data differently. What Oscar Holm writes about, he does say that the flu vaccine is not very effective, that is for sure although he recommends it. Like many people in mainstream medicine will say that it's not very effective but it's the best tool we have and they still recommend it. I don't know if that's being said politically.

What he says and what the Khan Academy says is that out of 100 people given supposedly sterile saline versus 100 people given the flu shot that seven people in the sterile saline group got documented PCR-verified flue and in the flu vaccine group only three people did. I know, but this is how they're interpreting the data, this is my point. What they're saying is that if 7 minus 3 is 4 and you put that over 4 and so you're

getting like a 69-70%. They're calling it 70% effective. They also say that 2% of people Guillain-Barre. They're interpreting the adverse events 2 out of 100 as 2% and the 4 people out of 100 would didn't get the flu, they're not saying that's 4%, they're calling that 70% because they're comparing that to the ... Do you see what I'm saying? It's all about how they interpret.

What's your take on that? Have you come across that? Does that get very confounding when you're looking at studies and trying to make sense of what the CDC is recommending versus what you're looking at how they're interpreting the adverse events one way but the positive, if there is some positive outcomes another way.

Dr. Tenpenny: I think there's an expression that goes something like that figures can lie and liars use figures. It's something along those lines in that people can use numbers any way that they want. I think what's really important to remember though is that the influenza vaccine, the flu shot, has three influenza viruses in it. Every single year one or two of them change. If you're getting an injection of viruses that develop an antibody, it's only about the influenza virus. There are many other types of viruses out there that can cause the symptoms. If you are not influenza, is it because you go the flu shot? Is it because you weren't exposed? Is it because you eat a healthier diet? Is it because you use homeopathy? Is it because your Vitamin D level is up around 80? Is it because you're very vigilant about washing your hands in public places? Just because you've gotten a flu shot, it doesn't necessarily keep you from getting sick. How many get flu shots and get sick? Even in the study that you just said, there were four people who got it anyway.

Dr. Bark: That was verified influenza. That wasn't just a flu-like syndrome, that was verified.

Dr. Tenpenny: Exactly. Ideally, why would anybody want to inject something into their system that works so inefficiently so many times? Even those numbers are very inefficient numbers. You're

talking like a 50% less reduction. That the numbers are only seven in four? What does that really mean? That could potentially harm you, that could cause you to die. You even said, there's recently been someone in the news that got a flu shot and died. Why would anybody want to inject something into their system that has ingredients of viruses that have been attenuated or weakened by something called formaldehyde. Why would you inject anything into your system that would contain mercury? The multi-dose flu shots still have mercury in them. Why would inject something into your little infant that could possibly harm them in exchange for avoiding something as uncomplicated, in my cases, as the influenza that's going to come and go in a week.

Dr. Bark: In most cases, it's not even influenza really. If we look at all the other viruses that people swab positive for, RSV, adenovirus and rhinovirus and all these other viruses.

Dr. Tenpenny: Exactly. You know, there's this whole big thing now that they've been pushing the influenza vaccine on healthcare workers in exchange for employment. I think that we are headed down a very slippery slope with that. If we are insisting that someone get injected with something that could harm them and in many cases against their will in exchange for employment, what's going to be next? Are there going to be other vaccines that are going to be required? Are there going to be other medications? If you are having a bad day, go to the dispensary and get your Prozac? Where are we going with this in terms of ostensibly protecting patients?

There have recently been several studies that have come that have actually shown that it doesn't even work very well. That me getting a flu shot does nothing to keep you from getting the flu. If anything, it may make a carrier and make me a way that I'm going to spread some of those non-influenza viruses, which is again, a study that came out recently that said, if I get a flu shot, it makes me more susceptible to the viruses other than influenza and so therefore I may have those in my system

and be able to spread them to patients because my resistance is down.

Dr. Bark: That was the study that just came out that said over the next four weeks after your flu shot, you were four times more likely to contract upper respiratory tract viral infection.

Dr. Tenpenny: The reason they are forcing this on the American population and for healthcare workers to get a flu shot is it's all about money. There was an article on the Wall Street Journal a couple of weeks ago that says that by 2014 hospitals need to have a vaccination rate for flu shots of 95% or greater or they are going to have a reduction in their Medicare reimbursements. Now, one more time we are forcing people to be medicated with something against their will that could potentially harm them, be dangerous, cause a lifetime of disability if autoimmune reactions occur in exchange for the hospital being sure that they get money. In small hospital systems, 2% or 3% of Medicare reimbursement can be millions of dollars but we're sacrificing humans, our fellow friends.

I got a call last year when this was ramping up from a gentleman who works in the IT department of a hospital. He said, I work in a building down the street from the hospital. I don't have any exposure to patents whatsoever and they're requiring me to get a flu shot or I'm going to lose my job.

Dr. Bark: That's unbelievable but what's even more unfathomable and actually I'm not sure how to think about it is that in many cases, the doctors and the nurses don't want it. If the doctors and the nurses don't think that this procedure that there's enough science to validate warranting this procedure being forced on them. Again, the key word there is forced. These are doctors and nurses who if they were all for this vaccine, they'd be waiting in line to get a flu shot. It's coming from administrators who are enforcing this upon doctors and nurses. The national nurses union has been against it and the SIEU and OSHA have all come out with statements against it.

What else are you hearing? It's amazing that you're hearing from somebody in an IT department, which is down the street, no contact with patients and yet they're required to get the flu shot.

Dr. Tenpenny: I think it's not only administrators and money. I do believe that there are a lot of doctors who think that this is a mandatory thing that patients should have it. However, I think there was a study that came out several years ago and it may have been in the journal of pediatrics that said only about 57% of doctors and nurses on an annual basis actually even got the flu shot. Over the last several years, they have been peppering articles in through the public health journals, in through pediatrics and JAMA and things like that saying that they have tried all sorts of things, all sorts of gizmos and gadgets in order to encourage doctors and nurses to get their flu shots. They've set up flu shot clinics, they've made it free, they've made it easy, they've made it convenient and the vaccination rates still say around 50-57%.

Now, instead of using a pull technology of trying to convince people to move forward to get vaccination, now they're using a push technology. They've gone from the carrot to the stick. However, the stick really isn't about patient care of where they're trying to make them ostensibly believe it. The stick really is about money.

Dr. Bark: In one hand, we've got this compensation program that is rife with issues. People have a very hard time getting compensated for a lifetime of damages. Then we've got a bigger push to force people to take the vaccine. They're being forced and yet if they're injured, we've got problems getting compensated for the injury. It seems like there's two real strong things going on at the same time. One is the increasing difficulty in getting through the compensation program, probably because they're inundated and overwhelmed.

Dr. Tenpenny: The National Vaccine Injury Compensation Program has been a disaster. It was set up from the beginning to be non-confrontational. If you could document that you had a vaccine of any kind, not just a flu shot but of any kind, that caused you harm that you could apply to the government for compensation. This was set up in 1986 and was signed into law by, at that time, President Ronald Reagan. Since that time, there have been more than 2 billion dollars that have been paid out in injury compensation claims. Even with that very high price tag of the amount of money that they paid out, less than 25% of people who have been injured and have applied for compensation have actually gotten compensation and many have them have take 10-15 years to wind through the court system.

It was supposed to be non-confrontational and yet, some of the young upstarts in the Department of Justice are put into that vaccine court because the US Federal Court of Claims is what it is and they are there proving their salt to bring in their witnesses to show that these parents or adults who have been injured are just trying to get money from the government. It's a really horrific system. I actually was involved with two of those cases at one point in time. It's terrible, it's a terrible system. Nobody believes the parents. I have a friend of mine who is a physician who testifies quite frequently in these cases and she has told me privately it's a complete kangaroo court. It's already set up. The judge has told her many times during cases, why are you even here, we're not going to approve any of this. It's a very kangaroo court that is absolutely set up to just make it look like we're trying to do something to compensate people who are injured by these vaccines.

The other thing is that probably as little as 1 in 10 injuries are actually reported. In some cases, it may as few as 1 in 100 because the general public doesn't know the VAERS database, about Vaccine Adverse Event Reporting System, they don't know. Doctors are actually required to report injuries that they

may perceive but there was a couple of studies that just came out recently that they surveyed physicians and asked them point blank, if a vaccine injury presented in front of you, would you recognize it as such? I believe the number was something like less than 10% said yes. They're not recognizing a vaccine injury. If they're not recognizing it, they wouldn't know to report it. They wouldn't know to report to tell the parent to report it or the patient to report it. It's a horrible system. It's absolutely horrible.

Dr. Bark: That begs the point. I trained in pediatrics and I didn't know about the VAERS reporting system. I didn't even know about the compensation program. No one I knew had ever heard of it. Not only did the doctors not recognize the injury, even if they did, they don't even know that there's a way to report. They might just call ... What I've been told is that oh yeah, I've called Merck or I called Glaxo so they report it to the drug company. I'm not sure that's doing any good. I distinctly remember seeing children coming in the emergency room with codes meaning they'd stopped breathing or had a seizure in the evening of the day they'd been in the clinic receiving their vaccinations. How can doctors even report it when they don't know there's a reporting system. If I trained in pediatrics and I didn't know and I was at a good place.

Dr. Tenpenny: Similarly, I was a board-certified emergency physician and I was the director of an ER for 12 years and that was many years before I knew anything about vaccines. I used to give out tetanus shots like they were some special form of candy. A little is good, a little bit more won't hurt them. Better to do that, then let them get a tetanus shot. However, I grew up in a chiropractic family and I came from three generations of chiropractors. I wasn't vaccinated when I was growing up. I had measles, mumps, rubella, chicken pox, pertussis. So did all of my cousins.

When kids would come into the ER, as you would know, and they were maybe behind on their vaccines, they weren't up to

where the schedule should be, the nurses would always come to me and say, they're behind should we catch them up? I would also look at the nurses and say, they've got a fever, leave them alone. They don't need any stuff injected into them. The nurses would always look at me like I had three heads. What do you mean? This is an opportunity to vaccinate, which as you know, that's what the industry says that when you have a child in front of you and they're behind on the vaccines, that you must capture them and catch them up.

There are many case reports of kids that have gotten 10, 11, 13 vaccines all at the same time because they may not came back to the clinic for any more and while you've got the opportunity, you must vaccinate them. Long before I knew any of the things I know now, I knew that something wasn't right. But how doctors are trained to think is that if a child has a vaccine reaction, there must be something wrong with that child. I can remember cases of my own that just broke my heart. I can remember the moms that would come in, in the morning carrying their dead babies from what was then labeled SIDS and say, my child just had vaccines yesterday. Do you think, do you possible think it had anything to do with it? In my head, I would go I don't, I don't think so but there must have been something wrong with that kid if they just had vaccines and something happened.

I can off the top of head remember three or four children that parents came charging into the ER with them seizing in their arms that they had just left the family doctor pediatricians office and they just had their vaccines 20 minutes previously. The parents would look at me with sad eyes and say, they just had their vaccines, did that have anything to do with it? I would walk away and go, wow maybe something was wrong with that kid if they couldn't handle those vaccines.

I remember the one father I put in jail over shaken baby syndrome, which was the person I will never forget as I'm looking in the eyes of his child and feeling very pompous about

identifying shaken baby syndrome and watching the police haul this gentleman away in handcuffs. I will go to my grave remember that look on his face knowing now what I know. To think, here's his child who is dying and I'm the one who put in him jail.

That's the reason why, like people will ask me, why is that doctors don't get it, why do pediatricians not get it? I will always say it's because they will have to do their own forgiveness work. Because they'll walk into their chart room and they'll look across those charts and go wow, asthma, allergies, eczema, ADD, ADHD, seizure disorder, SIDS, cancer, rheumatoid arthritis, diabetes. Maybe I played a role in that. Maybe that was me. By injecting all of those kids and ignoring the signs and ignoring when the parents would call me and then me they were crying and say, that's normal. They're just going to cry, it just hurt. If they really realized what they were doing to destroy the human race and the DNA of humanity, they would have to stop, drop to their knees and say, god forgive me and turn around and do something different. They would have to do that forgiveness work, which most physicians I don't think are capable of doing.

Dr. Bark: I think you're right. I grapple with the time I was resident in pediatrics in the clinic having to give vaccine and vaccine and then working on call in the evening in the ER and saying in those two cases, the kids come back. They had stopped breathing and were coding and they went to the ICU and I really don't even know what happened. I don't know that I wanted to know. I think back now and thank god in my own private practice, I didn't do that. I went more into consulting and a graded practice where I wasn't doing primary care pediatrics.

Dr. Tenpenny: The shocking thing to me is when I was doing all of the research that I've done for vaccines. I've put over 18,000 hours of my life somewhere between 6p and 2a on many, many nights sitting there burning the midnight oil of looking up all

these vaccines and reading about them. It started with I went to the National Vaccine Information Center meeting in Washington, DC in September of 2000. I sat there for four days and listened to parents and PhDs and doctors giving all these testimonials. There were about 700 people there and kids in wheelchairs and I was like, how did I miss this? At this point in time, I had been in conventional medicine for 15 years. I had been doing integrative medicine for 7 years. How did I miss this sector of my education?

I went home and I started reading. I started with the general recommendations of vaccination, the 1998 version of the CDC paper that comes out every two years and updates. It was really poorly written, well done, I was like you can't be serious. An entire industry came off of this? It was a 42-page paper that I said, maybe there's something else, maybe I'm reading the wrong thing. I read and read and read and I read Pediatric Infectious Disease Journal and JAMA and New England Journal and I pulled all the World Health Organization documents. I read all the CDC documents. In fact, I read the CDC documents to the point where I called up several of the researchers and told them there were errors in their paper that they needed to correct and they thanked me. I said, I should have sent them a bill.

Dr. Bark: Really.

Dr. Tenpenny: At one point in the middle of the night, somewhere along the line, I got to reading about pertussis and it was in the pediatric pink book, the sixth edition. There was a sentence in there that I'll never forget and I'll summarize it by saying that they said in this book, since there is no syndrome of vaccine injury, that when a child experiences something like myoclonic jerks, seizures, and even SIDS that was a problem with the child that was going to be precipitated anyway. It was only by chance that it occurred when the vaccine was given. At that point, it was 2 o'clock in the morning, it was a Norman Rockwell moment, little snowflakes coming down outside and I just

started to cry. I thought, this is what physicians really believe that even SIDS, even a death, because of a defective child was going to occur anyway and it's only by chance that that occurred around the time a vaccine was given and that's where this whole concept about temporal association does not prove causality, which in common language means that two things occurring at the same time, one doesn't necessarily cause the other.

Dr. Bark: Unless it's alternative medicine.

Dr. Tenpenny: Unless it's something really horrific. You know, you got run over by a truck, it was probably the truck. If you got a vaccine and you had an injury, it couldn't have been the vaccine.

Dr. Bark: No, but if you got a vitamin and you died, we know that it would be all over the news that that's what killed. The fact that a child just recently died, a healthy 19-year-old just died from a flu vaccine. Coma within a day, coma for 20 days, dead. That's not on national news, it was just in the local news. If that child was put into a coma from a sports drink or a supplement or a vitamin ...

Dr. Tenpenny: Or if that child had gone into a coma because of the influenza and hadn't had a flu shot.

Dr. Bark: Oh my god, it would be all over the news.

Dr. Tenpenny: It would be all over the news.

Dr. Bark: All over the news and that doesn't even happen because all the flu deaths that I've looked at, the few pediatric flu deaths, sometimes they die from perforated intestinal tract. The flu doesn't do that. You look at what was being given to the kid and the kid is on Advil every few hours and then dies of a ... Advil and steroids and all kinds of things and then you find out the actual cause of death was a perforated intestinal tract and it's going down as a flu death because the kid had had the flu

or an upper respiratory tract infection, which might not have even been influenza. But your story is very moving and brave of you to one, be able to look at that and say, oh my god, I was part of that, I was participating. Two, even recognize that be able to reckon with yourself that you vaccinated all these kids. It's a tough thing to do and I think doctors do in general want to do the right thing.

Dr. Tenpenny: So many times we want to blame the pharmaceutical industry that they are the big bad guys. They just make the widget. If the doctor wasn't writing the prescription, if the doctor wasn't giving the order, nothing would happen. I'm not quite so generous to the doctors who say they always want to do the right thing. I think that they goose step to the wrong drummer and that they are amiss, maybe even lazy that they don't take the time to do something as simple as read a package insert. When parents will say something like, doctor, do you know what's in that syringe? Name me three ingredients. They can't.

Dr. Bark: No, they can't.

Dr. Tenpenny: The parent I think logically would say, if you don't know what's in it, why should I allow you to inject that into my child or as an adult, inject it into me. In my opinion, physicians are the problem. If they would stand up for their patients and stop stuffing them full of drugs and stop injecting them and doing nothing more than suppressive medicine to cover up symptoms, we could have a complete revolution in healthcare and get back to why you and I went to medical school to begin with because we wanted to help people. We were fascinated by this thing called the body. We liked that biochemistry and physiology and anatomy and all those things we did in high school, which made us decide we wanted to do premed in college and go to medical school.

Instead, doctors are turning out to be nothing more than glorified drug reps. They have a degree and they have permission to write words on pieces of paper and hand them

out for a living and make hundreds of thousands of dollars a year doing it. I'm not quite so generous in saying that they always want to do the right thing, I'm really not.

Dr. Bark: Like you, when I started getting onto this and researching in my master's program, years after my doctorate, I would be up at 2-3 in the morning. I felt like I was falling down a rabbit hole. Really, that's what I likened it to, oh my god, I've fallen down a rabbit hole. I keep opening a box and now it just opened another box. I do agree that doctors, they're trying to see as many people as they can throughout the day. I get that part. That's not how I practice, that's not how you practice, but it's how most doctors practice.

Dr. Tenpenny: You know what? It's the easy excuse.

Dr. Bark: It is the easy excuse.

Dr. Tenpenny: I'm too busy. I'm seeing 50 patients a day, I'm working 12 hours a day. It's all I can do to keep up with my own industry, my own internal medicine journals. I don't have time to look outside the box.

Dr. Bark: They need to because really you could say, I'm working 12 hours a day, I'm seeing 50 patients but are you helping them. If you're really not helping them, what's the point? What is the point. There are levels of fraudulent marketing on the part of the pharmaceutical industry. I'll give the doctors this much, the level of conniving and shenanigans is so deep and so complicated because things are misrepresented all the time and, you're right, the doctors are just glorified drug pushers, drug salesmen because we now allow direct to consumer advertising on the part of the drug industry, which is a huge mistake I personally believe and I know many people believe that. You've got the patient coming to the doctor knowing exactly what they want.

Dr. Tenpenny: When I first decided that it was at least equally the problem of the physicians and not just the pharmaceutical industry it was back about 10 years ago. There was a lot that was happening in the news about Ritalin. I remember there was a young boy maybe 10-12 years of age and he was skateboarding in Michigan and he fell over dead with a heart attack. This young boy had been on Ritalin like his entire life. Suddenly, there were other types of cases like that. I started doing some investigation and I was like all mad at the drug companies about Ritalin and Adderall and then I did something really simple, I read the package insert. The package insert says right in the PDR, I pulled it up, it said that it should never be given to anyone under the age of 5 and it should never be given for longer than 60 days. Here's kids and teenagers that have been on it for a decade.

Dr. Bark: A decade or two.

Dr. Tenpenny: Then I'm wondering, now at the time I was still working part-time in the ER at that point. I'm thinking when young people come in with chest pain, should one of the risk factors we'd be asking about is when you were younger where you Ritalin or Adderall or any of these other pharmaceuticals that are really stimulatory and can cause a lot of problems because they're legalized amphetamines, they're legal amphetamines. At that point in time, I just sat back in my chair and said but the doctors wrote the prescriptions and they renewed those prescriptions and they filled them year after year after year after year. They obviously didn't read the package insert.

Dr. Bark: Obviously.

Dr. Tenpenny: They have no concern about any long-term consequences of this.

Dr. Bark: We see this with proton pump inhibitors.

Dr. Tenpenny: Exactly.

Dr. Bark: They say on the insert not to be given for more than 3 weeks. People come to my office with all these gastrointestinal problems and allergies and autoimmune disease and it all dates back to a few weeks into their proton pump inhibitors.

Dr. Tenpenny: That they've been on for a decade.

Dr. Bark: Right, the same thing for the flu vaccine women. The DTap for pregnant women. The inserts what do the inserts say. Now they're talking about Gardasil for pregnant women, even for children. I read that that was in the pipeline, recommended for day one of life. I don't know if they're going to vote on it, it was just brought up but to even think about that.

Dr. Tenpenny: It's horrific. I really believe that at some point in time in the future, probably not in my lifetime or in your lifetime but at some point in the future, social anthropologists are going to look back at us at this point in time in history and look at what we have injected into our children in the name of keeping them healthy, animal cells, animal DNA, human DNA, formaldehyde, detergents, viruses, parts of bacteria, polysorbate 80, borax.

Dr. Bark: Aluminum, mercury.

Dr. Tenpenny: Aluminum. Mercury, all of those things that are known carcinogens into our children to keep them healthy that I think some social anthropologist is going to go, what were they thinking and that this entire industry needs to go the way of blood letting, leeches, and trephination when they used to drill holes in the skull and let out the evil spirits. That they're going to look at this that this was all about commerce, it was about money, and it was all about the destruction of the human race. I personally believe that we're about one generation away of having completely corrupted the human DNA to the point of no return and that we are going to be so pharmaceuticalized it's going to be the point of no return. I believe that the vision statement of the pharmaceutical industry is that they want,

their business vision statement is that every human on the planet will be on a minimum of two prescription pharmaceutical drugs every single day for life and what better to do that to start with one day old infants.

Dr. Bark: In utero.

Dr. Tenpenny: To crush their immune systems and put them in a place where they become customers for life.

Dr. Bark: What other conclusion can somebody come to? That's the only conclusion that you can make.

Dr. Tenpenny: I don't know what it's going to take to get parents to stop injecting these things into their children. When are going to reach the point where they are much more concerned and much more fearful about what's coming through that needle than about a viral or bacterial infection that's going to come and go in a week and leave them with a lifetime of immunity.

Dr. Bark: People are preyed upon so the psyche is preyed upon in terms of ... History has been re-written by the pharmaceutical industry which is until the vaccines, people were dying. Children, you never knew if your child was going to live through measles or mumps or chicken pox.

Dr. Tenpenny: It was all about hygiene as you know. You know what history is, right? It's his story. He who wins gets to write the story. It's his story. How much of it is absolutely not true.

Dr. Bark: You mentioned you had all the childhood diseases, I had many of them. Certainly, when I was a child and my sisters who are older than me were children and had measles. It's not like your kid had measles and you were like, oh my god, my child might die. No one thought that way. Even when I trained in the early '80s and we saw kids with measles. We'd say take your kid home, they've got measles. We weren't like, oh my god, your child has a 1 in 1,000 chance of dying. That is not the statistics,

it was not the statistics before the measles vaccine came out, and yet that is what Dr. Poland in Minneapolis said that the statistic is. You've got people rewriting, giving statistics from 1900, yes that was a statistic in a refugee camp now or in 1900 in an area where there was no sewage and fresh water possible but it wasn't the statistic in the US or Canada or any of the first world or second world nations in 1960.

Dr. Tenpenny: When the measles vaccine first started to be given in 1963, the death rate from measles at that point in time was 3 in 10 million. It hasn't changed.

Dr. Bark: It hasn't changed, not at all.

Dr. Tenpenny: We are now stretching that. I always tell young parents, anybody in your life over 55 years of age? They kind of chuckle and I say, no serious. At your church, do you see people over 55 years of age. If there were so deadly, do you think there'd be any? They're like, oh yeah. I didn't really think about it that way. All of us had that. Chicken pox was going around and so everybody would have chicken pox, the whole neighborhood or measles or whatever. In fact, I personally missed almost all of the third grade. I had measles, a really bad case of the measles. I was back for school for two days and I came home and I had a really back case of chicken pox. I looked like a scab from head to toe. Then I was back to school for a week and I got the mumps. I remember coming home and crying because I was so sick of being home. I wanted to go to school. They wanted to hold me back a year and my dad went to the school board and said, look from the time she started school, you always wanted to put her ahead a year so consider this her year ahead. I think she'll do just fine.

I think that I honestly attribute my overall adult health to the fact that I had all those appropriate childhood diseases at the appropriate ages and I had high fevers and all of those things that impacted my immune system so that my TH1 side of my immune system, the side that recognizes me as me and

foreigners as foreigners was very much exercises. I know as an adult, I'm busy, and I don't sleep a lot and I try to eat pretty well and I take vitamins but I ride the pony pretty hard and I don't get sick. The last time I had any sort of an illness at all was 1991.

Dr. Bark: You just mentioned something really important that most people and absolutely most doctors don't even know, which is when you vaccinate you're going from a predominate TH1 system to predominate TH2 system and why don't you talk about that.

Dr. Tenpenny: There are two arms to the immune system. They've named them TH1 and TH2. TH1 is your innate immune system that recognizes you. It's the part of your immune system that gets engaged if someone has had an organ transplant and they have to take immune suppressive drugs because that organ isn't you and so your immune system tries to attack it and get rid of it. Your TH1 is really important in separating you from your environment and innate immunity is really our first line of defense for everything, correct?

Dr. Bark: Yes.

Dr. Tenpenny: Then the TH2 side of the equation is where you develop the antibody and that is also a portion of the immune system where if an invader gets past your first lines of defense, your skin, your nasal mucosa, your mucous membranes, past your gut and it gets into your bloodstream that you start engaging this. The TH1 moves your white blood cells around and the TH2 starts to develop antibodies and the two things work together in a very complicated dance with cytokines and all these different messenger molecules and all of these things to get that invader out of your blood stream because it doesn't belong there. We have been gifted by our creator with this very complicated system that keeps these invaders out.

Instead, what we do with the vaccine is that we bypass all of that. We bypass the skin, mucous membranes, the gut. We inject things right into the system that end up in the bloodstream ostensibly to develop an antibody that if that bacteria shows up, it should neutralize it. However, there have been so many papers that have been published even at the CDC level that said, does an antibody in your blood equate to keeping you healthy and making you be immune? Their answer is always like, we don't know. With very specific viruses they've looked at, the answer is no.

We know that every 2-3 years the CDC comes out with a report on tetanus. There's maybe 120-160 cases of reported tetanus in the US every couple of years. About 50% of those, they have no idea what their tetanus status is but of the 50% that they do, that 16-20% of people that get full blown tetanus, have had four or more tetanus shots, have documented antibodies in their system that should have prevented them from getting tetanus and it didn't.

To me, what an antibody in the blood stream is after a vaccine is a marker of contamination. We've injected something in there that the body tried to get rid of and it tried to develop these antibodies to try to get rid of this stuff that we put into the immune system. It's a marker of contamination. It in now way implies immunity or that you're not going to get sick.

Dr. Bark: Let's talk a little bit about the his story and the his story about small pox and polio and how they were eradicated by vaccination. Tell me what you know.

Dr. Tenpenny: Whenever anyone is new to the topic of vaccines, it always starts from the place of what about polio and what about small pox? Didn't we eradicate that? Wasn't it due to the vaccine that we no longer see small pox on the planet? The truth of the matter is, the answer to that is quite simply, no. By all estimations, less than 10% of the global population was ever vaccinated with the small pox vaccine. It went away by hygiene

and by public health. Even when I was in the CDC after 9/11 and they had those town meetings, one of the questions that I asked was you know, you say that when small pox was around that small pox was a 30% death rate. After 9/11, they wanted to re-vaccinate all the doctors and first responders because there's 30% death rate and it was just pounded into our heads on the 6 o'clock news every single night.

I went backwards in time and I started looking through some very old medical journals, as far back as I could, back into the 1800s and the early 1900s to see if I could identify what was the cause of death of small pox. Was it infection? Was it secondary infection? Was it a lung disorder? Was it renal failure, did their kidneys shut down? I had three different people helping me pore through all of the old medical journals trying to find something. We could come up with nothing. When I was at the CDC at the town meeting giving all the reasons why I didn't feel like we should re-vaccinate everybody, I asked a question and I said, we do not know what the cause of death was from small pox.

But we know for sure that the last case of documented small pox in this country was in Texas in 1940 and how much farther our medical technologies have come since 1940 with the antibiotics and antivirals and ventilators and IV fluids and any of those sorts of things. Is it really true that if someone contracted small pox today, that there would be a 30% death rate? There was no answer. I sat down. About an hour later one of the people on the panel that was there pulled a microphone over and said, I want to go back to that question about somebody asked about what was the cause of small pox? Does anybody here know?

At that point in time, D.A. Henderson who was one of the granddaddies of the small pox eradication program that was done back in the early 1980s, a big man, tall big man sort of sauntered up to the microphone and he said, that's a very good question. We really don't know. It's a mystery. We really

don't know. We've looked at all the documentation. We're quite sure it wasn't secondary infection, we're quite sure it wasn't renal failure. It may have been pulmonary but we really don't know. As much as we've looked around, we really haven't been able to tell. I sat there and thought, isn't that just something? Our 6 o'clock news every single night is pounding on people to get this unnecessary vaccine and we don't even know in the 21st century whether or not if someone got a case of small pox if they would even die from it.

Historically, small pox was spread all over the world as a filth disease. It was like typhoid and cholera because were in close contact and they slept in the same straw mats and they spread the virus from person to person to person and that people didn't have a strong immune system against it. The CDC also said that over time the virulence of this virus became weaker. Like many viruses and bacteria that they come and go. For example, scarlet fever back at the turn of the century. There were massive epidemics of scarlet fever caused by a bacteria and it all went away without a vaccine. These viruses just sort of went away.

Even at that same town meeting when I was there, a Dr. Tom Mack who was a colleague of Dr. D.A. Henderson and had also been, by his admission at many, many eradication programs throughout India and China and all of these places, he got up to the microphone and said, yeah, small pox was on its way out anyway. We really didn't need to do any more vaccination. It was just going away because of hygiene. It just went away a little bit faster because we instituted a small pox vaccination program in the 1980s. These are two of the main characters in the play of small pox eradication. One doesn't know what the cause of death was, the other said it was going away without vaccines but yet, we have it burned into our brain that it was a vaccine that made small pox go away.

There's a cousin to the small pox virus called monkey pox that's still around and there are outbreaks periodically but we

can't call it's been eradicated but we can call it monkey pox and that's okay. Even from the very beginning, from the very inception of the small pox vaccine, it was all about money. Jenner was given over 10,000 British pounds sterling to develop this vaccine back in 1800. Can you imagine how many millions of dollars that would be worth today? How did we ever come up with this concept of inoculated someone with a cow pox virus somehow is going to eradicate small pox.

Dr. Bark: Also, think about tuberculosis at the last turn of the century. People died of tuberculosis, they went to sanitariums, everybody knew somebody whose parent or aunt or uncle or daughter or son when to a sanitarium with tuberculosis we didn't vaccinate away tuberculosis. We didn't vaccinate away yellow fever, scarlet fever. All those things are diseases that people died from.

Dr. Tenpenny: Cholera.

Dr. Bark: Cholera. We didn't vaccinate away those things. The cause of death of so many of these diseases was diarrhea and dehydration.

Dr. Tenpenny: Exactly.

Dr. Bark: That was really what people died from in those days that they became dehydrated and they didn't have an emergency room to go to get IV fluids and they would die. Let's talk about polio because it's a very similar story, correct?

Dr. Tenpenny: It's a very similar story in that polio, whenever you see the polio graphs, you don't see the tail end of the graph that shows that polio had spiked and was going away before we instituted the vaccine in 1954. But if I do a community talk and I go out and speak to a bunch of parents and I say, I'm going to say a word and I want you to tell me the first thoughts that pop into your head and I say, polio. What was the first thoughts that popped into your head. Iron lung, children with braces,

paralysis. Two generations later, 60 years after the polio epidemic here in this country, we still have those images in our heads and it wasn't even true.

Yes, there were certainly people who had polio. There were certainly people who were paralyzed. There were certainly some people who were on iron lungs, which really were just the precursor to modern day ventilators, which we don't think anything about people being on ventilators today but dear heavens, the horrors of an iron lung machine. All of those things were going away. We know that polio when away in most of all of Europe and they never even used the vaccine. Same thing in Canada. They stopped using the oral polio vaccine in this country in 2001 because it was the only thing still causing polio was giving people the oral polio vaccine that had live viruses in it. Even the world health organization came out about 2-3 years ago that said as long as we continue to use the oral polio vaccine globally, we will never eradicate the virus.

We need to stop a minute. Why are we so intent on eradicating a virus. What we really need to be addressing is paralysis and there are other viruses that can cause paralysis that we don't even talk about. We don't even know that some of these kids that end up with paralysis in third world countries really even are having paralysis because of polio or is it something else? The whole issue is just an ongoing money making thing, built on fear that has little basis in fact.

Dr. Bark: You talked about the graph a little bit but I want to go back to the graph because the morbidity/mortality from polio was dropping before the introduced the vaccination, correct?

Dr. Tenpenny: Correct.

Dr. Bark: Once we introduced, it actually increased. It climbed up, there was a bump in the death rate.

Dr. Tenpenny: There was a bump in the death rate and a bump in places that had never even experienced polio. We knew all of this, a lot of it from the chiropractic journals. That they were seeing children who had been vaccinated with the polio vaccine, the early Salk vaccine, the injectable forms that this kids were coming in with lame limbs. What did the public health department do? They changed the criteria for the definition of polio so that we can now make it look as though the vaccine was what eradicated polio. But instead what they did was initially polio could be diagnosed by if you had an episode of paralysis that was still there within 72 hours of being first identified. Then they changed the criteria that you had to have when you had paralysis, now two weeks later you still had to have paralysis before you could be labeled with the infection of polio. All sorts of criteria started changing in order to make it look as though the vaccine made polio go away.

Dr. Bark: Do you know anything about the studies looking at indigenous populations that don't have cases of paralysis but are positive for antibodies towards the polio virus.

Dr. Tenpenny: I don't other than knowing that the polio virus in more than 98% of population that gets exposed to this virus it passes right straight through with no consequence. If you get any consequence at all, it's a gastrointestinal virus so it looks like a little food poisoning or a little bit of a stomach flu and it leaves with a lifetime of immunity. Less than 2% of people who contracted paralysis had any residual paralysis over a year period of time because most of the time it resolved. Being re-exposed to the polio virus is not a bad thing. There was a just a study that came out just recently that showed that oral polio viruses had been used in, I believe it was Belarus, it was in a European country that said that 50 years ago they had used this and now they can still detect that strain in the sewage systems. It's around, we're exposed, and not everybody is getting paralyzed. It's all based on fear.

One of the biggest things about the vaccine industry in terms of being a fear-based industry is that there are some very significant false premises. One is everyone will be exposed whether it's measles, mumps, influenza, everybody is going to have an exposure. If you get exposed, you absolutely are going to get sick. Just the mere presence of being around pertussis makes you sick. Unless, of course, you're vaccinated and then you're not going to get sick. All three of those are false premises. Not everybody is exposed and even if you are exposed, it doesn't mean you're going to get sick and we all know that you can get the vaccine and get sick anyway.

Dr. Bark: We've gone from identifying things as diseases, a disease is a syndrome. There are all kinds of symptoms and signs. What the industry has done and I see even people in research use the terminology for an organism equally the disease.

Dr. Tenpenny: Yes.

Dr. Bark: That is just not the case. Meningococcus does not equal meningitis. The polio virus does not equal polio disease. There as been this big kind of confusion and we've gone from a scientific definition and we've made it into something completely different over the last 20 years.

Dr. Tenpenny: We never talk about just an infection anymore because infections by definition come and go.

Dr. Bark: What's even an infection? If you swab 20 people in a room, you're going to see about five people that are positive for meningococcus, five that are positive for strep group B.

Dr. Tenpenny: There's a story I like to tell a lot. It's about a family of patients of mine. They had six children. The two oldest children were fully vaccinated. The two middle children like seven and eight were partially vaccinated and the four-year-old and the new baby were completely unvaccinated. The two oldest children that were full vaccinated started with this chronic barky cough

that went on and on and on. The mom finally took them to the doctor, they were swabbed, they were positive for pertussis. The doctor freaked out because they knew that the babies were not vaccinated so they swabbed the whole family. Everybody in the family was positive including the six-month-old baby who was completely unvaccinated and all the baby had was a runny nose, which is proof positive that exposure doesn't equal illness and even when you're vaccinated, it doesn't mean that you're going to keep from getting sick.

Dr. Bark: That begs a point, which is herd immunity. My understanding for herd immunity ... It's an old term, correct? This is an old medical term. It wasn't really referencing immunity from vaccination. It's been used for a few hundred years and the term was, you have a population, they go through these childhood diseases. At certain ages, they get these diseases, the antibodies last 10, 15, 20 years but they're re-exposed to the next generation. Then those antibodies get boosted, they're good for another 10, 15, 20 years, they're exposed to the next generation. The reason when I was a child, only the elderly came down with shingles is because the elderly were in retirement homes, they weren't exposed to children anymore in their daily life and so they weren't exposed to chicken pox to boost their immunity and hence, they succumb to shingles or they at least came down with shingles. That was real herd immunity, being exposed to the next generation.

People don't realize, in fact, most doctors don't realize that the way natural immunity works is that you need to be exposed to pertussis every 20 years, you need to be exposed to chicken pox. That's how we evolved. This whole concept of herd immunity now only pertaining to a vaccinated community where just school children are vaccinated and so the adults and now there has been two generations of women having children where somebody 20 years younger than us are having children, somebody 30 years younger than us can be having

children. They've been vaccinated. They don't have natural immunity and they're not immune.

Dr. Tenpenny: Also, the antibodies that they would pass through their breast milk to their children are these antibodies that have been created by exposure, they're not even the real antibodies that would even match a viral exposure. Even by breastfeeding, which I'm a big advocate of breastfeeding for lots of reasons including bonding and all sorts of things. Previously, in previous generations where mothers had had real measles and real mumps, that they would have those antibodies and the white blood cells of both the TH1 and the TH2 side of the equation that would pass through the breast milk that would go into these neonates, the very early infants and that would offer them some protection against environmental exposures.

They've actually shown that those antibodies in those white blood cells that are passed through the mother's milk do not protect these infants because they were not created during a real bout of the infection. They were a false immunity and that's why those antibodies wane. Those antibodies weren't doing anything in the first place and so now they're gone and very little is passed on through the womb to the child. Very little is passed on through the breast milk. That's why I go back to saying that we're one generation away from sacrificing humanity for the sake of commerce.

Dr. Bark: One last topic, which would be the HPV vaccine. Boy, this was one vaccine that I don't think any vaccine has been marketed to the degree that this vaccine has been marketed, at least direct to consumer. It almost set a new precedent in terms of their marketing campaign.

Dr. Tenpenny: Especially if you looked at the data and how tenuous these antibodies are, three, five years maybe, not even for all the strains that it's covering. When they began marketing the Gardasil vaccine, it has only been tested on 9 to 12-year-olds. They had only studied it for up to 4 years to see whether or not

any of these antibodies or markers of exposure were still around. By the time girls would develop cervical cancer in their early 20s or 30s or 40s, they have no idea of knowing whether this vaccine that had been given to a 9 or a 10-year-old would have impact or bearing whatsoever. There are so many problems with that vaccine, one of which is that the two HPV viruses that are in the vaccine, HPV virus #16 and #18 were only chosen from pooled global populations of people because when they started examining women in the United States to find out what was the most prevalent type of virus that they needed to develop a vaccine against, it was less than 4% of women in the US that actually even had strain 16 or 18. This came from a global pool population.

They also found that almost every single woman at some point in time in her life has an HPV infection. It's like influenza. Because of that, it usually comes and goes in two years or so, they couldn't even find any initial people to do this study with because they'd already had their own level of immunity against HPV because the cervix is an exposed organ. It's an external organ like your ear, it's exposed to environmental things and because of that it is subject to wear and tear and it's subject to environmental toxicities. In my opinion, cervical cancer is a nutritional deficiency disease. That organ is not very healthy, it needs certain nutrients like Vitamin D, Vitamin A. In older women, it needs natural progesterone, different things to keep it healthy. There is no way that a vaccine is going to anything to prevent that from happening.

The vaccine is just very toxic. Some of the ingredients in the vaccine are things like polysorbate 80 and borax, which is a strong detergent. Polysorbate 80 has been shown to cause anaphylactic shock on repeated exposures. Polysorbate 80 is in the DPT vaccine that is given at two, four, six months, one year, and five years. Several years later these girls get another boost of the polysorbate 80 in the Gardasil vaccine. It was if you have multiple bee stings when you were younger and then

as a young adult you get a bee sting and you go into anaphylactic shock. It's the same principles of injecting polysorbate 80. There's also been some minor studies that have shown that polysorbate 80 causes testicular atrophy in little male mice and uterine and ovarian atrophy in female mice. In my opinion, these girls that are getting these multiple doses, three different injections of this Gardasil and Cervarix, these HPV vaccines. The incidence of infertility is going to go through the roof and we're already seeing it.

About two months ago there was a report that came out that said for the first time ever, teen pregnancy rates are down. Do you really think that teens are having any less sex or that they're getting a whole lot smarter and having a whole bunch more protected sex? I really worry about that on a global depopulation agenda. I really think that if a young person was going into medicine now, I think the most lucrative thing that they could go into by the time they graduate from medical school and get through their residency program is infertility because in about another 8-10 years, it's going to be rampant. We're already starting to see it.

Dr. Bark: The polysorbate 80 also, which you probably know this that it breaches the blood, it opens the tight junctures so it breaches the blood/brain barrier and then anything in that vaccine is game for getting into the brain like the aluminum or even the DNA because we now know the HPV DNA is the actual DNA is in that vaccine.

Dr. Tenpenny: They've been talking about using polysorbate 80 with other types of medications just because it does open up the tight junctures of the brain and allows things to carry across the blood/brain barrier.

Dr. Bark: Chemo, chemo for brain tumors.

Dr. Tenpenny: What are we actually doing? What are we doing and why?

Dr. Bark: But yet, this is another vaccine like the flu vaccine that I hear from my patients they are being hounded to give their children, patients that have 9 and 10-year-old boys, their internists will say or their OB/GYN will say, have you given your son the HPV vaccine? You need to think about it. You really need to think about it. They're actually hounded and feeling harassed.

Dr. Tenpenny: I have a true story about a friend of mine who is an OB/GYN who was sitting in the lounge, in the OB/GYN lounge early on when this vaccine first came out, was sitting kind of around the corner reading a magazine and heard colleagues walk in and said, we're really glad to see that this vaccine has finally made it to the market. It's going to be our economic savior.

Dr. Bark: Wow.

Dr. Tenpenny: Because of how expensive the vaccine is, how much they can charge for it to offset the cost of their malpractice.

Dr. Bark: It's three visits.

Dr. Tenpenny: Plus three office visits plus the cost of each one of the injections. The CDC has said in a pediatrician's office, the average pediatrician has about $10,000 worth of vaccine industry on the shelf. In a 10-person pediatric practice, that's about $100,000 worth of inventory. It's a business. If you sold mufflers and you had $100,000 worth of mufflers sitting on your shelf, you would encourage everyone say that you really need a new muffler for your car.

The same is true for the vaccines. Some of those vaccines have short shelf lives, like the flu shots. It's only good for one season, you've got to get it out. Some of them only have a very short period of time. Some of them you can only sell once or twice like the MMR vaccine, you only give one or two doses of that. If you have $100,000 worth of inventory sitting on your shelf, that maybe you got subsidized from the government to

put that in there but you know that each one of those things that you can sell, you get to bill for it. Even if somebody gave it to you for free, you've got $100,000 worth of inventory on your shelf but each time you gave a shot, you got to bill the insurance company for it so you get money for it. Money for the injection and money for the office visit, it's a business.

Dr. Bark: One last topic, what is your take on the Wakefield phenomenon?

Dr. Tenpenny: Dr. Andy Wakefield is a good personal friend of mine. We've been friends for years and I've heard him speak, I know his heart. I think it's just a travesty that the healthcare media and the general population media keep saying, well, he had his paper revoked and therefore, he has no credibility. As a matter of fact, he has had 9 or 10 or 12 other papers that have been published with his name on them.

There's a website called Retraction Watch that looks at all the retracted papers across industries. There are many people that entire industry wide have had 20, 50, 129 papers retracted because of fraudulent data and that they've skewed the data and that they've lied, flat out lied. Do we ever hear about those? Do we ever hear about anybody else that has had any other papers revoked but this one paper that wasn't even a conclusive paper, it was a case report. When you read the paper that was published in the Lancet, it said this is an interesting observation that perhaps we should look at a little bit more closely.

What Dr. Wakefield did was he actually picked up a stick and poked it in the eye of the giant named Merck. All of a sudden, people started waking up and at that point in time they needed to make an example of Dr. Andy Wakefield so if any other doctor wanted to speak out against vaccines, look what could happen to you. That they put all of the fear into these parents about this person was fraudulent. Therefore, because we make this person be fraudulent, that makes the vaccine

okay. I don't see any logic in that but they've actually stretched that. I just think that there's going to come a day at some point in time in the future when Dr. Andrew Wakefield is going to be proven to be the hero that he should.

Dr. Bark: Patrick, I've heard you speak and you're incredibly eloquent and forceful. You've got some very strong views. I want to know what you think about vaccines and the industry speak around vaccines and if you question the safety or efficacy of vaccines what does that mean about you?

Dr. Gentempo: If you take a large step back, almost think like you're the astronaut on the moon looking back at Earth. If you're on earth, you see all the wars and all the conflicts and all these little things that different people have these micro interests. But I remember the astronauts taking a step back and seeing the Earth from a distance and saying, wow, how can all those things exist? It's kind of more of a unified look. I think in a sense, and I'll answer this more in from the point of view as a husband, as a parent, as somebody ...

Why should somebody be interested in this? Because the stakes are very high and you've got a lot of money that's at stake and a lot of political power, muscle that's behind it, etc. and it's out of the realm of the average worker, the average human being, the average parent. They go to work every day, they want to just go on with their jobs, they want to love their spouse, they want to take care of their children and do all the things that they think are right. It's impossible to become an expert at everything.

Then there's these forces at play that try to say, here's what you need to do to be a good parent. What's the commonality here? I'll tell you what it is, at least in my mind what I think it is in a big way and why I think any parent, any person who might consider themselves outside of the realm of these issues why they should care. If you're talking about vaccines, you're putting them into your body. This is the most personal thing in

the world and I don't think people understand that. When you are an individual human being or if you're a parent responsible for little human beings trying to grow up to become big human beings, it's a big issue to decide what's going inside this thing because the decisions you make there are critical life and death decisions.

If you're trying to guide your child along the way and say, oh you know what, I think you should participate in sports or I think maybe you should take certain courses or go for advanced placement courses in high school to get into a better college. You're trying to gear them towards a better life, a better future. Let me tell you, when you're talking about putting things inside their body, you're talking about the very same subject. My hope is that "average people" or people who are not experts in these realms like are interviewed here would still understand that all of this has to do with you as an individual with the other little individual beings that you're responsible for.

What are we asking for? Are we trying to be totally polemic? Are we trying just to say that there's evil people in the world? There's villains and there's victims and certainly we can make arguments for that but in the end, what are really asking for? We're asking for people who are going to inject toxins into a body, or what I would perceive as toxins, into a body and do it really under the force of law in many respects to just let me have the choice if I want to have that done to my child or have that done to myself. That's where it starts. It can escalate from there and I think people like me and why other people have gotten involved is because when they try to force this on you either unwittingly seeing you don't know or force it saying you can't go to school or you can't go to work unless you get these shots.

There's a point in time you say, you know what, maybe I'm going to take a keener interest in this know because this is coming into my body. This is coming into my child's body.

Ultimately, this is about personal space. This is about human rights in my mind. These are about some of the most fundamental issues that affect human beings and I believe that these macro issues that we're talking all relate to those particular things.

Dr. Bark: The industry says, the talking points to somebody like you would be that you must be anti-science. If you don't want to vaccinate your kids ...

Dr. Gentempo: First of all, I'm not anti-science. As a matter of fact, I'm a pretty big fan of science. But when I get into public debates on this issues, the questions they hate is well, how do define science and what do you accept as evidence? As soon as we go down that trail, it leads to problems.

Secondly, let's assume I am anti-science. If I'm anti-science, does that still mean that I have to inject things into my body against my will or my children's. That's a human rights issue. That has nothing to do with science. We can debate the science all day long. Are vaccines good? Are they bad? There's two sides to the argument. I've drawn my conclusions. Other people will oppose my conclusions. That's okay, then they can choose to get injected and I can choose not to.

But what does it mean when science becomes fascism? What does it mean that when people who purportedly say that my science is right and yours is wrong and as a result I can violate your rights under the banner of science? What do they call that politically? That's referred to has fascism, that's totalitarianism. That is not freedom of individual rights, which are supposed to be guaranteed. Anybody who tries to proclaim that they're omniscient, that they know the truth, that it's conclusive, and that there's nothing else to be known about it and nothing else to be questioned, those are scary people to me. People who have real wisdom understand what is maybe considered conclusive or factual but also that there's some

open issues that are not so conclusive and factual and that nobody knows everything.

It's an issue of individual rights. I don't know that there are all these horrible villains that have malevolent intent and want to really hurt you and are after you and they're out to get me. That's not what we're saying here. It's really an issue, it's a moral issue, that has to do with can I make the choice as to what happens to my body or can I be compelled to have to put things into my body against my will or do it unwittingly because it's not labeled.

To me, I don't know what you'd call that. I'd ask anybody, what do you call it when somebody wants to force you to inject your child with something whether you want to do it or not? I don't know what you might call it. To me, it's a form of fascism. It's a form of totalitarianism. It's a moral application to a public policy that leads to people being either unwittingly or forced to do something that they otherwise might not want to do. I don't know what people call that but to me, it's something that's a violation. It's the antithesis of individual rights and domain over your health freedom.

If we went out there into the world, if we went to scientists who think that this stuff is good and we said to them, do you think freedom is a good thing or a bad thing? Do you think individual rights are a good thing or a bad thing? I suspect the majority of them would think it's a good thing. How can you throw that out door when it comes to saying, buy when it comes to vaccinations, forget those rights. You must be compelled to do this because we know better than you.

Dr. Bark: Their argument is that you're saving lives if you, yourself get vaccinated because the only way the vaccines work is if everyone gets them. They're saying that you're actually ethically compelled, you're compelled ethically to get these vaccinations or to give them to your children because otherwise you're responsible for deaths.

Dr. Gentempo: Let's look at the moral issue here again. Are you saying that individuals can be sacrificed for the greater good? That's what that's saying. That's the difference between communism where there are no individual rights. Your life as an individual can and will be sacrificed for the greater good around you. Or are you saying, you know what, each individual should have their own rights to their own life, their own liberty, and their own pursuit of happiness. They get to choose. A government or any other authority should not be able to compel that person to do something that is potentially harmful to them for the greater good of other people. You're asking the moral question, which is what it all boils down to, should it be that governments can compel people to sacrifice themselves or their children for a purported greater good? Which incidentally, I don't agree that that's a great good. Or should individual parents and individual people be able to make these choices themselves? That's the moral question. I believe in individual rights.

Dr. Bark: The interesting point is that I don't even believe that vaccines are mandated in China and I don't think they were mandated in communist Russia but that's another point altogether.

Dr. Gentempo: Now, that's a real irony, isn't it?

Dr. Bark: It is, it really is. In most socialized countries, I don't think they're mandated either, they're highly recommended.

Dr. Gentempo: What has to happen, which is why I'm thrilled to be sitting here talking to you right now, there's only one solution to this. That is a groundswell of the citizenry that becomes aware of what's being done and there's a revolution. Do I mean like there's got to be arms and it's got to be a militant revolution? No. It can just be a moral revolution. It can be people just voting by their behaviors and actions and all kinds of other ways that it's happened in the past. In today's culture, those types of revolutions, which is an information revolution can

emerge and have profound, profound effects in changing things. That's what I'd really like to see happen.

I can sit here all I want and point fingers and be upset at the circumstance, which I am, and I find myself at moments in time, distraught in a psychological crisis basically because I can see clearly some things that are just plain wrong. What hangs in the balance are lives, real people. But I also have a lot of confidence in humanity still. I want to see that the masses of people who are the potential victims of what's going on decide that they no longer want to play that role.

Dr. Bark: These companies that we're talking about, they're huge. They're multinational, they've got thousands of people working for them. If what you're saying is true, how do you reckon with yourself, where is the moral compass of these people? If they know that things aren't clearly black and white, they're not clearly safe, how do you think so many people are going along with it? I'm not talking about the public. I'm talking about the people who work there, the scientists, the researchers, the financial experts, the PR people, the marketing people. They must know that things aren't so clear and that people have a right as their own person, as a person, as an individual person, not somebody working for these companies. As individuals who work for these companies, why are they silent? We're not hearing whistle blowers coming out of the woodwork. How do you reckon morally or ethically, how do these people you started off saying, they have to go to bed at night and look at themselves in the mirror, how is it happening? What's your take on it? Why are so many people acquiescing?

Dr. Gentempo: I think the answer is for sure, many of these people have drawn a conclusion that they're doing good things, that what they're doing is progressing technology to help humanity in the ways that they do it. Also, here's what I understand about human beings. Fortunately or unfortunately, we play tricks on ourselves. When we really want to align with something that

we're doing that we think actually maybe this isn't so good, whatever, our mind starts to bias psychologically towards validation.

I believe that a lot of people in these areas will say, hey tell me what I'm doing is good because you're in a position of higher authority than me. Oh yes, what you're doing is very good. Okay, I can feel good about going and doing this every day even though there's some question about it. Think about all the vaccines that are delivered into little bodies every single day. I believe those pediatricians feel good about doing it that they think they're doing a good thing.

Dr. Bark: Oh I'm sure the pediatricians do, but I'm talking about the scientist who might know otherwise. Who might say, there's a new study that just came out. That hep B vaccine given to mothers that are positive actually have worse outcomes for the babies. This is a new published study. There's obviously scientists and researchers who know this and yet the policy is still mandate day one of life this hep B vaccine.

Dr. Gentempo: Let it trickle down. There's practitioners who are still delivering those vaccines even though that study exists.

Dr. Bark: They're not reading it.

Dr. Gentempo: They're smart people who should be reading it, should be taking responsibility but maybe they don't read it. Maybe they think it's just one study and it's not a total conclusion. Who know? What we do have and you mentioned it earlier is yes, there's a lot of people who are just in the company on the bandwagon. Some of them are maybe amoral. They say, you know what, this is not for me to decide, who am I? I just come to work. I'm the marketing person. I'm hired by a client to do marketing, I'm going to look for the features and benefits and I'm going to go out there and try to figure out innovative ways to leverage them into the culture. That's what they're hired to

do. They don't have a moral compass around this particular issue.

Fortunately, you mentioned whistle blowers. I think the answer to the question is there is that great minority, those few people who will seek truth, who are not going to try to trick themselves and have some type of a bias that's going to say, I'm going to try make everything fit in my point of view. I'm going to try to look more objectively at the circumstance. When they discover that something is really wrong here and that there's malfeasance, those are the ones who up and it only takes one and that's the beautiful thing. You can have 10,000 who are bad, it takes one good one to step up, blow the whistle, and blow the lid off.

Unfortunately, what are we seeing? Multi-billion dollar fines to these pharmaceutical companies, these multinational companies you described, multi-billion dollar fines, confessions of malfeasance. This term I used earlier, it was a criminal misdemeanor, it's sort of a contradiction in terms. The bottom line is that they pay these huge fines and then go back to work and nothing changes.

Dr. Bark: It's the cost of doing business.

Dr. Gentempo: It's the cost of doing business and quite frankly, not very much of a cost. How is it a criminal misdemeanor when people die? That's where I go back and then look up the ranks of this thing and say, there's people who made that call and made the calculation and said, we're willing to let people die to push our model and agenda from a business context. It is the cost of doing business. How does that person sleep at night? That to me is enormously disturbing.

Dr. Bark: It is incredibly disturbing. I don't know how they sleep at night. That's why I was asking you. Again, I think going back to the whole moral compass. My theory is that if they're so many people doing it, you're part of this big system, you're just one

of 10,000 people. You're only 1/10,000 of the amorality or the bad decision or the policy pusher. Maybe that's how they sleep at night. They don't really feel like it all rests on their shoulders. They're just one of the people.

Dr. Gentempo: I think every morning we all get up and we go in front of the mirror to brush our teeth or do whatever we do to start our morning routines and at some point we should be looking at ourselves in the mirror. You can avoid eye contact. You can avoid thinking about your actions and what you do in life and you basically following direction, do what the man says and say, not my issue. Who am I to say? It's an unfortunate acquiescence of the human spirit that translates into the emergence of exactly what we're talking about here, the dynamics in our culture that are injurious to our culture.

Why are we here talking right now? Because we believe that maybe we can get through to some human beings, that there's people who will be listening to this, who will be watching this who might pause just for that one moment in their busy life and say, you know, the stakes here are really high for me, my values are under attack and not only do I want to learn about this but I want to tell others about it too. When that spark ignites, I believe transformation and revolution happens. The reason we're sitting here right now is because we have to keep our faith in humanity. We can't let the people who are immoral, amoral, who are the profiteers at the expense of human life. We can't let them win.

Dr. Bark: Some people on the other side of the coin would say that if everyone exerted their rights, we would have deadly outbreaks of all these diseases that we vaccinate for and that more people would be dying and it would be on your conscious if you decided not to vaccinate. If everyone followed that rule, we'd have deadly outbreaks of measles and polio and small pox and you name it.

Dr. Gentempo: It's not true, they can't prove that. Where's the vaccine for bubonic plague? I don't know. It killed how much of the earth's population some years ago. There's never been a vaccine for it. Where is it? The point being in general as far as these outbreaks of whatever, it's fear mongering. We're back to the same issue. Through fear, we can say we've got to do this. Nobody could deny the fact that children have been damaged and some have died as a consequence of being vaccinated. That's a fact. There is no fact that says we're going to have a plague if we don't do it. Who gets to choose this?

Do you have rights to your own life or can the government force you to vaccinate your children, the harm being so great that no insurance company will indemnify the manufacturer of that vaccine against its potential harms, that the federal government has got to step in, in an unprecedented move and say, you know what, since the risk is so high that the actuarials won't go for this, they won't indemnify against it, the government will indemnify against it. If you happen to be injured, you have to sue us, the federal government, to try to recover.

We know the risks are there. There's an admission of it because there's a program for it. Yet, at the same time, we're going to force you to do it to try to prevent some mysterious plague that might happen if we don't. You tell me, should it be up to the individual or is it up to the government to force individuals. I'd ask everybody who has an interest in thinking about these things, just take a step back. Forget about what the anti people say, forget about what the pro people say, and ask yourself some fundamental, simple questions. Should you be fully informed of the risks and should that be available to you as a parent if you're making a decision about vaccinating your child? Yes or no? Whether you're for or against it, is it just appropriate? Is it appropriate?

Dr. Bark: Gayle, thank you so much for letting me come and speak to you.

Gayle DeLong: My pleasure.

Dr. Bark: I'd love for you to explain exactly the type of work that you're doing, what you're a professor of or associate professor of and how your work relates to what I've been investigating and how you got there. What propelled you into looking at this?

Gayle DeLong: I'm an associate professor in the economics and finance department. I began looking into vaccine safety when I realized that my two daughters were injured by vaccines. My older daughter is doing incredibly well, my younger one is still struggling quite a bit. I began to look into vaccine safety and realized there was not a lot of research that was done and I began to look at autism and vaccines and any kind of link that there might be to autism and vaccines. I used a lot of the statistical tools I learned when I was getting my PhD in finance and I applied it to the area of epidemiological studies. My first study I looked autism prevalence and speech delays. Then I looked and saw how many kids had been fully vaccinated. I looked by state over time and I saw that the higher the percentage of kids who got vaccinated, six years later there was a higher prevalence of autism and speech delays.

Dr. Bark: Was that in relation to some states require more vaccines than others and the states that require the greater amount of vaccines have greater percentage of kids on the autistic spectrum?

Gayle DeLong: Actually, it was the same vaccine series I was looking at. It was more how many people got their kids fully vaccinated by the time the kids were two years old. This was more of a voluntary part on the parents because most people, unless they send their kids to daycare, which I guess several do, they don't have to have their kids vaccinated.

Dr. Bark: Do you think a lot of parents know that? I'm assuming there's a lot of pressure. My children are older now.

Gayle DeLong: I certainly did not know that when my kids were younger.

Dr. Bark: That's what I want to ask you. You said your children were vaccine damaged.

Gayle DeLong: Yes.

Dr. Bark: You clearly didn't question vaccine safety in those days or you wouldn't have vaccinated them I suppose. What was the first hint that the vaccine damage or whatever you saw as their vaccine damage was related to the vaccination?

Gayle DeLong: They had already been diagnosed with autism, both girls. But in 2005, when David Kirby's book, Evidence of Harm came out, we looked at the girls' history and we said, you know, every time they got vaccinated they did get worse. At that time, my younger daughter was five. When she was five and got her second MMR, he said, you know she's gotten worse. She'd already been diagnosed with autism. We were doing ABA, we were doing all the treatments through the school that we could and she was still getting worse. It didn't make any sense to me. We were doing the treatments that were supposed to be helpful and nothing was helping. That was January 2005. When the book came out in May 2005, we made the connection and we immediately started biomedical interventions for the girls.

Dr. Bark: As you know, the CDC and the American Academy of Pediatrics have come out with statements, especially statements in the last year stating that the link between autism and vaccines has been debunked. It's been disproved. How is your research different from their research? What is different about your research that you're saying, no, there's a link and they're claiming just absolutely that there is no link between vaccines and autism. What's different between your research?

Gayle DeLong: I want to find out the truth. They have so many conflicts of interest, the CDC and the pharmaceutical companies with the

pharmaceutical companies offering very nice jobs to CDC officials and even the research that is done, published in journals, there are so many conflicts of interest. My only interest is to get my girls well and the other children who are vaccine damaged. That's the only motivation I have. I know I've assumed some things that were incorrect along the way. I tried some treatments that didn't work. But because my end goal is to get them well, I'm flexible enough to say, that didn't work, let's try something else.

Dr. Bark: What's different around your statistics? They're saying the statistics they have from research that's been published shows that the link between vaccines and autism has been debunked. Your research papers, one of them at least, has said that there is an association, a strong association.

Gayle DeLong: Right. They never looked at the way I did. They did one study that was supposed to be vaccinated kids versus unvaccinated kids but really most of the kids in that study were vaccinated.

Dr. Bark: How do you know that?

Gayle DeLong: They said vaccinated versus late vaccination. The way they defined late vaccination was whenever a child got one vaccine 30 days behind schedule. Most of the kids were fully vaccinated. Therefore, when you compare fully vaccinated with fully vaccinated kids, you're not going to see any difference in the prevalence of autism.

Dr. Bark: No, I wouldn't imagine that you. I believe you also won an award for a paper that you write that had to do with financial conflicts of interest. Can you tell me a little bit about that?

Gayle DeLong: Okay, I alluded to the conflicts of interest earlier. The paper goes through the various government agencies, the FDA, the CDC and talks about the hiring of people. Also, the government agencies have the National Childhood Vaccine Injury Compensation Program. That's all housed within the

Department of Health and Human Services. If the FDA and the CDC do research that says vaccines cause autism, then the Vaccine Injury Compensation Program is going to be liable for all the autism cases. Since this is all in the Department of Health and Human Services, they want to make sure the CDC and the FDA do not come out with research saying that there is link between autism. The conflict of interests looked at the regulatory agencies and their coziness with the pharmaceutical companies. Not only being hired by pharmaceutical companies but also the public/private partnerships, the government agencies working directly with people from private industry.

Dr. Bark: What's that about? I'm assuming since the college gave you an award for your paper, they must be okay with what you're writing about, which I have to say seems so unusual because many of the people I've spoken with about vaccine safety issues have to be very quiet and low key about the papers they're writing and publishing because they're worried about losing their positions, losing funding in their lab. How is that Baruch College can give an award on a paper that you wrote that seems so controversial in other universities and other academic institutions.

Gayle DeLong: Business schools understand where companies are coming from and they understand the ethics involved with companies, that companies are concerned about the bottom line but also how these ethics have to be incorporated into business. Plus, we don't get a lot of money from pharmaceutical companies.

Dr. Bark: Can you just go back a little bit to the statistical analysis, how you came to the conclusion that vaccines have an association with autism?

Gayle DeLong: Let's be very clear, I'm not saying that vaccines cause autism and my paper never says that. I'm saying there's an association with getting fully vaccinated and developing autism or a speech impediment. It's an epidemiological study. It doesn't prove anything. We need to have the vaccinated versus

unvaccinated study if we want real proof and that study has never been done by the way. There has never been a study looking at the safety of the entire vaccine schedule. When I have my statistical analysis, I'm saying that a certain percentage of kids got this full battery of vaccines and a certain percentage did not. It's a vacs verus unvac study, it's a vaccinated versus less vaccinated study. I'm saying that the ones who got more vaccines tended to get a higher percentage of kids developing autism or speech delays.

Dr. Bark: It's not that the children received more vaccines, it's that the percentage of the population was vaccinated at greater rates.

Gayle DeLong: Correct.

Dr. Bark: Those states with high percent uptake of vaccines have higher rates of autism.

Gayle DeLong: Exactly.

Dr. Bark: Because some kids might react after one or two vaccines if they react. It's not necessarily you need the whole set to have a reaction.

Gayle DeLong: Absolutely, yes. I think one difference between my study and some of the other studies, I do combine autism and speech delays because when you're just looking for autism, it's difficult to pick that up as the only negative side effect of vaccines. But when I combine the prevalence of autism and speech delays, I see a very strong association between vaccination, the percentage of the population that is vaccinated and the percentage of the population that goes onto to develop autism or speech delay.

Dr. Bark: It's not the number of vaccines they've received, it's the percentage within the state who is vaccinated versus states that might have a lower uptake of vaccinations.

Gayle DeLong: Exactly, yes.

Dr. Bark: Got it. What is your goal in terms of you know, if you can expose this and it's correct, what is your goal in looking at these statistics and making this association? What would you like to see going forward with this information?

Gayle DeLong: I would like to see research that our kids need. I would like to see that the question of the link between vaccines and autism is not a closed question. It's a very much open question. We need to explore it more and we need to get the medical research for our sick kids. Once we approach autism as a vaccine injury, then our treatments for those kids are totally different. We no longer do psychological tests. We no longer give them Prozac or Zoloft. We give them vitamins, we give them fish oils to make them better. We see kids who are getting these kind of treatments actually getting better.

Dr. Bark: You don't think that the psychotropic medications are helping these children or the answer for their problems.

Gayle DeLong: To be honest, we tried that with our younger daughter and nothing helped, nothing. I see these other families and that's the only thing they do and a drug will work for two years and then they have to change the drug or up the dosage and their kids are zombies.

Dr. Bark: What kind of positive results have you seen from the more alternative or functional medical treatments that you've engaged your children with?

Gayle DeLong: My older daughter responds positively to everything. Chelation, we found that both girls had very high levels of aluminum and lead, not mercury, aluminum and lead. My older girl responded very well to chelation, IV chelation. Done correctly and done under a doctor's supervision, it's very safe and helped her get rid of a lot of the aluminum and lead in her systems. The supplements with lots of minerals, fish oils, something called NAC has helped very much with their obsessive compulsive disorder, they have a touch of OCD.

Dr. Bark: Are you referring to N-acetylcysteine?

Gayle DeLong: Yes, thank you.

Dr. Bark: Did you measure the aluminum in the urine when you were chelating? Why don't you explain, was it IV chelation, was it oral chelation? How did you chelate?

Gayle DeLong: We tried oral chelation and that didn't do too much. We didn't see any change in behavior. But with the IV chelation because we measured the aluminum that came out and it was very high at first and as their aluminum levels came down, their behavior got better.

Dr. Bark: Where do you presume the source of the aluminum was from?

Gayle DeLong: We know that there's aluminum in vaccines. We also live in New Jersey, my family and I. New Jersey is rather toxic.

Dr. Bark: With aluminum specifically?

Gayle DeLong: No, more lead than anything.

Dr. Bark: You wouldn't buy that aluminum would be considered GRAS, which is generally regarded as safe?

Gayle DeLong: It's a neurotoxin. It can't possibly be safe.

Dr. Bark: Are you aware that the FDA and the NIH and the CDC consider aluminum GRAS status.

Gayle DeLong: I did not know that.

Dr. Bark: Yes, it's generally regarded as a safe substance but there's no safety studies done on it from any of those organizations. You're assuming that's where their aluminum came from.

Gayle DeLong: Yes, I'm assuming it came from the vaccines. There's no other logical place.

Dr. Bark: Where are you now? Are you doing any more research in terms of association with vaccine damage or vaccine safety issues? Are you doing any statistical analysis at the moment regarding vaccines at all?

Gayle DeLong: I'm looking more at the Vaccine Injury Compensation Program and whether vaccines before 1988 were any safer than vaccines after 1988 and 1988 is the year that consumers were no longer able to sue the vaccine manufacturers. I find indeed that the vaccines that were produced before 1988 were safer. Even though I can't look exactly at the records from 1988, when a vaccine is licensed, the manufacturing process stays the same, it doesn't change. A vaccine that was licensed in 1960 is still going to be the same vaccine today. We can look at the polio vaccine that was licensed in the early 60s, what kind of safety record does that have today? That has a much safer record than the newer combination vaccines.

Dr. Bark: The oral polio vaccine that had SB40 contamination?

Gayle DeLong: Inactivated polio, the IPV. In general, on average the vaccines manufactured before 1988 are safer than the ones that are manufactured ...

Dr. Bark: Why would that be? If it's the same vaccine and the manufacturing process hasn't changed at all, why would they be safer then than they are now? Were there less adjuvants, was there less thimerosal? What was going on?

Gayle DeLong: There are more combination vaccines now. They tend to be more dangerous than the single shots.

Dr. Bark: That's right so there were mostly single shots prior to mid '80s, correct?

Gayle DeLong: Right, although there was a DPT and the MMR but the ones now are the MMRV and the pentavalent. Then the HPV vaccine, which is so dangerous and has so much aluminum in

it. There are very healthy teenage girls who after their first shot they feel a little sick, after the second shot they're getting bad headaches, and the third shot they're in a wheelchair.

Dr. Bark: Or dead.

Gayle DeLong: Or dead. It's tragic and it's the only vaccine they're receiving or about the only vaccine they're receiving at that time. The only event that we can point to that would say, why is this happening.

Dr. Bark: I'm assuming you and your family aren't getting annual flu shots.

Gayle DeLong: Correct. I had a touch of the flu, it wasn't fun but I survived and I'm stronger for it. I took my immune boosters and I'm healthier as a result. I still think there's a place for vaccines but we just have to be much more careful about the ones we give. It should be the last line of defense, not the first line of defense. There are other ways of staying healthy.

Dr. Bark: What are the other ways?

Gayle DeLong: Keeping the immune system strong, balanced, getting enough sleep, washing your hands, doing all the things your mom told you to do when you were a kid. It all makes sense. We didn't have these vaccines back when I was a kid and somehow we were healthier. We didn't have the asthma, the ADHD, the autism. We didn't have one in six kids having a learning disability.

Dr. Bark: Is that what the rate is?

Gayle DeLong: Yes, one in six.

Dr. Bark: Nationwide or?

Gayle DeLong: Nationwide.

Dr. Bark: One in six, that's amazing.

Gayle DeLong: Yes, that's classified. One in six kids is classified with a learning disability in the school system.

Dr. Bark: When did we get to be one in six children with a learning disability?

Gayle DeLong: It's over half have some kind of chronic disease.

Dr. Bark: That I'm aware of, the one in six was ... That's an astounding statistic.

Gayle DeLong: We see all the special needs classes and the special needs schools that have to be constructed.

Dr. Bark: From a finance standpoint, what do you see going forward? From a financial standpoint, from a financial burden on the society, if one in six children have a learning disability, they need special treatment in school and then we've got the whole statistic on how many are autistic and then the 51% or more having a chronic illness, how do you see financially the burden on healthcare going? Is it going to be an exponential climb, is it going to be a geometric climb?

Gayle DeLong: Exponential is more like it. Part of Obamacare is dealing with making sure the pool is big enough to include healthy, young adults. There are not healthy adults. There are still some but it's certainly becoming fewer and fewer. When we're looking to have the pool big enough to include healthy young adults, we're not going to have enough healthy young adults to make the system work.

Dr. Bark: Over time, I'm assuming if we don't change direction, the pool of healthy people will become smaller and smaller. The norm will then be unhealthy, which is it is already, actually.

Gayle DeLong: Yes, yes.

Dr. Bark: You did two papers that I know of that are quite impressive and one you won an award for and that was on the conflict of interest financially in the industry and the other one was on statistical analysis making an association between vaccines and autism. My question to you is that many associate professors or full professors even heads of departments, don't feel free and wouldn't be free to do this research and especially to publish and then lecture about this topic because there would be a lot of pressure on them not to publish this information and so they might lose their job. What is different about you here at Baruch College in this department that you can actually not only study this, make this your research but then publish and lecture and not get fired, not be threatened? It seems unusual.

Gayle DeLong: Baruch is a business school. We do not get a lot of money from pharmaceutical companies.

Dr. Bark: Do you get any money from pharmaceutical companies?

Gayle DeLong: Probably some but not much, certainly not as much as public health schools or medical schools.

Dr. Bark: No one threatened you, no one said you know, you better tone this down or this isn't going to make us look good. There was nothing like that going on.

Gayle DeLong: Nothing like that.

Dr. Bark: I know you won an award so they did praise you. I'm assuming if you won an award for your research that it's been well received at the college. Is that correct?

Gayle DeLong: Yes, yes. When I present to my colleagues, they're all very interested. They have open minds and they have children, they're very concerned. I have that freedom to disseminate this information.

Dr. Bark: Does the statistical analysis among other people who understand stats at a high level like in your field, do they look at the statistical work that you did and say, oh my god? Is it obvious to them when they see your research?

Gayle DeLong: Basically, the statistical analysis is rather straightforward. I just do a regression and that's a very simple tool and I have the numbers. I can provide the numbers and provide the code, the statistical analysis and we see that there is an association between vaccination rates and autism and speech delays.

Dr. Bark: I know that you have been criticized by outsiders and one of the criticisms was that you're in the department of math and finance and economics and not in public health. What kind of criticisms has anybody made about your statistical analysis? Has anybody actually criticized your analysis as to being an accurate statistical analysis?

Gayle DeLong: Actually, no. In fact, there were some nasty things said on the internet right after the article came out and one of the comments was, I have a PhD in statistics and the statistical analysis is actually quite good. Even though this person, I forget which one it was, one of those people who don't seem to want to help people with autism by saying the statistical analysis is not very good. The first comment was yes, it is good.

Dr. Bark: Yet, they were upset because you're not in the field. Like you're coming at it from statistician and a mathematician and not as a doctor.

Gayle DeLong: I've got to tell you, I've looked at these health journals and their statistical analysis leaves a lot to be desired.

Dr. Bark: For instance, are they following normal statistical rules and laws or are they bending the rules? What are they doing?

Gayle DeLong: As an outsider, I look at it and say, I wouldn't be able to do that. For example, they look at just two variables, one being

associated with the other. I've always learned you've got to control for other variables such as income and gender and [inaudible 01:45:50]. They just look at two variables and say no or if they find a link, see there's a link and they don't control for other variables and that's something I would never do in finance.

Dr. Bark: Would that pass in an undergraduate, let along graduate, course? Would that pass if somebody did that in their paper, not control for variables when they were going for their degree in statistical analysis?

Gayle DeLong: You need to control for other variables.

Dr. Bark: The industry papers are lacking the appropriate controls.

Gayle DeLong: Yes.

Dr. Bark: That seems to be a theme.

Gayle DeLong: They want to find an answer, they find their answer.

Dr. Bark: They know what answer they want to find. Is that what you're saying? They know what they want to find, they want the equation to equal this and so they find a path to that equation?

Gayle DeLong: Right. They set up their analysis so that they reach the conclusion that they want to reach.

Dr. Gentempo: Wow. More powerful stuff in that episode. I really appreciate you being here with me and watching it. Tomorrow is another big event. We have part three of my interview with Dr. Brian Hooker. Again, it's like a cliffhanger as he's coming out with this information about all the malfeasance at the CDC and how literally the people of our country don't know the truth about the dangers of vaccines.

I'm also totally stoked to announce that as a part of tomorrow's episode, we will be streaming the world wide free online premiere of the movie, Trace Amounts. I'm very appreciative of the producers of that movie participating and aligning with us in this event so that the world can see what they discovered through their movie making effort. You might have heard Robert Deniro recommend that people see this movie when he was interviewed on the Today Show. It's an important movie and I couldn't be honored than to bring it directly to you.

Today ends day seven of our nine-day event. I want to encourage you to choose between our silver and gold package. During the course of this event, the packages are 50% off and owning this information not only empowers you but it helps to support this critical movement that to me is one of the most important issues in the world today. Thank you for watching, I'll see you tomorrow.