

Speaker 1 ([00:01:29](#)):

The opinions expressed by the host and guests in this show are not necessarily the views of Children's Health Defense.

Speaker 2 ([00:01:38](#)):

In June of 2000, behind closed doors at a secluded retreat in Georgia, top scientists, government officials and pharmaceutical executives met in secret their mission to discuss alarming new data, data that showed a strong correlation between mercury and vaccines and neurodevelopmental disorders officially titled Scientific Review of Vaccine Safety Datalink. This would later be dubbed the SIMPSONWOOD meeting. We came back to the scene. All we could find was rubble, where the retreat and conference center once stood. What happened in this place was never meant for public ears. What happened next would change history. But before we can understand Simpsonwood, we have to go back 25 years to the policies, the coverups and the warning signs that set the stage

Speaker 3 ([00:02:55](#)):

Get a shot of protection. The swine flu shot it's in the best interest of all of our citizens

Speaker 4 ([00:03:02](#)):

Health Director ordered a stop to all swine flu shots.

Speaker 2 ([00:03:18](#)):

And to grasp its full consequences, we must examine what has happened in the 25 years since

Speaker 5 ([00:03:24](#)):

It used to be one in 10,000 and now it's one in more than 250.

Speaker 6 ([00:03:28](#)):

It is a perfect exponential curve.

Speaker 7 ([00:03:31](#)):

Parents making decisions about their children's health deserve to have the best information available to them. You have studied vaccinated versus unvaccinated.

Speaker 8 ([00:03:40](#)):

We have not studied vaccinated versus unvaccinated.

Speaker 9 ([00:03:44](#)):

We're not sure what causes autism, but we know that vaccines do not.

Speaker 10 ([00:03:48](#)):

Vaccines do not cause autism. Vaccines do not cause autism.

Speaker 11 ([00:03:53](#)):

There is no correlation. The dramatic rise in autism diagnoses one in 31 children up from one in 54 children back in 2016.

Speaker 12 ([00:04:02](#)):

Scientific progress on this has been slow because scientists are frankly scared to ask the

Speaker 13 ([00:04:07](#)):

Question. Genes don't cause epidemics. You need an environmental toxin.

Speaker 14 ([00:04:12](#)):

One day everyone will know the truth about vaccines.

Speaker 2 ([00:04:24](#)):

We're joined now by Lynn Redwood. She is a retired family nurse practitioner, former co-founder of Safe Minds and a pivotal figure in bringing the vaccine safety issue to Robert F. Kennedy Jr's attention. She served as executive director of the World Mercury Project and was president of Children's Health

Defense until her retirement in 2022. The World Mercury Project rebranded as Children's Health Defense in 2018 as a tireless advocate for Children's Health, Lynn played a key role in uncovering critical information about mercury exposure through vaccines and has been instrumental in pushing for safety reforms. Welcome, Lynn.

Speaker 15 ([00:05:11](#)):

Thank you, Tia. It's a pleasure to be here.

Speaker 2 ([00:05:14](#)):

So let's start off by talking about the FDA Modernization Act of 1997. What was the significance of this act in terms of vaccine safety and how did it shape your early advocacy efforts?

Speaker 15 ([00:05:29](#)):

Good question, tia. The FDA Modernization Act was sort of aimed at the entire food and Drug Administration drug approval process, but buried in there was just, I think it was a total of two sentences that required the FDA to look at cumulative exposure to mercury from pharmaceutical products that contain Mercury. And I know myself as a nurse, I was surprised that we had drugs in the 1990s, two thousands that still contained Mercury. And I think FDA was sort of shocked too. They put out a request in the federal Register asking for all pharmaceutical companies that had any products that contained Mercury by Marisol specifically, which is an ethyl mercury product used as a preservative in vaccines and a lot of other biological products. And it took about a year for them to start getting the information back from the manufacturers. But when they did get it back and they started looking at the exposure levels, they were very concerned because they were really quite high.

([00:06:37](#)):

I think the second part of your question, Tia, was how did I get involved in that? As a nurse practitioner, I have a master's in community health nursing and I served on our county's board of health for 18 years in vaccines were our biggest program. And in July of 1999, I received a memo saying we were delaying the birth dose of hepatitis B from birth to six months of age because of concerns about mercury exposure. And that was the first I had ever heard about Mercury even being in vaccine. So I immediately called the board of health and I asked what vaccines were we getting with mercury? And I was somewhat relieved that the only one we were giving that had mercury was the hepatitis B and the recommendation at the time by the public health agencies and a P was to delay that birth dose to six months of age unless the child tested positive for hepatitis B at birth or the mother had Hepatitis B.

([00:07:36](#)):

And so I was sort of reassured by that, but then I got thinking, I wonder what my son had received. And so I got out his vaccine records and it was interesting because there was just one company, Smith Kline Beum that was really making the PHI Marisol free products. And all the products my son received were from later late, and they were using the Mercury based preservative. When I looked at his exposure levels at two months of age, he had received 125 times his allowable exposure to Mercury based on EPA's guidelines in his weight. And that was a real answer for me because my son at this time was almost five years old, and he had regressed developmentally after his first year of life and was diagnosed with autism. And my husband and I sort of knew all along that this was not a genetically based psychiatric disorder because he had been completely fine and he had regressed so dramatically. So that was my gateway neurotoxicant into this whole movement you would say.

Speaker 2 ([00:08:45](#)):

So how was the information about cumulative exposure to Mercury and the potential for neurodevelopmental harm announced to the public and

Speaker 15 ([00:08:57](#)):

Well, it was really announced through that joint statement in the MMWR, which regular people don't read. I don't think there was anything covered in the national media about this. And I know that CDC was sort of trying to keep it somewhat quiet and off the radar screen because CDC is somewhat of a conflicted agency. They're responsible for making sure that they have a high level of vaccine uptake, and at the same time they're responsible for vaccine safety. And any lapse that's acknowledged by the CDC regarding vaccine safety is going to result in a reduction in people taking the vaccines. It's just a logical consequence. So they were very reluctant for this information to really get out to the general public.

Speaker 2 (00:09:46):

What were the main points of the joint statement and how did it influence vaccine policy moving forward, and what was your response?

Speaker 15 (00:09:56):

Well, in the joint statement, the American Academy of Pediatrics in the US Public Health Service were implying that this was something that there was no evidence of harm, that any child had exceeded federal safety guidelines for th marial exposure and that they made the decision to reduce exposures based purely on the precautionary principle. And what really stood out to me was the American Academy of Pediatrics actually had a separate document that was for clinicians, and it said, because the exposure levels are small and there's no evidence of harm, there's no need for testing. And that was like I was scratching my head thinking, they just now discovered this. How do they know there's no evidence of harm arm? They haven't done any testing, but they're saying, don't test. And boy, the first thing when I added up my son's levels was how do I get him tested for this? And unfortunately, a blood test is only going to be accurate for Mercury about 30 to a max of 50 days after an exposure level. So my son's highest exposure levels were actually prenatally and postnatally from vaccines. So now that he's like four to five years old, I wouldn't be able to detect it, but I had a lock of his baby hair from his first haircut.

Speaker 16 (00:11:17):

You had saved a lock of his hair as a baby. And when you submitted that to a test, what did you find?

Speaker 11 (00:11:23):

Right? EPA's action level for mercury and the hair is one part per million, five parts per million is diagnostic of mercury toxicity. And my son's levels and his baby hair from 20 months of age had 4.8 parts per million mercury, which is almost five times his allowable exposure.

Speaker 15 (00:11:42):

That's when I became an advocate and started looking into this more attended conferences, spoke at a public comment about my son's mercury, and one of the physicians recommended chelation therapy, and I thanked her and sat back down and my husband and I decided immediately that's what we're going to start doing. And then all these other parents throughout the weekend would come up to me saying, my son also was found to have high levels of exposure to mercury, and we didn't know where it was coming from. So I realized it was so much bigger than just my son. When I got concerned about this, we wrote a paper, safe Minds, members of Safe Minds about Marisol and autism overlapping all of the symptoms of both all the way down to biochemical level. It's called Autism and Mercury.

(00:12:34):

I think it was coincidence and cause effect, something along those lines. It is published, you can find it actually on the CHD website and in PubMed, we took that document around to all of our federal agencies and we heard back from CDC saying that they had already looked at this and there was no problem whatsoever. So at that point in time, we decided that we wanted to see their data and see what they looked at. And so we filed FOIA requests. So it was in these FOIA requests that a lot of the things I may talk about today is where we discovered what the discussions were behind the scenes. So that's how I can talk about these things, saying, well, they did this and this and this based on their internal FOIA emails. But there was a researcher there at CDC named Ben Schwartz, and he said that it would be

very concerning for families to realize that their children may have been exposed to levels of mercury that were above the safety guidelines, but if they could be reassured that they were well within the safety guidelines, they would be more amenable to accepting a thy Maris cell containing vaccine.

(00:13:36):

So he came up with this potential solution of averaging the exposures over six month period of time, even though the infants were only being exposed with the birth hepatitis B dose two months, four months, and six months, he averaged those four days of exposure over 180 days. And if you ask any independent toxicologist, they will tell you you can't do that. I mean, that's like telling somebody it's fine to take two Tylenol a day, but if you take 60 Tylenol in a month, you'll be dead. You just can't do it. It doesn't work that way. These are toxic bolus dose exposures to mercury. So that potential solution is what the CDC went with to be able to reassure parents that their children were not being exposed to levels of mercury that could cause neurological harm.

Speaker 2 (00:14:25):

1999, they actually finally calculated mercury levels. Can you explain the process and findings of the mercury modeling conducted in 1999? What impact did it have on overall vaccine safety?

Speaker 15 (00:14:39):

Yeah, so that was sort of a big one. Public health agencies had a meeting up at NIH at the Lister Hill building. It was called Lister Hill. This was in August of 1999. And I was able to foia the minutes to that meeting and in the minutes they were discussing these mercury modeling charts, but they didn't say a whole lot about them. They were looking at them. There were a few comments, but it was very brief. I had forged a relationship with Neil Halsey because he had written an article in a little throwaway journal, hepatitis B control report where they were talking about Marisol, and he made the comment that you can say there's no evidence of harm, but the truth is we haven't really looked. So I knew he would be an ally. So I had reached out to Neil and had asked him different things about the exposure levels and modeling, and he was the one that told me the name of the gentleman who made these models because Dr.

(00:15:39):

Halsey was at Lister Hill and it was Barry Ruma. He was a toxicologist out in California, I mean in Colorado. So I reached out to Barry because I was doing my own research at the time and was modeling the exposures and what the levels would be and the hair analysis, and that was published in Neurotoxicology. And I told him that I wanted to look at, see if he could model the maternal exposures on top of this chart. So I received these graphs with his calculations. Those are all on the CHD website. There were numerous different scenarios, and starting with the birth dose of Hepatitis B, he had these averages for EPA levels and FDA levels and A-T-S-D-R levels because there were several federal agencies that had guidelines. The EPAs levels were the most strict. It was 0.1 microgram per kilogram per day was the allowable exposure.

(00:16:37):

According to Dr. Ru Max's models. There was not one day from birth all the way up to 22 months of age that a child was ever below the EPA action level if they had received all Marisol containing vaccines like my son had. So that was a real eye-opener. Those charts were buried. And one email that I came across Leslie Ball, who was an employee at FDA, who was looking at this, even questioned the CDC asking if the toxicologist had ever signed off on their calculations or their recommendations, and there was no reply that I received in the Voya documents that answered that question from CDC.

Speaker 2 (00:17:22):

Once the CDC got this data back about the exposure to Mercury and the high levels of exposure to mercury and vaccines, what was their official response through the advisory committee on immunization practices?

Speaker 15 (00:17:37):

Yeah, so the CDC and members of a working group, a thy Marisol working group that was making recommendations to asep, they had a lot of meetings and they looked at all the pros and cons of different approaches in terms of what the formal recommendations would be from the advisory committee for immunization practices. And this was going to be, this is what was presented at their October, 1999 meeting. And the options really were to state an immediate preference for all fome cell containing vaccines. And that was really what Neil Halsey and the American Academy of Pediatrics had been pushing for. And the internal documents that sort of laid out all the pros and cons of this policy, one of the things that really stood out in terms of a con was that they already had stockpiled all of these doses of vaccines, which they do, which they sell then through the vaccine for children's programs.

(00:18:39):

So when they looked at what they had in stock that contained Marisol, they found out that they had 5.9 million in Marisol containing vaccines that had already been purchased, and there was no way that they could refund those purchases. They also looked closely at what manufacturers had vaccines that contained thiol, which ones didn't. And I mentioned this a little bit previously. Smith Klein Beam was not using thiol at all. They were using two feth ethanol. And I want families to understand this was not an all vaccines, so it was just sort of the luck of the draw that my pediatrician was administering all later vaccines and why my son had such a higher exposure level than most other children did at the time. But Smith Kline Beachum came forward saying that they could meet the supply of all DT AP vaccines in this country for a year with their products, but that would also leave the three other vaccine manufacturers out in the cold.

(00:19:44):

And so ultimately the recommendation that came out was not to immediately recall the vaccines, but have this sort of orderly transition process that ultimately ended up taking several years. They also had as a con that they did not want to alienate the vaccine manufacturers by only allowing one manufacturer to have products on the schedule because it really wasn't the manufacturer's fault that this happened. They were responsible for each individual vaccine, and it was actually the advisory committee for immunization practices that made those recommendations as to when they would be administered. So they're the ones that made the recommendations at two months of age that they get all these vaccines at once and at four months of age and six months of age, and they were the ones that had never calculated the cumulative exposure. And there's actually emails that talk about this vulnerability on the behalf of ASAP and the FDA that they didn't, and I'm literally saying they didn't do the ninth grade algebra to determine these exposures, and that's what these emails say. So they were trying to also protect CDC and ASEP along with the vaccine manufacturers. And in my opinion, the vaccine program at that point in time took priority over the health of our children. And that should have never happened. And I hate to say it, but those types of policies continue to this day.

Speaker 2 (00:21:19):

But once the cat was out of the bag about the actual levels of mercury in the vaccines, how did the manufacturers respond? You mentioned GlaxoSmith Klein had the ability to provide all of the DTaP vaccines needed. How did other manufacturers respond or what did Merck do? Let's get into that. What did Merck do?

Speaker 15 (00:21:46):

Okay, so I have to say the manufacturers were very receptive to removing Marisol. The Hepatitis B vaccine was one of the easiest ones because the whole purpose of Marisol is that it's supposed to

prevent bacterial contamination in multi-dose vials because a multi-dose vial contains approximately 10 doses of vaccine. And so each time the nurse or whoever's administering the vaccine would puncture through the rubber stopper into the vial. There was a risk that they could introduce bacteria. So that was the whole purpose with the hepatitis B vaccine. They were single dose vials to begin with, so there was no reason for them to really have Marisol in those bowels. But we found out later it was also acting as an adjuvant in the vaccines as well, by increasing the immune response the same way that aluminum does, although it is not licensed as an adjuvant. So all they had to do really was remove the thiol.

(00:22:44):

Their manufacturing process can stay relatively the same. So it was easy for them to do that. The other manufacturers slowly were phasing out and introducing other versions that were free or trace amounts used in the manufacturing process. But Merck also decided to take full advantage of this because they were part of a big initiative. This was in 2000, I want to say February or March of 2000 where Bill Clinton was calling for all of these public private partnerships and helping to increase vaccine uptake in third world countries. So Merck ultimately made a generous donation to WHO, the UNICEF program, which amounted to a hundred million. It was like a million doses of vaccines over a five year period of time. And they estimated the value at a hundred million

Speaker 2 (00:23:39):

Wonderfully generous and philanthropic. How

Speaker 15 (00:23:43):

I know, I know TIA of

Speaker 2 (00:23:45):

Optimistic of Bill Gates to do that.

Speaker 15 (00:23:48):

And it's things like that that really at times make me ashamed of our country and that we do these things. We did it before with Dow County Shields that we donated when we realized they called it caused in fertility, it was an IUD. Those kinds of things happen all the time, and they're under the radar. And I actually just bumped into this press release at the time when they made that announcement or nobody would've even known that that particular vaccine contained aerosol and they were actually removing it off the market.

Speaker 2 (00:24:19):

Well, let's dig into the RAAN emails, the internal communications that were going on. Who exactly was Tom Stratton and why was he working with the CDC on this study that he did on Mercury? And can we talk about the significance of the email that he wrote with the phrase, it just won't go away. What did these communications reveal about concerns within the CDC

Speaker 15 (00:24:49):

Tom Fer? Stratton was a relative newcomer to the CDC. He was considered an EIS officer as sort of like epidemiological surveillance. And he was assigned the task of looking through the VSD data, that's the vaccine safety data link records of really hundreds of thousands of children predominantly out on the West coast that are part of these large HMOs. The records actually had their vaccine data in terms of what vaccines that they had received. Tom started this investigation, it was about October, November of 1999, and when he did the first run at this data, which we refer to as Generation Zero, because there were actually four subsequent runs of their data over time, they found incredibly strong associations that were statistically significant between exposure to the th Marisol containing vaccines with A-D-D-A-D-H-D speech and language delays, neurodevelopmental delays in general, a condition called misery disorder that I've never heard of before, sleep disorders and also autism.

(00:26:01):

And that was his response that he sent. I guess it was shortly before Christmas or right before the Christmas break saying, Hey, this signal just won't go away and I need some help with the data. And so when you looked at subsequent emails after this that we received their next run of the data, those relative risks, that the highest one was a one month exposure in infants that received greater than 25 micrograms, which were two hepatitis B vaccines. And some children had also received hepatitis B immunoglobulins because their mothers were positive for hepatitis B, and the relative risk of autism in those children were 11. So to put that in perspective, a relative risk above two in a quarter of law implies cause and effect. So this was above smoking four packs a day and lung cancer. It was incredibly high. And I live in Atlanta, so I was able to make contact with CDC and arrange a meeting with Dr.

(00:27:10):

Ver Stratton. And it was interesting because we talked about the data and we did not have all of the data yet. We did not have these FOIA documents. And one of the things that he said to me was that they had changed their entrance criteria to make sure that all the children in the study were fully vaccinated because they were looking at vaccines. And I thought, okay, well, I guess that makes sense. But when we got the second, when we got this run of the data in the second run of the data, they had altered the entrance criteria that to be in the study, you had to have had two polio vaccines as a proxy for being fully vaccinated. So what that did, tia, that was their control group, that was their placebo group that had no exposure. And then here's their other group with these high levels exposure.

(00:28:00):

Now with the second run of the data, all children had exposure because everybody who got a Hepatitis B vaccine, both of them contained thiol. So it would be, and the analogy would be looking at lung cancer and individuals who smoked two packs a day versus four packs a day. There was no control group in this study whatsoever. And that's just one of the manipulations they made. And I actually, when I went through this data over several years, I wrote a complaint letter to the office of research Integrity because it is really against the rules of sound scientific research to alter your insurance criteria after you see results you don't like, you can do it, but then you have to report in the journal that you did it. And they did not do that. And they did multiple things like that. They collapsed the exposure levels. They took out specific clinics that had very high outcomes because they considered them an outlier. They over stratified the data. Something like 30 to 40% of children in the study weren't even old enough to have received a diagnosis of autism or A-D-D-A-D-H-D. Those children should have been taken out and they just should have looked at children that were over 44 months of age. They didn't do any of that. So I have to say, especially after reading Simpson with transcripts, it was obvious that they were manipulating the data to make these signals go away.

Speaker 2 (00:29:32):

Let's get into Simpsonwood. What happened at simpsonwood? Why is that meeting considered such a pivotal moment in the vaccine safety debate?

Speaker 15 (00:29:43):

Because for me, it exposed their playbook and they have continued to use that same playbook over and over and over again. Most recently with COVID-19 vaccines. It's interesting, when I went and I picked up these boxes of documents at CDC, I was going out of town at the time, and so when I got to, actually it was my mother's first, her birthday that night when she went to bed, I pulled out this box and I was looking through all the emails and I came across this really thick document. It was transcribed minutes to the meeting and I thought, this'll put me to sleep. So I started reading it about 10 o'clock at night and at four o'clock in the morning, I was pacing because of the information in there. Up until that point, it was a hypothesis that I had that this is what had harm my son.

(00:30:33):

But when I read those transcribed minutes and heard what these other physicians and scientists were saying about, these are statistically significant, they're linear, it's biologically plausible and it's very concerning, and we're at a position now where we have to handle this information. I knew I was right and I knew what they had done to a generation of children. So for me, that was landmark. And at that point in time, they were not exposing this, they walked out of that meeting. They did not state a preference for thiomersal free vaccines at the ASEP meeting. I mean, even after that, when they could have come clean with the American public and they never did. They just doubled down.

Speaker 2 ([00:31:23](#)):

So in the aftermath of this, we come to the Homeland Security Bill Rider and its implications, Eli Lilly and vaccine safety transparency. Can you talk a little bit about that?

Speaker 15 ([00:31:37](#)):

Yes, I can. Obviously, I was very angry after reading these transcribed minutes and I had sent letters previously to all these federal agencies asking them to do something. We had petitioned the FDA to recall all Marisol containing vaccines, and they wouldn't do it. They were afraid that they would be sued by the vaccine manufacturers. And in one of the letters I had said, I hope that this issue of removing these exposures will be something that our federal agencies and the pediatricians tackle versus the lawyers, and they let us down. They let down the entire American public. So safe minds myself and the members. We reached out to several attorney firms to find out if they would represent us. And there was one firm, Andy Waters, who said that he would put together a consortium of, I don't know, probably 20 law firms throughout the country who took on these Marisol cases.

([00:32:40](#)):

And one of the things that we found is that Eli Lilly was the company that made thy Marisol, they held the patent on it, but they were not a vaccine manufacturer and thy Marisol was not a necessary ingredient in the vaccines. So Eli Lab Lilly really wasn't protected under the National Childhood Vaccine Injury Act from any liabilities. So we filed lawsuits directly against Eli Lilly and they were throughout the country. We had a lawsuit here in Atlanta with about, I don't know, 15 or 20 other families, myself included, against Eli Lilly. Bill Frist, who was a senator from Tennessee, who was also a physician, had introduced a bill that would have provided protections to any company that made an ingredient that was used in vaccines. It was like the Vaccine Safety and Affordability Act, and it was buried in that legislation. It was like just two sentences and we found out about it and we were able to kill that bill in the Senate Health Committee.

([00:33:43](#)):

It only had like five sponsors and it never went to the floor. It never moved forward for a vote. So I was really surprised when at 10 o'clock at night I got a call from a lawyer informing me that the language that had been in that particular piece of legislation had been inserted at 10 o'clock at night into the Homeland Security bill and completely separate type set. And it said, any company that makes an ingredient used in the vaccines is now covered under the Vaccine Injury Compensation Act. The house had already voted on the bill. They had already passed it that day, and it was scheduled to be voted on in the Senate like the following day. So we did everything we could to keep that from moving forward. It was interesting Toia at that time, Marisol was a bipartisan issue because it involved the health of our children and we had Democrats, we had Lehe, we had Debbie Stabenow, we had Republicans, we had Dan Burton who was chairman of the government reform committee, who held these great hearings on the use of fol infant vaccines.

Speaker 5 ([00:34:52](#)):

I didn't know much about autism except it was a disease of some kind that affected a lot of kids and some adults until it happened to my grandson. One day he was normal starting to talk, walking, great kid, and he got nine shots in one day, nine shots in one day. Many of the shots he received had mercury

in them. Most people don't know that when their kids are vaccinated, many of the shots they get have the Marisol in them. It's mercury. And mercury is a toxic substance that hurts people, especially children, and it builds up in your system as you get more and more of it. Anyhow, within just a couple of days after getting nine shots in one day, the MMR shot, which has been referred to by Mr. Doyle and many shots including Mercury, he started flapping his arms running around, banging his head against the wall. He had obstructions in his bowel, had chronic diarrhea, walked around on his toes, and he hasn't been normal since

Speaker 15 ([00:35:56](#)):

Really was a bipartisan issue. So even though they voted to approve the Homeland Security bill, it was the very last bill that they had before they went on Christmas break. They agreed to take that writer out during appropriations, but still the damage was done. We put out a press release about that and the next morning I was on Good Morning America with Diane Sawyer

Speaker 16 ([00:36:21](#)):

This morning, a clause that went under the radar in the Homeland Security bill, and it raises the question, did the White House or someone else do a favor for a big pharmaceutical company will suffice it to say as of today, this morning, no one even knows who wrote that clause. And in fact, no one has any idea how it got there. But later you're going to meet one mother who says it has to be overturned.

Speaker 6 ([00:36:42](#)):

Washington is in the throes of the game. Guess who secretly inserted language into the Homeland Security bill, protecting Eli Lilly from costly lawsuits, lawsuits brought by parents claiming a vaccine preservative developed by Lilly caused autism in their children. Republican Congressman Dan Burton says he knows

Speaker 5 ([00:37:04](#)):

I talked to the majority of leader Dick Armey about that. He said that the White House asked him to put that provision in,

Speaker 6 ([00:37:11](#)):

But Dick Armey now says it was not the White House and that it wasn't him either. Tom Delay says he doesn't know who did it. Bill Pri, who proposed the idea earlier in the Senate says he had nothing to do with the 11th hour maneuver. Eli Lilly and budget director Mitch Daniels, who once worked for Lilly all say the same. So who

Speaker 17 ([00:37:32](#)):

The chances are that some of those people who are feigning ignorance are feigning it. They aren't really ignorant of what went on,

Speaker 16 ([00:37:40](#)):

But as we said, there's someone who is outraged and says it must be overturned this clause that has no parents this morning. She is part of the ongoing and as we know unresolved debate about the causes of autism. She is Lynn Redwood and says she at least wants the option to argue her son's case in court, and she joins us this morning. Ms. Redmond, when you heard about this clause in the Homeland Security bill, what was your reaction?

Speaker 11 ([00:38:04](#)):

I guess my first initial reaction, Diane, was that of shock. As you mentioned previously, there had been some legislation earlier in the summer introduced by Bill Fris that was very similar to what was added into the Homeland Security bill and that legislation died and committee it only had five sponsors. So to have this suddenly appear in the Homeland Security bill when it was not a homeland security issue was very disturbing to us

Speaker 16 ([00:38:26](#)):

And suspect, I think a lot of people feel. Exactly. I want to try to establish a little bit, if I can, what your case would be if you went to court talking not about the vaccine itself, but a preservative attitude. It called thy Marisol a mercury compound. And I want to let parents out there everywhere know that most childhood vaccines no longer have thy Marisol in them, but your son is now eight years old and he's autistic. And I know you said that the vaccines he got as a child, three vaccines in one day gave him how much the allowable safe dose of Mercury,

Speaker 11 ([00:39:00](#)):

He received 125 times his allowable exposure in that one day from three infant vaccines that contained thiol. I was just awestruck when I looked at the literature, which describes mercury toxicity and found those symptoms identical to my son. He was completely normal the first year of life walking, talking, meeting all of his developmental landmarks when suddenly he began to regress. He had multiple infections, he lost his ability to speak and communicate with us, and he was ultimately diagnosed with pervasive developmental disorder not otherwise specified, which falls under an umbrella of autism spectrum disorders.

Speaker 15 ([00:39:37](#)):

And it did ultimately lead to us all being filtered through the vaccine Injury compensation program, even though a majority of us weren't even allowed in that program because we had already were outside three year statute of limitation before we even knew our children were harmed. My son was already almost five, so we couldn't even get in the program. So I would've had to have been psychic to know that there was mercury and vaccines and that that's what had caused his autism.

Speaker 2 ([00:40:08](#)):

Just want to circle back a little bit and hone in on what happened at simpsonwood. So let's talk about the contrast with who was there first of all, who was invited to this meeting, what was the tone and the conversation on day one versus the tone and conversation on day two.

Speaker 15 ([00:40:32](#)):

So when you look in, the entire minutes to that meeting are available on the CHD website. So I encourage people to, if you really want to stay awake all night, go and read those minutes because it'll definitely do it. It was predominantly officials from our federal agencies like C-D-C-N-I-H-F-D-A, they also invited representatives from all the vaccine manufacturers. They had pulled in a group, this working group of ASEP had a group of a handful of experts there that were supposed to be listening to all these deliberations and making a decision as to what the recommendation should be for asep. At their upcoming meeting in November and the first day they were presenting the science, Tom Raan presented his findings and then they immediately followed with another gentleman, Rhodes, who took all of Tom's findings and watered them down, and he explained how he did it. So this was their playbook.

([00:41:43](#)):

It's like, gosh, look, if we take and collapse these exposure levels, instead of them being at 12.5 micrograms, which had all the way up to 187.5 or 237.5 of these 12.5 microgram exposures, so you could really compare these very high levels to low levels of exposure. They collapsed 'em into three categories, low, medium, and high. And then there was just a day between those categories in terms of, oh, one day you're a low exposure and the next day you're a medium exposure. So it was really very arbitrary that they did that and it served a purpose of watering down those results. The same way with removing the children that had not received any vaccines, they had no control group. They also removed, like I mentioned before, certain clinics that had high exposure levels because they thought there was something unusual about this clinics. They also made a decision to do to chart audits.

([00:42:41](#)):

So they were going to pull the children that were diagnosed with A-D-D-A-D-H-D, autism and speech and language delays. And if those children had not gone out to an expert in those areas, if they had not been referred out from the pediatrician's office to see a speech language pathologist or a neurodevelopmental pediatrician that would get the diagnosis of autism, that it didn't count. So it was really amazing all the things they did to make that signal go away. And throughout the weekend, it was funny when Dr. Rhodes did his presentation, the representatives from the pharmaceutical industries were going, that was great, can we get a copy of that? But that same energy enthusiasm wasn't there when Dr. Stratton was giving his presentation. And Dr. Stratton himself was really concerned about the nonchalance of a lot of the discussion. And he sent an email to Philippe Grine after that meeting, who was one of the world renowned mercury researchers who had done all the initial work for the EPA and determining their exposure level guidelines in the Sey Shall and Faoh Islands.

(00:43:54):

And he said, I'm sorry to drag you into this discussion and out of fear, I am not, don't want to be perceived as being on the side of these parents, but I think we should use sound scientific arguments versus our desire to disprove an unpopular theory. It was obvious there was one pediatrician there, bill Will who was an older pediatrician, and he was well aware of what had been happening to our children and especially these children being diagnosed with autism. Autism was relatively rare prior to the 1980s. It was like two to four per 10,000. And then we started seeing this real uptick starting at about 1989, and Dr. Wheel was witnessing that and said he saw it in his practice and he really felt that this was concerning and that they should be doing more. And his voice was just silenced. He was not invited back to participate in any more of the meetings. And neither was Neil Halsey. He wasn't invited to. Simpson would either, because he had a very strong opinion that they should be removing thy Marisol from all vaccines immediately at least.

Speaker 2 (00:45:09):

Alright, well thank you Lynn. We really appreciate your input in this discussion and you've been such a valuable, incredible warrior for so many years. I'm so proud to know you and call you a friend

Speaker 15 (00:45:24):

So much. Thank you, Tia. And I'm just so thankful to have any opportunity to get this information out to families because I was told that my son's autism, as I mentioned before, was a genetically based psychiatric disorder. And I made a decision to get my tubes tied and not to have any more children. And a lot of parents made those same decisions and they felt this guilt that it was something that was their fault. And I want them to know that that's not the case. And if they have any concerns about whether or not what their exposure levels of their children might have been during the nineties, they can send me the names of the vaccines and I'll be glad to send them that information in terms of what their children were exposed to. I know my son responded very favorably early on to chelation therapy, but it wasn't something that was universally recommended for our children. And there are so many treatments that we can even do now to help correct some of the medical conditions that are associated with the diagnosis of autism as well.

Speaker 2 (00:46:38):

There is a lot of hope for recovery and autism. I know my mom has responded very well to some many therapies. So thanks again, Lynn. We love you

Speaker 1 (00:46:52):

To understand Simpsonwood, we have to roll back the clock. 25 years before that secret meeting took place in 2000. In 1975, autism was rare, about one in 5,000 children. Most people had never even heard of it. Bernard Rimland was already sounding the alarm through the Autism Research Institute, but few were listening at the time. The childhood vaccine schedule included just eight shots, diptheria, tetanus, pertussis, polio, measles, mumps, and rubella. That was it. Then came 1976, a single death from swine

flu triggered a rush national vaccination campaign, but the shot caused more harm than the disease. 32 deaths and around 500 cases of paralysis, the vaccine was pulled, the head of the CDC was forced to resign. It was the last time the CDC would publicly admit a vaccine had gone too far a decade later, facing mounting lawsuits over the dangerous DPT shot pharmaceutical companies lobbied for and won total immunity from liability. It changed everything and it set the stage for the coverup to come.

Speaker 18 (00:48:36):

Why did you end up

Speaker 11 (00:48:36):

Deciding to make this your life work?

Speaker 19 (00:48:39):

I didn't decide it happened. I was working for the Navy as a research psychologist, which is what I had been trained to do and exactly the field that I was most interested in with individual differences, test, design, test construction and so forth. And we waited until I had a job and a house and everything was perfect for our first child to be produced. And the child was born perfect pregnancy. He was born screaming. He didn't stop screaming, he just kept yelling and screaming and carrying on, and turned out that he was autistic and we diagnosed him ourselves. My wife and I, my wife remembered our pediatrician had no clue as to why this kid was screaming like this. And he had never seen or heard of a kid that would do this. And when he was two years old, not the pediatrician but the little boy, he was wandering around the house, staring into space, repeating nursery rhymes, ignoring us, pretending or acting as though we were pieces of furniture.

(00:49:46):

My wife remembered reading something in one of her textbooks about a child like this. And so we went to the garage, got that box of textbooks, found the particular one that she remembered seeing it in, looked through the pages and finally found the word autism. That was five years beyond my PhD in psychology, and I had never seen the word autism before. I began looking at the library, looking up some of the references that were there, and I discovered that he just fit perfectly. And that description of classical autism, I became fascinated, began to read and to study and to see if I could solve the puzzle. And some years later, I had finished a book on the subject, which revolutionized thinking up to that point, thinking was that the child was an emotional problem, that the problem was strictly emotional and that the child is physically normal. There's nothing wrong with the brain. And I could see no reason or whatever to come to that conclusion. And my book destroyed that idea. Hang

Speaker 11 (00:50:50):

On one second. I'm sorry. I'm going to have to ask you to go back over that couple. Yeah. Backtrack for me a little

Speaker 19 (00:50:56):

Bit. Yeah. Well,

Speaker 11 (00:51:00):

What did people think? I mean, what there was sort of a horrible phrase that was kind of the notion of Speaker 19 (00:51:04):

Yeah, the refrigerator, mother theory of the cause of autism was the one that was in all the textbooks went to the library after we discovered ourselves in this book that there was such a thing as autism that our child seemed to fit that description, went to the library, began reading about it, and the psychiatric texts and every single one of them proclaimed. They didn't just suggest, but they proclaimed as a proven fact that autism was something that affected children who were biologically normal, but who had mothers that were like refrigerators that had no emotion and no interest in the child, and except just to care for his physical needs. And that's what caused autism. And I wanted to know, as an experimental

psychologist, as a researcher, I wanted to know how he came to that conclusion. There was no evidence, whatever, it was simply conjecture.

(00:51:59):

But the conjecture wasn't presented as conjecture or speculation. It was presented as though were absolute fact. And people were being trained to believe that and to believe that the only treatment available was counseling of the mother to find out why she hated her child and didn't want the child. And if she denied it, that was called denial. And that the textbook said, yes, the mothers are going to deny it, and that proves that it's true because she's then exhibiting this denial and you have to convince her within another six months of psychotherapy at least that she really hates her child. And that was what the textbooks all said, and I wanted to know why they believed it, and I wanted to know what the real causes might be. And I began studying. And at the end of five years of intensive study I had, although I hadn't started to write a book, I had written a book.

(00:52:46):

My notes kind of fell together in the form of a book. I submitted the book to a publisher immediately, a won an award as a distinguished contribution to psychology. The publisher announced it worldwide in various ways, and I began receiving letters and phone calls from parents throughout the world who had been wondering what caused autism of their child. And that was in 19, the book was published in 1964, and my phone has not stopped ringing since then, and the mail has been getting bigger every day since then. And I had no intention of starting a career, but that's what happened.

Speaker 18 (00:53:33):

Mercury is a crazy one

Speaker 20 (00:53:35):

Though. How have they known? That's poison forever.

Speaker 21 (00:53:38):

It's an antimicrobial. They'll kill everything. So maybe that was part of that because it will kill everything, will kill the microbes in a Petri dish. So because this is one of the realities of vaccine manufacturer, which I want your audience to understand, is that vaccines, while it might look like just a clear liquid, in order to make a vaccine, you have to have either a cow that you put ulcers on and scrape the pus off, or you can evolve it as it had evolved to maybe getting some tumorous cells that came out of a cocker spaniels kidney or monkey balls or monkey kidneys. And you plate those cells out and then you inoculate it with what you want to grow to put in your vaccine later. But in order to keep those cells alive, you have to put animal blood on it. You have to put different nutrients on top of it.

(00:54:26):

You have to put antibiotics, kanamycin, things like that related to the COVID here at Mercury. Okay. So in the end, you can make sure when you have your final product that if you put a little bit of mercury in there, that it's less likely for any of the fungus or the spores or the bacteria or the adventitious viruses that you didn't know about that were there before will be in your final product. Wonderful. So you have a product now that you can be not completely sure has any of these deadly microbes, but now has mercury, which the only places it's actually okay to have on the planet. Mercury is in vaccines, your tooth or toxic landfill. So if you were to drop a vaccine at a vaccine clinic onto the floor, the hazmat guys would come in. You're not allowed to just pick it up. If it's a mercury containing vaccine, the hazmat people have to come and take that away. Yet we're okay to take a portion of that vial and inject it into a child, a three month old child. How does that work?

Speaker 20 (00:55:27):

It doesn't sound logical. Six

Speaker 21 (00:55:29):

Month old. Actually,  
Speaker 20 ([00:55:30](#)):

There was also the issue with the different types of mercury, right? Is it methyl and Ethel, the two different meth methyl? Yeah.

Speaker 21 ([00:55:39](#)):

Apparently Ethel is good and methyl is bad according to Paul Offit, senior vaccine scientist. But the fact of the matter is once mercury is methylated, fish can methylate mercury and they can get rid of it. Once we demethylate mercury, it's in us until you do something like something called chelation where you can put a chemical into the body that can grab onto it and pull it out through your urine, otherwise you're stuck with it. So in my opinion, all mercury is bad, shouldn't be put into humans, shouldn't be in our food sources, shouldn't be in our environment, except for in the look you can even find your uranium in nature. It's what people do to it to concentrate it and how they use it, that becomes a problem.

Speaker 20 ([00:56:21](#)):

Wasn't the issue that one of them, I don't know, it's methyl or ethyl. Mercury leaves the body quicker.

Speaker 21 ([00:56:29](#)):

Yes, it's ethyl mercury that leaves the body quicker because methyl, it's a chemical that gets put onto it naturally. And apparently I'm not an expert on mercury poisoning, but apparently methyl mercury, we don't have the ability to excrete. But Ethel Mercury, we do the inventor of the smallpox vaccine, his child died of tuberculosis and so did his two test subjects that he used. And it was a well-known to follow smallpox. Lots of doctors talked about it. But in about two or three years after the vaccine was accepted in England, you hear doctors speaking out about it, cursing the day they ever agreed to do it to people, to children, to anybody. And so what happened is that the government came down harder and started making it mandatory and would take your furniture away and started intimidating the doctors. And that's an age old thing as well.

([00:57:23](#)):

And I experienced it in any doctor that's ever stepped out of line and said something bad about vaccines will either be intimidated or worse. So two years, 226 years of propaganda. And so I'm just going to give you one example and I'll give you a copy of this to have, and you can put it up later if you want. But in 1984, because there was so much going on in terms of the public learning about the problems with the diptheria of tetanus pertussis vaccine and the polio vaccines, that a federal register was issued by the government and went to all health departments in the United States, which is supposed to have been just kept there and never circulated. And it said, any doubts whether or not well-founded about the safety of the vaccination program must not be allowed to exist. That's literally what it said. It's straight out of

Speaker 7 ([00:58:15](#)):

George Oral

Speaker 21 ([00:58:15](#)):

Lenin. So you had that, and then you have the changing of the goalpost and the outright lies within scientism because it's not science, it's the religion that's calls itself science. And we still are a victim of that today. Most science today is sponsored by the very people that are going to profit from it. And I think, look, even Jenner who invented the smallpox vaccine, never did a scientific study. He never did a controlled study. He never did. Non-vaccinated people, vaccinated people, and then exposed them to smallpox in a large enough group. He would cowpox them and then expose them to smallpox. And it was well known that smallpox followed. So it's just been, look, again, I never expected to be here. I just wanted to be a healer. I just wanted to be a doctor. I wanted to be a nephrologist and teach medical students and make the world a better place for people. That's all I ever wanted. This is a nightmare for

me actually. While I've met some incredible people and I've had a really good life and I have no regrets, and I would do it all again. No doctor wants to be put in a position where their integrity is doubted. Their sanity is doubted. And if you want to pull up a page called it is called Rational wiki, I think maybe.

(00:59:36):

Anyway, I'm considered a STH Lord, a very, and in fact, I didn't know what a fifth Lord was back then. I had to actually look it up. So I'm like Darth Vader. So it was a bit of a compliment. But on the other hand, most doctors can't tolerate being called quacks or having the reputation destroyed. And I went from treating the CEO of actually the head of the laboratory at my hospital for hypertension to becoming somebody that was doubted on every levels after a while because of one thing that I said, which was, can we stop giving vaccines to my sick patients, to people who are having chemotherapy while they're having chemotherapy to my patient before I've even seen them on the ward. Can we just hold this up and give it to them on the day of discharge? That was my request in the beginning.

(01:00:20):

That's how this all landed here. And had they not tried to intimidate me, doubt me, and pushed me to research and show that what I saw was actually real, I would still be lockstep working as a regular doctor because there were some good things about it. So look, even if you look at what happened with COVID, let's just look at that. How did they pass this off? Look at the media today. Do you know that they're giving COVID vaccines to six month old children? Now we know how bad it's, we know that it ruins stem cells in pregnant women. They don't give stem cells to their babies. The industry's upset because the placenta no longer have stem cells, and they used to use those stem cells in research and cosmetics, et cetera. They're not getting them anymore because of what the COVID shots did to the placentas and those infants. That's not being talked about in the media. Nothing bad about the shots being talked about when we have Kevin McKernan and all these people looking at it going, there's SV 40 in it. There was a staphylococcal endotoxin gene. There were two snake genes in there. It's a definite gain of function. Nope. We got to put it on the vaccine, the baby vaccine schedule, because any doubts whether or not well-funded about the vaccination must not be allowed to exist. That's why

Speaker 20 (01:01:27):

That sounds like a religion

Speaker 21 (01:01:28):

And it's been gone on.

Speaker 20 (01:01:29):

It sounds like a cult. It sounds like a crazy cult that the whole world's been sucked into. Giving a COVID shot to a baby today is insane.

Speaker 21 (01:01:37):

Three of them, they get three by the certain, you'd have to look up the schedule, but I believe it starts at six months and they get three of them kind of boom, boom, boom. Are

Speaker 20 (01:01:45):

Doctors really recommending this?

Speaker 21 (01:01:48):

It's on the look. There's a group of people called A CIP, the doctors usually with vaccine interests in their bank accounts that make the recommendations for the vaccines. And they have recommended that six month old. So if your doctor is following the A CIP program, you have to be offered that vaccine. And now that doctor, this is another part of the story, is that doctors likely to lose \$250,000 a year if they don't do that because there's incentive given to hospitals and doctors, which is what naively I was on the other end of when I woke up in 2008 and said, wait a minute, why are we doing this stuff to my sick,

inflamed patients? You're giving more inflammation. It's because the hospital would lose something like \$40,000 if they didn't give a vaccine within the first 24 hours of admission.

Speaker 22 ([01:02:35](#)):

Oh my god.

Speaker 21 ([01:02:37](#)):

And every autistic parent, parent of an autistic child will tell you this. Everyone that's tried to lobby and get to the truth with autism will tell you that the brick walls and the plexiglass and the lead walls that went down were intense and still intense. And the lying studies that they used to uphold vaccine, don't cause autism are so easy to dismantle, but Joe, the lie gets around the earth three times before the truth has a chance to get out of bed, and that's just pretty much what happens when the media is owned and you're like one of the cracks in the matrix here, quite frankly,

Speaker 20 ([01:03:13](#)):

I think for a lot of people it's too horrible to believe, especially if they have an autistic child, that this was caused by a vaccine. I know a guy who told me that he believes the vaccine had an impact on his child having autism and then later was shaming people for not taking the COVID vaccine. That's how strong the impulse is and that's how good the propaganda was and that's how cowardly a lot of people are when it comes to fighting against a narrative. They get very scared of being socially ostracized and they can't speak their mind. They can't tell the truth and they'll whisper it to maybe this one guy that they're friends with like, Hey, I don't want to take it man, but I have to for work. Like, yeah, I don't trust them either, but don't tell anybody I said that.

Speaker 21 ([01:04:02](#)):

But when you talk to parents who have autistic children, the vast majority of them not only know absolutely without a doubt that their child became autistic usually within 24 to 48 hours after a certain vaccine, but that every doctor told them it wasn't the case. And then they go digging deep into the scientific literature and learn how to sometimes resuscitate that child's brain or detox them and then recover them and then they're actually beaten up even worse for doing that because they're just neurodiverse. There's nothing wrong with your child, they're just quirky. No, your child banging its head against the wall, walking around with a baby bottle and a diaper at the age of 18. Your big hairy son doing that, that is not neurodiverse quirkiness. That is a serious pathological disease that probably could have been dealt to at the time and should have been prevented, should have never happened. So most parents that have that situation are on fire. It's a minority that will say, have the situation that you have right now. Most of them, that's a wake up call, which is why they get beat up and suppressed even worse than I do.

Speaker 20 ([01:05:02](#)):

It was a shocking time for me because before that, I never would have guessed in a million years that I would be even questioning other vaccines. I would've never guessed that. I would've told you that vaccines are one of the most important inventions in human history and it saved us from polio. It saved us from smallpox. I would've been that guy ranting off all those statistics. I would've told you that, but then I read your book. I read, sorry,

Speaker 21 ([01:05:30](#)):

Sorry. I read

Speaker 20 ([01:05:31](#)):

Robert f Kennedy's book. I read your book and I started reading turtles all the way down, which is really interesting because they wrote another book called Turtles all the way Down and someone else published it that has almost the identical cover, and that book is a pro-vaccine book.

Speaker 23 ([01:05:48](#)):

Nice.

Speaker 20 ([01:05:49](#)):

The RFK junior book was bananas. I mean, people had told me to read it and my initial

Speaker 21 ([01:05:55](#)):

Thought on the Fauci book.

Speaker 20 ([01:05:56](#)):

Yes.

Speaker 21 ([01:05:56](#)):

Yeah.

Speaker 20 ([01:05:56](#)):

My initial thought was that's that guy that's like that anti-vaccine kook. That's what I thought. And I've apologized to him for that. When I talked to him on the podcast, I said to him, I said, I succumbed like everybody else did, to the casual narrative. What's the casual narrative? Oh, the RFK guy's a kook, talks weird, got a weird voice. He's

Speaker 21 ([01:06:17](#)):

Ruining the world's immunity.

([01:06:19](#)):

Well, I had the same thing when I was first waking up. I had a friend who had unvaccinated kids. They were part of a Steiner school and they were mutant freaks to me. They had never been on an antibiotic. They were bright and happy and interactive and talented and at one point, one of them was playing with a hammer and nail and I said to her mother, I was like, you got to be careful. She doesn't have a tetanus vaccine. And someone in the room said, well, Suzanne, what do you know about tetanus? And in my head, I'm a full fledged doctor at this point. I thought, I don't know anything about this and outside, I said, I know you don't want to get it and I know it'll cause lock jaw. And then I started reading about tetanus and I had to go back and apologize. And then I did a big video. I have a big video out on tetanus and the actual truth about the tetanus vaccines and actual tetanus, which that's even harder for most people. Most people who don't want to vaccinate their kids, they'll vaccinate for tetanus if they can get a single shot and second only to polio. Everybody's got their two vaccines, their two diseases they're afraid of for their kid that makes them feel like they're at least doing something.

Speaker 20 ([01:07:19](#)):

Well, the polio one always gets thrown in my face.

Speaker 21 ([01:07:22](#)):

Yeah,

Speaker 20 ([01:07:22](#)):

They say it all the time.

Speaker 21 ([01:07:23](#)):

What about polio?

Speaker 20 ([01:07:24](#)):

And it just go, I don't have the time to do this.

Speaker 21 ([01:07:26](#)):

Thank you. Read the book.

Speaker 20 ([01:07:28](#)):

Read the book to explain to someone the whole DDT connection and the fact that livestock was getting polio. This is the thing, polio dogs don't get polio. They don't get human derived polio. It doesn't cross

species, but they were getting paralytic polio symptoms because they were getting poisoned by DDT. Or when you're ridiculing someone right off the bat, a bunch of ad hominem about that person, you're trying to diminish that person to set up your argument as being superior, the superior intellect. And you're doing that because you don't feel like you're on level playing field. And so you want to try to do something to push them off, make fun of them in some sort of way instead of just laying out your version of what reality is. Lay out your version if you're so strong, if you're so correct, it should be super easy to do.

Speaker 21 ([01:08:18](#)):

Well, just like in sports, it's the same here. It's like cheating is for losers. If you're a winner, you don't have to cheat.

([01:08:24](#)):

And that's the same with them. If their product is so wonderful that everybody needs it so badly, then why is there such? What they say is that we're too stupid to understand how they're saving our lives and how this is one of the big arguments that we really ought to touch on is that they say that our lifespan has improved as a result of medical interventions. When what we show in here, what other scientists have shown is that it's about 3.5% of the contribution from medicine goes into our extended lifespan, 3.5% based on antibiotics, vaccines, et cetera. The rest of it was all about the revolution, the health revolution, the clean water, the shelter, the electricity, the child labor laws ending. So the magic of medicine is not what people think and it really traps a lot of people. I think there's a value to the medical field in terms of surgery and certain drugs. And if you have an organ failure, absolutely. But why not? My Hippocratic Oath said that I should consult any consultant that will help my patient and keep the wellbeing of my patient stable. Well, to me, that includes using every therapy that is as the most benign therapies possible first, the ones that work along with the blueprint of your human body that go along with the theory of health rather than pounding down disease. You're always going to get a better result that way. Assuming you've got time and you haven't waited until the last minute,

Speaker 20 ([01:09:50](#)):

Well, you certainly will get a better result if you do get the disease that way. The idea that you could just ignore everything, but a medication is so silly. And the only reason why you would do that is if that's the only way you made your money. And that's really, especially if you're in the vaccine business and you have an enormous ad budget and you're sponsoring all the television networks.

Speaker 21 ([01:10:13](#)):

Well, that's the big thing. And the other thing is people trust what they see on the television. Cnn, CNN was my go-to thing for the longest time mine too. And now I look at it and I think, oh my goodness, you know what cracked it for me is when they publicly villainized Andy Wakefield. And I actually knew the story behind Andy Wakefield at the time. What was that story? The story behind him is that he was the doctor you'll hear he was publicly shamed, his license was removed. He published an article about what he called toxic nodular enterocolitis in children with autism. He was a gastroenterologist, a very high level, very well-respected, decorated gastroenterologist. And he published this paper, which remained in a journal for 12 years. And all it said at the end was, further research needs to be done in order to see if there is any real connection between the MMR vaccine autism and toxic nodular enterocolitis.

([01:11:07](#)):

These kids suffer with horrible bowel disease. It's not just brain disease. And so he was about to publish another paper showing that in this certain type of monkeys that were vaccinated against hepatitis B, lost a lot of their reflexes and had problems. And it was on the eve of the publication of that paper that his original paper was revoked. And ever since then, he has been the poster child for vaccine nonsense for anti-vax crazy people. And in fact, every time I've done anything, his name funny that I brought his name up, I love him. He's a great guy, but his name would always come up, well, you're a friend of Andy

Wakefield, or No Andy Wakefield because autism and vaccines has been debunked because Andy Wakefield lied. He didn't lie. All he said is I, Deb biopsies, I saw this, and this is possibly a connection.

(01:11:53):

And since then, other scientists have come in done the same thing, biopsies. Then they looked at whether the vaccine virus was in that biopsy and it wasn't a wild virus. It was the vaccine virus in that area, not the surrounding area. So there is a relationship between gut disease MMR vaccine retained virus that hasn't been processed properly because it didn't come into your body properly and disease brain disease. So that's a fact. But CNN did a hit job on Andy Wakefield, and I remember going, huh, well what's going on here? Because I know what happened with that whole situation. Now CNN is saying this, and that was kind of when the windscreen cracked for me and I just had to start questioning anything

Speaker 1 (01:12:34):

To understand what truly led to the decline of diseases like measles, polio, and smallpox beyond the myths. Read Dissolving Illusions by Dr. Suzanne Humphreys. The facts may surprise you,

Speaker 2 (01:13:06):

Join joined now by Barbara la Fisher. She is the co-founder and president of the National Vaccine Information Center, the oldest and most influential vaccine safety and informed consent advocacy organization in the United States. She co-authored the groundbreaking 1985 book, DPTA Shot in the Dark, which helped bring national attention to the risks associated with the diphtheria tetanus pertussis vaccine. She is also the author of several influential works, including the Consumer's Guide to Childhood Vaccines in 1997, vaccines, autism and Chronic Inflammation, the New Epidemic 2008, and Guide to Reforming Vaccine Policy and Law, all of which have shaped the modern conversation around vaccine safety and medical choice. Barbara has served as a consumer voice on key government vaccine policy committees for over two, including the National Vaccine Advisory Committee, the Institute of Medicine Vaccine Safety Forum, the FDA Vaccines and Related Biological Products Advisory Committee, and the DHHS vaccine Policy Analysis Collaborative per work has been instrumental in bringing the voices of vaccine injured families into the national spotlight and shaping the legal and ethical framework for vaccine policy in the us. Barbara, thank you for joining us. Welcome. Thank you so much for inviting me. Barbara, you were one of the first voices to raise national awareness about the DTP vaccine injuries in the early 1980s. Can you take us back to that time? What drove you to speak out and what was the climate like for parents trying to find answers back then?

Speaker 24 (01:15:02):

Well, I was among the women who graduated from college in greater numbers than ever before in the 1960s. And I thought I was pretty well-educated about science and medicine because I came from a medical family. My mother was a nurse, my grandmother, a nurse, doctors in my family, and I grew up talking about science and medicine. But when I had my firstborn Chris in 1978, I knew nothing about vaccines. I never thought about it. Most parents, I mean we didn't have any information at all either from the media or from doctors about the fact that vaccines carried risks. So when I took my bright precocious two and a half year old son in for his fourth DPT shot in the fall of 1980, I asked my doctor no questions. I just assumed that vaccines were a hundred percent safe. And within four hours of that shot, I watched my little boy basically I now realize have a convulsion, a collapsed shock, also known as a post pertussis vaccine hypotonic hyperresponsive episode.

(01:16:18):

He lapsed into unconsciousness. I thought he was just taking a long nap, but he basically didn't move in his bed for hours, a total actually of 18 hours with the exception of waking him up briefly. To make a long story short, in the days and weeks after that shot, he regressed physically, mentally, and emotionally and became a totally different child and he no longer could do the things he could do before that shot. Cognitively he was sick constantly with ear infections and respiratory infections and gastrointestinal

infections, and nobody could tell me what happened to him. Finally, in the spring of 1982, April of 82, I saw the TV documentary DPT Vaccine Roulette, and I looked at those kids who were severe and profoundly retarded, really very severely damaged. And I said, if a vaccine can do that, it could also do what happened to my son, which was he was eventually diagnosed with minimal brain dysfunction, multiple learning disabilities and attention deficit so severe, he had to be placed in a self-contained special ed classroom for his entire public school education.

(01:17:30):

So he was learning disabled an A DD and couldn't be mainstreamed, but he wasn't severe and profoundly retarded. And it was that seeing that documentary and going and asking for the medical literature, I had been a writer. I was an English major in college, I'd been a medical writer and I could read the medical literature. And I joined with other parents who called the station and we co-founded the organization known today as the National Vaccine Information Center. And our mission then and today is to prevent vaccine injuries and deaths through public education and to defend the ethical principle of informed consent to medical risk taking, which includes vaccine risk taking. So I went on to co-author the 1985 book, as you mentioned, DPTA Shot in the Dark, which was a shot across the bow of public health. No one had ever written a documented book critiquing the mandatory vaccination system. And really my motivation from the very beginning was that I believed that no one should ever be forced to take a pharmaceutical product like a vaccine that carries a risk of injury or death without voluntary informed consent. And that has been a goal and a mission that we have kept all these years.

Speaker 2 (01:18:54):

When we spoke earlier, you mentioned the 19 78, 19 79 SIDS deaths and how they covered that up, how that reminded you of the playbook that they used with Simpsonwood. Can you touch on that a little bit?

Speaker 24 (01:19:10):

Yeah. When I looked at what happened at Simpsonwood, I thought to myself, it reminded me of what we call the Tennessee SIDS DPT death event. There were 11 babies who were found to have died within eight days of a DPT vaccine that Wyeth at the time, Wyeth was a producer of DPT and nine of the 11 babies were vaccinated from the same Wyeth lot. And a statistical analysis found that the likelihood of four or more deaths occurring randomly on any of the first eight days after DPT vaccine from the same lump purely by chance were between three and 102 and five in a thousand. So the statistical evidence was very strong for a causal connection between the DPT shot and the deaths. But what did the FD and CDC do? They called a meeting. They convened a meeting in 1979 in March of 79 with state public health officials and federal health officials, and everyone was not really focusing on these babies who had died.

(01:20:25):

They were focusing on the fact that it would be bad publicity for the program, for the immunization program, and they didn't want the hot lot, the YF hot lot withdrawn from the market because that would cause bad publicity. Eventually, YF did volunteer voluntarily withdraw that hot lot, but they said there was no causal connection between the infant deaths and their allotted vaccine. And what they decided to do is never again distribute one lot of vaccine to a specific state or county or city. So no one would ever be able to identify that there were a number of deaths associated with this particular lot of vaccine. And that to my knowledge, is still true today, that lots of vaccines are distributed widely but not in one concentrated in one area. Eventually, I think four months later, in June of 1979, the CDC said it was all a coincidence. There was no cause and effect, but it did remind me of the coverup

Speaker 2 (01:21:42):

At Simpsonwood, the passage of the National Childhood Vaccine Injury Act was a major turning point. What role did you and NVIC play in shaping that legislation and how has its original intent changed over time?

Speaker 24 (01:22:01):

Well, after DPT Vaccine Roulette aired in April of 1982, the vaccine manufacturers were very upset and so were the doctors, and they went to Congress and they said, you better give us total liability protection or we're going to, the companies said, we're going to leave this country with no childhood vaccines. We do not want these lawsuits against us. These vaccine injury lawsuits, the doctors wanted medical malpractice liability protection for negligently. When they negligently gave a child A DPT shot against contraindications, they wanted that protection. The Congress came to us since we had formed, we were really the only major group that had formed and said, you can come to the table and fight for what you think the children and parents should get, or you can come to the table, it's your choice, but we are going to pass legislation to protect the vaccine supply in this country. So we came to the table and we fought as hard as we could back then in the late 20th century with no cell phones, no personal computers, and no internet. We fought against medical trade, the pharmaceutical industry and government to try to have this law that they were going to pass, protect the right appearance to sue negligent doctors and to sue companies for product design defect failure to make a safer vaccine.

[\(01:23:34\)](#):

We did that well, there's a lot of myth about what that law was in 1986 when it was signed by President Reagan, we protected the right of parents to sue doctors. We protected the right of parents to sue companies for product design defect. Failure to warn was the compromise that is suing for failure to warn was assigned to the CDC. Our group got the safety provisions in that law, the young forming, reporting, recording and research safety provisions, and one of those provisions was that parents would have to be given information published by the CDC that would contain benefit and risk information about the vaccine and how to recognize the vaccine reaction. That would be the warning that parents would get. We also got the right to be able to participate in creating those information statements. I actually worked on the original information packets. We called them for the parents that were eventually gutted by the CDC and boiled down to one page after the law was passed.

[\(01:24:46\)](#):

What happened after the law was passed? Well, it can take a compensation program as well, I should say that first, a federal vaccine compensation program, why parents were not winning the lawsuits at the time. Very few parents were winning lawsuits. They were settling on the courthouse steps for very low sums of money because they didn't have the money to fight the deep pockets that the companies had and that the doctors in their insurance companies had. There were only a few real multimillion dollar lawsuits that were won in jury trials. So the parents wanted a federal compensation program alternative, not instead of a lawsuit, an alternative to a lawsuit, and we worked on a vaccine injury table that would allow an administrative compensation program, a presumption of causation in the absence of a more biologically plausible explanation. What happened after the law was passed within one year in the dead of night in December of 1987, the medical trade organizations convinced somebody in Congress we didn't know about it, to write an amendment to let the doctors off the hook, no more medical malpractice lawsuits against doctors for vaccine injuries.

[\(01:26:11\)](#):

That was the first thing they did. And then over the next decade, they weakened the compensation provisions. They eventually totally destroyed the vaccine injury table by rewriting the definition of encephalopathy, by taking off residual seizure disorders, taking off collapsed shock like what my son suffered. So that almost nothing qualified as administrative compensation. You had to go to the US Court of Claims and fight it like you were in a court case. That wasn't the way that compensation program was supposed to function. They weakened, weakened severely the safety provisions. So what happened was they gutted it after it was passed. We were betrayed. We thought we could trust them and instead they betrayed us. And by 2011, the US Supreme Court in *Brutus v Wyeth*, which was a DPT vaccine injury case, the judge, the majority of the judges, it was a split decision in *Bruce versus Wyeth*.

[\(01:27:21\)](#):

The majority cited with the vaccine industry, with the government, with all the medical trade organizations, all the pharmaceutical companies that all lined up and said, we got to get rid of these lawsuits. We can't have any design defect lawsuits and Justice Soda Mayer and Ruth Bader Ginsburg wrote a brilliant dissent and said Congress never intended to give the company's complete liability protection and the history, the legislative history shows that's true because in 1987 in hearings in Congress, the companies begged Congress to give them design defect, product liability protection, and Congress refused. So the legislative history is clear, but the Supreme Court ignored it and they gave them complete liability protection. And after 2011, that's when the assault on vaccine exemptions in the States began in earnest because they knew the compensation program wasn't compensating the kids. They felt every compensation award was an admission that vaccines can do that, and now there was nothing in the courts. So the situation today is that nobody who makes themselves a vaccine who licenses it, who makes a universal use policy recommendation for it, no politician who mandates it is liable for what happens to somebody who gets injured by a government recommended and mandated vaccine.

[\(01:29:06\)](#):

It is a shame, and yet that law is the only law on the books in the United States that acknowledges that vaccines can injure and kill. That is a very important admission. What Vic's position is we should go back to the original law and implement it the way it was supposed to be implemented before it was gutted because you would have compensation, you would've pressure on the companies to make vaccines safer. You would have a liability for doctors and you would have a proper vaccine information statement given to parents, and if they put requirements to report to the vaccine adverse event reporting system that was created under that law, you would have proper monitoring of what goes on in this country after vaccination. So people who are calling for an end of the law need to go back and look at the history. They need to understand what happened. If it had been implemented properly, we wouldn't be in the situation we are in today, and we could sue Pfizer and Moderna for design defect of that mRNA vaccine, but we can't. Now,

Speaker 2 ([01:30:21](#)):

This is a little aside to this question. Looking at the original act, one of the requirements of the ACT was that C-D-C-H-H-S were to conduct studies to make sure that vaccines were safe. Part of why we had the Simpsonwood for Stratton study and the MMR study is because they were fulfilling that part of the ACT requirements to ensure public uptake of vaccines. They've nailed that one. They got that one really good. The third provision, which I don't hear enough people talk about, and I'd love to hear your input on, is they were supposed to go back to Congress every two years with a report, and we know through I a's work that they have never submitted a single report. So can you touch on that just momentarily? What happened there? Is Congress failing their follow-up requirements, their duty to follow up with C-D-C-H-H-S?

Speaker 24 ([01:31:29](#)):

Well, no question. Congress passed that law and walked away in terms of oversight except for to weaken it. So definitely Congress has failed the people with regard to this law. But you have to remember that in the law there was a requirement for HHS to conduct vaccine safety studies. What they did was they contracted to the Institute of Medicine, and as you mentioned earlier, I was on the Vaccine Safety Forum for four years between 1985 and 1998 at the Institute of Medicine. We held vaccine safety workshops, public workshops, and produced and produced reports. There were a series of reports that were published by the Institute of Medicine on vaccine Safety issues between 1991 and 2012. The last one in 2012 acknowledged that the early childhood vaccine schedule between zero and six years old had not been adequately studied for safety. They found fewer than 40 studies that had ever looked at the early childhood schedule, and they found they were able to list, including autism, a whole list of adverse

permanent health problems associated with vaccination that they couldn't answer the question as to whether or not vaccines caused those conditions.

[\(01:32:55\)](#):

They did publish studies that they presented to the public and to the Congress. Now whether or not they felt that that was their duty to do those that fulfilled the requirement, the problem is what those studies really were was an investigation of the existing evidence in the medical literature and other evidence. What was intended in the law was that they were supposed to do basic science research, like biological mechanism research, get down to the cellular molecular level, as well as epidemiological research to find out, to investigate rather than just doing a review of existing evidence, a lot of it produced by the government or by researchers that have been funded by industry and government. So really the research provision has never truly been really, truly been implemented in that law. Along with many other things Speaker 2 [\(01:33:57\)](#):

Through the National Vaccine Information Center, you have been a relentless advocate for informed consent and vaccine safety reform for over four decades. Looking at where we are today with growing censorship and the erosion of medical freedom, how do you see your mission evolving now? What's future look like for NVIC?

Speaker 24 [\(01:34:21\)](#):

I remember giving speeches in the 1980s and 1990s warning that the day would come when we would not be able to function in society if we had not gotten every government recommended vaccine. When I first started this work, it was 23 doses of seven vaccines that children were required to get at the state level between the ages of two months and six years old. Today it's over 72 doses of 17 vaccines beginning on the day of birth through age 18. It's an incredible expansion of the vaccine schedule, but through the whole way through, as I said before, we were supportive of voluntary vaccination, the right to exercise, the human right to exercise, informed consent to medical risk taking. So we have concentrated a lot at the state level because vaccine laws are state laws. The federal government makes recommendations and the states make the mandates, and we have fought to protect the religious and medical and conscience belief exemptions in states.

[\(01:35:30\)](#):

We've tried to add exemptions in states, but the assault on the right to make an informed and voluntary decision about vaccination very much played out during the pandemic, the pandemic response that included lockdowns and included what the federal government for the first time mandating that the population get a mRNA biologically labeled a vaccine, which is not really a vaccine, but that's what they call it. This sort of draconian implementation of policy really sensitized America to the fact that there was a threat to our freedom. It included censorship of freedom of speech. NVIC was thrown off of all four major social media platforms in 20 21, 1 of the first to be my voice in NVIC was one of the first in March of 2021 to be censored on the internet. We are still Lifetime band from three of the four major social media platforms, lifetime Band on Facebook, Instagram, YouTube, all my commentaries.

[\(01:36:51\)](#):

15 years of commentary is gone. Elon Musk led us back on in February of 2023. So we're on that PayPal defunded, NVIC at the request of Democrat House of Representatives members in 2021 in December, 2021 when the CEO of PayPal was told to stop processing all donations to NVIC through PayPal, which is still true. So even though there has been a quote discussion about censorship, a much wider discussion about censorship and about vaccine risks and failures, particularly in the last few months, but leading up to during the election and leading up to the new administration, it is censorship is still alive and well, it certainly is in terms of NVIC being able to get our information into the public square. So I am that a lot of change has to take place in order for this society to have a full and open discussion about vaccine risks

and failures. And it's not just vaccine risks, it's also vaccine failures. You can get vaccinated, you can get asymptotically infected and transmit whether you're vaccinated or not vaccinated, and that's a discussion that really needs to be held because the basis of mandatory vaccination is that if you get vaccinated, you're not going to infect anybody else.

(01:38:28):

Look at pertussis, look at measles, look at influenza, look at mumps. I mean, there's a lot to talk about. What is NVIC going to do? We are going to stay very active in the states through the NVIC advocacy portal where if you sign on it's free, you get information about what is the laws that are moving in your state that either take away or expand your right to make a voluntary decision about vaccination MVC advocacy.org. It's good to be on there to see what's happening in your state so you can make your voice heard, you can do it through the portal, get in touch with your senators, state senators, and your reps. We are going to stay with our mission to prevent vaccine injuries in death, public education, and to defend the informed consent ethic. And I think that there's a place for that. It's about educating young parents about how to make an informed vaccine decision, and that's what we're going to do.

Speaker 2 (01:39:30):

Amazing. Barbara, thank you so much for your incredibly important contribution to the Voice for Health Freedom in this country and around the world. You were one of the early pioneers coming out and sharing information that was unpopular at the time and still is today. We send you all the best of luck and hopefully people will go and sign up for NVIC on that. Can you give the website again?

Speaker 24 (01:40:00):

Our flagship website is nv.org. Our advocacy website is nvicadvocacy.org. So if you go to nv.org, you can see we actually maintain four websites including med alerts, which is the Vaccine Adv event reporting system made easy to search through med alerts and the Vaccine Reaction Journal newspaper, which we publish every week. So if you go to nvic.org, you can get all of those websites.

Speaker 2 (01:40:28):

Wonderful. Wonderful. Thank you so much, Barbara.

Speaker 24 (01:40:31):

Thank you.

Speaker 25 (01:40:33):

Do vaccines cause autism In the last 30 years, the childhood vaccine schedule has tripled while the US autism rate has skyrocketed from one in 10,000 to one in 50 dozens of published research papers show that yes, vaccines and autism are linked. Yet the debate rages on in part because of the 1986 National Childhood Vaccine Injury Act passed by Congress as a result of pharmaceutical lobbying, it shields drug companies from liability for injuries and deaths caused by the vaccines. They manufacture vaccines that the federal government admits are unavoidably unsafe to see how this tilted the law in big pharma's favor, let's look at Eric. A child suffering from vaccine induced autism had Eric been harmed by a pharmaceutical product other than vaccines, his parents could sue the manufacturer in civil court, entitling them to the standard legal process with a judge, jury, private attorneys, legal precedent and discovery all within public view.

(01:41:45):

But for kids like Eric, the National Childhood Vaccine Injury Act says no. Instead of suing the pharmaceutical company directly, parents of children like Eric are forced to petition the Department of Health and Human Services, and if federal health officials oppose compensation, the case is argued before a special master in the US claims court. Many refer to this as vaccine court, though it isn't a court at all, but rather an administrative procedure in which the family asks the government to admit the vaccine caused their child harm and requests compensation for the child's care. Here are some shocking

facts about the so-called vaccine court. Pharmaceutical companies do not have to participate in the proceedings at all. Taxpayers pay for all damages. The US Department of Justice acts as a government's lawyer with taxpayers footing the bill for their defense. The family's attorney is paid out of the trust fund administered by the Department of Health and Human Services, which has a history of punishing plaintiff's lawyers by slashing their fees and waiting a decade or more to pay them, leaving some families without any legal representation there. There's no required discovery process. So potentially incriminating documents stay hidden in the hands of the vaccine manufacturers.

(01:43:13):

Most hearings are off limits, no public, no reporters, there's no judge or jury. A special master appointed by the US Court of Federal Claims both presides over the hearings and issues the rulings, which can limit the chance of an objective verdict. Legal precedent is limited, so the program issues contradictory rulings. In the case of Bailey Banks, a special master ruled Du Bois autism was caused in fact by the MMR vaccine. Yet in later cases, special masters ruled that vaccines do not cause autism, even though federal compensation has been awarded in at least 83 cases with autism. Almost unbelievably, the Department of Health and Human Services actually owns vaccine patents when these vaccines are purchased. HHS profits in the words of Eric's mom, government attorneys defend a government program using government funded science, decided by federal bureaucrats trying to keep their government jobs. Kids like Eric never had a chance.

(01:44:23):

The passing of the National Childhood Vaccine Injury Act prompted manufacturers to ramp up development of new vaccines, furiously lobbying the CDC to add their new shots to the recommended schedule. As a result, a baby today receives more vaccinations by six months than her mother did by the time she graduated high school. Amazingly, neither HHS nor Congress has ever reviewed the potentially devastating health effects this vaccination surge has had on our children. Today, over half of all US kids suffer from chronic disease and disability. At a November, 2012 Congressional Autism hearing, CDC officials failed to cite even one study backing up vaccine safety claims. Congress is now planning federal hearings to further investigate the Vaccine injury Compensation program. The next round of hearings begins in November of 2013. If you're outraged by the staggering miscarriage of Justice exposed in this video, please visit [canary party.org](http://canaryparty.org) now and register for our mailing list. Find out how you can help hold our government accountable for vaccine safety and bring about justice. For our vaccine injured children, I'm Rob

Speaker 18 (01:45:48):

Schneider. Thank you.

Speaker 2 (01:45:54):

We're joined today by author Wayne Roddy and really appreciate your input into this conversation. You're very knowledgeable about the Vaccine Court being an author on the book Vaccine Court. So Wayne, what led you to research and write the book? The vaccine court.

Speaker 22 (01:46:18):

I have twin boys, Austin and Nicholas. They're now 27, and Nicholas was vaccine injured at the age of 13 months by the MMR, which has kind of reemerged as a lightning rod discussion here recently with measles outbreaks around the country and things like this. But he was severely injured and so we've been dealing with that injury and the outcomes of that since then. But he was 1998 is when he received the MMR, but it wasn't until 2010 I was conversing with a couple of the authors of the Unanswered Questions paper, which was written by Mary Holland and Robert Krakow, Lou Conti and Lisa when we were all, I knew Lou and Robert Krakow from previous discussions and conferences. And I asked the question to Lou and I said, has anybody ever talked to the parents who have gone through this? Because we were time barred, my wife and I, we were time barred from filing a claim by about nine months.

[\(01:47:33\)](#):

The statute of limitations is three years, and so it was three years, nine months that we figured it out. That was a vaccine injury. Our attorney said, yes, you have a great case for encephalopathy, a brain injury, but you're time barred. So we kind of put that to the side and then kind of sat there and every once in a while it would bother me, but it wasn't until about 2010 I was talking with Lou and he said, you know what? You need to start talking to the families. So what I did is I started interviewing families, ended up interviewing 285 families on their journeys with different types of vaccine injury and medical outcomes. Skyhorse Publishing of New York approached me and said, would you be willing to write a book about this? Because there really wasn't any book in existence other than legal papers written about the statutes.

[\(01:48:31\)](#):

And I went in as I started doing a deep dive into the program, what it was like. So I started writing it and in November of 2014, I published the first one, first book, the Vaccine Court, and it opened the eyes to a lot of people who did not know or understand that you could not sue vaccine manufacturers. There was a specialized court. It wasn't really a process where you had a judge and a jury. It was a special master and attorneys representing both parties and that was it. The interesting thing was that the journey took me to many different people who we find out now we have tens of thousands, if not hundreds of thousands of people walking the same path. We just haven't known that there's other people in our neighborhoods, in our cities, in our business associations that are dealing with vaccine injury too is very prevalent, more prevalent than people know.

[\(01:49:35\)](#):

So we have that and that's what kind of got me going on the book. And then I redid the book, revised it in 2021, and Robert F. Kennedy Jr helped write a forward for it for me. But I got into the backstory of the Unanswered questions paper, which is what Mary Holland and Robert Krakow ti and Lisa Collin did their investigations. I talked about Gardasil and all the issues there went into a deep understanding of SIDS and why we were compensating in the beginning years of the program. But it became policy, if you will, to not compensate to deny compensation in the last decade or so. And we also changed the program from childhood vaccine injury to now it's mainly 95, 90 6% of all compensated cases are for adults from flu shots. That's kind of the gist of what I've been talking about. People have to understand that this vaccine court is really not a court where you see on TV with a judge and a jury. It's not. It's kind of an administrative process hybrid with a legal issue.

Speaker 2 ([01:50:52](#)):

Can you please explain the VICP, which is the Vaccine Injury Compensation Program? How does that work? What is it? What is the Vaccine Injury Compensation Program? Why was it created? And if you don't mind, because a lot of people may not know that the COVID shots are falling under a different program altogether, and that is the CICP. So what is the VICP and how is it related to and how is it different from the CICP,

Speaker 22 ([01:51:26](#)):

The National Vaccine Injury Compensation Program? And a lot of people might know that it was passed into law in November of 1986 and sign into law by President Ronald Reagan. He was very reluctant to sign it because he didn't want the executive branch, if you will, to be involved in legal matters. He believed that this should have been part of the judicial branch. The operations commenced on October 1st, 1988. It's basically covering seven vaccines. You have your measles, mumps, rubella, you have diphtheria, tetanus, pertussis, and then oral polio. That was the seven. And what the program meant at the beginning was you file a petition, submit your medical records. You have an attorney that's paid for by the trust fund, which is a 75 cents tax on every antigen. That's a part of a vaccine. MMR is three

antigens, so it's \$2 and 25. That's goes into a trust fund and the attorneys and any damage awards that petitioners receive are paid out of that.

[\(01:52:41\):](#)

So we are not suing the manufacturer. You're actually filing a petition suing the secretary of HHS. There is no judge and jury on the beginning levels. It's a special master. And then your attorney and the Department of Justice has their attorneys that represent the Secretary of HHS. So it's an administrative process under the guise of the US Federal Court of Claims, which is a red brick building, if you will, right next to the White House. It's right off to the corner of the White House. If you ever go there and take a tour, you'll see a red brick building. That's the Federal court of claims. So that process was there and it basically grew where if you submitted a petition and you showed medical records that your child was injured or died, you were compensated.

[\(01:53:37\):](#)

The problem was is that in the mid nineties, policy started to take hold of the program instead of science and where we took residual seizure disorder, which is seizures from the DTaP vaccine, and we removed that as a known what we call a table injury. So now the program switched to instead of being very fast, efficient and generous towards the petitioners, even in close calls to becoming very adversarial, very litigious and very costly to operate. So you have that, but then it's grown into where we've now all these vaccine manufacturers are adding more and more vaccines to the schedule. They're adding them to the program. So they're up to like 16 or 17 recognized in the program.

[\(01:54:34\):](#)

The major changes also happened in 2005 when they approved flu vaccines for children and then also then came Gardasil and Hepatitis A in 2007 and things really started to change, and that's when you saw a big shift. And children today no longer are compensated at any level compared to adults, but you have that. You also have the ability to appeal that decision up to actually a federal judge, federal court of claims. You can file a motion for review and have them review the process. From there, you can then appeal up to the Federal Circuit Court of Appeals. That's a three judge panel and it's one step below the US Supreme Court. Then if you still want to continue, you could file a writ a petition to the US Supreme Court and maybe, and it's a very small chance, but maybe have your case heard by the Supreme Court.

[\(01:55:41\):](#)

So you do have a judicial appellate process there. Now you mentioned the countermeasures. CICP is known as the countermeasures injury compensation program. It is really to deal with what we call short-term regional emergency outbreaks, whether it's radiation or a disease outbreak from hurricanes, wildfires, things like this. But in 2000 or 2020, president Trump and his secretary of HHS at the time basically declared the prep Act to be the standing law of the country. And with that COVID vaccines under emergency use authorization were placed into the CICP for injury compensation. Now, the problem there is the program is very, it lacks transparency. You really have no idea what's going on. There is no special master and there is no attorneys that represent you nor any medical experts that represent you. You're actually submitting a petition with medical records to some administrative process within the housed within the hrsa, which is a division of HHS.

[\(01:57:01\):](#)

And that process there, the petitioner has no idea who's reviewing those records. We don't know the qualifications of those people that are looking at it. It's like a black hole. One of the attorneys that's in the M-V-I-C-P, she's often quoted as the CICP is the place where you have the right to file and lose. And that's exactly what's happened. 98% of all the COVID petitions have been dismissed, 98%, and it could be it's getting closer to 99%. Also, you only have one year statute of limitations. Most people who got the COVID vaccine were not informed of their legal rights, of their options. Lack of informed, true, informed

consent also includes your right to know what to deal with in regards to an injury. You had doctors that refuse to make the connections. These injured persons here, they had no idea that they only had one year from the date of administration versus three years from when the first symptoms manifest themselves in the M-V-I-C-P.

(01:58:18):

So you have that also. There's no pain and suffering. The damage awards basically are this, there is a death benefit. There's also a lost wage reimbursement, but it's capped at \$50,000. So if you're a professional making 250, 300, \$400,000 a year and you have an injury that's taken you out of work for two to three years, you're only going to be eligible at best for \$50,000 a year in reimbursement. Where most of what we've seen in compensation awards out of CACP are for unreimbursed medical expenses. So imagine yourself being severely injured. You can no longer work. You're suffering from multiple different medical disorders, and you are then submit a petition with all your medical records and you get a letter back saying, congratulations, you're going to be compensated. Here's a check for \$4,126. That's whatever your insurance didn't cover. I mean, we're throwing people under the bus here and it's not right. So that's an emphasis that's happening now, but that's their major differences. There is no legal process, there's no legal appeal process either with the countermeasures injury compensation program. Speaker 2 (01:59:50):

Let's talk a little bit about the autism omnibus proceedings. Why was that so significant? What were its major flaws? What happened with the autism omnibus in the vaccine court?

Speaker 22 (02:00:06):

Let's go back to the beginning of how they created this thing to begin with and then why. Back in the late nineties, there was thousands, tens of thousands of petitions or lawsuits filed in federal courts, state courts all over the country regarding what we call Sam Marisol or poisoning or toxic poisoning. And our government saw this and said, wait a minute, what's happening here? But it was linked to autism and from the Marisol poisoning. So the federal court systems kind of started consolidating them, and then they ruled that and sooner or later they ruled that the Sam Marisol was a part of a vaccine that was a special master Ovitz decision in Leroy versus HHS said, Sam Marisol is a vaccine component, so it has to be adjudicated within the M-V-I-C-P. So in 2001 and 2002, the court system created this omnibus. They said, we're going to start bringing all these cases together and we're going to put 'em under.

(02:01:24):

And they appointed special master George Hastings to be the chief over this process. The problem there is that most of these poisoning were, they dismissed them, but they never did refile. So what you have with the 54, 5700 cases that eventually became part of the omnibus are new cases. So my contention has always been and eroded in my first book that it's not 56 or 5,700 cases. It's potentially tens of thousands of cases that should have been part of this. But through the slide of hand using federal government and the court systems, we removed a lot of 'em. A lot of parents gave up because they've been fighting the court system for years previously and they just didn't want to continue to do this. And I don't blame 'em, but I think it's not just 5,700 cases. I think it's way more than that, probably 50 to 60, maybe up to a hundred thousand cases potentially.

(02:02:38):

The omnibus started progressing and they needed to start finding cases. The attorneys representing the injured persons formed a committee and they were spearheaded by Thomas Powers an attorney, and they were asked to find some test cases. So by the time 2006 came around, the courts were saying, let's start moving towards some hearings. And they found some test cases. Michelle S's test case came up. She was going to be the first case of MMR and the Marisol causing autism. They also had to find a couple more, and they found Hazelhurst Yates Hazelhurst, his father Rol, and then the Snyder case and a few

others came behind him. What people don't understand is that Hannah Polling's case was supposed to be part of the second series of test cases, but Michelle IL's case opened up and they actually had a public hearing in Washington dc the burden that placed on the Sedillo family that were living in Arizona.

(02:03:48):

They actually had to move their entire family to DC temporarily so they could be at this hearing. And Michelle was wheelchair and things like this. So they had an undue burden placed upon them. They had to then go into DC and the hearings brought out probably some of the worst possible corruption in what I call the court system. And the end result is that the Sedillo case and Hazelhurst case were both dismissed and they had to, the government found ways to kind of move around, and they manipulated the evidence. I truly believe that the DOJ attorneys lied to the special masters and then they lied to federal judges on the appeal process. They should have been disbarred and also probably jailed for what they did as unethical activities by an attorney. So you have these cases and it basically was, it was played out to where their appeals were denied.

(02:05:08):

Therefore, as a test case, they represented the entire class, if you will, and all these cases were dismissed eventually over the next, by 2012 and 2013, I finally got rid of the rest of 'em. There was a few that hung out later. But what's interesting also is that Hannah Polling's case was supposed to be part of the second series of test cases, and the government conceded her case and they pulled it out of the omnibus and it was supposed to be hush hush, and it was later leaked that Hannah polling won a conceded case. And boy did you see the CDC and everybody else trying to walk back autism, vaccine injury, autism, and call it autism and all these other syns wordsmithing to say, oh, it wasn't, we did not award damages for autism. Actually, they did. It's very clear when you look at the evidence that they did. Our government basically lied to the public. They lied to the court system representing it. And so you have the omnibus, but this is just a series of omnibuses that the program is conducted. I believe there's like nine or 10 of 'em, and I've always said we never want to get into an omnibus situation because that's always the benefit of the government, which is defending vaccine manufacturers. The petitioners or injured persons hardly ever benefit from an omnibus proceeding when you're dealing with vaccine injury.

Speaker 2 (02:07:00):

So to wrap this up, what reforms are needed to make the system fairer and more just for vaccine injured families? Or do you think that we should do away with the repeal, the Vaccine Injury Act? How can the public support change and hold the system accountable? What are the next steps?

Speaker 22 (02:07:24):

I'm a little bit, I run in a little bit different path regarding there is a big emphasis to repeal the act to get rid of the act. I'm warning people, that is probably the worst move that can be done, and the reason why is that the program actually works well for adults who have been injured by flu vaccines and other things, which is the vast majority of vaccine administered in the United States. But we should allow or restore the ability to leave the program. Prior to Hanna Bru US Supreme Court ruling in 2011, you had the ability to file in the M-V-I-C-P as required. Then you could actually then reject your decision or leave after 240 days and file in state court. Problem is there's not that many people that have been successful. Hannah With's case is a prime example. She had a rock solid case and she lost.

(02:08:38):

It's so difficult to go up against the pharmaceutical industry in court today. Yes, in the seventies and the early eighties, yes, you had a chance, but now it is entirely different. What the pharma industry has a controlling interest in the Congress in our judicial system is extremely difficult. What I think the reforms that need to be done is have Congress either the restore what we call section 23, which is what the Hanna Bruit decision removed, and have people the ability to sue in court if they want to. That's one

thing I think you need to get into some of the minutia of some of the other programs increase the death benefit from 250,000 to probably a million pain and suffering up to a million.

(02:09:33):

I also think something, and it's quite interesting, is that this year we have an anniversary that we really don't want to celebrate. That's the SIMPSONWOOD conference. People don't understand, A lot of people don't know that the SIMPSONWOOD Conference was called because they wanted to review the vaccine safety data, link data. I think one of the things that needs to be done is actually open up that system to allow independent science to be done. Therefore, we would be able to determine what is actually happening to people. One of the things I've always wished we could do here within the M-V-I-C-P, you have a lot of people who are winning cases, especially adults, but in their early years, a lot of children too. We need to do medical outcome studies and find out why they were injured.

(02:10:31):

One of the questions that keeps me every night and it's 27 years later, why did my son Nicholas get injured and his twin brother Austin did not. So you have to think about what were the factors here. So we have to look at these things. I don't know all the science because I leave that up to a lot of the experts, but when you get into this process here, there is some things that we need to really address. I also believe that the special masters need to be more consistent because you have eight of 'em and there's a couple of 'em there that will not rule for certain types of injuries. They absolutely refuse to rule in favor of the petitioners. They have wide range discretion. So if you have someone with what we call CIDP, which is chronic inflammatory mating polyneuropathy, which is a big mouthful, but it's CIDP, it's basically chronic GAM beret.

(02:11:48):

You can get compensation for game bray across the board, but certain special masters say, no, we're not compensating for CIDP where other special masters can. The other issue is, is that I also think that special masters hold a hammer over the attorneys that represent the injured persons unfairly, and what they do is they warn you if you bring this type of a case, you bring a SIDS case in front of me. I'm going to remember this for this case, but also for future cases and they will try to. So basically what you've got now is you've got attorneys that are saying, no, I can't bring this type of case. I'm sorry Mr and Mrs. Your child died from sids, but I can't bring this type of case because my livelihood will be, is threatened if I do that. That's where we are today. So I like to see some of those things there. Statutes of limitations. I spell a lot of these out in my first book, like 16 or 17 reforms, but there's quite a few things here. We don't have time to get into the reforms for the CICP, but that's a whole different animal and these people are being thrown under a bus. We need to get them out of that program. All these COVID vaccine injured people, we have to get 'em out of that programming and give them due justice for their injuries.

Speaker 2 (02:13:24):

What can your average viewer that's at home do? Because a lot of people are going to say, oh wow, this is a lot of information, but how can we as average members of society demand change

Speaker 22 (02:13:40):

To get active? And you have to get active with your federally elected officials. I've always said if you try to go after your state legislature, well, they're not going to be able to change the law because it's a federal law, but they might be able to change the perception that vaccines are safe and effective in your state. I know that several states are trying to pass legislation like Iowa is introduced legislation to try to prevent or vaccine injury and to compensate. I know there's a build on in Florida that's trying to say, Hey, we need to compensate those who have been injured while they're awaiting the legal process, which is true because a lot of these petitions especially, I'm going to see with COVID and some of these complex

cases, 6, 7, 8 years, nine years, 10 years, 12 years, who's providing care for that injured person while the process is playing out?

(02:14:44):

That's the tricky thing. So we need to be active. You need to let your elected officials know what's going on and challenge them civilly, challenge them, but you hear these marketing terms and that's all they are. Is marketing slogans safe and effective? That's just ridiculous. They're not safe and effective. Your public health officials are looking at 60 to 70% and they discard the 30% who have been injured as collateral damage and they just discard them. It's not, there is a lot of problems, but also we need to inform others about making the connections. Why chronic illness As Secretary of HHS, Robert F. Kennedy Jr is talking about chronic illness. I believe a lot of the root cause of chronic illness is vaccine injury. Of course you have all these other things, food and all these other products out there, but I believe the core issue, the driver of chronic illness in the United States children and adults is a vaccine injury of some sort. And a lot of people just don't know that their condition could have been caused by a vaccine reaction.

Speaker 2 (02:16:03):

Wayne, thank you so much for coming on, sharing your knowledge. Really appreciate your participation in this and we look forward to what you'll be doing next.

Speaker 22 (02:16:13):

Thank you very much for the opportunity to speak to you and to CHD audience.

Speaker 2 (02:16:32):

We are joined now by Dr. Andrew Wakefield, a pioneering gastroenterologist and filmmaker whose 1998 Lancet Paper sparked a global conversation about vaccine safety and autism. Dr. Wakefield, looking back to your 1998 Lancet paper, you were led to investigate a potential link between the MMR vaccine and autism, and you arrived at the conclusion that you had discovered a genuinely new syndrome when you first published your Lancet paper. What was your initial hope or intention in sharing those findings? Did you expect it to cause such a worldwide debate?

Speaker 4 (02:17:16):

I hope that it would provoke debate and further research, and that was the conclusion of the paper. We need to do more research. A syndrome in human beings is a collection of physical signs, symptoms, and clinical findings that constitute a new disease entity. And that is exactly what we'd identified largely in fact, almost exclusively because of the insights of parents who said, this is what's wrong with my child. I'm sure that what is going on in their brain is being influenced by what's going on in their gut and that when the gut's bad, the brain's bad, the behavior's bad and vice versa. When the gut is quiescent, then the behavior is so much better and it's more than just my child is out of pain. There's some connection here. And so what we put together, what we identified was a combination of developmental regression into a diagnosis of autism or atypical autism because children with autism weren't meant to regress.

(02:18:25):

They weren't meant to lose skills. The traditional teaching was that they were like that from birth. All these children clearly weren't. They were absolutely normal. Then there was the finding of inflammatory bowel disease, a particular pattern of inflammation in the intestine, and in many cases, as you say, it was related temporally to exposure to a MR vaccine. So that was the syndrome that we described, and we hope that it would provoke further research worldwide. Now, it did, and careful what you wish for here because the bowel disease is now being confirmed beyond a shadow of a doubt. It's been shown to be unique in terms of its pattern of inflammation, the inflammatory markers, the inflammatory cells that are in the intestine. It's not Crohn's disease, it's not ulcerative colitis, it's not food allergy. It's something different. And that's very exciting because that makes it treatable.

[\(02:19:27\):](#)

The other was the pursuit of the possible link with the MMR vaccine. And again, that was pursued and it was pursued in two avenues after a meeting I had with the CDC and others, a cold spring harbor after a congressional hearing in I think 2000, 2001, and that was the CDC said to me, okay, Dr. Wakefield, every child gets own, some get autism. So how do you account for that? Well, that's just the way nature is, the way medicine is that the many people smoke or used to smoke, but only some got lung cancer. Why? What was the difference between those who did and didn't get lung cancer? And my interest at that time was pattern of exposure. For example, the age of exposure was age of exposure to MMRA risk. The younger you got it, the greater the risk of an abnormal reaction. Now why would we put that forward?

[\(02:20:25\):](#)

Well, we know that with natural measles, if you get it under one, then the risk of having a bad outcome is much greater than if you get it when your immune system is more mature over the age of one. And so I said we believe it's age of exposure. Now after COVID, everybody knows about age of exposure. We know that old people are at greater risk than children who are at no risk. And so it's now very common. People are aware of it, then they weren't. And so the CDC went away and tested that hypothesis, and this is my encouragement, this is what I wanted. I say, beware of what you wish for. Because they tested the hypothesis. They found it to be absolutely true. Absolutely right. And they decided to cover that up, bury the data, change the data, publish a paper which said completely opposite exonerating MMR vaccine and lie to the American public physicians, scientists, the government for 14 years until William Thompson came forward and said, I can no longer live with this.

[\(02:21:34\):](#)

Here is the real data, here are the results. We found a link. And the common teaching certainly in the mainstream media is now that there's no link with mm MR. Well, there absolutely is and its deception on the part of the CDC. So I encouraged that research and of course it was twisted. It was distorted in a way that really led to millions of American children being exposed to the risk of permanent serious neurological injury. It was an absolute disgrace. But hopefully now that we have someone new at the head of HHS Bobby Kennedy Jr, then this is going to be looked at properly and honestly. And if it exonerates vaccines, well that's one thing, and if it doesn't, then we have a major problem.

Speaker 2 [\(02:22:25\):](#)

Let's talk about the presentation before Congress. So you presented research to a US congressional committee showing that there were traces of the measles virus in the guts of 24 out of 25 autistic children. Can you talk about that a little bit? What impact did that presentation have? How was your work received at the time?

Speaker 4 [\(02:22:47\):](#)

Sure. This is work was done in collaboration with Professor John O'Leary in Dublin. He was an expert in the molecular detection of viruses. So I knew nothing about him until I was introduced to him and to his work on HIV and human herpes virus eight. And so we set up a collaboration. It was a scientific collaboration where we sent biopsies from children who had got this new syndrome, autism and bowel disease, and children who were perfectly normal. We mixed them all up. We gave them a number he didn't know which was which. And he came up with the answer that in the great majority, as you say, of the children with autism, but not in the autistic group, there was presence. Presence of measles virus or evidence of measles virus genomic material in there and that this was consistent with vaccine strain. And that was presented to that meeting with C-D-C-N-I-H and others.

[\(02:23:52\):](#)

And they went ahead and tried to replicate the study. That's what science should do. So to their credit, they went ahead and replicated the study. Here's the problem is that when we presented those data, we

made it absolutely clear that we found it in a specific site in the intestine and the end of the small intestine called the ilium. And that is where the lymph glands were grossly enlarged. That's where you would expect to find some kind of persistent infectious agent that might be driving this disease. We did not find it in all of the colonic biopsies, the large bowel biopsies that we looked at. So they went away and they designed this study and they used a pediatric gastroenterologist from Boston, from Boston Children's Hospital to provide them with the biopsies. But here's the problem is he did not have the skillset to get into the ilium so he could only biopsy the colon. So he sent them all his colon biopsies in which like we found no virus. They did not look at the ileum, but it was reported. They were told that there was no evidence of measles virus game over case closed. No, it wasn't. They did completely the wrong study. And this is the problem with badly designed science or science that is designed in a way if one were really cynical to give a negative result. So the studies that we advocated for that I advocated for were never actually done. And that was a great shame.

Speaker 2 ([02:25:34](#)):

You also received an immense professional backlash culminating and being stripped of your medical license and the Lancet retracting your paper in 2010. What was it like to face such intense backlash, especially when you were trying to help, you were trying to address real concerns for so many families and I want to say should have been received as a hero. What was it like having that kind of a reaction?

Speaker 4 ([02:26:10](#)):

It was pretty brutal. The onslaught just kept coming and coming at that time. One has to bear in mind that this was unusual, incredibly unusual. This hadn't really happened to an academic before. I was accused of all kinds of things. I mean, they threw the book at me, the child abuse of inappropriate experimentation on children, scientific fraud. I mean, everything they could throw at me, they did. There was absolutely no truth to any of it. But unfortunately that doesn't matter. There was me and there was me against the World Health Organization, unicef, the drug companies, the British government, the American government, the American Academy of Pediatrics, the Royal College of Pediatrics, and Charlie, it goes on and on and on. And this isn't a hard like Andy Wakefield story. This is just an historical postscript. This is actually what happened now again, sorry. COVID has changed everything.

([02:27:13](#)):

Even the best people in their profession in the history of their profession, like Peter McCullough, more published than any cardiologist in the history of this planet, is just disposed of when he comes out and criticizes policy and COVID shots. And so it's happened to many, many people. Many papers have been retracted that go against the health service narrative, the CDCs narrative, the drug company narrative in particular. So the graveyards are full of these indispensable people, and that's tragic. But then there was kind of me and it just came like a tsunami and it was pretty brutal. One of the questions that, sorry, I've preempted it, but you raised was in the professor John Walker Smith, who was also one of those people who was holed up in front of the General Medical Council, our licensing body, one of the world's leading pediatric gastroenterologists on the team I put together.

([02:28:21](#)):

He appealed the GCs decision for the first time that this went to a proper judiciary in the high court in England. And the judge destroyed the general medical council. He said they weren't fit to judge evidence and they are guilty of bias, and he completely overturned the conviction of Professor Walker Smith. Now, professor Walker Smith was funded to appeal. I also appealed, but I wasn't funded and I was told by my lawyers that it would cost up to half a million pounds to fight this appeal. I didn't have that. I couldn't afford that. And so I was forced to withdraw my appeal. And so even though we went down the same path, the same route to appeal the General Medical Council's decision, he was funded and was successful. I was not. And many, many of the charges against him were exactly the same charges that

were against me. They were thrown out by the Eye Court Judge Justice, mit. So justice belongs to those who can afford it, and that's the truth. And sometimes it doesn't even belong to them.

Speaker 2 ([02:29:36](#)):

Dr. Wakefield, after everything you've been through, what is the most important thing that you want parents, doctors, and the public to understand about your journey and the questions that you were trying to raise about vaccine safety?

Speaker 4 ([02:29:51](#)):

Never give up. Never quit. If you believe that this what you're doing is right, doesn't matter what anyone else says, then pursue it to its natural conclusions to mothers. Trust your instincts above all, trust your instincts. This is such a powerful force. Your knowledge of your child, it's not cerebral. It's not something you think about. It's visceral. It's been in the human evolving and the human genome, all animals for millions and millions of years on this planet since life first began here. And it is an extremely powerful force. When your child's well, when they're ill, you have an instinctive feeling for what happened for them. Trust that because you know your child so much better than doctors and certainly pediatricians who may never have seen your child in the first place. So mothers trust your instincts. Doctors do the right thing, do the right thing, do what many, many doctors have done in the face of COVID. They've stood up, they've been counted, they've paid a price, but they will be exonerated and they are being exonerated and they've done the right thing, and they can leave this world in that knowledge.

Speaker 18 ([02:31:18](#)):

Thank you so much.

Speaker 15 ([02:31:22](#)):

Hi. We're joined now by Sally Bernard. Sally is co-founder of the Coalition for Safe Mind Sensible Action for ending Mercury Induced Neurological Disorders. She has been a long time advocate for autism research and safety. Sally's written and published many articles including the Landmark article. She was the lead author of the Autism Mercury article that was published and medical hypothesis. She is a citizen scientist who has just dug in and poured through PubMed, pulled together research and link things together, and just has an amazingly brilliant mind. She was a pivotal voice in exposing the dangers of Mercury vaccines back in 1999 and 2000. So Sally, I want to thank you for your time today to be with us and sort of share with us what your journey has been like.

Speaker 26 ([02:32:19](#)):

Okay. Well, thanks for asking me questions, Lynn. It's been a long, long journey together. My son, who has the more severe form of autism was born in 1987, and so I experienced and witnessed the big increase in autism that started in the 1990s. I was there at the beginning, so one of the early parents who saw that. So back in the nineties, the group of parents with newly diagnosed children, we started to grow in numbers and started to connect with each other. And two organizations back then Cure Autism Now and nar people may remember those took the approach of trying to find the scientific underpinnings, the medical and biological underpinnings of autism, and to increase the efforts of the federal government to support science in autism. And the original focus was on genetics because there was that heritability factor. But in the late nineties, parents also started to observe this increase in the numbers, and it was so noticeable that everyone was commenting on it.

([02:33:57](#)):

And the logic which we still have today, is that you cannot have a rapid increase in numbers in a purely genetic condition. And so there has to be an environmental component. So this is back in the late nineties, and I was part of the New Jersey chapter of Cure Autism. Now, I was very into taking the scientific approach. So I guess my mind was primed to look at the science and look at the causes and to look at environmental components because of this increase in prevalence. And if everybody recalls back in 1998 was when Andrew Wakefield published his paper in The Lancet connecting possibly the MMR

based on parental report with the onset of their child's autism. And at that time, it wasn't something that I thought might be real, but I did witness, and I think Lynn, you witnessed this too, the vicious and sustained attack on Dr.

(02:35:07):

Wakefield just for publishing a pretty benign case series study. And so that was when vaccines first came on the radar and looking at the reaction of the vaccine field to his paper was, I think I was taken aback by it. And so in 1999, which Lynn, you probably remember too, July of 1999 was when the Public Health service and the American Academy of Pediatrics issued a statement on mirasol and vaccines. And they said that we're going to eliminate this substance from vaccines starting with the Hepatitis B vaccine. And I remember thinking, wow, they published something admitting that there's something wrong with vaccines. This must be really bad because the reaction to Wakefield was so astonishing. They would never do anything unless it was really bad and publicly acknowledge it. I think Lynn, at the same time you were in Georgia, I was up in New Jersey and we saw this announcement, so I think we somehow learned of each other. This was the beginning of the internet back then back in 1999

Speaker 15 (02:36:38):

Pioneers.

Speaker 26 (02:36:40):

And you had approached CDC and we were going down to talk to CDC, and we figured out that we were both working on the same topic. And so we connected, and it was in 1999 and up until formal 501(c)(3) incorporation, that was the genesis of Safe Minds because we felt we needed a separate organization to work on this issue because even back then, it was a very toxic topic and many organizations didn't want to take it on. So we set up safe lines. That was the beginning.

Speaker 15 (02:37:21):

We did. We also testified before Congress back

Speaker 26 (02:37:25):

In

Speaker 15 (02:37:26):

2000 and petitioned the FDA to remove all remaining thimerosal containing vaccines safe. Mine was instrumental in leading all of those efforts. So thank you. Sally, tell me a little bit about the autism Mercury article from 2000 connecting Mercury exposures to all of the metabolic and neurological abnormalities that we were seeing in our children that at that time it was still considered a genetically based psychiatric disorder. So even finding, pointing out these abnormalities was somewhat of a new phenomenon. So tell me a little bit about that experience.

Speaker 26 (02:38:13):

Yeah, so I think it was Albert, you remember Albert who was another New Jersey parent. And so when this public health announcement came out on Thiomersal, he started to do a little bit of research and he came across an article. I remember being, this was my Aha moment, and it was about someone who had been exposed to a lot of Mercury, I think as a treatment, I can't remember what it was for, and intravenous and some medical fusion product of which many medical products contain Mercury back then. And he lost his ability to speak. And I had never come across something that causes someone who had speech and not be able to speak. Of course, we had seen that in the parent community, you have an infant toddler developing, normally gaining speech and all of a sudden regressing and losing their ability to speak, becoming nonverbal.

(02:39:34):

And I think that was my first change of mine where I said, oh, well, maybe there's something to this. We approached C-D-C-F-D-A-N-I-H, and they weren't really budging. We felt we were being stonewalled. And

so we said, well, we need to communicate better. And the way that scientists and medical officials, public health officials listen is if you publish in a scientific. So that's the idea of putting together this paper, which was published in Medical Hypothesis. And of course, as parents, we didn't have access to labs or animals that we could test and expose and test and things. And so we did a literature review based on observations of behavior as well as descriptions of underlying biology. What do you see in autism and what do you see when you have mercury toxicity or mercury exposure and the loss of ability to speak. We found many, many, many, many overlaps between autism behaviors and biology and mercury toxicity, people who have been exposed or animals autism-like behaviors and biological mechanisms.

[\(02:41:13\)](#):

And so that was what our paper was about, was to do a comparison between those two bodies of literature to show, hey, autism could be an outcome of mercury exposure. And at that time too, there were many, many articles coming out around the dangers of mercury from environmental exposures from fish and the coal fire power plants and things like that. So there was a growing literature and recognition amongst environmental scientists that Mercury was really bad for you. So we sort of had this building momentum around mercury being bad and it has neurodevelopmental outcomes. So that was our paper.

Speaker 15 [\(02:42:19\)](#):

And I know Sally, when Albert reached out to me, I had met a lot of parents at this conference that came up to me when I spoke at public comment telling me that they also had children that had been diagnosed with Mercury, and also they were found to have high levels of mercury, and the physicians were sort of not certain where that came from. And so I ended up starting a listserv and collected, I mean it started off with five families and then 50 and then 500, and then it got up to like 5,000. And so as part of that paper, I provided case studies in these children that documented their neurodevelopmental testing if they had it done before their exposure levels, neurodevelopmental testing. Then they started a series of type detox procedures like using DMSA, which is an FDA-approved drug for treating lead toxicity and other types of things that can naturally cate like improving mineral status.

[\(02:43:22\)](#):

And they were reporting remarkable improvements. And there were several recovery videos. So I included, and this included neurodevelopmental testing afterwards where you could see how their scores had dramatically improved. I mean even their IQ scores. So that was added into the paper too, just as a little caveat in terms of what we had with regard to evidence, although case studies are not that strong, but still it was, I think an important piece too. So Sally Safe Minds had filed Voia documents on the Centers for Disease Control, I think NIH also FDA regarding all of their documents related to research on v Marisol. Do you want to talk a little bit about that and about the Simpson Wood transcripts and just the response that CDC had to mercury and vaccines and the potential for IT causing neurodevelopmental disorders?

Speaker 26 [\(02:44:22\)](#):

So at the end of 1999, when we first approached CDC, and up until our paper comparing autism and Mercury exposure came out, we were interfacing with the federal health agencies. We felt we were getting just not getting anywhere. We weren't getting any positive responses with a few exceptions, but not getting honest answers. And so we decided to submit FOIA request for whatever these agencies had in their records on by Marisol. We were able to get several boxes of documents through that FOIA request. And one of the documents were transcripts for the SIMPSONWOOD conference that had been held in June of 2000. And those transcripts were an eyeopener for me for many reasons. One is that it actually substantiated what we suspected, that there were outcomes related, neurodevelopmental

outcomes related to increase in early Marisol exposures. So speech delay, autism, global developmental delay and so forth.

[\(02:46:08\)](#):

And also it showed that our instincts around being dismissed, this dismissal attitude by the federal health agencies, it wasn't in our heads. It was true. And that behind the scenes, unbeknownst to us, they were doing a lot of work. They were scrambling to, on the one hand, remove f Marisol from childhood vaccines because they admitted, and this is in another set of documents from a meeting at Lister Hill, so people may have heard of the Lister Hill Conference admitting that Mercury was bad and it shouldn't be in vaccines. And so they were on the road to getting rid of that. On the other hand, there was, which really came out in Sense Wood, this concerted effort to not admit that there were any health effects from the Marisol and the vaccines. There's a lot of talk these days about trust in the medical profession and public health.

[\(02:47:33\)](#):

To me, this is a prime example of why trust is lost because we were engaging with these folks in good faith to try and understand what might have happened to our children, and they were more interested in protecting their vaccination program. And it really became clear in Simpson Wood that the study that Tom Stratton and colleagues had done, which despite many iterations and manipulations, they still found the signal and the signal wouldn't go away. And here was this conference where they were looking at the data in every possible way in order to eliminate the signal, the significance of these developmental outcomes and Marisol exposure. And that is not a proper scientific practice. Simpsonwood was positioned as a work group of asip, the Vaccine Advisory Committee, and it was not public knowledge. They knew that as a group, we were an organized group trying to find answers on fol, and we were deliberately not invited.

[\(02:49:19\)](#):

So this was not an open invitation, let's get all sides together to talk about things. It was the public federal agencies and it was pharma. All the pharma representatives were there, but not the consumers who are the recipients of these products. So they hid it. They manipulated the data so that they could come out with something that looked to absolve f Marisol of any health effects. And that just that we had a trust issue and that we needed to push in other directions because we weren't going to get good faith engagement with the folks who were proponents of the vaccination program.

Speaker 15 [\(02:50:26\)](#):

Exactly, Sally, very well said. Are there any particular quotes that stand out in your mind from that transcript that were just egregious? I know there was one in there. There was a physician who made the comment that had just received a phone call that evening that their first grandson had been born and that he did not want that new grandson to receive any Marisol containing vaccines until these concerns were worked out. And they walked out of that meeting and they didn't alert the American public. And to me, that was just so wrong. And there was an email, Sally, I actually came across in all these documents where at one point, one of the lower level employees at CDC who knew us, said, well, maybe we should invite those parents from New Jersey can to come. And then it was like radio silence. Nobody responded. We never got that phone call. But there was one employee there who I think was thinking about us and thinking about the families who had been impacted by this, but were absent from the table. We were absolutely being gaslighted by our federal agencies.

Speaker 26 [\(02:51:46\)](#):

Yeah, my favorites is one of the scientists who was trying to not find the signal because he was saying, if you did this, and if you did that excluded, this group included this group, how you calculate exposures and timing, you end up not getting a significant finding. And so you can push and I can pull, and today

there's something in science and it's called P hacking. And so it's like you don't get published unless you find your findings are significant. And so they'll do this, that, and the other with the data so that they can get a significant finding. It's called P hacking for the P value. And now there's something called reverse P hacking. The term wasn't there back in the day, but it's the same thing where you do everything you can to not find a signal and any set of data, if you work hard enough, you can not find a finding. So that's why you have a scientific process that says upfront, this is how I'm going to do my study. And that study design, that protocol carries throughout the study so that this kind of manipulation can happen. And this is an sort of an egregious case where this didn't happen in the laboratory. Tom Stratton presented his findings. It happened at this meeting with huge conflicts of interest. These were all folks that had a stake in the outcome. And so it was an eyeopener.

Speaker 15 ([02:54:05](#)):

And Sally, I dunno if you remember this, but I actually a few years later wrote a complaint to the office of Research integrity reporting CDC for their manipulations to the study protocol after seeing statistically significant findings. And we got a response back from ORI that they had reached out to CDC and CD said, we just had a different set of opinions regarding the outcomes and everything was fine. But what was most important is a month later we got a notice from the IRS that Safe Vines was being audited. So I dunno if those two things had anything to do with each other, but the timing was really pretty close too when we had started really ruffling some feathers. Sally, if you could talk a little bit about the Bakker study. And I know that was a real eye-opener for me because we were being told that F Marisol was a much larger mercury molecule and it wasn't capable of crossing the blood-brain barrier, and it was the kinder, gentler mercury, not like the dangerous mercury methyl mercury. So talk a little bit about how the Bocker study, how that came about and how that sort of changed thinking in terms of the toxicity between methylmercury and methylmercury.

Speaker 26 ([02:55:27](#)):

Sure. So I talk about the people who were aligned against us, but there were people, scientists and medical professionals who agreed with what we were saying. And a lot of them came out of the toxicology environmental health fields that fields, because toxicology had a very different perspective on adverse effects and safety limits, their science was much more attuned and well thought out around what is a harmful effect and let's keep people safe. So those folks were amenable to engagement with us. One person that stands out is Ken Olden, who ran for many years the National Institute of Environmental Health Studies in IEHS. He was an amazing individual. I think he's beloved by everyone who interacted with him. And he agreed to a meeting with us and we went down and met with him and some other folks. He was receptive to our concerns. And so I think it was him who helped connect us with the scientist, Thomas Burbacher at the University of Washington who did animal studies on toxicity including primates, non-human primates.

([02:57:20](#)):

So he started the study, completed a study in monkeys on the, I guess pharmaco kinetics of ethyl ethylmercury as compared to methylmercury. Methylmercury had been the, I guess the benchmark that everyone was concerned about. That's your exposed, your main exposure from the environment through fish. And other means was with methylmercury. So there was a fair amount of science on the harm at even low doses and particularly amongst children and fetus on methylmercury. And so the key was to do a direct comparison between methylmercury and Ethylmercury. And what Dr. Ocker found in his paper, let's see, it came out in 2005, was that actually, so there are differences between methyl and methyl mercury and how the body absorbs it and circulates it in the blood and how it's detoxified. But even though the blood levels might be lower with ethylmercury, a sizable portion gets in the brain and what gets into the brain stays in the brain because it rapidly in brain cells convert to this form of mercury called inorganic mercury.

[\(02:59:07\):](#)

And that has really harmful effects. And once it converts to inorganic mercury, it is very difficult to leave the cell and then leave the body. It kind of stays in there forever or for a very long time and much longer than methyl mercury, which stays as methylmercury and it kind of goes back and forth from the cells into and out of the brain. And so the potential for harm from alpha mercury in many ways was worse than methylmercury. So that was the key takeaway from his study. And this basic toxicology study, rigorous toxicology study had never been done before, even though they'd been using Marisol and medical products for a hundred years, 50, 70 years in little children. So it was an eyeopener.

Speaker 15 [\(03:00:28\):](#)

Yeah, it really was. And I remember looking at studies after that cell and the inorganic mercury and some studies was stated in the brain as long as 27 years. And that study, there was a previous study Dr. Burbacher had done with primates with methyl mercury, and they allowed the primates to age that had been exposed that were methylmercury toxic. And I remember one of the pictures of the monkey Sally, because the adult had that same sort of far away look in his eyes that our children with autism have. And I had a picture of that monkey for decades from the journal that I printed out on my cabinet here in my office because I could see our children in the eyes of that primate that was mercury toxic.

[\(03:01:24\):](#)

But yeah, it was a very landmark study and it also, they were supposed to do a second phase of that study, which the first phase that was completed was just to see if it would cross the blood brain barrier, and then the second phase was to look at what type of impact it had on the brain and the agencies quickly shut down the second phase of the study. The National Toxicology Program decided that they put the investigation into Marisol, which this study was a part of on hold is still on hold to this day. The nomination has never been completed in terms of looking at Marisol from a toxicological perspective, and we're still giving it in flu vaccines to pregnant women today. So it's just and around the

Speaker 26 [\(03:02:08\):](#)

World.

Speaker 15 [\(03:02:09\):](#)

Absolutely, especially around the world developing countries so well, thank you so much for helping to expose these truths and to help to wake up people that they need to do their own research and to listen to the views that oftentimes are not represented through mainstream media like the work of C-H-D-T-V. Thank you. Thank you very much. Okay, take care, Sally.

Speaker 5 [\(03:02:42\):](#)

Today we're going to focus on the government's program for compensating families that experience vaccine injuries. We spent about two years conducting oversight on federal vaccine policies. We looked at these issues from almost every angle we've looked at the issues related to vaccine safety. Much more research needs to be done in this area. We've looked at conflicts of interest in vaccine policymaking. The Department of Health and Human Services has a real problem in this area that we don't believe they're addressing. Today. We're going to look at the National Vaccine Injury Compensation Program. It was created by Congress to compensate families when their children are injured by vaccines. Is it working the way Congress intended? I think the answer is no. I want to make a few preliminary points about the vaccines in general. First, vaccines are an important part of our public health system. They've saved millions of lives.

[\(03:03:36\):](#)

They've helped wipe out crippling diseases. We want children to be protected against infectious diseases. Nothing this committee does should be interpreted as anti-vaccine. Second, we want vaccines to be as safe as possible. No matter how good our vaccines are, there's always room for improvement.

The oral polio vaccines save thousands of children from a crippling disease. It was a good public health tool in its time, but it was not perfect. It had a high rate of adverse events. By doing the research, a new and better vaccine was developed. Today we're getting the same public health benefit with far fewer side effects with the polio vaccine. Not enough research is being done in this area. Mercury is a good example. For decades, vaccine manufacturers have used mercury preservatives in vaccines. In the past, maybe the benefits outweighed the risks, but today there's a consensus that mercury, no matter how small, the quantity does not belong in vaccines.

[\(03:04:40\):](#)

The truth is we just don't know what the health effects of Mercury are because the research hasn't been done. We know that some forms of mercury cause neurological disorders. There are some groups of scientists that believe that Alzheimer's and autism are in part caused by the mercury in the vaccines, and I want all the members of Congress to know that the vaccine that they're getting for the flu has mercury in it. It's called the Marisol, and that's a preservative, and some scientists believe it does cause as a major contributing factor to neurological disorders, and when you go over and get your shot, all you have to do is look at the insert because it does have mercury in it. I'm not saying you shouldn't get a flu shot, but I think you should be aware that there's a growing body of evidence that the Mercury does contribute to Alzheimer's and other diseases of that type, and it's in the vaccine.

[\(03:05:34\):](#)

Not enough research has been done to tell us if the Mercury preservatives using vaccines are related neurological problems, but as I said, there's a growing body of scientists that believe it is. The Institute of Medicine said that a connection is biologically plausible, but there's not enough research to know, and we need to do more research to make sure when those of us who have really looked at these issues call for more research, and when we say that we should err on the side of caution, I hope we won't be accused of trying to scare the public. We shouldn't bury our heads in the sand when it comes to vaccine safety. The best way to give the American people competence is to do the research so we can tell the people that their vaccines are as safe as possible and most effective products are safe as possible.

[\(03:06:19\):](#)

The third point I want to make is this. We know that no matter how safe the vaccine is, a very small number of people are going to be injured. Now, that's a fact. That's why Congress created the vaccine Injury Compensation Program to provide compensation to families when their children are injured. My colleague, Mr. Waxman, who I'm very happy is on the committee because he's very familiar with this issue. He wrote the bill that created this program 15 years ago, and he deserves a lot of credit for that. At the time, vaccine manufacturers were faced with a lot of lawsuits. They were threatening to leave the market, and so that would've adversely affected people who needed those vaccines. The stability of our vaccine supply was in question. Mr. Waxman and others stepped in and created this program and it took a lot of foresight. The program had three basic goals.

[\(03:07:05\):](#)

The first goal was to protect vaccine manufacturers from lawsuits that was successful. The second goal was to stabilize the supply of vaccines in this country. Again, that was a success. The third goal was to provide compensation to families in a generous way without tying them up in court for years. And on this point, the program has not lived up to expectations. This system was designed to be generous to families whose children were suffering crippling injuries. It was meant to provide compensation quickly without a lot of legal fighting on close calls, the families are supposed to get the benefit of the doubt. That's not the way the program has been working today. It had some successes, but it's also had some failures. If you talk to families who've been tied up in this system, it sounds like this program has become every bit as adversarial as the tort system had replaced cases drag on for six or eight or 10 years.

[\(03:07:59\):](#)

The GAO said that the average case takes two years to complete. A third of the cases take more than five years. The government hires teams of medical witnesses to try to disprove families' cases. All of the government's expenses are paid out of the trust fund. Families are not reimbursed for their expenses for years. We're talking about middle class families who are already paying tens of thousands of dollars every year to take care of severely injured children. We're supposed to be helping these people, but if you talk to some of these families, they feel like they've been put through the ringer by their own government. We have some clear evidence of overzealous conduct on behalf of the government. In the case of the Sword family, sword family, which we're going to hear about today, the Special master called the Justice Department's Lawyer, Tactus egregious respondent's argument of independent corroboration from the records is especially egregious in a situation such as the instant case in which death occurs within four hours of vaccination.

[\(03:08:59\):](#)

In the case of the Sulke family, one of the special masters recused himself from the case because he became so frustrated with the government representative in a case cited in our committee report last year, the special master apologized to the family for the government's conduct, quote, in the special master's view, respondent's counsel's, abrasive, tenacious obstreperous litigation tactics were inappropriate in a program that is intended to be less adversarial. It seems to me logical. The first question you ask is, do you have any financial ties to the company that manufactured a product that created this adverse event? Seems like you'd want to ask that, wouldn't you?

Speaker 12 [\(03:09:38\):](#)

Two years ago, for instance, this committee publicized allegations that the measles mumps rubella, the MMR vaccine causes autism. This allegation frightened many parents, but the allegation has been disproven by scientific evidence. Studies in Europe and here in the US by the Institute of Medicine have concluded that the MMR vaccine is not associated with autism, and there should be no confusion about that. Mr. Chairman, you've repeatedly and rightly in my view, ask for more scientific studies so that we can know as much as possible about any adverse health consequences from vaccines. But it's important for our committee to pay attention to those studies once they are completed. In fact, it's important that parents know about two recently concluded peer reviewed research reports. The first, which appeared in a recent issue of the New England Journal of Medicine, examined the theory that the measles mumps rebel vaccine causes autism concerns about a potential link have terrified British parents and have resulted in measles outbreaks in the United Kingdom because of the children who are not getting vaccinated at previous committee hearings, some members and witnesses have called for a comparison between vaccinated and unvaccinated children in testing the safety of this vaccine.

[\(03:11:09\):](#)

Well, this comparison is exactly what the New England Journal of Medicine study provides. It found no increase in autism among those children who were vaccinated compared to those who were not. The commentary that accompanied this study said that this study should put to rest parents' concerns over the safety of the MMR vaccine. A second peer reviewed research report was published in the Lancet two weeks ago. This study addressed the theory that Tam Marisol, a mercury based vaccine preservative, causes children to suffer neurological damage including autism. In this study, researchers measured the amount of mercury in the bloodstream of recently vaccinated infants. They found that this level did not exceed safe values in any child. The commentary that accompanied this study said it provided comforting reassurance during the recent passage of the Homeland Security bill, the Republican leadership snuck in two vaccine related provisions that help industry and do nothing to help people who are injured by vaccines.

[\(03:12:23\):](#)

The first of these provisions gave manufacturers of the smallpox vaccine and hospitals that administer the vaccine virtually complete immunity from lawsuits, but does nothing to compensate people who suffer vaccine related injuries or death. The net result is that Republicans have managed to protect everyone, but those who need the protection the most. Imagine an emergency room who is vaccinated against smallpox in order to protect the rest of us in case of a bioterrorist attack. If this hero or heroin on the front lines becomes incapacitated by the vaccine, he or she has no guarantee of compensation, compensation for his or her sacrifice. This is completely unacceptable. Republicans also snuck in another vaccine related provision into the Homeland Security bill that has no bearing on Homeland Security whatsoever. It provides liability protection for Eli Lilly, a manufacturer and distributor of thiol. The provision was cherry-picked from a list of recommendations made by an expert panel that oversees the vaccine injury compensation program not included in the Homeland Security bill.

(03:13:46):

With those recommendations made by this same expert panel that help families and children, including increasing the death benefit, doubling the statute of limitations for the program and allowing the program to pay for family counseling, here's a telling fact. The Republican leadership is so embarrassed by what they did that they won't even admit about what they've done. After the Marisol provision was put in the bill House majority leader, Dick Armey said the provision was put in at the request of the White House, but when I wrote to the White House about this, the White House claimed the idea originated in Congress. But to this day, not a single member of the Republican leadership will admit responsibility for this provision. I don't know what kind of values these actions represent, but they are not the values that I want to have any part of. They put the interests of powerful and wealthy special interests ahead of families with children suffering from debilitating illnesses. This is an embarrassment to the Congress and to our great country.

Speaker 27 (03:15:00):

If scientists behaved purely like scientists and did purely objective research all the time, then the comments made by Mr. Waxman would be valid. The reality is scientists and medical researchers operate with a system of biases that frankly can be very, very politicized. And the claims that were made by the ranking member that these issues essentially have been put to rest, I don't believe are valid. Specifically when you look at the issue of the MMR, the Danish study, the data from the Danish study, which he was to which I'm sure we're going to hear more about today from our witnesses, was valuable, but it didn't really get at answering the question of really looking at kids with regressive autism. I don't think the opinion of this committee has ever been that Mercury per se or the MMR per se causes autism. And I think the general consensus of scientific opinion is that this is probably a multifactorial disease.

(03:16:22):

And while the Danish study provided some valuable information, it really didn't answer the question I think of regressive autism. And the other thing that was very disturbing about the Danish study is they documented a tenfold increase in the incidence of autism in Denmark. And there's absolutely no comment in the New England Journal about that issue. And let me just say I share Mr. Waxman's sentiments on vaccines, vaccinations, and septic systems have probably done more to save hundreds of millions of lives in the civilized world than anything else. And we all need to be very, very grateful to these tremendous breakthroughs in vaccinations. But there's some, I think some very, very troubling issues that have not been resolved. And the thing that I continue to find extremely disturbing is the fact that the CDC still does not allow researchers access to the vaccine safety data. If everything was so objective, and any scientists at all can look at this stuff, it would be one thing, but they continue to deny people access to this information, and until we get a free and open dialogue within the scientific community, I don't think for one I will ever be satisfied that there isn't some data suggesting that some

children may have serious side effects from some of these vaccines that is really going undetected, unnoticed, and yes, it may actually cause autism.

[\(03:18:07\)](#):

Let me just conclude by saying that the issue with the MMR that got all this started was a clinical study, and the Danish study is again, another epidemiologic study and a clinical study is very, very cheap and easy to do, but nobody seems to want to do it. We had somebody at one of our previous hearings, a Dr. ResMan from New York who had replicated some of Wakefield's work showing that these kids are developing inflammatory bowel disease and then he wanted to do the next step. He wanted to actually do the pathologic analysis on these biopsy specimens and the institution that he works at said, no, they don't want to get into it. This is too controversial. And so if everything was so objective and scientific like Dr. Wax or Mr. Waxman is saying, why do you have a major institution in New York City saying, no, we don't want to get into that to a certain extent, the problem is we're trying to investigate a sacred cow.

[\(03:19:16\)](#):

And for a lot of people in the medical community, there's this tremendous fear. If you say anything negative about vaccines, then parents will stop vaccinating their kids and then you'll have all these outbreaks of these diseases. I don't think parents are that stupid. I think parents will continue to vaccinate their kids. We have a responsibility to them to really find out if there's truth in all this, and I don't think the answers are in, and I don't think this mercury study really helps us that much either. It provides us, let me just say it's a great study and we're going to hear more about the Mercury study because it gives us data in an arena where we had no data, and so I'm thankful for that, but it basically studies 40 kids. We don't know if the kids that get autism in response to Mercury are kids who don't handle the mercury properly, and I don't think the ranking member was accurate at all to say that this puts this issue to rest.

[\(03:20:13\)](#):

Frankly, I've been very, very surprised at his attitude and all this because before I got here, I had an image of him as being somebody who would really go after all these toxin issues and all these pollution issues and ethyl mercury, which is what thy Marisol dissociates into, is chemically very, very similar to methyl mercury and it's structure, and it's very, very bothersome that when you follow the vaccine, well, it's not in the vaccines anymore, but a few years ago when you followed the vaccine schedule, you were giving kids doses 10, 20, 30 times the toxic dosage for these kids. And the recent, I guess it was in the Lancet study that looked at these kids and looked at excretion. I think it was a very valuable study, but it doesn't answer the question. The kids that become autistic may be the kids that don't process the Marisol properly, and that study only had 40 kids in it. The best way to get answers on the vaccine safety data is to open it up and let objective scientists come in and look at it. If these vaccines are that safe, then that will be validated.

Speaker 28 [\(03:21:28\)](#):

Just about two weeks ago, you were lined up for your first hearing for confirmation as CDC director, but that didn't work out as planned.

Speaker 29 [\(03:21:39\)](#):

I knew exactly what I was going into. I knew they were going to pick apart all my statements from the past, and pharma was not pleased with my nomination. There's no common ground to be, oh, it's hyperpolarized to some degree. The hearings are political theater, and it's a fight. You don't get donations and you don't get your volunteers by getting along when you're sticking your neck out like I was. You're putting a little target on your forehead

Speaker 28 [\(03:22:08\)](#):

Since you don't know why exactly. I think there is something we do know. We know it with the heart of the controversy around you, and it goes back maybe even more than 20 years.

Speaker 29 ([03:22:18](#)):

Why do we have all this autism going on? I asked the CDC officials the very question why, and they had no explanation. Why are they so

Speaker 28 ([03:22:29](#)):

Afraid that Bobby or you would actually do the science?

Speaker 29 ([03:22:34](#)):

Why are they intimidating? Why are they bullying and why are they refusing to do the proper kind of studies? It's that big trillions

Speaker 28 ([03:22:42](#)):

Of dollars. It's trillions, it's trillions. If this comes out, the CD C's done, does it stop at HHS? Does it wipe out all of HHS or does it kill the confidence of every American in our government and does it wipe out the government of the United States of America? Well, it could go beyond that. We know it. What's the heart of the controversy around you? And it goes back 20, maybe even more than 20 years?

Speaker 29 ([03:23:14](#)):

Yeah, actually it goes back about 25 years.

([03:23:19](#)):

Yeah, it all started, I was in Congress and it all started with a phone call I got from a physician in my district who was a supporter of mine, who had had a baby and a young son, and he calls me up and tells me that his son took an MMR shot and had a very adverse reaction to it with bowel problems and diarrhea and neurologic regression, and was later diagnosed as autistic. And he was of the opinion that it was caused by the vaccine. And I was really taken aback with the call. It's a sad call to hear from anybody, but he was a friend. And the other thing that intrigued me is I had never seen a case of autism. I had gone through college, medical school, internship, residency, six years of service in the US Army, as an army doctor, five years in private practice.

([03:24:26](#)):

And I had never seen an autism case. And then he says to me that autism was increasing dramatically throughout the country, and it was his opinion that it could be related to the vaccines. And that shocked me as well, because I had been taught, of course, vaccines were essential. And though some children can have a bad reaction to a vaccine, most children do fine with them and have very few side effects. So it was all kind of perplexing. And anyway, he invites me to go to a conference to say a few words. And the next thing I know, I have people coming to me from all over the country complaining to me about vaccine safety related issues. And the other complaint they had was that under the Vaccine Act of 1986, they had no recourse. And the other complaint, they had

Speaker 28 ([03:25:28](#)):

Nobody, they couldn't sue just for people that may be hearing this. For the first time in 1986, we passed the Vaccine Injury Compensation Act, which took liability away from the manufacturers and the doctors and the hospitals and anything to do with vaccines. If you are injured, you cannot sue anybody. You have to go through a government court system,

Speaker 29 ([03:25:49](#)):

Right? And you face the Justice Department of the United States.

Speaker 28 ([03:25:52](#)):

You literally have the Department of Justice using their lawyers,

Speaker 29 ([03:25:55](#)):

Justice department lawyers fighting you if you want to get compensation. And the other thing, these parents

Speaker 28 ([03:26:02](#)):

Did that at that moment, did you know that there was liability protections?

Speaker 29 ([03:26:05](#)):

Yes. I remember when the Vaccine Act was passed, and the way it was basically explained is the vaccine manufacturers were being sued so much that they were all getting out of the business. And I think there were only two in the business and they were threatening to get out if they didn't get indemnification. And a lot of people, including myself, thought something needed to be done because if all the manufacturers got out of the business, then we wouldn't be able to vaccinate our kids. And so the thinking at the time was that the Vaccine Act was the right thing to do. I think it went too far personally. But what was also interesting when all these parents from all over the country started coming to me is they said, nobody will help us. Nobody will talk to us. And some said it was this vaccine, some said it was this vaccine, some said it was the mercury and the vaccine. And what really amazed me is some of the people coming to me were doctors. So these were physicians who were claiming that my kid was developing normal until they got that shot.

Speaker 28 ([03:27:21](#)):

To be clear, one of the things that the anti-vaxxers will say at times that the pharmaceutical industry blackmailed Ronald Reagan and the government saying, you have to protect us from liability or we're going to stop making vaccines. Now what we tend to leave out of the story is that there was like Barbara Lo Fisher and those that had injured children that were going to Waxman and to the government and saying, look, our children are this rare injured group that are having a bad reaction from this. If you're mandating this product and there's going to be this side effect, this casualty that you're accepting, you have to take care of them. It's costing us millions of dollars to raise these kids that are autistic. So they were in there saying, we are open to a liability protection as long as there's a system that says, we recognize you've been injured and here's the money to take care of your kids. Is that, am I correct on that?

Speaker 29 ([03:28:23](#)):

Yeah, yeah, you are correct. But there was another problem with what happened in that it completely disincentivized the manufacturers to do research on safety. And so if you are the CEO of a drug company and you've got a new product you want to bring out, you really are incentivized to make sure that that is safe before it gets released on the market. Because number one, it could tank the stock value and that hurts all of your stockholders, but as well, you as the CEO, because most CEOs get paid with stock options, right? So I'm only getting paid, I'm the CEO of Merck. I'm only getting paid \$2 million a year to be the CEO, but I've got \$10 million of stock options. So you have a personal incentive to make sure that that new drug is safe. The problem with the Vaccine Act is that they have zero incentive to make sure that it's

Speaker 28 ([03:29:28](#)):

Safe, cannot be sued, they will never be, their stock will never be heard, they'll never be looked down upon.

Speaker 29 ([03:29:35](#)):

And I've actually had lawyers argue to me that they are incentivized not to find out if there are safety problems with it, because if they can get the CDC to approve it and put it on the childhood vaccine schedule, half of all vaccines in America today are given away for free by the federal government through the CDC. It's about 10 billion a year. And why would you want to discover that there's one in a thousand or one in 500 side effect from this? It could hurt your ability to sell it to the government.

Speaker 28 ([03:30:15](#)):

There was a fairly significant group of representatives that were actually looking at this issue around vaccines. Of course, I'm talking about the Dan Burton hearings. How did you get involved in those hearings?

Speaker 29 (03:30:31):

Well, as I started having people come to me, one of the things that was brought to my attention was the amount of mercury, toxic mercury containing compound called thimerosal that had gotten into the vaccine schedule. And I led an effort to pressure CDC and FDA and pharma to get that mercury

Speaker 28 (03:31:04):

Out. Just be clear. Mercury, I think some people, I've heard it different ways. Like the second most toxic substance on earth. There's certainly the most toxic nonradioactive substances

Speaker 29 (03:31:13):

Or something. Arsenic might be the worst.

Speaker 28 (03:31:16):

It'd

Speaker 29 (03:31:16):

Be like giving arsenic to little babies. Okay. The thing that's so appalling about what happened with the Mercury is a baby's brain in the first six months of life literally doubles. And there's just a tremendous amount of nerve development. The reason little babies are clumsy is their nervous system is not developed. And so after the baby is born, there's just a tremendous amount of neurologic development as well as muscle development and skeletal development, but it's primarily neurologic development. And that preservative thimerosal is a neurotoxin. It's a known neurotoxin. And if you did the calculations, they were pushing these babies into the toxic range, clearly pushing them into the toxic range. And FDA and CDC never did the calculations. Actually, there was a fellow quoted in the media who was one of the fathers of the vaccine program who admitted it. We never did the calculations.

(03:32:18):

They had an FDA meeting at a hotel in Maryland where they were scrambling trying to figure out what they were going to do similar meeting down in the Atlanta area with the CDC officials. And so I got on all that and I started pressuring the agencies to just get it all out. Don't put thimerosal in the vaccines that are going into infants. These are little teeny infants. Why do you want to put mercury in there? And that came to the attention of Dan Burton and he came to me and asked me to go on his committee. And I was already on two different committees and it was going to be a third committee for me. So that's how I ended up

Speaker 28 (03:33:04):

On, it's amazing. Just in we will get right there is, if you look at the history of Mercury is mad Hatter's disease, the mercury being used on hats starts making adults go crazy. Their brain goes crazy. We're injecting this into babies, right? As their brains are expanding. And you had science, I've watched some of these hearings again where you could literally watch neural prune where the nerves and everything in the brain are shortening upon contact with mercury vapors and things. And of course we could just get, but this is a super toxic substance, very toxic. And what you're saying is everyone had focused on the amount of mercury in one of the vaccines. No one thought about, wait, we're giving four or five or six of these at a time. Then there's the accumulation of up to 70 by the time you're 18. And you said, you started saying, wait a minute, look at the accumulation of this

Speaker 29 (03:33:58):

Product. It was terrible. And they finally relented. It took them years, they took the mercury out and the autism rate did not go down.

Speaker 30 (03:34:09):

And

Speaker 29 ([03:34:09](#)):

So I came away from that saying, there's more to the autistic autism epidemic than just the mercury. But there was evidence that it may have caused other things other than autism, some sort of speech and language development issues in some of the kids. But what always bothered me was they never took the mercury out of the vaccines that we sent overseas to vaccinate poor children in developing countries.

([03:34:44](#)):

And I'll never forget, this was just a few months ago, I was at this event in Washington DC it had nothing to do with vaccines. It was an event about Israel. And there were a lot of foreign government officials there. And I had a government official from Africa come up to me and he knew who I was and he knew the work I had done on getting mercury out of the vaccines. And he said, but they kept the mercury and the vaccine that came to my country. And I had to say to him, yes they did. And that was to save money. I complained to government officials, you need to get it out of our vaccines and you need to get it out of the vaccines that are going to these poor countries. And they complained that it was going to cost millions of dollars and there was insufficient evidence that

Speaker 28 ([03:35:44](#)):

Caused toxic substances doing damage to children

Speaker 29 ([03:35:47](#)):

Being eject. I hate to say it, we'll take it out for the white kids, but we won't take it out for the black kids in Africa. I mean, that's basically what they were saying because it will cost us too much money. And I just thought that was horrible to all those people who say, oh, it's not the vaccines. It's not the vaccines. The vaccines are safe. First of all, that's not true. We have the Vaccine Compensation Act because

Speaker 28 ([03:36:12](#)):

It's hurting somebody.

Speaker 29 ([03:36:13](#)):

Thousands of kids every year are damaged by these vaccines. It's just, it is safe for the vast majority and we need them. But they do have side effects. But alright, let's say there's no relationship with the vaccine schedule, even though the vaccine schedule went up and the autism rate went up. Let's just, for argument's sake say it's not the vaccines. Okay, well then what is it? Why do we have all this autism going up? I asked the CDC officials the very question, is this just an artifact? Is this a change in the diagnostic code? Are we just picking it up better? And they said to me, no. They said, it is really going up. And I said to c, d, C officials, why? And they had no explanation. Absolutely no explanation.

Speaker 28 ([03:37:04](#)):

What was the goal? Was the goal of the Burton hearings to just get mercury looked at and out of vaccines or what was the stated intention of those hearings?

Speaker 29 ([03:37:15](#)):

Well, the stated intention of those hearings initially was focused on the mercury issue. He was very concerned about the amount of mercury that was allowed to go in those vaccines. And just for your viewers, what happened? It was in the DPT shot, which was three shots, okay. But it was given over a prolonged period of time. And then they added another vaccine with mercury in it called the HIB vaccine. And then they added the hepatitis B vaccine, which was pretty egregious about the Hepatitis B vaccine is the recommendation was to give the first shot in the nursery after the baby is born,

Speaker 28 ([03:38:00](#)):

First day of life,

Speaker 29 ([03:38:01](#)):

First day of life. So this baby is sitting in a nursery bamo, you're injecting it with a toxic mercury containing preservative. And

Speaker 28 ([03:38:12](#)):

Ultimately, by the way, a sexually transmitted disease that is usually only a problem for people in promiscuous sexual relationships or sleeping with prostitutes

Speaker 29 ([03:38:24](#)):

Id drug abusers

Speaker 28 ([03:38:25](#)):

Or IV drug abusers. So why a day one old baby even needed this vaccine of all of 'em? That has always been the easiest one, I think, to put a target on. Well, I couldn't agree with you more, I would say around this topic of vaccines, there is no greater, more controversial figure in the world than Dr. Wakefield. I will give the caveat, he was the director of the film. I produced a vaxxed that puts me in the middle of it. So I don't say that as shocker. But take me back to how you met Dr. Andrew Wakefield, because it obviously had enough of effect that 20 something years later in a three page discussion about why you had just lost this position, the CDC, you chose to write about him.

Speaker 29 ([03:39:17](#)):

Well, let me give you the background on that. But before I give you the background on that, I have to say I think he is probably one of the most unfairly vilified human beings alive today in the world. And people have expressed sympathies to me for what happened to me. But I consider what happened to him to be significantly worse. So I mentioned earlier I had this friend who was a doctor and he said he thought his kid was made autistic by the MMR vaccine and he invites me to speak at this event in Orlando, and my district came close to Orlando. So I had a lot of reasons to be in and out of Orlando, and I was going to be in the area that day. So I thought I would just get up and express my condolences to the families that were there who were making the same sort of claims that their child had been made autistic by vaccines.

Speaker 28 ([03:40:20](#)):

This was specifically not just very specifically in a conference about autism and vaccines.

Speaker 29 ([03:40:27](#)):

Correct. This was a meeting of some scientists, some officials and some activists and then just some parents. And it was not in my district, but it was bordering on my district. So I go and Andrew Wakefield is there, and he's a British researcher. He's at a prestigious hospital in London, and he was presenting his data and I thought it was very intriguing to say the least. And so that set up sort of a dialogue between me and him. I never chose a career in research, but I read the medical journals, I've read the New England Journal, the JAMA and the Annals of Internal Medicine, my entire medical career and my undergraduate degree was in biochemistry. And so I've always been interested in science and research and I did a little bit of research in college and in medical school, but not a lot. But anyway, I got to know him and I got to know his research.

([03:41:34](#)):

And then we basically kept in touch and he published about 15 papers and he defined a new form of childhood inflammatory bowel disease that heretofore had never been described. There were researchers in the United States who duplicated his research and showed that it was indeed true. And I remember talking to CDC officials at the time and saying, is this legit? Did Wakefield really discover that these, because what the parents described of the kids that claim their child was made ill and in some cases made autistic from the MMR. What they described is the kid had normal bowel movements and then started developing, the kid was eating normally, and then the kid became a very fussy kid and the kid had normal speech and language development and then stopped talking. And that was basically the syndrome and his research, he published 15 papers, 14 of them were not withdrawn the condition that

he defined as an established known condition that these kids will develop this bowel condition. What got him in trouble is he gave some of his biopsy specimens to a virologist in Ireland by the name of O'Leary to do analysis on the biopsy specimens and to specifically look to see if there were measles particles in those biopsy specimens, vaccine strain, measles.

(03:43:28):

So he was very respected, renowned virologist

(03:43:33):

And Wakefield ultimately brings O'Leary into my office and shows me his PCR data that showed that these kids with this inflammatory bowel condition actually had a vaccine strain. Measles particles infecting the lining of their large intestines. And I was blown away when I looked at this and I actually looked at his photographs and it's a fluorescent type of photograph. And anyway, that was published in a journal called Lancet. Immediately British parents started refusing the MMR, they started having some measles outbreaks. The health department in England pulled all the fire alarms, went into damage control mode. What they should have done, and it still to this day has never been done, is try to repeat that study and nobody has the nerve to repeat that study, which is one of the things that I wanted to do if I was at the CDC, I would get those biopsy specimens and I would look to see is that vaccine strain measles particle? And that's one of the first rules in research. If you discover something in biomedical research that is revolutionary, that is iconoclastic, you want somebody somewhere to try to repeat it. And I've seen many times they can't repeat it.

Speaker 28 (03:45:09):

Right. And so that's been an argument about the medical journals. A lot of these studies have shown that 50% of these supposed not repeatable are not repeatable. It actually isn't true.

Speaker 29 (03:45:20):

Exactly. But why didn't somebody attempt attempt to do that? What's that all about? Why did you even at least try

Speaker 28 (03:45:31):

Again, let's point out, this is a disease that is starting to skyrocket in America, but also around the world. It is catastrophic to the people that at least have serious cases of it. It is truly an epidemic. So you would think there would be a desire to see if this is true. Is this somehow related to the measles strain from the vaccine in the gut affecting these children's stomachs?

Speaker 29 (03:46:01):

This is why I've engaged on this issue all these years. It drives me crazy when I think about it. They get Lance set to withdraw the article and they get O'Leary to withdraw his data and basically say, no, that's not what it showed. And so this is 20 years ago now, I get on the phone with O'Leary and I said to him, why are you doing this? You showed me your data and there was this very pregnant pause. And then he says, I, it's taken me a long time to get where I am in the scientific community. And then there's another pregnant pause and he says, I have four small children at home. And I said to myself, they were threatening this guy with ruination. They were going to kick him off faculty. They were going to make it impossible for him to get research grants.

(03:47:06):

They were literally going to put him and his four kids and his wife in the poor house. And I was just completely flabbergasted. And then back to Andy Wakefield. The other thing that, and why I talked about him in that letter, I thought the way he got treated was horrible. The way they treated O'Leary, the way they treated the editors, that the Lancet was horrible. They were stifling scientific inquiry. They should have tried to repeat that study and they didn't want to repeat it. The records clearly show they never did anything unethical. They never did anything that was scientifically dubious and that Andy

Wakefield's license should have never been taken away. And so that is why I spoke about Andy Wakefield in that study. Even if Andy was wrong, even if it wasn't the MMR, you should have just repeated the study. Why did you pressure the lance set to withdraw that article when they did nothing wrong according to the inquiry that was conducted? And why was O'Leary pressured like that? I can only assume it was emanating from high government officials and the vaccine industry because, and what's very tragic to me is if all of this turns out to be true, and essentially the theory we're discussing here is that yeah, most kids tolerate the MMR just fine, but there's a small subgroup of kids who become autistic and the government is denying a relationship and they really is a relationship. And those children and those family need to be, families need to be

Speaker 28 (03:48:50):

Compensated when you're talking. I've done thousands of interviews of these parents and their children. They describe a very similar event many times got the vaccine that night, sometimes three days of incredible screaming, crying. We assume now that some sort of a brain swelling event encephalitis is causing the pain, the child's screaming. Then all of a sudden after they come through that they now have diarrhea. But it's described as a Clorox smelling, burning burns the skin on their bodies like it's a horrific condition or incredible constipation where they can't go to the bathroom for weeks on end, but their whole digestive system is correct. Correct. And what Andy was looking at, he was a gastroenterologist. People don't really realize that he had done work on Crohn's disease and the gut and had even shown that he believed a measles alive measles infection could lead to Crohn's disease.

(03:49:44):

And so this hypothesis is the measles vaccine may be doing a child version of this. And so that's the investigation that he ended up doing. What was so fascinating about it is this was supposed to be a neurological disorder, but the question was, is the gut issue coming from a neurological disorder? That doesn't make any sense. We have no history of understanding that or is it this gut condition, this bowel disease affecting the brain in some way? And I remember with Andy, the thing that really was shocking to me is he said the day before we would do the colonoscopies when we clear their gut system out like any of us would do, you take the stuff that just makes sure that you're so clear, the cameras can see what they're doing. He said the autism mannerisms would disappear.

Speaker 15 (03:50:33):

Hi everyone. I'm so excited to have a dear friend of mine, Mark Black Soul, with joining us here today. Mark is the CFO of Vibrant Technologies Incorporated, an IT reseller and the Holland Clinic Center, an autism treatment provider. In addition, he's co-founder of XLP capital, a firm founded in 2015 and focused on technological strategy development and advanced data analytics. Before starting XLP, Mr. Blackwell was co-founder and managing partner of three LP advisors. A firm focused on IP strategy development and patent transactions. Previous to the launch of three LP in 2008, he was a 25 year veteran of the Boston Consulting Group, where as senior vice president and partner, he headed the firm's strategy practice. Mark is also the father of a daughter diagnosed autism. He's published numerous scientific articles and co-authored three books on autism and related issues. He earned an MBA with distinctions from Harvard Business School and an AB from Princeton University where he graduated Summa cum laude and five Eta Kappa. Mark, thanks so much for being here with us today.

Speaker 31 (03:51:45):

Happy to join you, Lynn.

Speaker 15 (03:51:48):

So it's where to start. We've been where to start? I know for what, over

Speaker 31 (03:51:54):

25 years? Yeah, 20, like that

Speaker 15 (03:51:56):

Five years. But this event is about basically the 25th anniversary of the SIMPSONWOOD meeting here in Atlanta, Georgia. And I know you were very much involved in that. So that's mainly what I want to talk to you about today and some of the things that came as an outcome from that meeting. So if you could please share with us briefly how you first became involved in investigating the use of bi marial and vaccines and what your thoughts were after reading the transcribed minutes to the SIMPSONWOOD meeting.

Speaker 31 (03:52:31):

Well, and all of us, I got thrown into this by having a child diagnosed with autism and my youngest daughter, McKayla, she's now 29, she was diagnosed in 1998 in September of 1998 with autism, which was just a terrible event in our family's life and history. And immediately thereafter, I kind of jumped in to try to figure out what was going on and what I could do to help her. And long story short, because it's a long story, I just got fascinated by both there were sort of things to do to help her. And the phenomenon of the autism epidemic, which was really just coming to the fore in the late nineties and the numbers were starting to go up and there was a great deal of denial in the medical and scientific community that there was anything going on at all. And that denial remains today.

(03:53:43):

But there were a lot of theories about why the rates could be going up so fast. And one of them was one that you were instrumental in spearheading, which was the connection between aerosol and mercury in vaccines and the increase in autism. And I got really interested in that theory and hypothesis and got involved with the organization that you were involved in starting safe minds. And so a lot of a group of us were active in researching and sponsoring research and doing FOIA requests for the government and interpreting original documents. And there was just such a treasure trove of material. And I got very involved in that and wrote about it and analyzed it. And it was astonishing to me that there could be that much bad conduct in our leading institutions of science and medicine. And so one of the things that got me involved, the connected to Simpsonwood, is I did a little model, here's the rate of increase in autism based on some of the numbers coming out of California.

(03:55:07):

And here's the increase in exposures of young children to thy Marisol over time by birth cohort. And the two lines were on top of each other. And as you'll remember, there was an Institute of Medicine meeting in Cambridge, a few blocks from my house in 2001 where because Safe Minds had been active and kind of exploring the theory of the connection between mercury and autism, I got a small short slot and actually presented to the group and kind of raised that theory. And then there was a whole bunch of things that came after, including the government had a freaking out and the CDC kind of freaking out about maybe there was an issue there. And one of the things that happened after that was a meeting at Simpsonwood that was what? June of 2000 Lynn? I guess it's not after. So it was before. Yeah, it was actually before. It was before I

Speaker 15 (03:56:18):

Was 2001.

Speaker 31 (03:56:19):

And so what it showed, what the transcript showed was that they were all very worried about the time aerosol connection. And in fact, they had had a CDC analyst named Thomas Fair Stratton conduct an investigation into the links between thiol and other neurodevelopmental disorders. And he had found a bunch of statistical links. And so that SIMPSONWOOD meeting, which preceded the IOM by a year or so, I guess showed how concerned they were. And I guess reading it, you can see the concern, but you can also see just bad ethical practice. And as a parent, I read it and I said, if these are the people that are in charge of the health and safety of our kids, this is not the way it should go. This is not the way they

should talk. This is not the way they should consider evidence. And it's really not good practice. And I was in a word appalled by what I read.

Speaker 15 (03:57:38):

Yeah, so you went and did sort of a deep dive into the whole governance issue with simpsonwood. That was really a fascinating document. Mark, talk a little bit about that document and what your conclusions were.

Speaker 31 (03:57:54):

Well, at the time I was in management consulting and I worked with large corporations. And one of the topics that you discuss when you're involved in large organizations is the notion of governance. You have boards of directors, you have executive committees, you have ethical standards, you have things that you file with the government and you have financial statements. And there are standards for conduct and ethics and management theorists and business school people and management consultants talk about that stuff. And so reading the transcript, it was an example of bad governance. You had a conflict of interest. You had, and I guess it's not a bad thing to talk to suppliers and manufacturers of products that are maybe implicated in concerns over damage, but it's not a good idea to have private meetings with the senior managers of the CDC of the FDA of organizations and have the company that might be liable for some of the injuries involved in these secret meetings.

(03:59:17):

And it was, long story short, I think the worst part of the meeting was they had this analysis was they had followed a protocol that had come from the CDC. And when you have a study design, you follow the study design and then you should respect the results. What they did was they took the results of actually a second iteration of a study design. The first one was worse, but you didn't know that listening to the conversation, they took an iteration of the study design and then they had statisticians try to pick it apart and say, how can we make all the troubling findings go away, which is just not ethical. And then you had some people saying, well, we shouldn't have done this at all because we knew we might've found a bad result. And why did we do it? Well, of course you should do it. If there's a bad of children are being injured by a toxic heavy metal, of course you should find out. And of course you should take it away. And of course you should make the products more safe, but that's not the way these people were thinking. And it was stunning the fact that the disregard some of our leaders of public health and safety had for the health of children.

Speaker 15 (04:00:44):

Absolutely. Mark, talk a little bit about when safe minds got this treasure trove of data. It included several different iterations of this study protocol that they offered all the time. They would look at the results and then go back to the study protocol to figure out how they were going to change it or pull out clinics or this or that to make those pesky signals of harm go away. Talk a little bit about, and we will have also these documents available for everybody listening to this to be able to actually see for themselves what the data was saying at the time that they were worried about. So talk a little bit about the four different versions of the

Speaker 31 (04:01:26):

Well, as a consultant, as a management consultant, one of the things I would do in my day job was to take apart analysis and look at what teams had done and look at usually business and economic analysis and say, did you do it right? Could we improve the analysis? I managed teams of analysts all the time. And so it was fascinating to have all of these FOIA documents and also, which reflected some of the internal analytics and conversations and then also some of the public information. So there were this study and the CDC basically launched a study on the connection between Marisol and developmental disorders including autism. And what we learned in the FOIA documents was that they went through many iterations of the study. There were ultimately five in the first documents we had, we thought there

were four, which was a top secret internal one. We call that generation one, the document that they shared in SIMPSONWOOD in June of 2000, which we call generation two, the document they shared at the IOM meeting, a later IOM meeting in Cambridge in 2001,

(04:02:54):

Oh, I guess that was the 2001 meeting. And then the one that was eventually published in a journal in the Journal of Pediatrics in 2003. And every one of those documents was different. And the worst results were in the first one, which were very concerning. And that was written like a scientific paper, publishing methods and results and findings. And the least bad results in terms of injury. Evidence of injury or harm was in the 2003 final publication, which basically said there's nothing here. But what they did, and it was obvious from generation 1, 2, 3, and four, there was a progressive degradation of the signal. Any evidence of harm was diminished step by step. And so we all worked together and I wrote a bunch of slides just what I did for a living saying, here's what changed and this isn't right. There are problems with every step.

(04:04:07):

And then a little while thereafter, we got another foy or someone dug, we figured out that we had a worksheet buried in the FOIA pile that actually described an even earlier version before the Generation one analysis. So with no larger numbers, we'd decided to call it Generation Zero because it was before the actual published things. And then even many years later, we learned that that Generation Zero was actually published internally within CDC as an abstract. And that one showed even spectacularly bad findings that the risk of autism in the highest exposure group versus a zero exposure group at one month of age was 7.6 times, or in another run of the data 11.3 times, which are tobacco numbers for early THI Marisol exposure. So long story short, what's on the public record, which is a 2003 CDC paper on Marisol and autism says there's no link between Marisol exposure and anything including autism.

(04:05:27):

But what you see when you investigate the evidentiary record is a clear pattern of what I would call fraud because scientists were basically cheating to try to cover up a signal, which when they first looked at it in a disinterested way was alarming. Yeah, we published that. We got that out of Safe Minds. And then ultimately, a lot of that was published in a book that came out in 2005, evidence of Harm, which was a New York Times bestseller. And Lynn, you were featured in that because you were one of the first people to actually recognize that there were potential connections and then the rest of us who were involved were in the book too. So that was a very eloquent statement of what happened. And I recommend that your audience go back and read evidence of our, but yeah, it's all about our activism and struggle to shine a light on scientific misconduct and fraud.

Speaker 15 (04:06:40):

Absolutely. Well talk a little bit too, because after the 2001 IOM meeting where they found biological plausibility, CDC sort of panicked and there were a growing number of parents who were claiming their children had been injured by Marisol vaccines. They had filed claims in the vaccine injury compensation program. And so CDC was very worried and convened a second IOM meeting fairly quickly after the first, the was in 2001, this was in 2004. And they narrowed the focus from looking at all neurodevelopmental disorders to just looking at autism. And they also changed the criteria for causality, which had included previously in 2001 being biologically plausible. And now they made the criteria biological mechanisms. And at that time we didn't really know the biological mechanisms. So it was a hurdle that no one could actually cross. But anyway, I want you to talk a little bit about the CDCs conduct in terms of providing not only convening the meeting, paying for the meeting, telling the Institute of Medicine,

Speaker 31 (04:08:01):

What they wanted the answer to be

Speaker 15 ([04:08:02](#)):

Exactly. We have internal minutes to their behind the door meetings as well. But what the studies were that CDC put forward as evidence that there was no association.

Speaker 31 ([04:08:14](#)):

Well, what they did, they were very disturbed, obviously by the findings of the 2001 IOM report. And so they slammed through a whole raft of studies on two different issues actually. One was thiol, which we were all focused on, but also one vaccine, the MMR vaccine, which had been a cause of concern for other reasons and from separate papers and scientific studies. So they launched, chartered, paid for a number of studies on those two issues, one vaccine product and one vaccine ingredient. And they did two studies of their own. One was the RAAN study that I just described. The other was on MMR, which was the lead author was DiStefano, so call it DiStefano at all. And that's another story of fraud where one of the authors who had a conscience and some integrity expressed concerns and conversations to people about manipulation of data in different but kind of analogous ways where they had a study protocol that they then tried to hack once it came up with results that were not the answer that they wanted.

([04:09:42](#)):

So the CDC had two studies, de Stefano and Bur Stratton that they, where there's demonstrable evidence of fraud and lack of scientific integrity, and they published those in parallel. They got some of their buddies in Denmark to publish a bunch of studies on the same topic, one on MMR and three on ol. It was actually the same group of people. There's a little network of collaboration. There were co-authors across all four of these studies, and all of them had a connection to a vaccine company called the Statin Serum Institute, which made money providing components for thy Marisol containing vaccines. So they enlisted a commercial actor in the production of these products to study products for which they might have an exposure. And lo and behold, and they studied the same period of time, the same set of events in Denmark for aerosol, and they all produced the same findings, and it's complicated to get into, but basically that's fraudulent. There's a scientific standard called you don't publish duplicative results. And so they basically published the same analysis three times and they came out within weeks of each other. And you're all supported by this people connected to or paid by the Statin Serum Institute. One of the links to the Statin Serum Institute was a fellow named Paul Thorson who had his own little place to collect money naia, the North American neuro something or other, I forget the name. And he was convicted of, or Lynn, you know this better than I do. He was incredibly, he

Speaker 15 ([04:11:55](#)):

Convicted,

Speaker 31 ([04:11:56](#)):

No, yeah, incredibly accused. That's right.

Speaker 15 ([04:11:58](#)):

Wanted list for

Speaker 31 ([04:12:00](#)):

Fraud

Speaker 15 ([04:12:00](#)):

And

Speaker 31 ([04:12:01](#)):

For fraud,

Speaker 15 ([04:12:02](#)):

Actually, I think money

Speaker 31 ([04:12:02](#)):

Embezzlement, I think money was E and he was connected to the CDC. So he was actually the link to the CDC and an employee of the CDC. So the CDC was linked to two demonstrably or arguably, I mean two studies where there's substantial evidence of fraud and covering up of harm and also linked to this kind of network of studies in Denmark mediated by a most wanted embezzler and connected to a vaccine manufacturer that kind of let themselves off the hook in terms of any harm in terms of thiol. And all of this happened within a couple of years. These studies were all published 2002, 2003, just in time for the IOM meeting in 2004, which said there's no link at all between vaccines and autism, remembering that we're only studying one vaccine that no one ever argued has caused the autism epidemic all by itself. There's just an argument about increased risk, particularly of early exposure and one ingredient, which again is a nasty ingredient, but they've used that collection of studies to say, oh, case is closed, no connection at all between vaccines and autism. And we pat the lovely parents on the head, you can go back out and follow our recommendations and stop complaining. So that's kind of what happened. And then they had this report in 2004 that basically gave the whole vaccine program a clean Villa health  
Speaker 15 ([04:13:55](#)):

And it also shut down any further research into the mar itself.  
Speaker 31 ([04:13:58](#)):

Exactly.

Speaker 15 ([04:13:59](#)):

And what fascinated me, mark, in that report, there's also a section that says, because they relied heavily on epidemiological data, which at face value cannot imply causal relationship, it can only show associations. And buried in that report, it actually says that you would not be able to detect a sub portion of the population that might be more vulnerable to injury. And that's what we have been claiming all along. So these large epidemiological studies would not be able to find those children who would be more vulnerable. So I'm really hoping sometime in the near future we'll be able to convene another Institute of Medicine review of that actual meeting because there's been so many findings since that time that we now know are true. One of the models that was presented showed neuroinflammation was a mouse model, and one of the responses from CDC is there's no evidence of neuroinflammation in the brains of

Speaker 31 ([04:14:57](#)):

Children. The animal models have consistently proven

Speaker 15 ([04:15:01](#)):

Patty Harding's model. And now one year later, Carlos Pardo published that landmark study showing micro gliosis and neuroinflammation and the brains of children with autism, which sort of flies in the face of what we were told that it was a genetically based psychiatric disorder.

Speaker 31 ([04:15:17](#)):

And the numbers, Lynn, the numbers keep going up. We were told, and this is what I was told back in 1998, which just made no sense to me at the time, it's genetic, it's all in the brain, it's rare, and you should just go through your grieving process and get ready to put your kid in an institution. That was basically the message to parents back in 1998. And the things that we've learned since is proved that all that's wrong. It's got to be, first of all, it's not rare and the numbers have been exploding back then. They would say the numbers are one in 2,500 up from one in 10,000 maybe, but that was because they were doing a better job. And now the numbers, the latest numbers are one in 36 and we're waiting for a new report. And if the past trends prove through, the numbers will still go up.

([04:16:16](#)):

So the numbers are going up. So it's not rare, it's increasingly common and exploding, which means it can't be genetic because there may be genetic vulnerability, but there's no such thing as a gene that

can see an increase in two decades from one in 2,500 to one in 36. It's not, it's in the brain. It's affecting neurodevelopment for sure, but our kids are sick in many other ways. There's immunological issues and digestive and gastrointestinal issues and mitochondrial issues, and then there's hope, which is we can do things to treat and improve the life trajectory of our kids, maybe not have them fully recover, but at least we can do things that can affect the biology and the mechanisms that we can increasingly understand to improve their prospects in life. And of course, we should be concerned about prevention because one in 36 is crazy.

(04:17:23):

We need to get that back down to almost nothing. I mean, I like to say, Lynn, that before 1930, the rate of autism in the world was effectively zero, that it was discovered in some kids born in the thirties, but for a long time it was really, really rare. One in 10,000, maybe click higher or lower, and then it went vertical in our generation of kids and we haven't seen the peak. And so we really need to figure out what's going on and fine the environmental triggers, which can and almost certainly are complex. I don't think any of us were ever claiming that there was. It would be wonderful and simple and easy if there were one cause, one ingredient, one product, one exposure. But I think everything we're learning suggests that it's not simple, but it is environmental, which I think increases the urgency and the moral imperative to do something and we need to do something.

Speaker 15 (04:18:29):

Right. Absolutely, mark. Well thank you so much for that. Is there anything else you would like to share with families or viewers today? Any words of wisdom? To close with

Speaker 31 (04:18:39):

The autism epidemic is the most urgent public health crisis of our time. The cost is already incalculable. I've done some analytics and published them, and that was a controversy in itself. But if we don't do anything, it'll be \$5 trillion annually in terms of cost to American society that'll break our country. We can't afford that. We've got to figure out what's going on and do something about it.

Speaker 15 (04:19:12):

Yeah, absolutely, mark. Well, thank you so much for taking time today, mark, to share this information with our audience. I encourage everybody, if you haven't, to also read Age of Autism, a book that mark published and also evidence of harm. If you would like to learn more information, all of the charts and documents that Mark mentioned today will be available on the CHD website. Please take an opportunity,

Speaker 31 (04:19:41):

Don't forget, denial,

Speaker 15 (04:19:44):

Denial, denial.

Speaker 31 (04:19:45):

More recently published in 2017, which talks about the epidemic and all the efforts to try to sweep it over the rug.

Speaker 15 (04:19:54):

Yeah, mark, thank you so much for all you do and continue doing what you've been doing all along. And I really feel hopeful that we are getting closer to figuring this out and stopping the generations of harm and helping to heal the children that have already been injured. So thank you so much.

Speaker 18 (04:20:16):

Thanks for having me,

Speaker 31 (04:20:17):

Lynn.

Speaker 5 (04:20:22):

And the interesting thing about this is that I found out after seeing this with my grandson that not too long ago, one in 10,000 children in this country were autistic. One in 10,000. Now it's between one in 250 and one in 500. Congressman Smith just said, we have an epidemic on our hands. I'm telling you, we really do have an epidemic. And in the lifespan of a child who's autistic, the cost is going to hit this economy to the tune of about \$5 million each, each. And if one in every 250 to 500 children are autistic, we'd better darn well pretty soon find out the cause. And our health agencies really aren't doing much. They're appropriating, getting very, very little money on research into autism. Now we have a growing body of scientists and doctors who've testified before my committee in the Congress that are saying that Mercury is a contributing factor to autism.

(04:21:17):

And we have a growing number of people who have Alzheimer's in this country and they're getting shots with Mercury in them. I got a vaccination here by the doctor at the Capitol, and I found out he didn't know it. He's a great doctor, fine fella, but he didn't know there was mercury in the vaccine. How many of my colleagues got vaccines this year to protect themselves against the flu, flu vaccine? If you got one, you got mercury in your vaccination. And that's a contributing factor according to a lot of scientists and doctors to Alzheimer's and to autism with kids. We need to find out why they're putting mercury in vaccines. It doesn't have to be in there. We have a supply of vaccines that'll take care of our children across this country that does not contain mercury. And yet if you have three shots in one vial, they put mercury in as a preservative and the mercury is very toxic.

(04:22:08):

And maybe we believe it is a contributing factor to autism. All I can say is that the FDA and HHS and all of our health agencies need to get on the stick and get things like mercury and aluminum and formaldehyde out of the shots. We're giving our children out of the shots, we're giving adults. And this is a bipartisan issue. Mr. Doyle, I really appreciate your giving me that minute. I just want to tell you that every parent, every grandparent in this country ought to be concerned about what's going into their children's bodies. Not too long ago, the FDA took any topical dressing you put on your skin. They took mercury out of them because it would leach into the skin and could cause a problem. And yet they still give shots to our children that contain mercury. Today, right as we speak, children are getting mercury injected into their bodies with vaccines. That's wrong. It should not happen. It should not happen. And that's why we in the Congress ought to know everything we can about what's going on to our children. Our children get 26 shots by the time they go to school. Many contain these toxic substances. It should not happen. I personally believe that's what caused my grandson's autism. And I believe parents across the country feel the same way. I don't know how many hundreds of parents I've talked to, thousands of parents I've talked to had the same experience that we had in our family.

Speaker 15 (04:23:23):

Hi everyone. I'm so excited today to be here with a longtime friend Beth Clay. Beth is a former senior professional staff member who led the autism vaccine injury investigations for then Chairman Dan Burton of the House Oversight Committee. And Beth, I just really have to thank you for your years of being a friend to the parents of children who had vaccine injuries. You are always there for us. You would always answer the phone, listen to our concerns and do everything you possibly could to make sure that our lawmakers were aware of what we were facing. So thank you again.

Speaker 32 (04:24:03):

It's my pleasure to be here, Lynn. And it is my distinct pleasure to have been a part of this investigation. I was invited to join the Congressional committee working from the National Institutes of Health. We were supposed to be focused on the role of complimentary and alternative health in our US healthcare system, and we worked on that for the entire five years I was there. But we quickly got involved with the vaccine injury issues, both at the subcommittee level and then at the full committee level on major

issues like the anthrax vaccine injury in our military, the Hepatitis B injuries, especially in school nurses and others. And then it became the issue of pediatric vaccine injury leading to neurological issues such as the autism spectrum disorders that we were seeing that have now become epidemic levels in the country.

Speaker 15 ([04:24:52](#)):

Yes, they absolutely have that.

Speaker 32 ([04:24:55](#)):

I can't believe it's been 25 years since we started. Well, it's 26 years now that we started the investigation in 1999 and five years on committee. And I stayed involved in the consulting world and have stayed involved in a personal level because I felt like all the knowledge I gathered, I had a moral obligation to keep seeking the truth of what happened and why. And then how do we seek justice and prevent medical injury, which is the key component here. How do we stop the continued cycle of medical injury in children?

Speaker 15 ([04:25:30](#)):

Yeah, absolutely. Beth, well talk a little bit about the early government reform committee hearings that were held on vaccine safety issues, vaccine conflicts of interest, and also focus a little bit since this particular series is about simpsonwood the issues with TH vaccines.

Speaker 32 ([04:25:51](#)):

Absolutely. So when we got started, like I said, we had two subcommittees, two separate subcommittees that were working on various vaccine injury related issues. The anthrax vaccine issue was in one committee, and then the Hepatitis B injuries that were taking place was another subcommittee. But Congressman Burton took on the issue as chairman of the full committee and he said, I'm having a lot of parents reach out to me. And as he would testify, and he would speak at many hearings, he has two grandchildren, and both of them suffered serious vaccine injuries, getting their regular pediatric vaccines.

Speaker 5 ([04:26:28](#)):

I didn't know much about autism except it was a disease of some kind that affected a lot of kids and some adults until it happened to my grandson. One day he was normal, starting to talk, walking, great kid, and he got nine shots in one day, nine shots in one day. Many of the shots he received had mercury in them. Most people don't know that when their kids are vaccinated, many of the shots they get have the Marisol in 'em. It's mercury. And mercury is a toxic substance that hurts people, especially children. And it builds up in your system as you get more and more of it. Anyhow, within just a couple of days after getting nine shots in one day, the MMR shot, which has been referred to by Mr. Doyle and many shots including Mercury, he started flapping his arms running around, banging his head against the wall. He had obstructions in his bowel, had chronic diarrhea, walked around on his toes and he hasn't been normal since.

Speaker 32 ([04:27:33](#)):

And so we began looking and reached out. We had safe minds reached out with an amazing paper comparing the symptoms of autism to the symptoms of mercury injury. We heard from parents from all around the country and other organization, Barbara Fisher was an amazing resource and her foundation. So we started having hearings. We brought in a series of parents and experts. We brought in the FDA, we brought in the CDC, and we heard expert testimony. And it quickly, and at the same time, the NIH conducted a meeting, and I'll never forget, it was supposed to be a meeting where they're supposed to be listening to the parents. And what it ended up being is they wanted to teach autism 101 to the parents who could have run circles around them about the science of autism and what the needs, the healthcare and the research needs were.

([04:28:30](#)):

And then the issue of the Marisol, the Mercury based preservative that was in vaccines. And as a part of my work in investigating, one of the things I would do is drill down into the websites of the agencies and the FDA had on its website at the time, this innocuous slide from a presentation where it was comparing the levels of Mercury and the children's vaccine schedule. And what had happened that led to that slide was the National Academy of Sciences had been requested by the EPA to do a comparison of the federal levels of safety standards for methylmercury. And because the FDA had a standard, the EPA had a standard, two or three other federal agencies had different standards and they all disagreed with each other. And so the EPA wanted to know which standard was correct. It turned out that the EPA standard, which was a lower threshold for injury than the FDA standard, was actually scientifically valid.

(04:29:39):

And so the FDA, somebody on FDA staff said, oh my gosh, we've got to look at this. And they said, but wait a minute. We have this other type of mercury and vaccines and we're giving these to children. And they ran this, they put this slide together and said, we're giving children. If ethyl mercury and methylmercury are the same, then we have overdosed children and put them at risk for injury. And as you know, Lynn Mercury has three organs, primarily the kidney, the heart, and the brain. So we were putting people at risk for high levels of exposure to mercury and the kidneys, the heart and the brain. And for children, the brain is the most vulnerable. We also have epidemic levels of cardiac disease and kidney disease in this country. And we do not know if there's a role of mercury exposure in those conditions.

(04:30:26):

So that's one of the side effects, sidebar issues. So that's where this all began asking those questions about Mercury, the same way that safe mines you and Sally Bernard and others were looking at and doing that first study that was published or that first literature review that was published. And what frustrating is we expect our federal authorities to come to Congress and tell the truth. We expect them to do good science and we expect the researchers that are brought in as advisors to be unconflicted. And to be honest, what we found was completely the opposite. We found a lot of conflicts of interest that were particip note that leaned people to not being able to give an honest, scientific answer. And we found corruption within the process. And that to me, when you look at the SIMPSONWOOD meeting that took place, which was a, what was the term?

(04:31:23):

They used, individual group analysis of the study that Tom Stratton had done. So you basically brought a group of people, of 50 people came together that included C-D-C-F-D-A advisory committee members, members from five pharmaceutical companies and from academics who were affiliated with the government through their academic appointments. So you had all of these groups come together. What was left out, Barbara Lo Fisher's organization was excluded. Congress was not invited. The parent organizations were not invited at all. So they did this review of this initial study and talked about it for two days, but they excluded people. And you basically, when you put a group of 50 people in a room and you're asking them to give their honest opinion, are they really going to or are they going to join in and meet each other? Because here you've got the people who give your academic institution grant funds. Is that guy really going to be completely honest if he disagrees with you, if he's worried that you might not write that \$10 million check for the next clinical trial he wants to run. I don't know that kind of group collaboration, to me it's not common. It's only, I've only seen it in two places, this instance and then the instance of looking at the COVID vaccine. The only two times I have seen this type of method used.

Speaker 15 (04:32:56):

Yeah, absolutely. Beth and the advisors there were actually going back with their recommendations to asepe. It was part of the Marial work group, which having that meeting behind closed doors, not inviting the public, is actually a violation of federal advisory

Speaker 32 ([04:33:11](#)):

Committee. As an expert in advisory committees, I served, I was a committee management officer at the NIH, so I was trained in what the rules of the Federal Advisory Committee Act are and what the rules of conflict of interest are. And they absolutely used a work around, which I would say is ethically, if not outright legal, it certainly is ethically questionable to skirt the rules of the Federal Advisory Committee not to do a federal announcement in the federal register. So when you don't announce a meeting in the Federal Register, you're in violation of the fca, which is the Federal Advisory Committees Act. And so they had a meeting, they violated that act. Doing it in closed door session meant they were up to something and they did not want to have an honest dialogue by having that process. Plus when they came to Congress, they just mentioned the next week or within the next month, we had a hearing and they just mentioned this meeting in passing as if it was no big deal.

([04:34:08](#)):

And they didn't bring the report, they didn't bring the transcript. They just mentioned it in passing, which was crazy. This was a major study that was done just giving us the answers that we needed. And they actually, as you have talked about and you have published about that very first analysis was all we needed that first, the zero exposure, that slide tells it all. They didn't have to go do all this other stuff to pollute that and wash that data out, but they did because they didn't want to come to Congress and say, yeah, we found a problem.

Speaker 15 ([04:34:41](#)):

Yeah, exactly. Pat, the same thing with us. We had met with CDC two weeks after the SIMPSONWOOD meeting and they never mentioned anything to us about the findings they had. They told us they had looked at it and there was no evidence of harm, which we hear all the time.

Speaker 32 ([04:34:57](#)):

Well, it's interesting stuff at the CDC and the FDA and across the federal agencies and the deep state of public health, basically you have industry and academia and government all working together towards a common goal. And that common goal for this issue is to protect vaccines and vaccine policy that becomes cult-like religion where you must protect the vaccine no matter what harm is being done. And when they said no evidence of harm, which obviously makes me think of David Kirby in the book, that you are also a major part of

Speaker 33 ([04:35:35](#)):

The premise is that Mercury used in vaccines as a preservative may have harmed a whole generation of American children or a subset of them with autism, A-D-H-D-A-D-D, and other disorders. And it's a story of a small group of parents who first encountered this. When the government announced that children were receiving mercury and their vaccines and started to put the dots together, they came to the conclusion that it was a contributing factor in the disorder and sort of took that and confronted the government and confronted the pharmaceutical industry with it and are still to this day, fighting to prove this theory one way or the other,

Speaker 6 ([04:36:09](#)):

Which kind of vaccines.

Speaker 33 ([04:36:10](#)):

These came in childhood vaccines in the nineties, right up until about 2002, 2003, namely the hepatitis B vaccine, DTAP, and HIB Hemophilus, influenza B. And of course today, now it's in the flu shot which we're giving to children. Even though we've removed mercury from all the other vaccines, we've added flu shot containing mercury onto the schedule. And that's highly controversial.

Speaker 32 ([04:36:32](#)):

The issue is they weren't being honest, they were not being honest with the public, they were not being honest with the Congress. They were not being honest with themselves. We have so much corruption that has taken place in the last 25 years and looking at this issue we have between Paul Thorson and Colleen Boyle and Diana, she and all of these individuals who corrupted the scientific process, who covered up data.

Speaker 7 ([04:37:02](#)):

I wonder if the CDC has conducted or facilitated study comparing vaccinated children with unvaccinated children yet have you done that?

Speaker 8 ([04:37:11](#)):

We have actually done a number of studies looking at the relationship between the Marisol vaccines and autism and other developmental disabilities vaccines. And their components did not increase the risk for autism.

Speaker 7 ([04:37:24](#)):

My time's very limited here, so clearly, definitely unequivocally you have studied vaccinated versus unvaccinated.

Speaker 8 ([04:37:34](#)):

We have not studied vaccinated versus unvaccinated. Nevermind,

Speaker 7 ([04:37:39](#)):

Just stop there. That was the meaning of my question. You wasted two minutes of my time.

Speaker 32 ([04:37:43](#)):

Converse Stratton who when he was under oath to Congress, magically couldn't remember anything about what he did when he worked for the CDC and was doing the study. But we also know, and I always, I laugh and say when I've asked now that in the hundreds of thousands of pages of internal messages and emails and reports and research, both in their draft form and their final form, when looking at all these issues, I have forgotten more than most people will ever read about vaccine safety and vaccine injury and the link between autism and these issues. The reality is they knew from day one the vaccines and autism were linked because they had already been paying in the vaccine injury compensation program, they had already ruled numerous times that vaccines were linked to the symptoms of autism or autism because of the brain injury that was taking place.

([04:38:39](#)):

So we were lied to the entire time when we had the special masters come before the court and other people from the federal court of claims talking about the vaccine injury compensation program. Not a single person within that process said, oh yeah, we've compensated cases. But what Mary Holland and others uncovered in the paper that was published in the PACE Law Review on the unanswered questions is over two dozen times they had compensated cases from the very beginning that only became knowledge when it was the major case that was pulled out of the autism omnibus proceedings. That proceeding should never have taken place. We already had evidence to show the injury took place. Those children, those injuries should have been on the table of injuries and those families should have been compensated. And you look back at Simpsonwood and you see the doctor who said, well, I've just had a grandchild born and they're not getting at the Marisol preserved vaccine because he saw the science and he said, I'm not putting my child or my grandchild at risk. So the data was there.

Speaker 15 ([04:39:49](#)):

And those early cases, Beth, what's interesting too, when the program first started, those cases were compensated for encephalitis, but what they left out of that is that encephalitis resulted in autism spectrum disorder. And so that's why they'll say, we've never compensated a case of autism. Well, absolutely you did because it was just too early for them to have been diagnosed with autism. Yet when

they first experienced that encephalopathy, which oftentimes was an immune encephalopathy directly from the vaccines, the subsequent outcome of that neurodevelopmentally was autism. And it's the same with Hanna Polling's mitochondrial, what they call mitochondrial meltdown after vaccines. Talk a little bit, Beth, briefly just about the report, the actual report after your series of hearings, looking specifically at di marial vaccines, that was issued by the Government Reform Committee. And what year was that? Was that 2004 that report came out or was it

Speaker 32 ([04:40:52](#)):

Earlier? It came out in 2003, the fall of 2003. We had, I'd been on the committee since the fall of 1998 and then Chairman Burton was term limited. So we went into a subcommittee for Human Rights and Wellness where we've technically finished the report at that point. And then I had, after the report was finished and it was being issued that I resigned to actually get a life back because for five years I'd never taken a vacation or anything. But we issued a staff report, which is Mercury in Medicine, and we did an analysis of what we learned from doing numerous subpoenas to Eli Lilly to other pharmaceutical companies reviewing the science and all of the hearings. And we did confirm that mercury can cause brain injury. We did confirm that there is a link from our opinion between the Marisol exposures and infant vaccines and neurological injury, which can be a part of the autism epidemic, and made recommendations for more research and for policy changes where the immediate, immediate removal of the Marisol from infant vaccines was one of the first things we called for.

([04:42:07](#)):

From the very beginning, chairman Burton asked for mercury to be removed from the vaccines. And it was interesting. Initially the American Academy of Pediatrics had called for that. And then when Congress got involved, they backtracked. And as you know, and as has been discussed, it's out of most infant vaccines, but it remains in the flu shots, those that are multi-dose vials and then that is given one to pregnant women, which puts that unborn child at risk and two is given to children as young as six months of age, which is it is barbaric. A hundred years from now, we're going to look back and say, what were they thinking? Because science is so clear on the risk of injury to the developing brain, for anybody to stand up and say there is no link between brain injury that can result in autism and the exposure to Mercury, it is unethical to make that connection and to make that claim because the science is very clear.

([04:43:10](#)):

You look at the OCKER study that was supposed to be, it was the first of two studies and they didn't fund the second study, but he showed the injury. The science was clear on the monkey study that the brain is injured and that Tam Marisol stays in the brain longer and has the potential of doing more harm. So the science was clear that we have, but the agencies have been unwilling to be fully transparent and honest. And I'm so thrilled that 25 years later we have a Secretary of Health and Human Services who is going to be transparent and honest about what exists in those files. And I can't wait for everything to be pulled out and published for the whole world to see because how many, I mean, I can't tell you how many thousands of my own dollars I spend on Freedom of Information Act requests to the CDC and to other federal agencies because when I left the Hill, I felt like I had to continue looking for the truth because it was there. I knew from what I had already seen, there was evidence that there were issues, but things were continuing to happen that needed to be looked for. And I now know 20 years later that Congress wasn't being told the truth, the agencies were hiding stuff and they weren't bringing us information they should have.

Speaker 15 ([04:44:28](#)):

And that is starting to come out. Beth, I'm so excited to hear that. Talk a little bit about what happened with the Homeland Security Book writer.

Speaker 32 ([04:44:43](#)):

Well, this was one of those times the sausage making of bill development. We had a bill, they were trying to keep the government open. So as they've been doing Omnibus bills, it seems like Congress can't get back into a regular order. So they had this big bill that needed to pass before the first of the year trying to get it done so they could all go home on Christmas break. And the Eli Lilly rider was slipped in on the dark of night. And basically when the Department of Homeland Security was being created, the House Oversight Committee, chairman Burton's committee was the committee that did the initial, was one of the committees that did the organizing work on putting this new government entity together. So he should have been informed when anything was added to the bill. But in the middle of the night, this provision is slipped in, that gives total liability protection to Eli Lilly, who is the manufacturer of the Marisol, we're in the final throws.

[\(04:45:41\):](#)

We get a copy of the final bill. My chief of staff says here, he emails it, he says, read through it, see if there's anything in here. And so I'm doing a word search, I'm looking for everything, and I find the provision that says Total liability protection. There's a procedure when you want to reach the chairman of the committee, you call his office, you speak to his scheduler, you get through to him. And so I went through the office and was trying to reach him. He was in a meeting, he didn't pick up his phone for his scheduler to reach him to say there's a problem. So he did not hear until after the vote, until after the committee had moved or the bill was moving forward that this had taken place. And so it was passed and he objected and he and Dick Harvey almost got into a fist fight. I mean, really when he learned about this, it was very controversial. He was holding up the bill being finalized because when you go through the conference process, you have to come back to the hill, you have to come back to the floor for the final vote. He was objecting, trying to do everything he could to get this pulled out. He finally agreed, one, it was, where did this come from? Supposedly it came from the White House, Dick Armey who said that. He finally said it was me. I did it.

[\(04:47:08\):](#)

And so the agreement finally was if you let this pass on the first bill and the new session we will have, we will repeal the Lilly Rider. It made the New York Times. It was big news because at that point people are beginning to say, oh, there really must be something to this issue if it's this controversial that you're trying to protect the company. And remember, Eli Lilly is the largest employer. It was the largest employer in Chairman Burton's district. So his voters were Eli Lilly employees, many of them. So it was affected his own district, but he was, and we were clear, I asked him, I said, if we find something, he's like, we're going for the truth. And the truth is what matters. So for him, he was making the decision what was right for getting to the truth, not that the fact that it could cost him his seat in Congress at some point.

[\(04:48:04\):](#)

So he went through, he made an impassioned speech on the floor, and at the first, we had actually had an amazing rally outside the Senate in that January when we came back from after Christmas. That's where we met David Kirby for the first time. And he saw the speeches that were given, and the autism community is so amazing. They laid out all these chairs and they had all these children's pictures of children who didn't have a voice because of the vaccine injury. And I have amazing pictures from that that it was hear their silence because these children didn't get a voice when Congress said, we're going to provide liability protection against a major company for putting a mercury preservative out in the marketplace, that they did not have evidence to prove its safety. And that's the strange thing here in the way that products were approved in the 1920s and 1930s, that they didn't have safety evidence to show that injecting this product in the human body didn't cause harm. They administered it to people who were already dying in the pre antibiotic era who had an infectious disease. And so they said, well, they're going to die anyway. Let's try this.

[\(04:49:31\)](#):

So they didn't really have actually peer reviewed data to show that the product was safe. It just got introduced into the marketplace. All of us heard methylates rubbed on every cut and sore we had when we were kids. And until the FDA actually looked at it in the 1980s to say, well, where's the safety data on this Mercury product? Because Mercury is dangerous that Eli Lilly just said, oh, we're going to pull it from the marketplace. We don't have any data that we're going to show you.

Speaker 15 [\(04:49:58\)](#):

Yeah, it was very much a debacle. And the whole reason that writer came about Beth is because as you know, there's a very short statute of limitations in the vaccine injury compensation program. And these families didn't even know at the time that the vaccines contained mercury, nor did the doctors who were administering the vaccine. So by the time the associations were made with their children's autism, they were outside of that statute of limitations. And since Eli Lilly was not a vaccine manufacturer, they just made a product that went into the vaccine, they were actually able to be sued. And that's what started the big bruhaha is because they wanted to close that loophole that these families had found in the vaccine injury compensation program that would then protect Eli Lilly. And there were a lot of connections at the time between the Bush administration and people who were on Eli Lilly's board of directors. And so it was one of those things that was so egregious, so egregious at the time.

Speaker 32 [\(04:51:01\)](#):

And every administration, there's a body of incestuous relationships between industry and government. It's like I said, it's that deep state that happens within public health, but it also happens in the military industrial complex and everywhere else, there is this relationship between government and corporations and there could be a positive relationship, but when it controls the outcome of the decision making that puts the public at harm, then it's wrong. And that's where this decision with the lily rider was that it was protecting a big donor pool in a, realistically a big donor pool for political gain and it's political gain on all sides of the aisle. The Democrats, Republicans, the independents, they all take pharma money. And so that's the hard part here is that the parents can't compete with Big Pharma's money. I mean, they put more money into politics than any other industry, including the military industrial complex and the oil industry. They are the biggest donors. They have the largest number of lobbyists on Capitol Hill. And that's consistently over the last 25 years.

Speaker 15 [\(04:52:12\)](#):

Yeah, absolutely both. And even though that rider was taken out, it was successful because it did transfer all those cases. It was 5,000 families over into the autism omnibus proceedings. So they never got their day in real court. But I also, I know we're starting to run short of time. I wanted to have you talk a little bit about some of the conflicts that we discovered and that you did an extensive reporting on regarding CDC and some of the epidemiological studies that they funded in Denmark and how those studies impacted the 2004 IOM report and what we discovered about those studies.

Speaker 32 [\(04:52:59\)](#):

So the first thing, we looked at conflicts of interest. And in our staff report on this that we identified, because we talked to the CDC, we're like, you guys have waivers for everybody. And their, now, as a person who did review of conflicts of interest for federal advisory committees, you're supposed to give a waiver to somebody who is the only person in the world who is an expert in that field. And so the waiver is limited. So that person is not supposed to be involved in the decision-making. They're supposed to leave the room, not have a say. And the CDC D'S response was, oh, we give everybody a waiver whether they need it or not. And we do it every year. We just grant everybody a waiver. So they didn't take seriously the importance of conflicts of interest and how if somebody is in an academic position, but that position is, for instance, a chair funded by Merck and they might hold a patent for a vaccine related product dealing from Merck, then they shouldn't be on an advisory committee dealing with making

decisions that affect Merck because they have a true conflict of interest that cannot be waived because it affects their finances.

[\(04:54:11\):](#)

So money is, you can't divide, this is how I make my living. This is how I take care of my family from the, I'm going to make a recommendation to or not to accept this product into the vaccine schedule or to have it approved because the people who fund me who pay my salary might be upset if I said no, if the science said no, I can't be unconflicted there. Or if somebody is completely reliant on a single source government funding, how can they be expected to give a true unbiased opinion? So the FDA and the CDC were found to be lacking in how they managed the advisory committees that make decisions related to vaccines. And when it gets into the studies, for instance, conducted by CDC over the years, we have learned that one, the studies were either, some of the studies that were done were poorly done, the CCAI study, the Mercury and the diaper study, the open ended study, for instance, was probably the worst example of how to do science and measuring mercury exposure.

[\(04:55:21\):](#)

The baby diaper study, when you go to the pediatrician and you have to change the diaper or whatever, that's how they were studying science that so-called science of an uncontrolled study of whether a baby pooped out the mercury in their diaper or not. That was one of those things that you're like, this is how the government's studying whether or not mercury causes an entry or not or how long it stays in the body. It was just crazy. But the CDC studies, the stuff done by Paul Thorson who was basically handed the keys to the kingdom in Denmark, he was a government contractor. We now know who was having a relationship with his grant manager or his contract manager was given funding and giving access in Denmark to the entire database on autism, which he illegally took away the rules and the laws in Denmark, you can't take the database out and mess with it without, it was supposed to stay housed where it resided.

[\(04:56:23\):](#)

But he actually pulled the autism data out and for over a year was the only person that had access to it. We now know he was stealing money from the autism grant at least a million dollars. And who's to say, if you're going to go through this complex invoicing false system to get money illegally to steal money from the US government, who's to say you're not going to manipulate the data if you're unethical on the right, how are you going to be ethical on the left with the scientific data? So anything he touched should have been retracted. And instead it has been used to say no autism vaccine connection and therefore we're not going to take care of these families who were promised that if their child was injured taking a vaccine, that they would be compensated in this compensation program. Instead, the CDC has yet today, 20 plus years later, they have yet to retract those studies.

[\(04:57:18\):](#)

And I am actually going to call today on Secretary of Health Kennedy to say in this video, please retract anything that Paul Thorson had his hands on. Every study his name is on should be retracted and not used to support anything, support or reject any statement related to autism. Because he's a criminal who stole money and we have to presume was unethical. Since everything that we have learned about him, even though he's living, he's hiding in plain sight in Denmark. And somehow the US Department of Justice has yet to extradite him since 2011 to come and face justice. His studies cannot be considered viable. And Coen Boyle and others went to Denmark when this all blew up and we found out that they borrowed an IRB approval for one of Diane. She's studies which remains out there is a legitimate study. She did not have institutional review board approval to conduct the study.

[\(04:58:21\):](#)

She did the study, it was being published and they said, oh my gosh, we broke the law. We broke federal law. So let's borrow a study from another autism researcher in Denmark and add it to this study so she can publish. So this is the corruption that was happening behind the scenes, which is what happens when you do FOIA request and get the emails and the communications and the reports that go back. These were the things happening that Congress never heard about and still hasn't. But that's what thankfully Safe Minds first report and then the World Mercury Project slash chd, children's Health Defense, having me work with them at the time and gathering the information and preparing her report that was in published, this is the stuff that came out that we have data, it's evidence and the things that happened at the National Academy of Sciences where we subpoenaed the tape because they didn't have a transcript where they talked about Andy Wakefield's work. They actually blanked the tape instead of they were supposed to be copying it, they erased it. So we never got the tape. And all these things happen behind the scenes. And there's so many layers of when you try to explain it to people, they're like, this, many things happened. There's hundreds of things like this that happened over the last 25 years that people at some point they're like, you can't be telling the truth, but I am.

(04:59:52):

You can't make it up. It's stranger. This truth is much stranger than any fiction I could ever write.

Speaker 15 (05:00:00):

Well, Beth, these documents we're hoping now will finally start seeing the light of day. Your report will be profiled where people can go when they watch this video and read the actual report. They can see the most wanted picture from the Department of Justice or Mr. Thorson possibly help us get extradition of him back to this country. And what's interesting, Beth, with regard to Mr. Thorson having that data, safe Wines did a deep dive into the Denmark Psychiatric Registry. And what we found is that there were a lot of cases removed from that registry. They were older children and these children were followed over time. So for example, if you look at children born maybe in the 1980s, and there were a hundred of them when you looked at the data in the 1990s, there should be 110 year olds and there there was only half the amount of what would've been expected, and it was too much of a change to have been related to them moving out of the country or anything like that. So we still do not have those questions answered about that database. And

Speaker 32 (05:01:08):

Well, that's what happened when he took it. One has to presume that he was eliminating data so that he could get the answers that the government was paying for. And that's how one has to look at this. This was a man who was willing to be corrupt to get money. So what is he going to think about? How can I keep that money trained coming by giving the US government the CDC, the answers they want? And that's how we have to look at this. He was willing to break Danish law and overpay people from the grant money that was coming in. So he was paying people more than they were legally allowed to receive and then lie about it on their taxes, which he got caught doing. And then he was submitting false invoices to the CDC for grant money. And then his lover, Dr.

(05:01:58):

Diana Schendel, who is back in the US getting NIH grant money to conduct autism research, even though she broke federal law previously on numerous occasions, has never faced judgment, is pushing to get him money on numerous emails where she's doing things that she really shouldn't be doing as a grant manager to say, oh, he needs to get this and he needs to get it right now and he needs this extra money to do this. And now we know that he was behind the scenes pushing her to get him money because that's what he was after was the money.

Speaker 15 (05:02:35):

And at the time, Beth, we thought we were naive because safe minds thought, boy, those Danish people are sort of poor record keepers. And then when this came out about Thorson, we started scratching our heads maybe something happened to that data. And I

Speaker 32 ([05:02:52](#)):

Am presuming that he, I'm praying that somewhere there's a backup of that database that hasn't been found yet somewhere stored on a server somewhere in Denmark is the data before he pulled it out. And maybe the request back to the Danish government is to find that database that's backed up somewhere because everybody backs up everything regularly. So somewhere that 1980s data should be available.

Speaker 15 ([05:03:19](#)):

Yes, very true. Well, Beth, thank you so much for your time today and sharing with everybody some of the things, the history, because we really have to understand the history of what's happened with vaccine safety over the last two decades. If we're going to be able to improve it appropriately, we need to expose these shortcomings and figure out ways how we can prevent them from ever happening again and restoring health to our children and some type of apology to the families whose children we're injured by this.

Speaker 32 ([05:03:52](#)):

Well, the reality is this is the greatest tragedy in public health since Tuskegee, and it has been a giant experiment on how do you give vaccines to children and to the unborn that contain a known neurotoxin? How do you account for that and how do you not compensate the families, the people who were responsible for this, and I will go back to Colleen Boyle who was a part of the Agent Orange issue where they denied the injuries happening to our Vietnam veterans for 10 years. They delayed justice for our Vietnam veterans. She was a part of that. She got promoted and got raises. And these people need to be held accountable. There needs to be justice, there needs to be accountability, and we must for the public health, we must restore the integrity and to the research environment. We have the lowest levels of trust in the research process right now within the HHS environment because of what the CDC and FDA and HHS did because of all of these violations of trust. So we have to work together to restore integrity and research so that we can become trustworthy again so that these communities, the public needs to know, okay, the study has been peer reviewed and published. It's credible that we can trust the outcomes because right now you have to look at it and see, do you trust anything that comes out of the peer review process or not? And right now for me, it's very hard to because of all the corruption.

Speaker 15 ([05:05:31](#)):

Yeah, that's very true up. And these families, I mean that really can be done at this point I think to restore the health to a vast majority of

Speaker 32 ([05:05:42](#)):

Just a generation of children. Well, there's two generations of children now that are affected because we're going back now 40 years of this epidemic being on the rise from the 1980s and we're now in 19 2025. So with two generations of children have been affected by this corrupted scientific process. And we really have to find a solution so that we can turn those numbers down of the neurologically injured from vaccines and other products. I mean, at the end of the day, vaccines are not the only cause of autism, but they are certainly one of them.

Speaker 15 ([05:06:19](#)):

Yeah, absolutely. Well, thank you so much for your time and being my pleasure for being such a soldier in this movement to expose truth and to help restore integrity to our federal agencies.

Speaker 32 ([05:06:33](#)):

It's my pleasure. Thank you.

Speaker 2 ([05:06:48](#)):

We're joined now by Terry and John polling. Harry Polling is a registered nurse and attorney. Her husband, Dr. John Polling is a board certified neurologist who has practiced with Athens Neurological Associates since 2001. He completed his neurology residency at John Hopkins Hospital and holds both an MD and PhD from Georgetown University School of Medicine where his doctoral research focused on the electrophysiology of ion channels in neural membranes. Together they are the parents of h polling whose case became nationally significant when the US government conceded that vaccines had significantly aggravated an underlying mitochondrial disorder resulting in autism-like symptoms. Their story became a focal point in the debate over vaccine injury and medical transparency. Thank you so much for joining us and agreeing to be a part of this important project. Would you mind telling us a little bit about Hannah's story? For those that are unfamiliar, just share briefly what happened to your daughter, Hannah, after her routine vaccinations and what first raised your concerns.

Speaker 34 ([05:08:01](#)):

I actually was practicing as a lawyer at the time, but I was also still a nurse. And so I would write down all of her developmental milestones and I would go back through and check because when I was in nursing school, one of the things I learned back in 1984 was that autism, you were born with it and you checked your children when they were born, and if they did not have autism, you were good to go. So that was something that relieved me. And I checked with all three of my children and we were good to go. Step back to 1998, she was born at Johns Hopkins. She got her Hep B shot the day of birth just like everyone else. And the next month she went in to see her pediatrician and she had a wet umbilicus, so they used silver nitrate on it.

([05:08:50](#)):

At the same time that she used the silver nitrate, she gave her her second Hep B shot. Well, she had burned her abdomen with the silver nitrate the physician had. So that kind of set a stage for wound debridement and lots of problems with allergies, just nothing developmental. Everything developmental was on track, ready to go. Actually, she was precocious when she was about a year old. She got one of her vaccines. And it seemed to me that every single time she went in to get a vaccine, she came out and she had allergic rhinitis, atopic dermatitis. There was always a problem. So when it was time for her 15 month old vaccines, I refused to do it. I said, I'm going to wait. I'm going to keep her away from the doctor because every time I come here you give her an antibiotic or an ear infection or her dermatitis and we get sick.

([05:09:48](#)):

So I kept her away for almost six months and she was doing great. So then one of the local schools wanted to use her. She was doing so well, and she was so precocious that they wanted to use her as a role model for what I learned later was their autistic population at the school. And so one of the things that she had to do to be a role model was get up to date on her vaccines. So I brought her in to receive her vaccines and I kind of felt a little guilty that I was behind, but they said, oh, we'll just do 'em all at once. We'll do all nine at the same time. She needs to catch up. And I said, that doesn't feel right. I don't think I should do that. And they said, no, we do it all the time.

([05:10:34](#)):

It's not a problem. So she got five shots, nine vaccines, and within a couple of days she was screaming. She started arching her back. She developed a fever, a rash. I took her back to the doctor. They called it a varicella reaction to the vaccine. And then she just deteriorated over a period of time to the point where she was not even, she wasn't walking up the stairs. She did not know how to feed herself anymore with her hands. She just look at her hand. She would look at the utensil in her hand. She didn't know what to do with it. She would come put her head between my legs and want me to squeeze it tight. So that's where we went on a roll to seeing physicians. I went to her pediatrician. I told her what was going on. They just ignored me. And actually they told me that she needed Prevnar.

[\(05:11:26\):](#)

And then I took her to an ENT. He put tubes in her ears. I called early intervention in Maryland. I said, something's wrong with my daughter. Could you come check her? Because even though you wanted to use her as a role model, I almost feel like she has what I would call autism, but it cannot be autism because she didn't have it before. So they came out and evaluated her. And I'll never forget, they did it over a couple of days and they said, well, Terry, we can't really give the autism diagnosis until she's three years old and she's not even two. They don't give diagnosis. But they said, we cannot really label her as that until she's three. And I said, what do you mean autism? And they said, well, Terry, you told us. And I was like, well, I was just using that term.

[\(05:12:17\):](#)

I didn't really mean it was just autistic. And that sort of set the ball rolling for me. I'm not waiting until she's three. She's not even two. And so at that point, I had been telling John and he said, you have to wait six months after a brain injury to know for sure that it's going to be permanent. The six months had passed. I couldn't get in to see Dr. Zimmerman. So John had to step in and make things happen faster. And we, at that point, Dr. Zimmerman ordered several tests and they had these little clues and he goes, I'm not sure what this is, but we're seeing it in a lot of our children and it's a mitochondrial issue, but you need to speak with Dr. Richard Kelly. And so we did about four hours conversation. Dr. Kelly told us everything about her mitochondrial issue, and he said that the gold standard for mitochondrial disease or disorder is a fresh muscle biopsy, but he felt completely comfortable that Hannah had mitochondrial disorder without going through all that, us being medical people, of course we wanted the gold standard because it was hard to believe that this child who seemed perfectly normal had a mitochondrial disorder.

[\(05:13:36\):](#)

And we did do a fresh muscle biopsy in 2001. And it was positive. That was interesting because she was a chair of little child. She was not skinny and frail like what you would think of with mitochondrial disorder, but that's what got us on the road to where we are or what we did. And John could probably explain more of the medical aspect of that.

Speaker 35 [\(05:13:59\):](#)

When she got sick, she fell off the growth curve and also lost motor milestones and growth development,

Speaker 34 [\(05:14:08\):](#)

Everything. Yeah, she literally stopped. We did the growth chart and she literally plateaued and did not grow. And that's completely abnormal. And one of the things I will say that really frustrated me with seeing the pediatricians and everybody knows this is the same story with them. And I would go in and I would say the early intervention has told me that Hannah has autism like symptoms and I need to get some help with this. And they just didn't say anything but that they didn't know what to say.

Speaker 2 [\(05:14:45\):](#)

Let's talk about the medical and legal journey. You've touched on it a little bit, but as both medical and legal professionals, how did your backgrounds shape the way you approached Hannah's health crisis and ultimately pursued her case through the vaccine injury compensation program?

Speaker 35 [\(05:15:05\):](#)

Well, I can speak towards the medical in terms of the legal, certainly Terry was in the driver's seat for sort of trying to figure out and understand the vaccine adverse event reporting system, the vaccine injury compensation program in the 1986 act that precluded any civil lawsuits for vaccine manufacturers, which we didn't really have any understanding of that even both being medical before Hannah's injury. I didn't know there was a vaccine court, and I knew about VAs, but I didn't really know the process involved with doing that. So that was really Terry's doing. I was trying to focus on trying to figure out

what was wrong with Hannah because in training, autism was very rare when I started in medicine, started medical school in 1991 when autism was still a very rare diagnosis. And as you know, even today there's many that still believe that autism is not truly increasing, and it's just a change in diagnostic categorization.

[\(05:16:19\)](#):

And there's many that believe that regression does not occur, and it's just missing the developmental milestones. And I certainly wholeheartedly disagree with those assessments because I've seen regression happen in my daughter and the loss of milestones, and I've seen the huge numbers of children who are now adults with autism. And what that diagnosis is, is a symptom. The problem with an autism diagnosis is it's, it's really just an assessment of symptoms and a collection of symptoms. So it's a syndrome. It's not really a diagnosis. And what I was trying to focus early on is as a neurologist, we're looking for the biological basis of the disease. Where is the disease coming from? What part of the body? Is it the whole body? Is it the brain? Is it multifactorial or multisystemic? With autism, it's pretty obvious that it's different than a lot of other conditions.

[\(05:17:28\)](#):

These children have GI issues, they have developmental growth issues, they have systemic problems. And it did just make sense as a systemic metabolic disorder, primarily with the bioenergetics in the immune system, whether which one is primary or not still remains to be determined. And a lot of research needs to be done. But to get back to your question, which is about the medical and the legal journey, I was focused primarily on that medical journey and became obvious that we were going to be sort of stymied on the research. There really was not a lot of interest in pursuing the biological basis of autism. It was mainly focused on the genetic basis of autism and how genes can potentially cause this disorder. But that's really just nibbling at the edges. I mean, the genetic causes of autism are multiple, so it's a polygenetic influence with primarily I think more environmental triggers with multiple genes giving risk factors.

[\(05:18:43\)](#):

So I thought that after a number of years that there would be kind of a push more towards the biological basis of these disorders as there is with many neurological conditions. But really things have pushed in the other direction for so long. Really, the reason that gives me hope now is to see that Bobby Kennedy now being head of the HHS, maybe there'll be some push to get some funding towards the biological basis of autism and not just try to do what I sort of call mission science, where the mission of the science of autism has been to prove that it's genetic and prove that it's not really increasing as opposed to actually get to the bottom and figure out how to help these kids. And now these adults who are dealing with this, we really need some help from science and medicine and now as well, a lot of social help. But I'll let Terry talk about the league aspects, which I am not really involved with.

Speaker 34 [\(05:19:58\)](#):

So from a legal perspective, obviously, once I knew that Hannah was injured and it was by the vaccines, and I have to have a shout out to Barbara Lee Fisher because I spoke to one of the attorneys I used to work for, and I said, Hannah's been injured by the vaccines. I don't really know which one it was because she got so many at once. And he said, well, Terry, there's a vaccine injury court program that you have to go through. Now why did I not know this? Working as an ER nurse, an ICU nurse, and as a lawyer, why did I never even know there was such a thing called the Vaccine injury Court program? I thought that was amazing. And I also as a nurse, didn't know about bears. Now I worked in the emergency room and took care of patients who came in there, especially adopted children with vaccine reactions.

[\(05:20:48\)](#):

And I didn't know about bears. I thought that was a little odd. So he told me, you have to go through the vaccine injury court program, so you need to get a vaccine injury court lawyer. So I did. I obtained a vaccine injury court lawyer. I handed over all of Hannah's documents, which was in 2001. My understanding now is that the DOJ did not get any of those documents until 2006 about the time that the Sela case was being tried. I'm not sure why, but apparently when you are put in an autism omnibus, it's a two page document that they send over to the DOJ and that's it. So here I thought people were looking at her case for years and years and years and nobody was looking at it. They didn't even have it. So about the time, I guess years go by and they start talking about this autism omnibus, and one of the lawyers said to me, they're going to test case three cases, and those three cases are going to decide all of these other families, whether or not they're going to be compensated, kind of like a class action, if you will, but those usually don't go to trial.

(05:22:09):

I said, I do not want another child's case deciding my own child's case. She has a mitochondrial issue. It's different, it's unique, and we're either going to be a test case or we're going to, I want out of this omnibus. And so fast forward, they're settling the polling case. How can we use this for a different case that was not related to the omnibus? And I said, well, that's good news that they're conceding the case. And it started coming out, I guess on the internet that there was a girl named Eve whose case was going to be conceded. And at that point, the case, the government had conceded the injury but not the seizures, which if you know anything about seizures was pretty much the whole case when it comes to damages. So I was saying, this case is not over yet. They must concede these seizures.

(05:23:19):

This is part of the whole process of the injury. So once that was conceded, then we went public. Not because we're public people, but because everybody was so interested in wanting to know what was going on. That was difficult because everybody had their take on what the problem was. And at the time, we really didn't know whether it was the Marisol or what it was, so we didn't want to give bad information. But what we did want the public to know was that Hannah's case was conceded. She has a mitochondrial issue, and we really want everybody to know about that because this might be a key to what's happening to these children. After we went public, we thought that things would really change for people and that they would start doing the mitochondrial research. But that has not turned out to be the case. People have been doing the research, but they've been blocked.

(05:24:15):

Everybody's been prevented from talking. It's been devastating. It was devastating for us. It changed our life. It took two years from the time they conceded to the time that she actually was awarded the damages. And those two years, we were just fighting people who were just, as you know, they come out of the woodwork and start attacking you for having an opinion or having something to say about this issue. It was just a difficult, difficult time. But that was the legal aspect of it. It is not friendly. We were not welcome onto any of the calls. They would have multiple calls between the lawyers about our case, and I was not in on any of these calls, and I'm a lawyer, and that was ridiculous. So I just had to rely on what they said they were saying, and I would ask for the transcripts, but I never got them. So I did a lot of research in the background trying to stay abreast of everything that was happening. And I definitely rendered my opinion about how things should go forward, but it's not for the faint of heart.

Speaker 2 (05:25:43):

Dr. Polling, you've spoken publicly about the relationship between mitochondrial dysfunction and regressive autism. Could you explain that connection and whether the medical community has made any progress on this front since Hannah's case?

Speaker 35 (05:26:00):

Well, it's been now we're getting on close to 25 years since Hannah's injury, since beginning this medical and legal journey. In terms of the mitochondrial connection, I think it's been found that it's a preexisting issue with a lot of kids may have a risk factor for responding poorly to environmental insults. So as to the biochemical abnormality, there's probably a good percentage of kids with autism, particularly in the regressive type of autism, who have this biochemical abnormality and may respond poorly to an insult, either a virus or a vaccine or other environmental insult that occurs at a specific time of development to then trigger the cascade of events that we call autism. But it's probably not the only thing that can cause autism. So it's a hard thing to study most of our research on, people are concerned about if you're concerned about autism and a vaccine connection, you're trying to make a connection based on the symptoms or the syndrome. You really need to understand that subgroup of people with autism to understand and make any connections. So really until you can count something, well, you really can't study as to the cause of it. But there does need to be much more research as to why children with autism have these mitochondrial abnormalities, can babies be screened and then somehow protected from autism if we prevent certain exposures at certain ages.

[\(05:28:08\)](#):

And I don't think really anything's off the table. I mean, unfortunately much of our public health service have sort of put vaccines off the table, whereas they're probably not the only culprit. I don't think one vaccine or one issue is the entire culprit. I think it's going to be mixed bags of things, but really nothing should be off the table because nothing has been excluded. We really haven't defined the condition well enough. The way I sort of like to explain it to kind of non-scientific people, everybody's sort of done grade school mathematics until you can count something, until you get your basic arithmetic, you certainly can't move on to algebra, trigonometry, and then calculus. I mean, what these people who are saying that the question of vaccine and autism has been asked and answered is sort of like we we're trying to say under the same breath.

[\(05:29:08\)](#):

We can't really even count it well yet, but yet we can tell you vaccines Cause it definitely, it doesn't make any scientific sense at all if you understand what the science basis of that is. So it seems to me that there's a resistance to studying subgroups of autism and trying to figure out really what the biological basis is, because then we have to admit that it's not genetic, it's not predetermined, it doesn't necessarily occur in the womb. Maybe it does occur in the womb in some cases, but maybe in some cases it does not. So I think we have to start figuring out with this mitochondrial group is that, okay, this is a good lead. Let's follow this lead. Let's fund this. Let's try to figure out what's the genetic and biochemical basis. Can we test for it? Can we screen for it? And if we are able to screen for kids that have this potential mitochondrial issue, if they don't get fevers or vaccinations or certain viral exposures between the ages of 12 and 24 months, are they fine when they're five years old, six years old, seven years old? There's there some way to avoid this.

Speaker 34 [\(05:30:33\)](#):

One of the things that just seems so common sense to me, we learned in nursing school that a child development from zero to two years of old two years of age was extremely important. One of the things in nursing that we learned, child development, I'm so happy that I did. But those were very, very important. So eating and sleeping were the child's most important things that they did. So from a purely common sense standpoint, when you start adding vaccines, even one, but now, 5, 6, 7, what you're really doing is if you have a finite amount of energy in a child and it needs to be used to help develop skills, walking, talking, eating, moving. And now that energy instead is being used to fight off diseases that they may never have even come across. And certainly not all at one time, and particularly since their immune systems don't even accept that or do anything with it at less than a year old.

[\(05:31:37\)](#):

So they were priming the pump, if you will. They were just saying they were priming the pump. So what they were really doing made no sense at all because now we're taking away the ability for the child to use that energy to develop their milestones and instead use it to fight off a disease. So from a common sense standpoint, one of the things that I think should have happened right off the bat is stop giving children all of these vaccines when they're so young that might've alleviated several of these problems right off the bat. It might not alleviate all of them, but certainly several of them. That was just a common sense feeling that I had that really does not take a scientist to know.

Speaker 35 ([05:32:23](#)):

Yeah, there's a fascinating concept with mitochondria, just the basics of really why they're there. I mean, the science and the idea that hundreds of millions of years ago, bacteria fused with animal cells to create. So essentially bacteria were harnessed to become the powerhouse, the generators of cells. And so not only do they function for energetics, they also function for thermo regulation. So temperature modulation. So you can imagine that during famine, when their food is scarce, being able to be tightly coupled where you're super efficient to generate energy is very beneficial. So in your northern climates where you have cold all the time, you actually would need more heat generation. So if you're more uncoupled, you're going to be more less efficient. So an engine has more friction, it's going to generate more heat and not necessarily spin off as much energy or a TP. So you're going to have mitochondria that develops over evolutionary, over millennia to be better at keeping you warm.

([05:33:49](#)):

So that symbiotic relationship between mitochondria and human cells has been here for millennia and it's evolved differently in different areas of the world. So it's a very interesting study of how we're reliant upon these structures for each and every cell, and they can, when they malfunction, they can cause multiple problems. And so the malfunction can be primary, it can be genetic issue, but it can also be a genetic issue related to not just the gene that is on your 22 chromosomes plus your xy, right? It can also be, there's a circular DNA in the mitochondria itself. That's a much smaller highly conserved DNA, that's more like bacterial DNA that can have mutations in it. So there's specific mitochondrial diseases that can be in that DNA, but really most mitochondrial dysfunction is related to the malfunction of the DNA. That's part of your cellular DNA and how that also works along with the mitochondria.

Speaker 2 ([05:35:08](#)):

Just touching back a little bit on the case with Hannah and the Vaccine Injury Compensation Program in 2008, the US Department of Health and Human Services conceded that vaccines had significantly contributed to Hannah's condition. What was that moment like? What did that moment mean for you? And if you could, because a lot of other families were in this omnibus that were later dismissed, so Hannah's actually one of the lucky ones and had her case she was awarded compensation. Some people may have some misconceptions about what compensation is actually what benefit that has actually brought. So can you talk a little bit about what it was like when it was conceded and how has that concession and the compensation, has it really made a big difference in Hannah's life? Is it enough to cover all of the things that Hannah needs or is it like a bandaid?

Speaker 34 ([05:36:11](#)):

Well, so that's a good

Speaker 2 ([05:36:13](#)):

Question.

Speaker 35 ([05:36:14](#)):

There's no amount that would give us our daughter back pre 18 months old. I mean there's,

Speaker 34 ([05:36:22](#)):

So just back to that. So in 2008 when we learned that they were conceding our case, of course we were happy and of course we were wondering why are we not going to trial since they were having a trial And everyone thought, well, it's because Dr. Poland is a neurologist and Terry's a nurse and a lawyer, and that's why. And even we thought, okay, well maybe that's why. Well, we have discovered just along with everyone else, that might not be exactly why. And we didn't discover that until a couple of years ago when we found out that Dr. Zimmerman had done a deposition in another case and he had been fired by the DOJ and we never talked with Dr. Zimmerman about his testimony with other cases or even ours. He was a treating physician in our case. And so we did not have these conversations about this.

(05:37:14):

We never knew any of this had happened. That changes everything because apparently they used his affidavit in the CELA case and we did know that he did not think that the Cella case was caused by the MMR vaccine, but they used his affidavit for all of the other cases, which we did not know that either. So that to me is devastating. That is a coverup. The DOJ, obviously attorneys do not use information that's not going to be helpful, but they used information that they knew was not correct and they used it against the other families and that feels terrible. It also feels terrible that we were the only ones and it felt almost like the fact that we actually spoke up could have possibly hurt other family's chances, which felt bad.

(05:38:21):

Every time we said something, it felt like they would come after that. It's almost like hiding under rocks trying to get treatments for people and the more they know where you're going to go get treatments, they would go after those people and try to ruin them. So that has always felt bad. Now going to the money, yes, there's enough money for Hannah. I don't think they expected her to live as long as she has us. She's going to live as long as we can keep her going, but she requires medical treatment. We have enough money to put her in an institution and they would take very good care of her for as long as they didn't medicate her, but they would medicate her because she would annoy them. And we all know as autism parents what that's like. And so they would medicate her and she would soon be gone.

(05:39:19):

And so that is the fear that we live with and no amount of money will ever make that go away. So we rely on family mostly as employees to help take care of Hannah because it's really hard to find good help. We have a couple of very good helper people who help us with it, but for the most part is very hard to find good help. So I would also say that one of the things about the Vaccine Injury Court program is that you have to have money to get money. So you have to be able to prove that your child's going to need physical therapy, occupational therapy, a b, A therapy, and back when we were doing this, you had to pay for it. So a lot of families that would need those things could not prove they needed them because of course, autism, they didn't know anything about autism, so they would not be compensated with enough money to help pay for those things that they needed. Now I knew this because I was a lawyer, so I knew that I had to have a paper trail for everything that happens in the future so that we could prove that these are the very things that she needs and she does need them and she uses them to this day, but it's not curing her. She still has autism, she has seizures, she has mitochondrial disorder, and we don't know how long she'll be with us, but she's a very happy autistic child or adult now.

Speaker 2 (05:40:59):

So just to kind of wrap this thing up, what lessons do you think that the public health system and the public should take from Hannah's case and what are your hopes for future vaccine safety research and informed consent?

Speaker 35 (05:41:16):

People are in trouble when government and industry line up together against 'em. So one of the lessons that has to be learned, and one of the things that needs to be changed either with RFK Jr, being able to establish a separate entity to study and prevent vaccine injury or essentially the dissolution of the act, the VICP court needs to go away and people need to be able to have proper representation in civil court when things go wrong with a product. As a physician myself, I understand that with every procedure I order, every prescription I order, there's risk. And when it comes to vaccines, I think we're allowed to kid ourselves that this safe and effective mantra, whereas yes, that might be true in the majority, there's still the minority of people who are going to be hurt. So for that minority, there has to be some mechanism of compensation and also recognition.

[\(05:42:32\):](#)

We would like to see that more than just compensation to care for Hena. We'd like to see that there's research done to figure out how to prevent further Hannah's, how do we stop this from happening to other families? How do we help families that have experienced the same thing as us? So I think a lot of people are learning now that we're probably injured with a COVID vaccine that there really isn't a mechanism to help people that are out there with injuries and the government is not going to the research that they're liable for. I think the irony here is that RFK JR is actually the defendant for any vaccine injury case. The HHS secretary is, well, they don't call it the defendant. What do they call Terry, the respondent because it's not actually a lawsuit, it's a civil petition, but the HHS secretary is actually a responsible party for any vaccine injury.

[\(05:43:53\):](#)

So how can the responsible party potentially want to do any research that's going to potentially be used against them in a court of law? So that has to be funded somehow. We need to figure out how to prevent injuries. We do pretesting. I start certain medications, we do constant screening of blood work to monitor for toxicities, a medication that I prescribe. I don't just write a prescription and say it's safe and effective here, and then if you come back and there's a problem, I don't just say sorry, it wasn't related to that. We investigate it, we look at it. This is not the way medicine should be practiced. Medicine has to be always for the individual. And while we understand that there are population needs, the individual has to be the most important thing that every doctor, any actual treating doctor has to understand that the individual comes first that's sitting in front of them.

Speaker 34 [\(05:44:54\):](#)

And one of the things that I thought was interesting when we were doing the damages portion of the Vaccine injury court program, both sides, the government as well as the petitioner, we had the life care planners come out and one of the things that the government life care planner said to me was, you do understand that if we compensate all of your cases in the vaccine, Nomin will go bankrupt. And I thought, now why is the government telling their life care planner that she needs to be very careful about compensation because they cannot afford it?

[\(05:45:41\):](#)

I think personally that 5,000 cases is nothing, and I think based on what we've now learned of what has happened that every single one of these cases should be compensated. They should take them back and compensate them and they don't need to prove anything because they went through this process and it was devastating. So clearly something was wrong. That's only 5,000. What is the number now of autistic individuals, one in 36 kids, that's mild and they need to do that because of the malfeasance in this case, because of what happened. And then moving forward, I do worry about going completely back to just product liability only because the vaccine injury Court Rogan was created because of the problem with class action lawsuit. Sometimes the lawyers will get large amounts of money, but the clients do not necessarily get large amounts of money. So we do need to have a mechanism whereby these people that are injured do have enough to support them for life. One of the things that's a problem with children is

that it is for life for however long that life is, but it's also devastating with COVID for adults, and this is why I think this is finally the time to speak out and to show, because one of the reasons I think the child have vaccines are being given when the children are very young is because they call everything developmental and not caused by vaccines. But how can you call something developmental when an adult no longer can walk or talk?

(05:47:22):

So again, I am not necessarily opposed to abolishing the Vaccine injury court program, particularly since they've proven that only one child out of 5,000 was able to succeed.

Speaker 2 (05:47:36):

Just as a final note, before we started recording, John, you mentioned that Hannah's injury happened shortly after the SIMPSONWOOD meeting, which is the subject of the work that we're doing today to kind of expose what happened at Simpsonwood. Can you talk about maybe even a personal message of sorts to those individuals that decided that rather than alert the public to what was going on, that it was better to conceal that information, manipulate it a million different ways until they found a way to hide the signal that they were seeing?

Speaker 35 (05:48:20):

Well, I guess to put it in perspective of chronology that Hannah's catch-up vaccine, as Terry mentioned, where she received the multiple vaccinations as a catch-up protocol that then made her acutely ill and started this cascade of developmental loss regression that occurred just over one month after the Simpsonwood meeting happened. And I haven't looked at those transcripts in many years, but from what I recall, several of the experts were very concerned about the data as it was presented. There was a publication where there were less concerns, but there were still signals for ticks and other disorders, which as neurologists know, ticks are associated with Tourettes and other behavioral issues, so they're not benign. That wasn't still published, but the link to autism with the Mercury data, that original data that was presented at Simpson, which showed a significant increase autism risk with ole exposure, but then with subsequent analysis, the concern somehow went away.

(05:49:48):

But from listening to the people that were there, there was even one doctor I recall saying, I have a grandson that could be receiving these vaccines. I need to make sure that their emira is all free and this is an expert. And I'm thinking to myself, now, shouldn't the whole country have known, okay, until we get this sorted out, we should be isol free? What happened to the precautionary principle where first do no harm? Unfortunately that's been corrupted to a, let's make sure everybody believes that vaccines are always safe and effective, where unfortunately that's not the case for every person at every turn. So I really wish that had they done the right thing, which was alert the public, reevaluate things post haste, but first put a pause and a stop and then do your data analysis, maybe Hannah wouldn't have been hurt because from the scientific standpoint, it does make sense to me mechanistically that if there was a link to heavy metal toxicity, heavy metals function by damaging mitochondria, so if you have somebody that already has mitochondrial dysfunction and then you further disrupt that metabolism, you could potentially trigger a cascade that could lead to a developmental regression or encephalopathy and then eventually it might be caught autism once the symptoms are finally fully manifested.

Speaker 34 (05:51:39):

If you don't have a scientific background and can speak like that as a mother or somebody who's taking your child in and relying on the medical profession, I say go with your gut every time. If your gut, if I had listened to my gut feeling, I would not have allowed my daughter to get all those vaccines in one day. And I say to this day that if I had just listened to my gut, and I think we have to do that now, and I think this COVID crisis has convinced everybody of that now too. We have to be able to stand up and say, no, I'll give up my career. I'll give up whatever I have to. This isn't right.

Speaker 35 ([05:52:27](#)):

Well, the entire trust in the health system has eroded significantly due to the missteps of our government during COVID. So this is an issue and unfortunately like in my hospital, we now have gun and metal detectors at all the entrances because of the increased workplace violence we see in the hospital system. I had a patient today where security had to be called up because the family member was being abusive to staff verbally and they had to sign a paper that if they were verbally abusive to any staff again, they would be banned from the hospital. These things didn't happen 25 years ago, 30 years ago when I started in medicine, there was a general respect for medicine that's now gone because of a lot of missteps by our public health system. So I'd like to see things really come back to a time when you can trust your doctor, right, when that actually means something. When you say trust your doctor,

Speaker 2 ([05:53:39](#)):

Absolutely agree with that 100%. We need to get back to basics and do no harm is supposed to be the first principle of medicine and we have certainly gotten a far distance away from that. Thank you Dr. Foing and Terry for coming on for sharing this. I know that this was something I've been trying to talk to you guys about for several years now, and the time just wasn't quite there, but now we think this is a good time to come out and share and we just really appreciate you participating, sharing Hannah's story and being a part of this conversation about what happened at Simpsonwood.

Speaker 18 ([05:54:25](#)):

Thank you. Thank

Speaker 2 ([05:54:26](#)):

You.

Speaker 15 ([05:54:29](#)):

Cheryl is joining us here today on C-H-D-T-V. Cheryl is a five time Emmy award-winning investigative journalist and author. She gained national recognition during her tenure at CBS News for investigative reporting, including her coverage of vaccine safety issues. She resigned from CBS in 2014 after 21 years with the network and she now hosts the television program full Measure with Cheryl Atkinson. Cheryl, I want to personally thank you for taking your time out of your busy schedule to be here today with us and for all. Thanks for having me. You've done appreciate it for all you've done over the decades. You've never backed away from controversy and you have been an absolute beacon of light and truth. So again, thank you and thank you for your time today.

Speaker 36 ([05:55:16](#)):

Well, I wish I could have done more, but thank you for saying that.

Speaker 15 ([05:55:19](#)):

Oh, you have been the voice for our children and for people in the vaccine injury community for decades, so I just appreciate everything you've done and everybody provides the way that they can to this issue and it's, it's developing rapidly, especially with Mr. Kennedy now at HHS. Couple of questions during your time at CBS News, what initially drew you to this vaccine safety debate?

Speaker 36 ([05:55:47](#)):

I was assigned to cover the resurgence of the smallpox vaccine program after nine 11. Knew nothing about the medical system. I trusted my doctors never questioned public health even as investigative reporter, but in digging into the smallpox vaccine program, I have good sources and public health officials start talking about, well, smallpox vaccine is more dangerous than some other vaccines and here's some of the side effects we know can cause myocarditis and so on. Sounds familiar and how we have to be very careful about starting it back up again. And I thought, I never knew vaccines could do any of that. I didn't understand the biologic mechanisms behind what vaccines do. It all sounded crazy before, but I started to understand and read up and as part of this I began to question, well, if occasionally the shots

that soldiers get, because this was happening with smallpox vaccine at the time and anthrax vaccine, if occasionally a soldier will drop dead from his vaccines, it rarely happens what happens when a small child gets injected with all these vaccines, and I'd always thought that was just conspiracy theory, kind of crazy talk.

(05:56:54):

My child was fully vaccinated, I know anything about it, and I came to learn how much was being hidden and covered up and misrepresented like many other government scandals, quite frankly that I've covered over the years. It's the public health establishment unfortunately is no different. And then I saw it was right for so many stories that Americans, including me, aren't being told about, weren't being told about, and CBS News was very interested in the time in covering all these on vaccines and other medicines and other health problems that we were having population-wide. So that's how I got into it.

Speaker 15 (05:57:27):

Oh wow. That's an interesting journey that you took. How was your investigative reporting received at the time?

Speaker 36 (05:57:34):

Very well. I mean CBS News assigned me to cover the smallpox vaccine program, which was eventually halted for safety reasons pretty quickly. And then they welcomed the others. They agreed the bosses at the time that these are very important issues and Lynn, I don't know if you or people remember, a lot of people are covering them. New York Times was covering 'em LA Times. This is before the sort of what I would call takeover of the media by the pharmaceutical and vaccine industry. Nobody was called anti-vaccine for covering obvious safety issues because they had not popularized that propaganda term yet against weaponized it basically against reporters and scientists. So a lot of us were doing really good work on important stuff for some years, and then it came where the partnerships between the media and the pharmaceutical industry grew more profitable and stronger as at the corporate level.

(05:58:23):

We and the media partnered with the pharmaceutical industry lobbyists to try to get loosened up rules so they could advertise more pharmaceutical drugs on TV and other media. Once that partnership was forged and once they worked together, meaning my industry and the pharmaceutical industry, all of a sudden there was all this pushback, which I didn't understand at the time, and it wasn't coming from the immediate bosses who wanted these stories. It was coming from outside the news division initially and not just on vaccine stories, but on statins and other important medical issues that I was covering. So that all changed, I would say around the 2005 time period and not just CBS news, but all the other media quit covering and started controversial, the very issues we were all interested in just a couple of years before.

Speaker 15 (05:59:11):

Yeah, that is so absolutely true, Cheryl. I remember when I first heard the term, it was just what these families have children who are fully vaccinated. So I just didn't quite understand what was going on for Thank you for explaining that, comparing that early reporting to the landscape now, especially with COVID-19, what's been your experience?

Speaker 36 (05:59:37):

Well, now it's gotten to a point where the censorship on this issue and others, but quite frankly this probably led the way in many respects. It's so obvious and well known in the industry that it's almost like the corporations don't really have to often reach down into the newsrooms anymore and try to have things censored the media because we understand reporters understand what their bosses will and won't put in the headlines or reward or publish. So why would you go down the road of covering really important, interesting stories that nobody's going to want to publish or read or that you're going to get controversial for? So now we're at a point of where there's just self-censorship and then the reporters

who knew something of this issue, I mean, I studied this for years, actually for a couple of years before I did my first vaccine autism story.

(06:00:26):

I just studied it. It was so contrary to everything we've been told. I wanted to be sure I got it right. The reporters who did study these issues and know something of it, a lot of them are gone and the ones who are in place now simply buy into the propaganda from the public health agencies in the industry unquestioningly without doing independent research or understanding where to look, and it's a really sad landscape. Now I see reporters who clearly are ignorant of the facts, debating Robert F. Kennedy Jr. But with such certainty in their wrong positions, not understanding perhaps that he is so well researched on vaccine safety issues. I would say probably the top politician I've ever known, top ranking politician who understands the most about the industry and about the safety issues. And yet you hear these journalists who clearly haven't done their job insisting with their own opinions and speculation and propaganda, whether they realize it or not, insisting that they're right and he's wrong. I think that's a really sad state of affairs.

Speaker 15 (06:01:28):

Exactly. Cheryl, the science is settled in their opinion. Speaking of some of the stories that you've covered over the years, could you talk a little bit about the Department of Justice fraud during the autism omnibus proceedings?

Speaker 36 (06:01:43):

Well, there were so many eye openers along the way, but one of the big ones, as I was covering the vaccine autism links, which actually are well proven in court and in scientific documentation and also among researchers, there are two elements to this, the vaccine court that a lot of people don't know about the special vaccine court that litigates vaccine injuries in a special way that protects the vaccine makers. We basically pay damages for the vaccine injured. They were holding an omnibus set of cases together. They were holding hearings and to see that, hey, if we prove if someone successfully proves one of several vaccine causing autism theories, we'll pay out a lot of the similar cases without making the thousands and probably hundreds of thousands of people go to court. So shortly before the decision was coming down, I was tipped off by one the best source that there is at Vaccine Court that they were going to have founded results in at least one of the cases, meaning they were going to agree as a court that vaccines did cause autism in one of these landmark sample cases that would have huge implications.

(06:02:50):

The source told me they were already trying to figure out how to replenish the trust fund because there would be so many people making claims, similar claims, they wouldn't have enough money to pay all the victims. Then the decision comes down and it's totally opposite. The decision is, oh, vaccines can't cause autism. And I was really baffled and now I would cover that as its own story, but I really didn't know what to do with that at the time. It was just the opposite of what I knew is the truth. Turns out we later learned through a series of events that I'll call 'em the bad guys, carved out that case that they were going to say they were going to agree vaccines cause autism carved it out of these sample public cases they were holding, and secretly, confidentially settled it and sealed it so the public would never know and paid this family and agreed about the vaccine's role in autism while publicly continuing to lie to the public and say that there was no link and this was all debunked and crazy talk.

(06:03:47):

Well, a second element to that is years later, the expert witness for the Department of Justice, which defends the vaccine makers, believe it or not, the expert witness is a man called Dr. Andrew Zimmerman from a prestigious health institution who is defending the government slash the vaccine industry saying

vaccines can't cause autism. We now know that at some point in time he changed that opinion based on science and some of his own patients, and he has signed an affidavit, a sworn affidavit years later that said he told the Department of Justice lawyers when these trials were going on. Listen, I've changed my opinion on this. You can no longer say that in no case do vaccines cause autism because I know differently. I even have patients where that's the case. What did the Department of Justice do? Did they compensate the poor families where this has happened?

(06:04:39):

Did they go public? No, they fired Dr. Zimmerman as their expert witness and continue to misrepresent his findings in court. There's a transcript from the following Monday where they said something in the vaccine court, something like We know Dr. Zimmerman's view on all of this implying that Dr. Zimmerman said vaccines can never cause autism. When he had told them explicitly the opposite. So years later, he signs an affidavit to this effect because Robert F. Kennedy Jr. Got him to agree to do so, and this should have been international headlines. I did the story, we got a lot of play among people who are looking for those kinds of stories, but Department of Justice never held anybody accountable. Most people didn't talk about it, the other media didn't pick up the story. And then they set about the business of trying to controversially the expert, the man who had served as the vaccine industry and government's own chief expert witness. Now, if you look online, well, they're trying to debunk him and say he wasn't really very important in all of this, and the coverup continues. So that's the big fraud that happened. One of the big frauds,

Speaker 15 (06:05:44):

Cheryl, maybe we could revive that story and tell it again because it's still very, very important because the same things my understanding are happening in other cases and the COVID vaccine program as well. You also recently did a story about the continued use of the preservative th Marisol, which is Ethel Mercury based and vaccines, even though our federal agencies have been telling us over the years that it was removed back in 2001. And you also spoke a little bit about the Simpsonwood transcripts, and that's sort of what this whole program today is about is the 25th anniversary of that private simpsonwood meeting here in Atlanta. So if you could talk a little bit about that, that would be very interesting to hear your perspective

Speaker 36 (06:06:35):

And my bestseller follow the science, how Big Pharma Misleads obscures and Prevails. I detail a lot of what we're talking about with Marisol Mercury and vaccines that people want to read more. For those who are listening, they probably already know this, there are many theories, and probably more than one of them is true, are true as to how vaccines and other things trigger or cause autism. But one of them is the mercury content, the th marisol preservative that was used widely used in several childhood vaccines in the time period we're talking about when autism started to explode. And obviously there were some believed to be connections and that thiol slash mercury was a culprit in the brain damage. These kids were suffering, and there's been a longstanding effort to cover that up and controversially it. And I think a lot of that started with this Simpsonwood secret meeting that the government held.

(06:07:28):

Everybody inside the vaccine industry of course was invited and everybody in public health, but no consumers or members of the public. This was kept a secret from the people who needed to know the most. What had happened was a government sponsored study about the role of Marisol in vaccines and what it played in neuro damage in children, whether it's autism, a DD, ticks, stuttering, and all sorts of things. This study was on an interim basis, was providing very disturbing and strong links in some cases. So the scientists were reporting to this group of insiders, not to the public, this group of insiders. And there were differing opinions as to what it meant and what they should do, but clearly there was alarm

among a number of these specialists who said this was a really big deal that they found these associations with by Marial Mercury.

(06:08:19):

The government never told the public that after the meeting, I mean this only leaked out because parents later through a Freedom of Information Act request got the transcripts, but the public was never told that there were these concerns. The study was, shall we say, massaged and never did dispel the vaccine autism link, although many people incorrectly report that's what it did. But it softened it enough that it looked a little bit squishy as the study was massaged and as the lead author on the study was hired away by a vaccine maker midstream, which was not disclosed when the study was finally published in pediatrics was not initially disclosed. And then the government basically tried to have it both ways. They tried to say there's no risk, but the mayors all you guys are crazy, but we're going to take it out of all vaccines. So they wanted credit for doing something that they claimed it was not necessary to do.

(06:09:10):

And then they started claiming as early as 1999 that all the aerosol mercury was taken out of all vaccines given to children. And this was first thrown back at me when I was doing my stories and the pharmaceutical industry was starting to have more impact secret meetings with certain people at CBS. Someone came to me at CBS editorial when I was doing these reports and said the Marisol was taken out of vaccines, and I knew that wasn't the case, and I actually brought them the charts that were online, that the government's own charts that showed which vaccines it was in and how much. But I thought, where is that coming from? It still exists in the CDC D'S own propaganda in Children's Hospital of Philadelphia, Pennsylvania chop. They're notorious for their vaccine misinformation in my view. They say things like if the Marisol was taken out.

(06:10:00):

So I did this investigation that I published on my Free Substack that shows how many times and how many years after the 1999, 2001 time period when they all claim the Marisol was taken out of vaccines. I show how many vaccines it stayed in and remains to this day by their own charts, some of which have been wiped from the web. But I was able to recover. And I think the main point of this is not only the possible role that Mercury and the Marisol may play in many illnesses that our kids suffer, but how the government will just so blatantly lie and mislead, and then how those of us in the media who don't do our homework will then parent and report these things that are clearly not true. So just over and over again, the misinformation gets forwarded until it becomes kind of believed by people who don't know any better. That's where we are with the Marisol controversy today.

Speaker 15 (06:10:54):

Exactly. That's a wonderful summary, Cheryl. Is there anything else that you would want to share today that you think our listeners would be interested in knowing or any things that you would want to share with other people in the media like yourself?

Speaker 36 (06:11:12):

I'm worried about COVID-19 based on the research I'm doing, not just COVID-19, the long-term after effects, but also the after effects of the vaccine. And I've been reporting a lot on this in my show full measure also wrote about it and follow the science. The scientists who are on the leading edge of treating patients with longstanding injuries after COVID and COVID vaccine are very concerned that the spike protein in COVID that they believe was man manipulated. And the spike protein that the vaccines tell our bodies to make is super problematic and persistent, and it's implicated in the rashes of cancer which can flourish in the environment caused when the spike protein is in your body. I've had scientists who are studying this very mainstream scientists say they're concerned after looking at the blood of so many people who are impacted that were all going to be impacted.

[\(06:12:06\):](#)

Maybe you weren't sick with COVID, maybe you got it asymptotically. Maybe you didn't get a vaccine, you just had COVID. Everybody they say they fear ultimately will have some after effects and you won't necessarily associate it with that. And if the government's not going to study it so far they haven't. You'll just think, oh gosh, a lot of people are getting cancer. Gosh, a lot of people are getting vision problems. Gosh, a lot of people are feeling tired and having brain fog. A lot of these things could be related, but if nobody's trying to capture them, they can't be treated or researched in an effective way. And I think that's where we are right now. It could be a problem for us. So I would encourage people to do their reading, to look at the alternative sources, the good sources of mainstream folks that have broken away after the COVID debacle to try to do some independent research and science and keep their eye on this sort of thing so that in the future as this develops, we really have some answers before it's too late.

Speaker 15 [\(06:13:00\):](#)

Absolutely. Wonderful recommendations, Cheryl, you are always spot on, and thank you so much for your time today and we look forward to following your stories in the future and your

Speaker 18 [\(06:13:11\):](#)

Work.

Speaker 15 [\(06:13:12\):](#)

Thanks.

Speaker 1 [\(06:13:17\):](#)

You've

Speaker 18 [\(06:13:17\):](#)

Been

Speaker 1 [\(06:13:17\):](#)

Part of significant legal actions against state and federal vaccine mandates. Could you walk us through some of the most critical lawsuits you've led or supported and what their outcomes have meant for medical freedom in America?

Speaker 14 [\(06:13:29\):](#)

Yes. We at Children's Health Defense oppose all medical mandates and we favor true informed consent. And so all of our litigation has really been around those issues to ensure that people have the ability to have informed consent, that we get rid of fraud and corruption in the government and in pharma, and that we don't have any medical mandates. So during COVID Children's Health Defense opposed the healthcare mandate of COVID shots in New York State, we wrote letters to the FDA and brought a lawsuit to oppose the authorization of COVID shots for children. We filed a lawsuit to oppose the mask mandate in New York State. We also brought lawsuits to challenge the fraud of the Gardasil vaccine that Merck, the manufacturer, has not been giving true informed consent or adequate warnings to people. We also have brought a lawsuit against the Department of Justice and the Department of Health for the Department of Justice's fraud in the omnibus autism proceeding.

[\(06:14:39\):](#)

And as we've also brought many cases, which I'll talk about next related to censorship and violations of the First Amendment, many of these cases are still ongoing. In New York, our lawsuits were instrumental in having the mask mandate and the COVID vaccine mandate for healthcare workers stricken. We were not successful in having the authorization of the COVID shots stopped for children. However, that's an issue that we are still focused on. We don't yet have a decision in the HAZELHURST versus the Secretary of Health and Human Services case for fraud in the omnibus autism proceeding. We also have a case that challenges a death of a young man who took a COVID shot. That's a case against the Department of Defense. We don't have a final valid decision in that case yet. So many of our cases, our censorship cases,

Kennedy v Biden, CHD versus meta platforms, CHD versus Washington Post and the Trusted News Initiative, we don't have final decisions on those. These are hard decisions for courts to reach. So we're still fighting. And in my view, what's important is the fight not necessarily outcome. We can't control the outcome, but what we can control is standing for justice, standing for truth, standing for children's health.

Speaker 1 ([06:16:05](#)):

Children's health defense has taken legal action against censorship by tech companies and federal agencies. How have these suppression efforts affected free speech and informed consent, and where do your legal challenges currently

Speaker 14 ([06:16:17](#)):

Stand? What we witnessed during COVID was the ascendance of what I call and many call the censorship industrial complex. This was a global enterprise to suppress truthful information about the COVID shots and about all of the lockdowns and COVID measures. This was tremendously dangerous. As Robert Kennedy, the founder of Children's Health Defense has often said, there's no atrocity. A government can't commit if it can censor its critics.

Speaker 13 ([06:16:50](#)):

And it's inevitable that if you do start censor speech because government abuses every power that it's given, and if government suddenly has the capacity to censor its critics, it has a license for any atrocity.

Speaker 14 ([06:17:03](#)):

So the First Amendment is the first Amendment for a reason. Free speech, freedom of the press, freedom of assembly, freedom of conscience. All of these things are absolutely the right to petition the government for addressing grievances. All of these things are absolutely essential. They're not optional. We still have three very major censorship cases pending one against meta platforms. We believe that Facebook clearly colluded with the federal government to suppress children's health Defense suppress Robert Kennedy and many other groups that is going to be heard and conferenced by the Supreme Court at the end of June. And we're hopeful that that will lead to something. Actually, another free speech case I forgot to mention, Corey Vonta is a case in the state of California that is trying attempting California standard of care is attempting to regulate what doctors can say to their patients. That case is also before the Supreme Court and being conferenced at the end of June.

([06:18:00](#)):

We have a case versus what's the so-called Trusted news initiative, which is the legacy media, Washington Post, Los Angeles time, the British Broadcasting System, Reuters Associated Press. They have colluded to suppress groups like Children's Health Defense, not just for so-called misinformation, but they're suppressing us because we cut into their profits and they know that. And so that's an antitrust case that's ongoing. And last but not least, we have funded and are bringing the case, Kennedy v Biden. Kennedy v Biden is one of the most important censorship cases that we have. That's a case where we allege that the Department of Justice itself and officials in the Biden administration actively suppressed the speech of now Secretary Kennedy, but when he was chairman of Children's Health Defense and suppressed the speech of Children's Health Defense right now, that case is sort of in a staying pattern while the New Department of Justice evaluates what it wants to do on that case.

Speaker 1 ([06:18:59](#)):

How do existing vaccine mandates conflict with constitutional rights or federal protections? What are the strongest legal or ethical arguments against the broad use of mandates in schools, workplaces, and during public health emergencies?

Speaker 14 ([06:19:15](#)):

So my view is that all medical mandates are illegal. They violate the constitutional rights of parents. They violate the rights to free exercise of religion. They violate the right to true prior free and informed consent, and they violate the constitutional well-recognized right to refuse unwanted medical interventions. I do believe that we are entering the era when mandates will fall. Right now, the COVID shot mandates are being questioned by state and federal courts because those shots did not stop transmission. They also didn't stop infection. But the basis of a mandate is the idea that somehow it is going to protect the public. And there's really no argument that it protects the public if the only thing it does is allegedly protect the individual. So we fight mandates every day. We want people to make their own decisions. We do not give medical advice. We do not tell people what to do, but we do acknowledge and respect and honor the right of each individual to evaluate information on their own and to come to their own decisions and mandates don't do that. So we are pressing to see fundamental change in laws around mandates. We do not believe that mandates have any place in a free society. And candidly, the Supreme Court decision that is still looming over all vaccine related cases, *Jacobson versus Massachusetts* from 1905, it even gives some language to that effect. There are limits to what a democratically elected government can do with respect to medical decision-making on behalf of other people.

Speaker 1 ([06:21:06](#)):

In 2011, the Supreme Court ruled that vaccine manufacturers cannot be held liable for design defects in their products. What were the legal consequences of that ruling and how did it change the landscape for vaccine injury accountability in the us?

Speaker 14 ([06:21:22](#)):

The 1986 National Childhood Vaccine Injury Act fundamentally changed the landscape of vaccines in the United States and globally. That decision in 1986 by Congress gave the vaccine manufacturers big pharma and the healthcare profession virtually blanket liability protection for vaccines. And what happened after 1986 as Secretary Kennedy used to say, was a gold rush, big pharma came in because the products basically have no liability and they can be mandated by the states and relationships with legislators giving money into their campaign funds, telling them that this product is for everybody's help. The mandates on state agendas just ballooned after the 1986 Act. There was one opening that was feasible under the 1986 Act, and that was if the vaccine itself was improperly designed, otherwise, they said, so long as the FDA has blessed this vaccine, you don't have to worry about state failure to warn laws. You don't have to worry about if people die because they basically did acknowledge that some people were going to die or be severely injured by the vaccines.

([06:22:42](#)):

And so in addition to giving liability protection, it set up an injury compensation program with the idea that people who were injured would be taking one for the team. They would be casualties of the war on disease and they would be compensated. And there was a provision that said that Health and Human Services together with a pharmaceutical industry had to make vaccines safer. Well, the injury compensation program doesn't work. They never made them safer. They never even reported to Congress how they made them safer. The only thing that worked beyond any comprehension was giving liability protection the industry and the healthcare profession. So the only loophole in the 86 Act was fraud against the regulator, which is very hard to prove, and a design defect. And there was a circuit split, meaning that some federal circuit courts of appeal and some state Supreme Courts came to different judgments about whether a design defect could go to court.

([06:23:36](#)):

So *bruits* was a case from the Third Circuit Court of appeals about the design of the diphtheria tetanus pertussis vaccine. And the allegation was that the whole cell design, DPT was much more dangerous than the acellular pertussis vaccine, which Japan in particular had instituted 20 years ahead of the

United States. It was well understood that the whole cell pertussis vaccine could cause severe brain injury and death. So what Bruit did was the Supreme Court interpreted the 1986 statute, and in my view, wrongly interpreted it to mean that there was no ability to go to courts for design defect. In my view, the correct interpretation based on statutory interpretation and the historical record was that Congress did want for people to be able to go to a civil court to litigate whether it was a safe vaccine or not. But the Supreme Court, in its wisdom and a decision written by Justice Scalia said, no, only the FDA only the experts can decide what's a safe design.

(06:24:45):

However, there was a very good dissenting decision from Justice Ruth Bader Ginsburg and Justice Sotomayor, and it was drafted by Sotomayor. And this decision also affected a case that was coming up from Georgia Supreme Court that said, yes, you can go to state court for design defect. And that was a case about by Marisol, the mercury containing preservative in childhood vaccines. And so that case was decided at the same time as Bruce Woods and the 5,000 cases that were then sitting in the vaccine injury compensation program poised to go into state and federal courts about the design defect of putting mercury in babies' shots. Those cases were squelched, those cases were foreclosed. And so what Bruce Leitz did is it made the 86 Act even worse in my, it made it even more impossible to bring cases to court. However, children's Health Defense has been supporting litigation for the last six years against Merck, which is the big pharma company that manufactures Gardasil vaccines.

(06:26:00):

And we do believe that under state law, Merck was failing to warn and was depriving people of informed consent. And we also do believe that there was fraud in their clinical trials and in what they gave to the FDA at the moment, we lost to a motion to dismiss by Merck in the federal District court in North Carolina. And that case is ongoing, but Bruce Woods basically meant that if you take a shot and you're harmed, you're on your own, the injury compensation program doesn't work. Medicaid and Medicare don't work very well. The risk is all on you. If you take a shot and you don't really know what's in it or what it can do, you are taking on all the risk. And so I urge people to read the product inserts. That's where the pharmaceutical industry has to tell the FDA, what people have reported to them about what the drug or the vaccine does. And those product inserts are pretty hair raising. Generally, pharmaceutical products are dangerous products, and that's the reason why they're administered by doctors and that they're not over the counter. They're prescription based and they can do harm. So something to think about.

Speaker 1 (06:27:16):

What current lawsuits or legal strategies is Children's Health Defense pursuing to push against unconstitutional mandates and censorship? How can the public engage or support these efforts going forward?

Speaker 14 (06:27:28):

We have four major ongoing censorship related cases right at this time. One is Children's Health Defense versus Meta Platforms is before the Supreme Court. It will be conferenced at the end of June. That's about the collusion between Facebook and the federal government to suppress Children's Health Defense, to kick us off of Facebook, to take away the donate button to kick off Bobby Kennedy and many other, they did that to many other institutions as well. Another important case is Corey versus Bonta. That's a case where the state of California is regulating what a doctor can tell his or her patient regarding the standard of care and COVID care in particular. That also is before the Supreme Court being conferenced. At the end of June, we have another case, Kennedy versus Biden. That's a case where we're alleging that federal officials were violating the First Amendment when they knowingly and intentionally worked with the major platforms to suppress our speech, to kick us off, to downgrade us in SEO and so on.

[\(06:28:35\):](#)

And then last but not least, we have a case Children's Health Defense versus Washington Post Reuters Associated Press, Los Angeles time, other major legacy media for their role in colluding with social media platforms to suppress us. And that is an antitrust case. It's filed in the Washington dc but we have other cases. We have a new case on behalf of a pediatrician, Dr. Cardenas, who refused to give COVID shots to young children. She believed that the risks outweighed the benefits and because she was giving shots to poor children and other shots she did align with and was giving because she would refuse to give the COVID shots, she was kicked out of the Vaccines for Children Program that provides free vaccines to poorer children, which accounts for 40% of American children and her practice closed. So we believe that that was a violation of informed consent rights for her patients.

[\(06:29:33\):](#)

Also, a violation of the right to equal protection that children who are poor should not essentially have more mandates than any other children. The COVID shots are not required by any state in the country, but they are federally recommended for infants as of six months old. So what can the public do? You can support Children's Health Defense. You can sign up for our newsletter Daily, the defender that'll tell you everything you need to know about our lawsuits, which are important. You can access through our website, children's Health Defense, children's Health Defense tv. It's every day at 10:00 AM Eastern. We go out with a live show about the latest news for the health freedom community. We need your donations. We run exclusively on donations from the public. That's another way to engage. We also have chapters so that you can engage at a grassroots level. You can work with people in the chapter to educate others, to bring films to them, to bring speakers to them, to bring meetings to them, all kinds of meetings, events involving children, and also to be engaged in what your state needs to do to communicate effectively with your legislators.

[\(06:30:42\):](#)

And then the story of Bobby Kennedy. So Simpson Wood, which happened 25 years ago today, it is hard to say how horrifying it's, it was a meeting of government officials and people from the Big Pharma and people from the World Health Organization, people from the CDC, the FDA prominent physicians around the country, even around the world who got together in a private meeting outside Atlanta with the idea that no one would ever know what they talked about. And they acknowledged that Marisol, the Mercury containing Preservative is causing, causing ticks autism, A DHD, apraxia, all kinds of speech delay, all kinds of neurological problems. No surprise, mercury is one of the most toxic elements in the world. So they realized that they had a big problem. They talked about how they were going to hide it, how they were going to hide it from lawyers, from plaintiff's lawyers, and how they were going to wriggle out of it, essentially by recharacterizing the data and essentially engaging in scientific fraud after that meeting.

[\(06:31:54\):](#)

In my view, the major pharmaceutical companies in the US government and the Global World, world Health Organization, they haven't known what to do. They haven't figured out to come clean, engage in radical transparency and gold standard science as Secretary Kennedy is saying, and acknowledge that they made a catastrophic mistake and engaged in wrong activity that has harmed millions of children around the world. That's the reality of what Simpsonwood is really about. Bobby Kennedy learned about it from parent activists at Safe Minds, including Lynn Redwood, the first president of Children's Health Defense. And she, Lynn went and retrieved from the CDC, the transcript of the Simpsonwood Debacle conference. And Lynn Redwood passed it on to Bobby Kennedy and Bobby in 2005 to his great honor and credit, published a story simultaneously in Rolling Stone and Salon Liberal Leaning Cool publications, an article called Deadly Immunity. And the article outlined how it absolutely looked like people in government and pharma were engaged in a criminal coverup to bury the evidence that they had been injecting children with mercury and causing massive brain damage and another damage.

[\(06:33:23\)](#):

It harms every aspect of a body, the immune system, the muscular system, the skeletal system, you name it, the gastrointestinal system. Anyway, he published that article and that was the turning point for when he became, in essence persona non grata in the liberal media. And after that, although before that he had been able to go onto any network and had been able to get an op-ed published anywhere he wanted, and he was vaunted as the environmental lawyer of the Year in Time Magazine and so on, he became persona non grata. This was a conspiracy theory. This was wacko. He was an anti-vaxxer. As he says, he vaccinated all of his children. He became an enemy of the people. Thankfully through the work that he did at Children's Health Defense building, children's health Defense and bringing lawsuits to Children's health defense and then leaving Children's Health Defense in 2023 to run for president, he has brought global attention to the harms that the medical industrial complex and the media complex associated with it has been doing for more than 20 years.

[\(06:34:35\)](#):

As he points out, more than half of American adults and American children have some kind of chronic health condition. And all the while the health authorities and the government have been saying, we're doing a great job. And they've been paying attention to infectious disease where they can produce lucrative vaccines that make a lot of money and that actually make people sick. And then those people, those children in particular become clients for life of the pharmaceutical industry. So I am so happy that he is now in the position that he is in as the Secretary of Health and Human Services. There's a tremendous amount of work to do, and I think he understands that this can't be done as a partisan effort. This can't be done as Republicans versus Democrats. That's not what health is. That's not what children's health is. We have to love our children more than we hate one another. And we have to create the kind of understanding of what's been happening that will enable all people to say, yes, this is the right thing to do. We don't want to be harming children. We as adults can't do that. It is completely against the universe that adults would be harming their children. And so I'm so happy that we're doing this simpsonwood exercise today because it really does cast a light on the root of this evil around vaccines for children and the coverup around it that's been going on for 25 years.

Speaker 2 [\(06:36:28\)](#):

We're joined now by Dr. Brian Hooker. He is a biochemical engineer, autism researcher, and advocate for vaccine safety. He's best known for his collaboration with CDC senior scientists, Dr. William Thompson, also known as the CDC whistleblower who came forward with claims of scientific misconduct in CDC vaccine research. Dr. Brian Hooker is currently the Chief Scientific Officer at Children's Health Defense and a professor of biology at Simpson University. His re-analysis of the C'S 2004 MR study data revealed a statistically significant link between the MMR vaccine and autism and African-American boys data that was allegedly omitted from the published study. So let's talk about the revelations from the whistleblower. How did your communication with Dr. William Thompson began and what compelled him to come forward with evidence of misconduct at the CDC?

Speaker 37 [\(06:37:33\)](#):

Well, we started conversations in November of 2013, and honestly, Tia, I just got a call on my cell phone out of the blue. It was one Dr. William Thompson. And I have to say I was kind of, in some ways I had an inclination that there might be something there before he even called. And I had sent him some emails based on FOIA requested I got back from the CDC, and I had sent in some questions because at one point he started talking about my son's medical record and the fact that my son was participating in a national vaccine injury compensation program behind the scenes behind my back way back in 2003 and 2004. And that really upset me. So I let him have it in these emails. And so that is kind of what precipitated the first conversation that we had with Dr. William Thompson is that I think that him thinking about my son,

realizing my son was vaccine injured, really kind of got to him and then all of a sudden we're on the phone.

Speaker 2 ([06:38:55](#)):

Wow. That must've been quite a phone call. So let's talk about that MMR study in 2004, I believe it started in 2001 was published in 2004. What were the original goals of that CDC study and what key findings did Thompson say were deliberately left out?

Speaker 37 ([06:39:17](#)):

The original goals of the CDC study were to look at the effect of the timing of the MMR vaccine on autism prevalence and a cluster of children in metropolitan Atlanta. And they looked at autistic children, they looked at neurotypical children and they compared when did they get the MMR vaccine? And the impetus was if they got the MMR vaccine on time, were they more likely to get an autism diagnosis than if they had delayed the MMR vaccine after two years and after three years to see is there a relationship with these kids that get the MMR vaccine early and autism incidents? What they found was exactly that for all children in the study. The increase in autism incidents if you got the MR on time was 49% for boys in the study that actually went up to 67%. So they were 67% more likely to get an autism diagnosis. And then finally they looked at African-Americans and they were about 150% more likely, or 1.5 times more likely to get an autism diagnosis if they got that MMR on time.

Speaker 2 ([06:40:46](#)):

When you spoke with Dr. Thompson, he kind of redirected you towards requesting specific information, and that information actually happened to be the data that he had kept, which was withheld from the study that they put out in 2004. So when you revisited the raw data provided to you by Dr. Thompson through these FOIA requests, what did your independent analysis reveal and how did it differ from the CDCs published conclusions?

Speaker 37 ([06:41:23](#)):

Well, the CDCs published conclusions did not include those effects. They did not include what I just said in the conversation regarding African-Americans and certainly not African-American males that were 3.6 times more likely to get an autism diagnosis if they got the MMR on time. All of that information was missing and they actually deviated from the original study protocol to dilute out those findings to purport falsely that they were not significant. But honestly, tia, I had the data for a sum total of 15 minutes and I found it and I found the African-American male effect. It was clear as the nose on your face, I would love to say I'm this grandiose, wonderful epidemiologist. And I looked and looked and found, no, it was sort of like finding red on a stop sign. It was just absolutely right there. And I called Dr. Thompson and I said, oh, I need to talk to you about this African-American effect that I saw when I analyzed the data. And his first comment was, oh, you found it? And I'm like, okay, well Bill, tell me what did I find? I mean, obviously I think I was set up to find something. And that's when he described the fact that that was found as early as November 7th, 2001, yet the result was buried and ultimately all of the records that it showed, that particular effect were destroyed.

Speaker 2 ([06:43:03](#)):

So after you found these findings and you had your conversations with Dr. Thompson, you made the decision to publish the data to kind of let the world know what had happened at the CDC according to your conversations with the CDC whistleblower, which was how he was known many for I think the good two years, right? Just about a year and a half to two years, we just heard about this mysterious CDC whistleblower. It wasn't until the movie Vaxxed came out that we found out it was Dr. William Thompson at the CDC. So when you came out with your findings, how did the CDC respond and what was the reaction in the scientific community and the media? Was it, oh wow, this is great, now we have some answers to what is going on. Thank you so much for letting us know, letting the public know what's going on. But that wasn't it. What was the response?

Speaker 37 ([06:44:11](#)):

No, the response really at first, the paper came out in July of 2014 in the Journal Translational Neurodegeneration. It was sitting there on PubMed, I mean for everybody to see. The paper showed the effect for African-American males. It highlighted the effect for African-American males. But then through a series of decisions, we decided to come forward with the CDC whistleblower story in late August. And so through the Autism Media channel at the time, then a brief video about a 10 minute video was released regarding the recorded phone conversations that I had with the CDC whistleblower. And at that point then all hell broke loose. Within two days of that recording being released, then my paper was pulled down from the journal's website. At first it said the reason for pulling down that paper was that it was a threat to public health. And so I believe that through that video, the CDC caught wind of what was going on, and they wanted that paper taken down immediately.

([06:45:25](#)):

The same day the paper was taken down, Dr. Thompson, through his attorney, through his whistleblower attorney, released a statement and he talked directly about how that effect was hidden. And he said that the getting that off of his chest vindicated him. It vindicated me, but unfortunately not the way the mainstream media reported it and interpreted it was not the story of the African-American effect, not the story of the CDC whistleblower, but the fact that my paper had been retracted. And so that's what hit the mainstream media. C-N-N-A-B-C News, N-B-C-M-S-N-B-C all talked about the debunked scientist, Dr. Brian Hooker. It got to be to the point Tia that I thought that my first name was debunked because that's what I read in the media.

Speaker 2 ([06:46:19](#)):

So the revelations of the CDC whistleblower to you, in conjunction with the transcripts that we have from SIMPSONWOOD meeting the scientific review of the Vaccine Safety Data link, which is how it was known, became known as the SIMPSONWOOD meeting. Can you talk a little bit about how those compare and contrast and show the same playbook that the CDC is using?

Speaker 37 ([06:46:47](#)):

Well, the CDC has studied a sum total of two different issues regarding vaccines and autism, and that's the MMR vaccine in autism. And then the Marisol containing vaccines, it's Marisol is the Mercury containing preservative that's still in the flu, flu shot that they give to pregnant women and young children, young infants. The purpose of Simpsonwood was to look at the very, very compelling data of Dr. Thomas Ver Stratton showing a strong, statistically significant effect between Tam Marisol exposure and autism incidents in the vaccine safety data link. The purpose of Simpsonwood was to dilute down those fighting and come up with talking points, industry talking points, basically to say nothing to see here. And that's exactly the same thing that they did with the MMR vaccine. Again, nothing to see here. And even with the revelation of the CDC whistleblower, the mainstream narrative, mainstream media fell lockstep into the CDC saying, oh, well there was this effect, but it's been debunked so you don't need to worry about it. And so the history continues in the mainstream narrative, nothing to see about vaccines and autism, nothing to see about mercury in vaccines and autism and nothing to see about the MMR vaccine and autism.

Speaker 2 ([06:48:12](#)):

So based on your experience and what you've observed in recent years, do you believe that the CDC has improved in terms of data integrity or do the same problems persist?

Speaker 37 ([06:48:25](#)):

There is no data integrity in a captured agency like the CDC. The CDC does not allow the public to access their main database, their main reliable database. That is the vaccine safety data link, and it should be accessible to the public in a de-identified form. They always cite privacy concerns. But I'm an epidemiologist. I de-identify data all the time. We actually go on site when we work with practitioners to

make sure that when we leave, if we leave with any data, there's no way that it could be identified to a particular patient. And so it's a very easy thing to do. It's facile. I've actually presented ways to the CDC on how they could de-identify the data and make a publicly releasable form of the vaccine safety data link, but they flat out refuse. And the publicly available ves is a joke, is an absolute joke. It captures maybe 1% of all the vaccine adverse events that occur in the United States.

Speaker 2 (06:49:35):

What do you believe that this says about that the MMR, the MMR study and the Stratton study, what do you believe these say about transparency and accountability in vaccine safety research and what reforms would you like to see moving forward?

Speaker 37 (06:49:54):

Well, they show that the CDC and specifically the immunization safety office that produced these two piece of crap studies, these two fraudulent studies is completely captured by the pharmaceutical industry. And so they become the sock puppets for that industry. And these are fiction tia. If we look, we can actually calculate how many hundreds of thousands of autism cases could have been prevented if they would've been forthcoming with this information, if they would've changed the vaccination schedule. Not only that, but also it shows the big hole in this entire discussion, the fact that there are 16 vaccines and myriad vaccine components that we have absolutely no information on regarding the relationship with these vaccines and autism. And that's a hole in the literature that it's cringe worthy. You go to the CDC C'S website, it says vaccines don't cause autism, but yet they've only studied one vaccine and one vaccine component.

(06:51:07):

So we need radical transparency right away. That website that says vaccines don't cause autism needs to be taken down yesterday, and there needs to be a comprehensive study with independent scientists, scientists that are devoid of financial conflicts of interest, and we need that data available to the public right away. There's again, like I said before, there's no excuse for not making that information publicly accessible in a de-identified format. So independent scientists can do their own analysis and we have a problem on our hands. We have a huge autism epidemic that is now in one in 34 individuals in the United States. In California where I live. It's one in 22 individuals, and that's increased dramatically. There is no question about it. It is a real increase and it's a dramatic increase and it's an iatrogenic catastrophe.

Speaker 2 (06:52:10):

So just to finish up this conversation, I'd like to give you an opportunity to talk about the research that you did into your book, VAX on VAX Let The Science Speak, you did the study the CDC refuses to do, which is comparing vaccinated children against unvaccinated children. They say that it would be unethical, but it can be done and you've done it. So here's your opportunity to explain what you learned with that research and how it's available for everyone to see.

Speaker 37 (06:52:45):

Well, thank you so much. The book V UN vax, let the Science Speak, came out in August of 2023, and so it's available at most any bookseller and I co-authored this with Robert F. Kennedy Jr. It was quite an honor to be able to work with him, and we were looking for studies on the internet that showed a vaccinated group and an unvaccinated group. And when Bobby first asked me to do this, I thought, oh, well, there'd probably be like six to 10 studies maybe out on PubMed that we can find and we'll write up a brief brochure, we'll do some blurbs that he can feature on Facebook and Instagram. But really over 100 studies later, we had a book, we had an entire book of these studies, and so we wanted to break down each study with really user-friendly graphics showing what's the result of the unvaccinated, what's the result of the vaccinated?

(06:53:46):

And we came up with this comprehensive analysis and it showed that unvaccinated individuals by far are healthier in many, many ways in many, many different scenarios. And in some instances, the vaccines were actually causing the infectious disease that they were meant to prevent in the first place. We saw that specifically with the flu shot, that the individuals that got their yearly flu shot were much more likely to end up in the hospital with the flu. Same thing with COVID-19. If you got the COVID shot, your incident of getting COVID-19 actually went up. So these stunning findings, again, honored to write a book with RFK Junior, now the Secretary of Health and Human Services, and it was a real stunning admission of the health of unvaccinated children and unvaccinated adults.

Speaker 2 ([06:54:44](#)):

Dr. Brian Hooker, we love you. We appreciate you so much and all the work that you're doing and just thank you so much for being a part of this.

Speaker 37 ([06:54:54](#)):

Well, thank you Tia. Always a pleasure. Anytime I get to work with Tia Sino is time well spent. So thank you for doing

Speaker 18 ([06:55:02](#)):

This.

Speaker 2 ([06:55:06](#)):

We're joined now by Polly Tommy, director of C-H-D-T-V and producer of the Vaxxed documentary series dedicated to exposing vaccine injury and giving a voice to the injured Polly. Let's look back at Vaxxed from Coverup to Catastrophe. How did that film change the conversation around vaccine injury?

Speaker 38 ([06:55:29](#)):

What happened when we filmed VAX and we put it out is that it opened up a whole new world of people. So I was out there banging the drum about MMR injury because that's what happened to my son. I had no idea there were people out there that had babies that had died from vaccines or the Gardasil shot, didn't know anything about that. And so they came to us to tell their stories and eyes were opened to the fact that all vaccines can and do cause death and injury. We had no idea when we started out that this was the case and there's so many of us as well. I mean, we only just scratched the surface with what we found, but every day, more and more and more people are coming to tell their story. It's catastrophic really what has happened to the world through vaccine injury. And Vaxxed really exposed that. That was the one that went out there and began the movement of you can tell your story and if you get taken down, you've got a safe place with us to tell your story.

Speaker 2 ([06:56:26](#)):

Vaxxed two, the people's truth. And now Vaxxed three authorized to Kill have documented countless personal stories. What common themes have emerged from these testimonies?

Speaker 38 ([06:56:38](#)):

Well, first of all, when you hear a vaccine injury story, you think you've heard it all. But actually there's a common thread with the whole thing. These people, the babies, the children, even the adults with the injury, they were all fine and healthy before and afterwards. It's just this devastating trail of destruction that happens. So the dead babies all have the same theme. They were beautiful, bubbly, bright eyed babies. They go and take the vaccinations, the eyes are glazed over and then they die in the night. All the same stories. Then you get the autism stories, exactly the same thing. We have these beautiful children, but normally around the age of one to two, they had these great amounts of vaccines. In fact, my son only had one and that was enough to take him out. Seizures, and they're all saying the same thing. We're giving them Tylenol for their ear infections and tons of antibiotics.

([06:57:29](#)):

Then they get their vaccines and then they regress, and in many instances they die as well. And then you've got the Gardasil all with the same injuries and they all talk about the burning underneath their skin and the tremors. So each vaccine, they had the same traits going through and it got to the stage on the bus that we could tell if it was a Gardasil injury walking towards us. We knew straight away from the symptoms that we've been hearing over and over again, we've got a Gardasil coming, we could see that the pain of the mothers that lost their babies, we could feel the exhaustion and desperation of the autism parents. It was just we are all telling the same story. It's science. That is the real science. The people have done the study, the vaccine and vaccine study. It is there amongst us. So yes, we really could tell all the interest. We're all saying the same thing worldwide.

Speaker 2 ([06:58:19](#)):

So how did your work with Vaxxed lead to your role at C-H-D-T-V and how is C-H-D-T-V continuing to amplify these critical conversations?

Speaker 38 ([06:58:29](#)):

Well, after Vaxxed, we continued to tell stories. We went out on the bus and just the stories were never ending. It was only because of COVID that we had to pull the bus back, but the story still kept coming in. And so Mary Holland graciously and Laura Bona graciously offered me the job director of C Hdt V. And it kind of jumped at the chance really because it was another avenue and a place for parents' voice to be heard. And they agreed that that was a very important mission for Children's health defense, that the parents talk about the injuries that happen to their children and still to this day, that is what we specialize at C-H-D-T-V being the voice of these parents breaking down the news that we all know is full of misinformation, telling us these vaccines are safe and effective. So we bring the experts on to break that down and we continue to tell these stories, and every day we're putting out a story, at least one story.

([06:59:21](#)):

And with the measles death, we managed to put that story right because the child did not die of measles. And now obviously we have another baby that's just died and we're the parents are standing up. So the parents are becoming brave and talking about the story of their dead children or injured children, and they're coming to CHD to tell their story because they know that we won't edit it and we will tell the truth or on behalf of their loved one so tragically died. These babies don't need to be dying. These children don't need to be injured beyond belief. What we face ahead now is unbearable for the future generations because someone's got to take care of all of our children when we're not around. They don't necessarily die before us. And yes, we have high drowning issues and things like that, but on the whole, with the autism on the whole, these children are going to be need to be looked after for life, and that is something that we have to address and we have to stop this, and that's what Children's Health Defense are fighting to do through legal, through science, through the defender, through C-H-D-T-B, and we will never, ever stop until this stops.

Speaker 2 ([07:00:25](#)):

What message do you have for families affected by vaccine injury who want to share their stories and take action?

Speaker 38 ([07:00:33](#)):

Yeah, the message I have for parents out there is if you vaccinated your children, it doesn't have to be an injury of autism or anything. It can be gut issues, all these things, your child was fine before and now has this dreadful eczema or the shakes or the eye squint or whatever it may be. We need to hear your stories because there's no one out there that's going to be doing this for you and keeping it a record, we have our own VAs system running at Children's Health Defense and we have our dedication page. We are documenting every single story, and we will continue to do that. So please be brave. I know it can be

scary to go and talk, but we can prerecord and you can take anything out that you don't like, but we must get these stories out because we are powerful together as a team.

[\(07:01:17\):](#)

What they did to our children is not okay. It's not our fault. As parents, we were lied to. So if you can come to us and tell your story, then this helps to stop this happening to another child. We cannot have any more dead babies or any more children injured like my Billy, who will never live a life independently because of one vaccine, one moment in time or mistake that we made because we were lied to. So know that you're not on your own and come to C-H-G-T-V and tell us your story so that we can put a stop to this

Speaker 2 [\(07:01:47\):](#)

Bonus question. What is your hope going forward as we now have Robert F. Kennedy Jr. As the head of HHS, we're looking at the path forward. What is your hope? What would you like to see happen?

Speaker 38 [\(07:02:04\):](#)

What I would like to see happen is that parents are given true informed consent. And by that I mean the real truth behind what is in a vaccination, because there is no way that anyone would put in their most precious gift, their child, all the toxins and evil ingredients in a vaccination if they knew the true ingredients and also what it can do to your child. So we have to stop that. We have to stop the mainstream media who play a huge part in this with lying and telling people that a little girl died of measles. And so all these parents rush out and then they go and get the vaccination. These lies have to stop. The truth has to come out, and parents need to be able to do what they want with their child, what they feel is best for them, whether religious beliefs or whether they're just as a mommy gut feeling that they don't want to do that. And the real thing that has to happen is the undeniable health of the unvaccinated child has got to be exposed because once parents and people see how healthy unvaccinated individuals are, then that's a game changer. So not just for vaccines, but for all medications. Hospital protocols need to be changed. This all has to stop. People are being killed in hospitals and all of that has to stop. So I'm hoping that Bobby Kennedy actually does and is able to put a stop to all the evilness and lies out there that's killing our children, killing the future.

Speaker 18 [\(07:03:29\):](#)

I was concerned

Speaker 2 [\(07:03:31\):](#)

About the vaccine schedule. When my son Luke was born in 2006, I wanted to be cautious. I refused the Hepatitis B shot at birth. I didn't see why a newborn needed that, but when we got to the pediatrician's office, I was pressured. A nurse bullied me. She told me I was endangering my child, so I gave in, but still, I didn't go all in. I did what so many cautious thinking parents try to do. I spaced them out one at a time. No th marisol, no combination vaccines, no DTaP, no MMR and thought it was being safe.

[\(07:04:22\):](#)

Luke only received four vaccines by the time he was six months old, hepatitis B, hip, meningococcal and flu. That's it. Four. But it was enough. By the time he turned two, Luke was diagnosed with autism. The doctor who made the diagnosis was a close friend, a doctor I trusted. She was the one who had told me to stop vaccinating him at six months. She said it wasn't safe, and I did, but the damage was already done. That's why now I tell parents that spacing them out does not make them safe. Choosing some vaccines doesn't make them safe. It didn't protect my son.

[\(07:05:20\):](#)

Not long after his diagnosis, Luke was enrolled in the C D'S seed study, the study to explore early development. The CDC called it the most comprehensive study of autism causes ever conducted. They collected DNA medical history mine and his father's vaccine exposure. Multiple evaluations were done.

Developmental testing. They even took stool samples. I know what kind of data they got. They had everything they needed. They have everything. They need a gold mine of data, and they've done nothing meaningful with it when it comes to vaccines. Dr. William Thompson, the CDC whistleblower, he even mentioned the scene study in his recorded calls with Dr. Brian Hooker. He knew what they had. He knew they are sitting on the truth. I read his words in the Vaccine whistleblower book by Kevin Berry, the transcripts of the recorded calls with Dr. Hooker. He called it the mother load of data. They have had the key to the answer all along.

[\(07:06:42\):](#)

They buried it. After the movie Vaxxed came out, I knew I couldn't just sit back. I stood outside the CDC with signs. I joined protests, I marched, but I realized they weren't listening. We weren't being heard. For years, we protested. Jenny McCarthy's Green R Vaccines rally in DC, California. Parents came out by the hundreds to protest SB 2 77 and SB 2 76. And in New Jersey, a protest actually saved religious exemptions. Health Freedom Warriors showed up at state capitals all across the country. We protested outside the CDC over and over again. Many times it felt like we were shouting into the wind. Then Josh Coleman came along with these four vaccines. He really stepped things up. Those bold black and white signs started showing up at massive public events, Disneyland Comic-Con dragoncon, live tapings of TV shows, and they got seen and they made it into the press.

[\(07:08:07\):](#)

People started asking questions. That campaign changed the game. But even though so many people were showing up, not a lot changed. I'm not saying it was a waste of time, but we needed to do more than preach to the choir or try to shake the sleeping, public awake, the people making the decisions needed to hear from us. So in 2018, we took it inside. We started attending the CDC's A CIP meetings advisory Committee on immunization practices at first, and there was just a few of us. And then Lynette Baron and I got the bright idea to start flooding the place with our voices. We called it inundate, the C-D-C-A-C-I-P meetings. We brought in doctors, nurses, scientists, parents, one by one, we gave public comment on the record and we flipped the script. Good evening everyone. My name is Tia Severino. This is my son Luke.

[\(07:09:20\):](#)

He's 11 years old. He has autism. It seems to me, based on what I've observed today and also based on the online viewing of previous ASIP meetings, that this panel is tasked with making very important decisions that affect a lot of people. And perhaps you're making those decisions without fully understanding how those decisions may affect some people, especially children. From what I can ascertain, the data sets that you have to go on are epidemiological studies that do not look at a placebo based control group and the passive reporting system known as bears. My son is vaccine injured. He has autism. I also have two other members in the family that have vaccine injury, myself included. My last TDAP vaccine gave me severe nerve damage back in 2008. My son was one of the first participants in the study to explore early development. That is a CDC sponsored study called the Seed Study. My son participated in it. They followed him for about three years. They took extensive medical histories evaluations, a complete vaccination record stools.

[\(07:10:42\):](#)

I know how extensive that data was. So this study was exhaustive. It looked at the vaccination records of both autistic and neurotypical children, and I believe there was six locations where they looked at these children. The study has been referred to by one of CDC D'S top scientists, Dr. William Thompson as the mother load of data, a massive amount of data, which to date has not been examined for clues to the relationship between autism and vaccines. I would like to encourage this panel to examine that data because the thousands of US mothers who washed our children regress after vaccines we're simply not

satisfied being told the science is settled, vaccines don't cause autism. We know what we saw happen to our kids. Thank you. And they noticed soon after they tightened access, you had to pre-register. They added security, velvet ropes, lottery systems. You had to be chosen to speak clearly.

(07:11:50):

They were scared of the truth we were bringing into that room, but we didn't stop. In June, 2000, CDC held a secret meeting called Scientific review of vaccine safety data leak at the Simpsonwood Conference Center to discuss the problems with the Stratton study. Looking at the Marisol in vaccines, the transcripts were leaked showing the very intimate relationship between the CDC and pharma. At this meeting, they determined that there was no way to massage the data to get the signal to go away. Conveniently, the original study data disappeared, and in 2003, Vertin produced another study using children too young to receive a diagnosis. In June in 2004, CDC published age at first, measles mumps Rebell vaccination in children with autism and school matched control subjects, a population based study in metropolitan Atlanta. Comparing on time versus late administration of MMR, there was no comparison to children who did not receive the vaccine.

(07:13:01):

The findings from this study were so troubling that a decision was made to omit altogether the data showing the signal. This was used to dismiss nearly 5,000 cases known as the Autism Omnibus Proceedings in the Vaccine Injury Compensation Program. According to Dr. William Thompson, this study was the lowest point in his career. And today he has massive guilt. When he encounters families with autism, he knows he was part of the problem. In 2014, Thompson said the CDC has put the research 10 years behind. Now we're 15 years behind because the CDC is paralyzed by anything to do with autism, criminal acts of scientific fraud gone unpunished. In fact, we said we were going to keep going until they figured out how to shut us out, and they did. The last time we were allowed to speak in person was February of 2020 right before COVID. That was it.

(07:14:05):

In February, 2018, I watched this panel unanimously approved the new HEPA law B vaccine for Hepatitis B. This vaccine contains a new adjuvant that has not been tested with other vaccines. It's completely unknown how it will interact with adjuvants currently being used. Questions were asked about this and your secretary stated that generally speaking, vaccines can be given at the same time as other vaccines, but should be given in a different limb. Giving vaccines in different limbs does nothing to stop them from mixing in the body. This is common sense. Yet this ridiculous notion was accepted by this panel. Everyone voted yes after voting. One of you did express concerns about the heart attacks in the trials and asked when information would be information available from the public Data surveillance system. The answer, it'll require people to be using the vaccine.

(07:15:14):

This vaccine was rejected twice by the FDA, but now that you approved it for market, our children, the public get to be experimented on. I have a problem with that. You shoulda have a problem with that. Patients must be told about all potential risks with medical procedures, but for three years, the public has not been told that they're part of a test group. After that, they moved all the meetings virtual to this day, but we're not done, not even close. I tell Luke's story because it's not just about what happened to my son. It's about the countless families just like mine, who trusted the system, tried to be careful and still lost so much. We deserve answers and we'll keep showing up inside those rooms, behind those microphones in the halls of power whenever, wherever we can go to speak truth to power until they're forced to listen. This is personal. This is why I fight. I know we are on the right side of history and I'm not backing down. Not now, not

Speaker 18 (07:16:34):

Ever.

Speaker 2 ([07:16:40](#)):

Well, I'm joined here today with the fabulous Dr. James Lyons, Weiler. Welcome, Dr. Lyons Weiler. It's so good to see you.

Speaker 39 ([07:16:50](#)):

Thank you. T, it's good to see you again too.

Speaker 2 ([07:16:52](#)):

What led you to start researching vaccine injury? How has your perspective evolved over time?

Speaker 39 ([07:16:58](#)):

Well, I tried to write a chapter on vaccines. My intent in going into this chapter in my book Cures versus Profits was to celebrate vaccines as the major medical achievement that they are represented as I decided to create an outline for the chapter, vaccines are safe, vaccines are effective. Andrew Wakefield basically everything everyone knew or thought they knew. And then I obviously being a research scientist, had to go look at the claims that were made in those three statements. Vaccines are safe, vaccines are effective. And Andrew Wakefield, this was 2014 when I was doing the research far before. Most people who are skeptical of the public health messaging of CDC woke up, so to speak. And when I studied the research and read all of the studies on the claim vaccines are safe, I realized what they had been doing was finding problems with vaccines and then re-analyzing the data in a systematic way to attempt to find and discover any approach to data analysis or design of the study to make the associations and the correlations go away.

([07:18:10](#)):

Associations between vaccines and autoimmunity association between vaccines and neurodevelopmental disorders were among the most disturbing, and I realized, full stop there. If what I'm seeing is correct, then we're flying blind with the National vaccine program approved by ASIP and mandated in many cases in many states. When I looked at the studies on vaccine efficacy, it was really clear that many of the vaccines that we were told that we're protecting children and the immunocompromised from infection either never protected from transmission, this is before COVID-19 and the mRNA vaccine debacle, they either never protected or that their effectiveness was waning over time so badly that they had to implement booster programs. In the case of pertussis, acellular, pertussis vaccines, there's no evidence whatsoever that they protect from transmission or from a viable infection. They simply reduce the symptoms to the point where you become an asymptomatic carrier. And around that time, there was a great deal of messaging that the grandparents and people who were unvaccinated were a threat to newborns. So much so that they had an advertisement of grandma and grandpa turning into wolves holding their infant grandson or granddaughter.

Speaker 10 ([07:19:31](#)):

There's something out there, it's a highly contagious disease. It can be especially serious, even fatal to infants. Unfortunately, many people who spread it may not know they have it. It's called whooping cough. And the CDC recommends everyone, including those around babies, make sure their whooping cough vaccination is up to date. Understand the danger your new grandchild faces. Talk to your doctor or pharmacist about you and your family getting a whooping cough vaccination today,

Speaker 39 ([07:20:01](#)):

The most likely source and reservoir of pertussis in the human population. If there's a sustained transmission chain, which is very difficult because you get this from people who are infected, who are symptomatic enough to spread the symptoms, include the coughing and so on. But nevertheless, the most important reservoir are probably medical healthcare providers who are required to vaccinate against pertussis using the acellular pertussis vaccine every 10 years.

Speaker 2 ([07:20:32](#)):

So based on your research, what are the primary biological mechanisms behind vaccine injury?

Speaker 39 ([07:20:39](#)):

There are a large number of them. I mean, we have a great diversity of different opportunities for vaccines to cause harm. They are immunomodulatory, they changed the immune system in some way. Probably the most significant one because there are so many different proteins in pathogens that are included in vaccines, is molecular mimicry leading to autoimmunity. This is demonstrated by peer-reviewed studies. We have to change the national discussion from is it safe to vaccinate or is it better to have natural immunity that is it injection or infection that has the greater risk to the question of why in the world do we even want any pathogenic proteins from either source to be repeatedly exposed to the human immune system? Because molecular mimicry actually can cause autoimmunity because the shape of the molecule, the protein and other molecules can actually match our own human proteins. So if you train the immune system with vaccines to attack that particular shape with the antibodies, it makes a mistake and it goes after tissue in our own bodies.

([07:21:47](#)):

The other problem, the second problem is chronic immune activation where you simply do not see children in any history of humanity getting measles, mumps and rubella four and five times. You see them getting these diseases and then they have natural immunity. And so they're protected. This idea that we can repeatedly stimulate the immune system with not just the proteins, but also aluminum adjuvants or other kinds of adjuvants and not expect that to have a skewing effect on whether our immune system is quiescent that is just waiting in surveillance mode or chronically thinking that there's an active infection that it has to fight. And then you have mitochondrial dysfunction and oxidative stress that can occur. There's evidence that some vaccines can cause mitochondrial dysfunction, but if you're born with a mitochondrial mutation in the mitochondrial genome, you can end up with the inability to power important cellular processes such as detoxification. And we'll get into that I'm sure in a little while. But the actual toxins that are present and toxicants that are present in vaccines require our body's detoxification systems. And if you can't power yourselves, you can't literally can't move those toxins out of the body. Then some vaccines cause blood brain barrier disruption due to their constituent ingredients.

([07:23:21](#)):

And then of course, this is on top of a genetic risk if you already have a genetically susceptible individual who happens to have an impaired blood-brain barrier. So the expectation that vaccines are safe and effective for everyone, that is obviously not true. And of course, if we're actually trying to address a pathogen that's circulating and you train the immune system to go after one variant or one type of that pathogen, and then the pathogen evolves or changes, you can get aberrant immune imprinting or original antigenic sin. And then this can lead to immunopathology where the immune system can actually become kind of a tool of the pathogen because the immune system is misdirected against the wrong type. And this is present in HPV vaccination, it's present in COVID vaccines. Some evidence by virtue of loss of protection, obviously for persis and for mumps. So yeah, this original antigenic sin is another potential way that the vaccines can actually damage the immune system because it's programmed by vaccination to respond in a maladaptive, sometimes pathogenic manner when it's re-exposed.

Speaker 2 ([07:24:36](#)):

Can you explain how vaccine adjuvants like aluminum can contribute to autoimmunity, neurological disorders and conditions like autism?

Speaker 39 ([07:24:46](#)):

Yeah, at this point, aluminum autoimmunity and neurological impacts are really well known. Aluminum adjuvants are potent immunotoxins, as we just discussed and neurotoxins, they actually stimulate a persistent TH two immune response, and this can shift the immune balance in ways that promote autoimmune responses. They also result in chronic microglial activation in the brain. Kids with autism from the age of five to 25 have chronic microglial activation as if the brain's immune system, the microglial cells are convinced that there's some rampant local infection or injury that they have to go tend to. These microglial cells are actually present with multiple functions. They prune away the brain as we learn, they clean up cellular debris and remove that. They help fight infections, but they also actually handhold dendrites and axons together during the learning process. If those cells are not available during the pruning process or the learning process, you're going to have aberrant long range connections in the brain that should not be there, and that's part of the autism brain phenotype.

(07:25:54):

That particular evidence is all documented in my book, the Environmental and Genetic Causes of Autism, for which I read 2000 studies, but there are many studies now like Sean, Tom Vic that show that aluminum crosses the blood brain barrier and that it accumulates in neural tissue and it contributes to this neuroinflammation. So any neuroinflammation like that, especially if it's chronic and the microglia are not available for normative neurodevelopment that can cause developmental delay, speech regression, other hallmarks consistent with autism spectrum disorder. And then of course aluminum's an adjuvant that encourages immune reactions to proteins. And as we discussed earlier, if you have molecular mimicry and the aluminum adjuvant is present, any exposure to proteins that look like human proteins will create self antigens. Out of those proteins, which can alter any number of the biological pathways, including epigenetic modifications. You really have a cocktail there for chronic, possibly persistent and permanent immune dysregulation and neurodevelopmental disorder.

Speaker 2 (07:27:06):

How do genetics play a role in determining which individuals may be more vulnerable to vaccine injury?

Speaker 39 (07:27:13):

Sure. I said earlier that not everyone can detoxify as well as everyone else. This is a huge reality that we have to face as a nation and as a species. There are people who simply have very little ability to clear toxins or toxicants from their environment that get into their body. There's a good study by Scott Faber that shows that if you take kids with autism and you put them into a clean room for 24 48 hours, that their A DOS score actually improves and the number of diversity and amount of organic pollutants in their blood actually reduces. And then if you look at kids that have autism and kids that don't have autism, same group study out of Pittsburgh. The kids that have the worst days, the highest A OS scores with autism have the highest amounts of organic pollutants in their blood detectable, and then across the same range, neurotypical kids don't have the correlation.

(07:28:14):

They don't have high versus low when it comes to the radar scores and amount of environmental pollutants, but the genetic basis of this is now worked out. We actually have a course at ipec edu on genes and vaccines, and these include, of course, the MT hfr. So you have to be properly methylating to turn genes off. You have to have a proper functioning mitochondrial genome that's not impaired by injury or have an impairment by a mutation, but there's detoxification pathways that are directly in line with the genetics. If you have alter GST or com T, you can have immune responses like HLA and TLR polymorphisms and then important neurodevelopmental genes like shank and me, CP two, et cetera. There's a great diversity among the human population in these genes with respect to genetic variation. There are many ways to get a loss of function in these.

(07:29:12):

And so individuals that don't have properly functioning detoxification pathways, properly functioning immune response genes or even some properly functioning neurodevelopmental disorder genes, neurological development genes, I should say, these children are going to have a diminished capacity to safely process vaccine components. So I think it's unethical to ignore genetic susceptibility when we know it influences both the severity and type of adverse reactions. It's absolutely a fundamental basic science. And given this information, if you have a family history of atopy, if you have a family history of eczema, if you have a family history of autoimmunity, have family history of vaccine injury, and now I would dare say autism and speech delay and that kind of thing, you can combine that information with genetics potentially and through research at the new NIH, I'd like to see them fund research where we can use prediction science and we can actually tell people, I'm sorry, but you're contraindicated for this vaccine or for these particular vaccines of this type.

(07:30:16):

This way, we get these kids out of harm's way before the injury occurs. They can undergo their normal and neural development, but it's not just vaccines. I have to stress. It's important that if your child or anyone's child that has a problem with detoxification, the moms of kids with autism taught the entire world this now that it's important to make sure that all organic pollutants and all kinds of things do not go in that child's body from the wrong type of food, diet, food additives and so on. And so that's why we have to look at all the, is not just vaccines when it comes to autism.

Speaker 2 (07:30:48):

What are the biggest problems with the way that vaccine safety studies are currently conducted and how do they fail to detect risks?

Speaker 39 (07:30:58):

In 2015, I did a deep dive into the scientific literature and I read all of the studies that were being cited that showed ostensibly that vaccines do not cause autism, as I said. And in looking at that, I found that they were performing the analysis one time and then they would change the analysis again if they found a problem with vaccines. If they didn't find a problem, they kept the result, but they sometimes had to reiterate that four or 5, 6, 7, 10 times to find a specific combination of settings on the knobs and dials of the data analysis plan. It's called P hacking so that they P hack their way to find no association with autism or with other neurodevelopmental disorders specifically to mislead the public and the government. I would say in this case, it was oftentimes CDC contracted researchers who were doing it with advice and consent from members within the CDC.

(07:31:46):

We know this now. So they often also have lack proper controls where they just use another vaccine or aluminum contained in placebo, for instance, instead of going forward with a saline placebo, the follow-up period of time after exposure to the vaccine is far too short. It should be years, not just four or five days. And then one of the tricks that's used is to exclude vulnerable populations. So when you do a study, a randomized clinical trial, you're not supposed to exclude people from the trial and then turn around and say, therefore the product is safe for everyone. Imagine if we excluded all women from studies like we used to years and years ago. So you have drugs for heart disease or for weight loss or blood pressure or something like that, and you only study a subtype of the population that you then can't generalize to all of the rest of it.

(07:32:39):

Now, that subtype might even be in the majority, but the problem is we're talking about events and diagnoses that in the clinical trials they appear to be rare. And then you take the product to market and then you find through retrospective studies of passive data acquisition tools like ves and others that it's not so rare. Well, how do they get there in the first place? Well, these exclusion of vulnerable population

biases your sample towards people for which vaccines are safe. And so back to the prediction science message. If we can do that in the clinical trial, then why aren't we doing that? Upon translation, and I actually call this translational failure translation, is the idea that we can take biomedical knowledge from research and bring it to market and then improve public health, improve overall health, whether forget the public health paradigm just improve human health.

(07:33:35):

And so if we can do that during clinical trials enough to avoid finding adverse events, can't we do that in clinical practice? This is a pathway forward by which I think we can really make America healthy again very quickly by keeping people out of harm's way. And so the last thing I would say is that the passive surveillance systems like ves, they're not good enough by any means. First of all, they're highly curated. We know in COVID-19, Dr. Jessica Rose and many other people went in and watched them remove reports of vaccine injury without any justification to reduce the number to break the association. Who knows what they were doing. But these passive surveillance systems have to be transformed into active surveillance systems upon which all of the health outcomes of people that are exposed to vaccines. And I would dare say all kinds of drugs are tracked in a way where there's no interference and it's mandated.

(07:34:32):

We have to mandate it with teeth. Medical practices that do not report vaccine injuries should be fined heavily. Right now it's required, but it's really just considered a recommendation. So finally, one of the best examples, of course, is the SIMPSONWOOD meeting in the original VSD study where for straighten analyze the data between that exposure and autism diagnosis. And he found a linear relationship and safe minds released the minutes of that meeting. And in the minutes of those meetings, we see him presenting the data and everybody reacting, oh my gosh, it's a linear relationship. There's nothing that can be done. The chair of the meeting actually recessed for lunch, went out in the hallway and called his son and his son-in-law to make sure that his own grandchild who was about to be born was not vaccinated with mercury containing vaccines, but then went back in the room and with everybody else in the room, they participated in a conspiracy with a capital C to make sure that the public does not become aware of this.

(07:35:34):

And they used language, we can't let the public know about this. And they used language like, how do we prevent some unethical doctor in the future from whistle blowing? I mean, they knew what they were doing. Tom Reen actually wrote an email to Frank DiStefano and others at the CDC saying, look, guys, it just won't go away. We've tried every statistical model to eliminate the correlation and it just won't go away. So in the name of all things logical and the name thing in ethics even I don't want to support anti-vaxxers, he said, but we really kind of have to publish this and put out fair warning. Eventually they convinced him to analyze it for another three years or so, and when they published it, they found a way to make the correlation go away. They made the signal disappeared, but it wasn't because the signal wasn't there.

(07:36:20):

And Tom Straighten when he was confronted after the minutes came out that showed his email saying, it just won't go away. He recanted and reinterpreted and said, that's not what I meant. But if you read that email, it's absolutely clear what he was saying. And then finally, the last thing that I would say is these tactics are not just individuals making up this approach to make associations with adverse events go away. It's burned into the DNA of the data analysis plan of the CDC. It is absolutely found. And you can go find the CDC paper where they say you have to adjust for confounders. They say it's supposed to be done appropriately, but I analyze the CDC white paper and even the causal pathway between vaccine and outcome is not made clear, and they have one of the causal pathways arguably wrong. And so you

just can't take data and with your own opinion say, well, I think that this independent variable like mother's age, mother's income, gestational age, gestational weight, and everything else that I can possibly measure about this patient and throw it all into the model and see which combination actually makes the association go away and cherry pick the result.

[\(07:37:36\):](#)

That is not science. I call that science like activities. I coined that phrase in 2015 in my book, cures versus Profits. It's cheating, it's fraud, and I think it's criminal. So the goal of CDC vaccine science to date has not been to try to understand causality. It's been to dismiss it.

Speaker 2 [\(07:37:55\):](#)

Why is there such a resistance within the medical and scientific community to conducting proper research and on vaccine safety?

Speaker 39 [\(07:38:06\):](#)

In 1986 when the National Vaccine Childhood Injury Act was written and passed and signed into law by Ronald Reagan, there were discussions between vaccine companies that were making hundreds of millions of dollars at the time and politicians, and they lobbied successfully to try to make sure that the American public did not hold the vaccine manufacturers liable for vaccine injury. And as a result of that process, HHS became the defendant. If you look at the vaccine injury trials, the director of HHS is the defendant in these trials. They assume that responsibility. The parents were told that this is not going to be an adversarial process, that the National Vaccine Injury Compensation Program is actually going to be very fair and generous, and we're not going to rule people out on the basis of opinion. And yet that's exactly what they ended up doing. The opinion overrules evidence all the time.

[\(07:38:58\):](#)

And the system is biased against finding any liability of the vaccines. So much so that the process is completely skewed. If you are a petitioner in that program, you can't use past cases as precedent, and yet the special masters will cite past cases and saying, we already ruled that out. And so it's completely biased. It's like fighting with both hands tied behind your back and it takes a long time. And there are unfortunately, some lawyers who go in with the decision that they're just going to lose cases for a living. They'll take on cases that they know won't succeed anyway, and the lawyers get paid whether they win or lose. So if the vaccine safety research itself that we're supposed to rely on to understand vaccine safety and risk for clinical adoption is rooted in conflicts of interest by people, the NIH say or the CDC that have financial interest in vaccines.

[\(07:39:56\):](#)

The game is lost before we start, and then there's careerism on top of it. We have people who don't speak up, won't speak up or will lie to save their careers. And then we have entire institutional capture. The NIH and the CDC have government owned not-for-profits that pharmaceutical companies, including vaccine manufacturers, donate millions of dollars, some on the order of \$20 million total to the institution. That kind of money will bias people's thinking, well, we can't say something negative about it. The safety review process by asip, the committee that reviews and recommends vaccines is so backwards. You've been there, you've seen testimony, and you've seen discussions whereby they'll put a vote for a vaccine first and talk about safety after the vote. So it's just forbidden to actually discuss safety in terms of risk. And then if you actually are embedded in the institutions and you try to question that you're going to lose your job or you'll be sidelined or you'll be put on leave like Dr. William Thompson was for a mental evaluation, if you question those, you're threatening billions in revenue and a very fragile public health narrative that's based on a house of cards.

[\(07:41:14\):](#)

So these scientists may be fearful of retribution, censoring, de platforming. We can't have people come out and say things negative about vaccines because the next thing you know, someone from N-I-A-I-D will call your institution. You'll say, Hey, you're going to get all your funding cut unless you get this person under control. That has to end, and the new NIH actually should specifically make threats to a person's career for speaking the truth about their objective position on science. That should become a hostile workplace infraction, and that person should be put on notice. We have to publish the data, whether it's inconvenient or not. The labeling of anti-vaccine has to be diminished in terms of its importance. And then this label of saying, you're anti-science simply because you're asking questions about vaccines has to be reversed. The people who are not allowing science to go forward and let's find out what the root causes are of auto immunity and let's see what we can do about it, they're truly the ones that are anti-science and they're simply narrative enforcers. And so because narrative Trump science in the past, now we have science on board, again, we'll see empirically evidence-based, science-based policies.

Speaker 2 ([07:42:27](#)):

What kind of study should be conducted to truly assess vaccine safety and what would it take to make that happen? We need good science?

Speaker 39 ([07:42:36](#)):

Well, good science overall is a big question. Well, lemme address that first. Our population is not only the sickest population that's ever existed on the planet, we're also the one that's experiencing the largest amount of polypharmacy. People at 40 years old shouldn't be on three and four and five drugs. That's ridiculous. I don't take any pharmaceuticals for my health right now other than a small allergy pill, which is basically over the counter, but they're also the most vaccinated population, right? You have a lifetime of exposure to aluminum already because of food, because that was considered safe under the GAS rules. When the FDA was created, the generally regarded as safe, but to then and to inject so much aluminum in kids since 1999, 2000, we're starting to see absolute differences in their health and their psychology. I mean, there's a huge shift that's not just intergenerational conflict and so we need to understand when we go in and say do psychological studies in the year 2025 and we say this does not agree with the psychological studies that were done in the 1980s.

([07:43:44](#)):

Well of course it's a completely different population. Biologically it's a different population. There's more aluminum, there's more toxins of all types, there's more endocrine disruptors. So for good objective research, every research study has to address that. How are you going to address the fact that these people are not what we would consider typical normal natural human beings? They're biased in their immune system, they're biased in their neurodevelopment and that's not a judgment. This is a true scientific assessment. Is there this subgroup of people who are super sick in every clinical trial that you have to exclude and if you exclude them for whether it's a drug or a vaccine, are you able to really assess safety and efficacy? No, you're not for the general population. So we need retrospective and prospective cohort studies across the board that don't exclude injured children and people that have altered methylation and all the rest.

([07:44:36](#)):

We have to include them and then we have to say, okay, well what happens to them and if it's unsafe for them, then report that it's unsafe for them. Now there is some argument I think for doing dose response analysis of aluminum in addition to other adjuvants and animal studies to try to see how sick is sick. We do a body weight adjusted dosing of aluminum adjuvants, take pups that are rats or mice, take infant rats and mice and inject them on the same age development timeframe, schedule as the CDC schedule and see what happens to the mice. We haven't done that or the rats, we haven't done that. FDA did a study on aluminum adjuvants where they increased the dose to find out how much does it take to make

individuals sick. They have all the outcome markers of inflammation and so on, but they excluded aluminum.

[\(07:45:29\)](#):

We need to do genetic risk modeling for susceptibility, but more than just genetics. This is not sequence everybody so that we have total information control over everybody's genome. You don't have to have everybody's genome to do a genetic risk modeling study. You take in lifestyle factors. You take in, like I mentioned, life history, family history, you've taken medical exposures, other medical exposures. You were trying to get a risk and susceptibility model where you can get people out of harm's way. We can save a lot of people from a lot of harm and make the decision easier for them and we can tone down this ridiculous social argument of anti-vaccine pro-vaccine when it's like saying, well, am I anti-car because I think I want to reduce car accidents. That's absolutely ridiculous. And so yeah, we need more comparative studies of vaccinated versus unvaccinated populations using measures like the outcome that I came up with, which was not just is there higher odds of a diagnosis, but do these people then have to come back to the doctor more frequently because they're sick with asthma and allergies and other infections?

[\(07:46:39\)](#):

We need to look at the total health outcome of vaccine exposures and the study that I did that's been retracted though, that's being looked at again right now to see if we can get it retracted with Paul Thomas' data. That's exactly what we did and I proved in the publication that my method was more powerful than odds ratios and that odds ratios is a subset analysis. It's an example of my analysis. You're looking at how many times you have to go to the doctors once with odds ratios. So we've shown at IPAC it's totally possible to do these kinds of studies without a huge amount of funding without pharma dollars, running it with ethical transparent science and we need to fund individuals outside of direct government influence and industry influence who are independent and of course we need academic journals that are willing to publish the outcome of the study and not retract them.

Speaker 2 [\(07:47:30\)](#):

Let's really quickly touch on censorship and industry influence. How has corporate and government influence impacted vaccine research? How do we push back against bad science

Speaker 39 [\(07:47:42\)](#):

For other reasons? Recently I was looking at all of the studies that have been retracted about for the last 30 years or so that brought into question the safety of vaccines. And I'll say it's a systemic biasing of the science. Well, first of all, academic institutions, if they propose to the NIH, hey, let's do a VAX versus unbacked study that would be shot down. You can make that proposal all day long. It'll never get funded, and so that's a bias on the studies that will get done. All the studies I just mentioned would never get published before 2025. Second, if you have individuals that get data and then analyze them and then publish them, the journal editorial boards are biased against this. So just getting that kind of thing published is difficult. And then once it's published, the pattern has been somebody contacts a journal, we don't yet know who, but we're going to find out says, there's going to be a difficult time for you in the future unless you retract this.

[\(07:48:41\)](#):

And then the journals cave and then they retract my journal science public health policy and a law has a very specific retraction policy for fraud, but not for this kind of thing. Just because someone interprets it differently is not grounds for retraction. Academic departments are highly susceptible to influence from pharmaceutical companies due to their endowed chairs and also due to their susceptibility to genuflect and bend the knee to the Anthony Fauci of the world who will call up and say that according to my books here you have \$40 million of NIH funding coming into your institution and we will pull all of that unless

you shut this person up. That's how that discussion goes. They do not mess around. The regulatory bodies have been captured by these industry.

(07:49:28):

They've sent in people to sit in seats so that they make the right decisions. The so-called right decisions to help the vaccine, sorry, the vaccine industry and then of course the media narratives with advertising from pharmaceuticals being the number one source of revenue for mainstream media, they're not going to shoot the golden goose that's laying their eggs. So through all these channels, bad science is promoted and good science is silenced. This revolving door among C-D-C-F-D-A and pharma absolutely ensures that inconvenient results don't see the day of light. And so the light of day I should say, so we have to have these independent journals like my own grassroots support like we've had in public awareness until now. We have the HHS. The public wants real data, they're hungry for the truth. So I say let's fund objective science through the NIH to look at these problems and hang big juicy carrots that are irresistibly juicy for institutions that are capable of doing it, but that they require insanely detailed oversight on how they conduct their studies.

Speaker 2 (07:50:36):

What policies or research initiatives would you like to see implemented to ensure future vaccine development is based on sound ethical science?

Speaker 39 (07:50:47):

Yeah, this is pretty straightforward. We have to mandate long-term vaccine safety follow-up. We have to follow these individuals for a long time. We have to have their total health outcome because the way that it's set up right now, you have phase one, phase two and phase three, but if you're doing COVID-19 vaccine studies, you listen to Anthony Fauci and Francis Collins and combine phase two and phase three, which actually prevents you from learning adverse events that you then specifically solicit in phase three. That's what that was all about. It wasn't due to save time. There are these tricks that they have in terms of how they conduct studies and one of them is to not follow up for a long time. We need total health outcome awareness on medical exposures, whether it's vaccines or drugs, to make sure that things that are not caught in the initial clinical trial are reported back to the clinical trial.

(07:51:38):

We have to use true placebos. If you have a new vaccine, you should want to know what is the health effect of this placebo, not as what is the health, sorry, this vaccine not as, what is the health effect of this vaccine compared to another vaccine? That's ridiculous because that does away with the risk of cumulative exposure. We have to do studies that look at people who got many vaccines and people who only got a few and tested the effects of cumulative exposures and see if there's a dose effect there. We seem to have found one in Paul Thomas's practice data. We published that independently with Dr. Russell Blaylock. I would like to see research on genetic screening before vaccination. I've said it now a couple of times, but we have to look at family history of autoimmunity, atopy, eczema, neurodevelopmental disorders and so on, and using machine learning, not the scary kind of ai, but using machine learning. We could do prediction science on all of this and we can include genetic screening to say, Hey, we have the ability to rule people out. So I don't think we should screen everybody. I think if you have a family history of autoimmunity and so on in application in the clinic, then you could say, you know what? I want to look at your genetics and I want to see if you have some mechanism behind this and if so, then that's going to throw up a red flag before we enroll you in the vaccination program.

(07:53:01):

And then I would shoot for something called individualized risk stratification. And this is true for all things in medicine. We failed to move to individualized medicine because it involved understanding this principle and individual risk stratification. You're never going to arm wave and say, this is what I generally

do for patients like you. This is what I always do for all of my breast cancer patients. Let's say you're going to look at the individuality of the patient and you're going to say things like, what's this person's baseline health? And if I had some influence at the NIH, which hopefully I will, I don't know, but I would like to see a rule that you should try to increase the baseline health of everybody before they start a clinical trial with a six week program to address their health issues. I mean, they're in the hands of doctors.

(07:53:50):

It should be unethical to let them walk into a study without being as healthy as they can. And then let's see what these drugs and these vaccines look like in terms of their safety and efficacy. But then when you go to use them in the clinic, you have to do that six weeks program too. I mean, this is a great way to make America healthy again. You're not allowed to take this drug until you do these things for the next six weeks. That's a wonderful plan. And so we need to have public health policy shift towards informed consent, personalized medicine, respect for parental rights, that any new vaccine development has to be transparent, accountable, truly accountable, sharing the data, and then in clinical application has to be based on predictive safety, science, not assumptions, and arm waving and denialism.

Speaker 2 (07:54:35):

Final question. What message do you have for scientists, medical professionals, the public about demanding real vaccine safety science?

Speaker 39 (07:54:46):

Yeah, if I may, I'd like to generalize the question from just about real vaccine safety science, but I'd also like to address all biomedical science because there's so much iatrogenic disease, it's the number one killer of anything coming out of medicine, and it's the number three killer in all causes of death to any scientists that are out there in biomedicine and your institution's telling you don't do science because the administrators are not going to be paid less because you don't have as much overhead speak truth to power. This is your time. What that actually means is there's probably going to be a lot more funding for science, not less because they don't have to pay the 60% overhead than you can submit more grant proposals. And so I want you to challenge scientists to speak truth to power and understand that your silence at this point is complicity.

(07:55:34):

If you don't talk about the things that you know that are wrong with science in your institution, you're not a leader, you're a follower and you're going to get what you pay for with that. But if you want to make a big difference in the health of the American public and the American people and the health around the world, because we set the example, just do real science. I know so many people I know so many ethical scientists and so many ethical doctors who want to do the right thing. I've worked with hundreds of them, and by far most of them are there for the right reasons. They don't want to have to be silenced. Well, you're not silenced anymore. Engage with Maha. Engage with the NIH, engage with the FDA. This is your time. We are going to set you free objective. Scientists are going to be able to do science and doctors are going to be able to be physicians and truly heal.

(07:56:25):

I would also argue that now's the time to bring in integrative approaches towards medicine. Integrative means pharmaceutical. It means herbal, it means alternative. It means all the things that allopathic medicine. The people who write the publications like Med Page today will say that ozone therapy is controversial, so don't do it. And yet there's so much evidence now, real world evidence that ozone therapy is so helpful in certain clinical settings of infection. The standard of care needs to be changed for IV vitamin C. If you're going to have an IV line in a hospital and you have a risk of some infection or sepsis anyway because you're in a hospital, why not get a large dose of vitamin C? It just, this is ridiculous. And

so to medical professionals, I would say stand by your oath. Demand that the American Medical Association put the Hippocratic oath back in and strengthen it and then listen to the injured.

[\(07:57:21\)](#):

Don't dismiss them. It's the cruelest thing that you can do if there's a parent of a vaccine injured child or God forbid that someone's died, someone's child has died, and you look them straight in the eye and say it wasn't the vaccine and you're gaslighting them or maybe you even believe it, but you really don't know it wasn't the vaccine, do you? And so listen to when you do that to a parent, you're causing a suspension of grief that will last them a lifetime and they will come back and haunt you. And that's what's happening now. So into the public, keep demanding better science support, independent research. You can go to IPA knowledge.org. We've got studies ongoing right now. You can fund our institutions, push back on censorship, but more importantly, contact the agencies that you used to absolutely abhor and see how you can participate in the stakeholder meetings.

[\(07:58:10\)](#):

If there's a discussion among stakeholders about vaccines, don't you think parents should be involved? Don't you think the adults who might want to take or not take the flu vaccine should be involved? Your voice really matters. And now under der f Kennedy Jr, it's going to be heard. We need to move away from the one size fits all model to a personalized medicine era with true transparency. It's the only thing to do. It's not anti-science, pro ethics and pro-human dignity. I think we owe it to our children. And I think that the science, if it's done correctly, will vindicate the parents who have said for years and the moms especially, they know where the toxins are coming from. They know that vaccines did this to their kids. The myth is over. The big lie is done, and I think we're in for a bright, healthy future.

Speaker 2 [\(07:59:00\)](#):

I love that. And thank you so much for coming on and sharing your vast knowledge, and you're such an incredible scientist. I'm proud to call you a friend. Thank you again, Dr. James Lyons. Weiler,

Speaker 39 [\(07:59:15\)](#):

Thank you to you. We'll talk to you again soon.

Speaker 2 [\(07:59:21\)](#):

We are joined by Dr. Pierre Corey. Dr. Pierre. Corey, thank you so much for coming on and sharing your knowledge and wisdom with us. Talk about your awakening. What led you to start questioning vaccine safety during COVID and where did that lead you

Speaker 9 [\(07:59:41\)](#):

Before COVID, I never questioned vaccines, never had a reason to. Our training in vaccines was literally the schedule. I don't recall being taught anything else about vaccines except very simple concept. You give an antigen, make an antibody, it protects you. This is the schedule. That's basically my knowledge of what they were. Never knew about risks or dangers of vaccines. Never told about that. I mean, it was just so implied that you need to get this whole schedule. Anyway, that's where I started. I think things started to turn as I started to wake up to other lies in propaganda, which I also was unaware of how the scope and the scale of the control of the pharmaceutical industry, obviously becoming an expert in aspects of COVID. I started to see this huge discord from the data, the reality, my observed experiences of what worked and what was coming out of agencies.

[\(08:00:38\)](#):

And I started to ask a lot of questions. And then I saw these policies coming out in COVID, which made no sense and which really angered me. Like when I heard that hydroxychloroquine was restricted to hospital patients, who does that? Why would you do that? It's an antiviral. Even if it didn't work or it worked, you would give it early as an outpatient. So that was the first head scratcher. The next one is when they disappeared natural immunity overnight, the FDA puts a page up on their website saying that

there's no evidence to support checking antibodies before vaccination. And I was like, what do you mean? There's no evidence? That's literally policy all around the world when you want to see if someone needs a vaccine, you check antibodies, right? So started all this bizarre stuff. But I will tell you what really started me focusing on vaccines was, and it took me a few months, it was March, late March of 2021, about four months after the COVID vaccines rolled out.

(08:01:34):

And I was deeply studying so many aspects of COVID, mostly around therapeutics, but I started, people were telling me that VAs was blowing up and people were starting to post about these numbers and VAs and these huge spikes that had never been seen around any other vaccine before. And I started looking into Veris that you can actually look at Vera's reports. And I was shocked. I filtered looking at death reports. And what was fascinating about ves that very few people talk about is that when you look up a report, there's actually a little space for a narrative of what happened to the patient. And it was in reading those narratives that I became really troubled, you could hear it was over and over again. There were reports of someone going to get a vaccine at a pharmacy or being in a resident home, getting a vaccine and then going home, not feeling well, found dead in bed.

(08:02:28):

Dead in bed, same day, same day, same day, same day. And I couldn't believe that people weren't talking about this. And if you tried to talk about it, I mean you just got censored and deplatformed and shadowed all that nonsense, or you got attacked by others from being anti-vax. So I mean, the whole world went nuts because the propaganda was so strong. But so that was the first thing. And then I will tell you, the sea change for me came from, and I don't know if Brian Hooker gets the credit for this, but it was visual. It was just that one slide that he has, which is the graphs of mortality from infectious diseases over the last century. And when the vaccines appeared, and I was like, I didn't know that you saw the mortalities for the things that we vaccinated again, were plummeting to near zero, and then all of a sudden the vaccine appears.

(08:03:18):

And that didn't comport with what I'd always been told is that the vaccines were integral in getting rid of all these childhood illnesses. And then I will tell you the biggest change in my life in regards to vaccines, five words, that's all I have to say, turtles all the way down. That book is one of the most masterful books. And when I say masterful, the way it's put together, the way it's written, the way it's referenced and the way it presents the issues around vaccines in a very scientific, very credible way, deeply referenced, was incredibly transformative. What you learn from that book is that these vaccines have never been shown to be safe, never really studied for safety. And then now when I read that book, the difference was now I knew about propaganda censorship, especially at the medical journal level. I saw that in COVID around ivermectin and hydroxychloroquine.

(08:04:21):

They put out fraudulent studies saying things worked, saying other things didn't work, and I don't trust the medical literature anymore. But in that book, they brought up numerous examples of how that happens in vaccination literature in medical journals, that there's a complete censorship of publishing safe and effective mantras. Only studies that show them to be safe, effective, get published. The ones that show the immense problems that they create, they don't appear in major medical literature. And so turtles all the way down kind of led me to open into that. And then one of my colleagues wrote about the smallpox epidemic. Then Humphrey is dissolving illusions. And so there's just very well put together reviews of the history of vaccination, basically the science that we know about vaccination, whether it's censored or not. I mean, there are certain truths and documented truths. And so I just came around and then let me finish.

[\(08:05:17\):](#)

This is probably a long answer, but the other thing that happened, and by now I was really, really concerned about the vaccination schedule, but it dawned on me one day that I have vaccine injured children. And I don't know why it took that long to realize, and I don't want to go too deeply into this, but I have three daughters and two of them developed catastrophic cases of what's called pandas or pans. Now that changed my life. I'm not the same guy as I was before their illness. I still have kind of PTSD. And the reason why is that pans is really not diagnosed. It's not recognized. Trying to get medical care for your kid with pans is nearly impossible. There's almost no specialist. The doctors that you go to will come up with all sorts of idiotic diagnosis from functional neurological disorder to atypical anxiety, and it's clear that there's something wrong with the brain of my child.

[\(08:06:16\):](#)

And in both of them, it happened right after strep throat. And so I mean, which is classic and my battle for my kids, and thank God my kids are healthy and happy and doing well now, but for a long time they were disabled. I mean, they were really sick with a lot of symptoms. And I realized, and there's no good data because it's not recognized really, and it's not diagnosed. I don't have data to support this, but from the experiences of those, because I am also on the board of a nonprofit that deals with, it's called the immune.org. It used to be called the Foundation for Children with Immune Disorders, and we focus on pans and pandas. But it's my understanding that pans and pandas exploded coincident with the explosion of the schedule. And we know that from autism, the autism, we do have data.

[\(08:07:08\):](#)

And if you ask me what was one of the more convincing things, how dangerous this are, the rates of autism are just absolutely over the top. And when you look at that rise and you see how closely it ties to the incredible and incessant additions to the vaccination schedule, and yet the autism is exploding in its wake, and no one can make that connection. And they always try to come up with, oh, other confounders, were diagnosing it too much. I mean, I'm just so tired of these unscientific kind of rebuttals from really compelling data. None of the rebuttals make any rational sense. And certainly there are other toxins in our environment that I've come to learn that beyond vaccine, but vaccines are huge in causing disease. And so that's my awakening to you. I mean, I started from someone who never knew anything about vaccines and trusted them, that they were a fundamental part of protecting your kid's health and getting rid of the bad diseases from the community to now seeing them as this oppressive toxin.

[\(08:08:19\):](#)

The mandates, the mandates, the mandates. All of these parents who know the dangers of vaccines don't want to get their kids vaccinated and are forced to homeschool. And then the last piece of evidence, I can probably go on for hours here, Tia, but the other one is as I started to enter I guess what we call the medical freedom movement, working with actually folks like U-N-C-H-D, I just met all of these beautiful people, these really hardworking advocates, typically moms, but some dads as well of vaccine injured children whose lives they themselves, their lives were irreparably altered because they had the experience of getting injured from a vaccine. If there's anything that's going to wake you up, it's having your child damaged from a vaccine given by a supposedly kindly benevolent doctor in a nice white coat. It changes in colors how you look at the medical system and then just the relentless propaganda always with this safe and effective mantra.

[\(08:09:17\):](#)

And it's just seconding. It's absolutely disgusting. The other thing that makes me really against vaccines besides their toxicity and their non necessity is that when you do inform consent for any, you should always present whatever interventions is proposed, the risks, the benefits, and the alternatives. Becoming an expert in treating a viral illness like COVID, there are right now, if you look at med analysis,

looking at all of the things that we're studying COVID, there's actually over 70 different treatments for viral illnesses. So if I had a kid with any of those childhood viral illnesses, man, I could put 'em on a combination protocol and they would just do fine. So what about treatment? Why can't we focus on treating these diseases rather than unnecessarily vaccinating everyone for them that are dangerous interventions? And so I'm done. I've had it with these vaccines, and I hope that we as a society, as a country move towards truly informed consent and not mandate anyone to receive something that could potentially alter the trajectory and quality of their lives in irreparable ways.

Speaker 2 ([08:10:27](#)):

Let's talk about the medical censorship and suppression. Tell me, what did your COVID experience reveal about how vaccine risks are handled in the medical community?

Speaker 9 ([08:10:40](#)):

The censorship is absolutely pervasive. What they did on social media and in the media, and they just bring in everybody championing these vaccines. So it's not only the censors, it's two sides of the same coin, propaganda and censorship. And they play both of those, or they use both of those weapons just so powerfully. And one of the things I say that happened in COVID is I saw a world go mad and the reason why it went mad because it was being fueled by lies and shielded from truths. And when you do that, you have people behaving in the strangest ways possible. And there's so many weird anecdotes for how crazy I think we got and how much common sense we lost, but some of these anecdotes of people online to get their COVID vaccine where somebody actually falls out, passes out, gets a seizure, and the line stays, the line doesn't leave.

([08:11:37](#)):

That kind of stuff is just so bizarre. But in terms of the censorship, obviously I was used to it. I picked up this pattern with studying therapeutics, right? All the cheap stuff, repurpose safe stuff, were just getting censored like hell in the journals. And then one of the transformative events in my life was when I read this article called The Disinformation Playbook. It's on Google still. You can Google it. It's still I think a top hit. And it was an article written in 2017 by the Union for Concerned Scientists. And I read that article and it suddenly made sense of what was going on in the world for me in COVID because it outlined the five tactics. They name 'em after five football plays of how industry counters science that's inconvenient to their interests. And so the plays are the fake, the fix, the blitz screen, the diversion, but the fake is the most damaging one.

([08:12:32](#)):

The fake is when they conduct trials with predetermined results. And I started to realize that so much of our science is based on the fake. They routinely do trials in any number of fields where the result is predetermined. They're going to do something to either prove something works that's really expensive and probably toxic and hide the safety signals or lack of safety signals. And then they're going to do stuff to prove that things don't work that they don't want you to use because it doesn't make them money or threatens their market. And I saw that pattern over and over and you can see it in the vaccine literature. And that is censorship of the most damaging kind because like I said, shielding us from truths and feeding us lies is unfortunately what those high impact journals do. And one of the most brilliant and emboldening statements I've ever heard was when RFK Junior, once I heard this first time a few years ago, he was in an interview and when he was running for president, someone asked him, what's one of the first things you're going to do as president maybe to clean up science or something?

([08:13:36](#)):

And he said, the first thing I'm going to do is I'm going to call in the editors to all the high impact journals into the Oval Office. I'm going to tell them that unless they clean up their act, I'm going after them with Rico because it is a racket. It is a racket. The pharmaceutical industry, in my opinion, is a criminal

syndicate. They behave like a mafia family, and they use and control those editors. And so there's no more damage that we can have in scientific censorship. It's of the worst kind. And I saw lot of deaths. I saw young people dying. I mean, I have the life insurance data I've looked at that I've written on that. There was an inexplicable never before seen in history explosion in people 15 to 44, which occurred in September of 2021, and it was outsized of all the other age groups.

(08:14:26):

So it wasn't, and it all coincident with the mandate, the national and federal mandates of these vaccines. And I saw that they were killing people in large numbers and it gets really, really dark. This isn't just like, oh, it might cause some autism or it might increase a little autoimmune things. I saw people dying in numbers. They've never died before. I mean life insurance, CEO came out in a chamber of commerce meeting and he said that a 10% rise in year to year mortality is a one in 200 year event in their business. They have never seen a 40% rise from year to year in deaths outside of wartime or outside of wartime is basically the only times you could see it. And that was in 2021. That wasn't 2020, that was between 2020 and 2021. And so yet the censorship and propaganda continued. You cannot speak truths in this country anymore and get widespread attention. Thank God for the internet. Where would we be without the internet? Even though they try to censor that thing as much as they can. The internet is a phenomenal tool of communicating. I've learned most of what I first learned about COVID was through social media. Now social media is full of a lot of nonsense, but there are serious people out there putting really good science and data. And if you know how to look for it, you know how to detect it. You can learn things that you will not learn from our institutions of science.

Speaker 2 (08:15:55):

So you touched on this a little bit, but I'd like to go back and just briefly dig a little deeper on to your perspective on childhood vaccine injuries including autism and how that evolves.

Speaker 9 (08:16:08):

What makes an expert is pattern recognition. And I had already been living through a pattern of being rebutted and told the things that I was saying, which I knew were true. I was deeply studded on treating COVID. I could see it in my direct lived experience that when I treated someone with these discredited medicines, they would get better very quickly. It's called temporal association. And so when I knew, when I started to realize that my truths were being refuted, dismissed, distorted, and then I came to meet many parents of vaccine injured children and that temporal association, I'm sorry, but the stories are innumerable. I took my child in for a vaccine in the morning and that afternoon particularly, they'll get a fever or something and the next day the child begins to rapidly regress. Eye contact is lost. One of my closest dearest friends has two children, one who does not make eye contact since that day. They were vaccinated as a child. And so what you said was so good, which is like all of those moms crying out for all of those years and not being listened to, not being supported, being told that they were being gaslit just like I, I got to tell you I felt an instant really deep kinship with them and I want to partner with them to fight for bringing out these truths.

Speaker 2 (08:17:31):

What steps do you think are necessary to reform vaccine policy and improved informed consent? How do we make America healthy again? What's your vision of that? How do we change things and make sure that parents are fully informed about risks, benefits, and alternatives, and how do we get there from here?

Speaker 9 (08:17:58):

We need to listen and be provided with science that is done by people without conflicts of interest. Otherwise we will never know how to navigate difficult health decisions. That phrase that I think RFK Junior uses about radical transparency and when he says he wants to look at again at the vaccine links in autism, he's saying that because he knows exactly what I know, which is you can't trust the existing

science. You look at his confirmation hearings and you have these senators talking about how it's settled and they have stacks of papers. I get crushing chest pain when I see that because I know what they're holding. They're holding the papers that were allowed to be published in journals, not what the science actually shows. And until we can get a point where we have a trusted source that we think we can trust to conduct a good trial, transparently communicate the results and interpret the data, I don't think we can reform.

(08:18:58):

We need data and accurate scientific data to inform policy decisions. Until you clean that up, I don't think we're going to get anywhere. But I do truly hope that with good data coming out, it will arm physicians to have that informed consent discussion right now. They're going to be forced because we're going to have a reliable, trusted source giving us the reality of vaccines. And so the conversations that I hear my patients tell me that they have with their pediatricians, my hopes that those conversations will change greatly. And then got to remove the incentives to vaccinate, not only get rid of the mandates, but get rid of those incentives. You hear all these pediatricians who kick kids or pay parents out of their practice, they won't get vaccinated because it'll hurt their quota, right? Their bonuses for getting all these kids vaccinated and that's got to be cleaned up. You should never have a financial incentive to deliver a therapy. And although we do in some fields, the vaccines are terrible.

Speaker 2 (08:19:57):

What's your message for other doctors that are having that crisis of conscience or that rough awakening that you experienced during COVID? What's your message to other doctors that are out there about actually stepping forward speaking the truth about their experiences? And what would you say to besides be brave? Because I know that it took a lot of bravery for you and you went through a lot. So is it worth it? Is speaking out worth it? What do you say to other doctors?

Speaker 9 (08:20:27):

Please, please entertain, engage and investigate dissenting opinions from your scientific worldview because I can guarantee them this is maybe a recurring theme in this interview, but what you think is true and what you believe to be true because you read it in a journal should be questioned. So that's number one in terms of speaking out. I think for those who do make it to that point and find out and try to uncover some of the lies that they're being taught, what to do to correct that. I don't even know about bravery. It's more about sacrifice. And that's really the challenge. And now I'm going to say something rather unfortunately negative or cynical, but when I look at all of the fraud and corruption that was perpetrated in COVID and then I look at the true number of whistleblowers. I'm not just physician whistleblowers. I mean I'm not technically a whistleblower, but I certainly was blowing a whistle.

(08:21:31):

There's so few, so few that will sacrifice their livelihood and that's one of the unfortunate lessons I learned is that the amount of people that are willing to put their jobs on the line are relatively few. I did see a lot who did so in order to protect themselves from a mandated vaccine, and there's lots of really brave people who did that, but others who want to stand up and call out fraud or corruption or just bad medicine, you're if you spout something dissenting nowadays in medicine where most everyone works for large employers, you're at threat of losing your job. They will find a way to get rid of you. And for me, I actually went through some hard times in COVID with money and stuff, but all that did to me is it forced me to go in private practice and I'm happier than I've ever been in private practice. I think private practice will save this country because it's the only place where you have the autonomy to treat widely and broadly using combinations of different therapies that are out there, but also to speak openly and talk with your patients and not have one looking over your shoulder telling you what to say or not to say.

And so I don't know, so maybe there's a message of judgment and a message of encouragement and inspiration in that answer, and that's what I'll leave you with.

Speaker 2 ([08:22:59](#)):

Wonderful. Thank you so much, Dr. Corey. We appreciate you. We appreciate the work that you're doing and we look forward to what you're going to do next.

Speaker 9 ([08:23:08](#)):

Thanks. Appreciate it.

Speaker 13 ([08:23:23](#)):

Less than two hours after President Trump narrowly escaped assassination, Callie means called me on my cell phone. I was then in Las Vegas. I was delighted when told me that day that he had also been advising President Trump. He told me President Trump was anxious to talk to me about chronic disease and other subjects and to explore avenues of cooperation. He asked if I would take a call from the president. President Trump telephoned me a few minutes later and I met with him the following day. A few weeks later, I met again with President Trump and his family members and close to the advisors in Florida. In a series of long, intense discussions, I was surprised to discover that we are aligned on many key issues. I feel a moral obligation to use this opportunity to save millions of American children above all things. In the year 2000, the autism rate was one in 1500.

([08:24:32](#)):

Now autism rates and kids are one in 36 according to CDC nationally, nobody's talking about this. One in every 22 kids in California has autism, and this is a crisis that 77% of our kids are too disabled to serve in the United States military. What is happening to our country and why isn't this in the headlines every single day? There's nobody else in the world that is experiencing this. This is only happening in America about 18%, and by the way, there has been no change in diagnosis, which the industry sometimes like to say. There has been no change in screening. This is a change in incidents in my generation, 70-year-old men, the odds and rates are about one in 10,000 in my kids' generation one in 34, I'll repeat in California one in 22. Why are we letting this happen? Why are we allowing this to happen to our children?

([08:25:46](#)):

These are the most precious assets that we have in this country. How can we let this happen to them? These agencies, the F-D-A-U-S-D-A and CDC, all of them are controlled by giant for-profit corporations. 75% of the FDA's funding doesn't come from taxpayer. It comes from pharma and pharma executives and consultants and lobbyists cycle in and out of these agencies with President Trump's backing. I'm going to change that. We're going to staff these agencies with Honda scientists and doctors who are free from industry funding. We're going to make sure the decisions of consumers, doctors, and patients are informed by unbiased science. A sick child is the best thing for the pharmaceutical industry. When American children or adults get sick with a chronic condition, they're put on medication for their entire life. I got involved with chronic disease 20 years ago, not because I chose to or wanted to.

([08:26:48](#)):

It was essentially thrust upon me. It was an issue that should have been central to the environmental movement. I was a central leader at that time, but it was widely ignored by all the institutions, including the NGOs who should have been protecting our kids against toxins. It was an orphaned issue and I had a weakness for orphans. I watched generations of children get sicker and sicker. I had 11 siblings and I had seven kids myself. I was conscious of what was happening in their classrooms and to their friends, and I watched these sick kids, these damaged kids in that generation, almost all of 'em are damaged and nobody in power seemed to care or to even notice. For 19 years, I prayed every morning that God would put me in a position to end this calamity. The chronic disease crisis was one of the primary reasons for my running for president.

[\(08:27:48\):](#)

It's the reason I've made the heart wrenching decision to suspend my campaign and to support President Trump. If I'm given the chance to fix the chronic disease crisis and reform our food production, I promise that within two years we will watch chronic disease burden lift dramatically. We will make Americans healthy again. Within four years, America will be a healthy country. We will be stronger, more resilient, more optimistic, and happier. I won't fail in doing this. Ultimately the future, however it happens is in God's hands and in the hands of the American voters and those of President Trump. If President Trump is elected and honors his word, the vast burden of chronic disease that now demoralizes and bankrupts, the country will disappear. This is a spiritual journey for me. I reached my decision through deep prayer, through Hardnosed logic, and I asked myself, what choices must I make to maximize my chances to save America's children and restore national health?

[\(08:29:02\):](#)

I felt that if I refused this opportunity, I would not be able to look myself in the mirror knowing that I could have saved lives of countless children and reverse this country's chronic disease epidemic. President Trump has told me that he wants this to be his legacy. I'm choosing to believe that this time he will follow through. Ultimately, the only thing that will save our country and our children is if we choose to love our kids more than we hate each other. The most unifying theme for all Americans is that we all love our children. If we all unite around that issue now we can finally give them the protection, the health, and the future that they deserve.

Speaker 3 [\(08:29:51\):](#)

Tonight I'm very pleased to welcome a man who has been an incredible champion for so many of these values that we all share, and we've shared 'em for a long time. Robert F. Kennedy Jr.

[\(08:30:25\):](#)

For the past 16 months, Bobby has run an extraordinary campaign for president of the United States, and I mean this sincerely. Had he been allowed to enter the Democrat primary, he would've easily beaten Joe Biden. His candidacy has inspired millions and millions of Americans, raised critical issues that have been too long ignored in this country, and brought together people from across the political spectrum in a positive campaign grounded in the American values of his father, Robert Kennedy, a great man and his uncle President John F. Kennedy, and I know that they are looking down right now and they are very, very proud of Bobby. I'm proud of Bobby. You want to know the truth? Soon after I was, I can't even believe I have to say this. Nearly assassinated in Pennsylvania last month, Bobby called me to express his best wishes. He knows firsthand the risks incurred by leaders who stand up to the corrupt political establishment.

[\(08:31:36\):](#)

When you stand up, you bring on some trouble to yourself, but you have to do what's right. You have to do what's right for the country. I will tell you, we are both in this to do what's right for the country, and I also want to salute Bobby's decades of work as an advocate for the health of our families and our children. Nobody's done more. That's why today I'm repeating my pledge to establish a panel of top experts working with Bobby to investigate what is causing the decades long increase in chronic health problems and childhood diseases including autoimmune disorders, autism, obesity, infertility, and many more. We want every child in America to grow up and to live a long and healthy life.

Speaker 13 [\(08:32:24\):](#)

We talked about not about the things that separate us because we don't agree on everything, but on the values and the issues that bind us together, and one of the issues that he talked about was having safe food and ending the chronic disease epidemic. Our children are I the unhealthiest, sickest children in the world. Don't you want healthy children and don't you want the chemicals out of our food? And don't you

want the regulatory agencies to be free from corporate corruption? And that's what President Trump told me that he wanted. And I want to ask you again, you want a safe environment for your children? Don't you want? Don't you want to know that the food that you're feeding them is not filled with chemicals that are going to give them cancer and chronic disease and don't you want a president that's going to make America healthy

Speaker 3 (08:33:49):

Again? The Donald Trump will become the 47th president of the United States.

Speaker 40 (08:33:59):

It is now official CNN projects that Donald Trump has been elected president, defeating vice President Kamala Harris and making a political comeback. Unlike any in modern American politics, Mr. Trump is only the second former president in the US history to be reelected to the White House.

Speaker 23 (08:34:17):

NBC News can now project that Donald Trump has won the state of Wisconsin, which means he is the winner of this race and will return to the White House as this country's 47th president. A

Speaker 3 (08:34:28):

Real honor for me to introduce Robert F. Kennedy Jr. Take the oath of office and officially become our Secretary of Health and Human Services. Just as I promised last year, Bobby is going to lead a great national mission to make America healthy again and he's going to do it. I think he's going to do things that will really make us very proud of this day because he's a fierce advocate for the health of our children and for the values of free speech, democracy and peace, and people are going to be very impressed. I have no doubt I've known him a long time. It's been a friend of mine a long time. Perhaps most importantly though, Bobby created a nationwide movement made up of millions and millions of mothers and fathers and young people and concerned citizen of every background who want to end. And this horrible chronic disease crisis that exists exists in America.

(08:35:24):

There's no better person to lead our campaign of historic reforms and restore faith in American healthcare than Bobby's going to do it. The United States spends more money in health than any other country on earth, but we're growing sicker every year. We're not as healthy as countries that spend just a fraction of what we spend. So there's something wrong, something is wrong, and that's why immediately after Bobby is sworn in, I will be signing an executive order establishing the President's Commission to make America healthy again. We have some great people on that commission chaired by our new secretary. This ground breaking commission, we'll be charged with investigating what is causing the decades long increase in chronic illness, reporting its findings and delivering an action plan to the American people. And it's going to be a plan people are really waiting to hear.

Speaker 41 (08:36:15):

I'm Robert F. Kennedy, Jr. Do solemnly swear, do solemnly swear that I will support and defend, that I will support and defend Constitution of the United States, the constitution of the United States against all enemies, against all enemies born and domestic or in domestic or 20 years. I've gotten up every

Speaker 13 (08:36:37):

Morning on my knees and prayed that God would put me in a position where I can end the childhood chronic disease epidemic in this country. On the August 23rd of last year, God sent me President Trump. He's now given me. He's kept every promise that he's made to me, he's kept his word in every accountant going way beyond it. I'm so grateful to you, Mr. President. A lot of people told me that I couldn't trust President Trump. I better get it in writing. And we did a handshake and everything that he told me he was going to do, he has done. President Trump has promised to restore the American dream in this country. A healthy person has a thousand dreams. A sick person only has won. 60% of our

population has only one dream that they get better. President Trump has promised that he's going to restore America's strength, but we can't be a strong nation if we have a weak citizen, right? If people are sick.

Speaker 42 ([08:37:42](#)):

Ask you about RFK Jr. He has obviously talked about his skepticism of vaccines. He's expressed opposition to childhood vaccines. Do you want to see childhood vaccines eliminated

Speaker 3 ([08:37:55](#)):

If they're dangerous for the children? Look,

Speaker 42 ([08:37:57](#)):

So possibly

Speaker 3 ([08:37:58](#)):

When you look at some of the problems, when you look at what's going on with disease and sickness in our country, something's wrong.

Speaker 42 ([08:38:07](#)):

Are you talking about autism?

Speaker 3 ([08:38:08](#)):

Well, if you take a look at autism, go back 25 years, autism was almost non-existent. It was one out of a hundred thousand and now it's close to one out of a hundred. I mean, what's happening if they can find it? Now, I did something the other night that was a little unusual at Mar-a-Lago. I called the drug companies, the top drug companies, and I called RFK Jr. And Dr. Oz and some of his people, and I said, let's all get together and let's figure out where we're going because we're going to do a lot of things. We met and we met for a long time and we talked about pricing and we talked about vaccines in terms of what happens. We talked about pesticides, we talked about everything, and I think a lot of good things are going to come from when you look at the numbers. We really don't have a very healthy country,

Speaker 42 ([08:39:00](#)):

Sir, going back 25 years, studies show that there is no link between vaccines and autism, and yet it sounds like you are open to the possibility of him at

Speaker 3 ([08:39:11](#)):

I'm open to getting rid of them. I think somebody has to find out. If you go back 25 years ago, you had very little autism. I'm not against vaccines. The polio vaccine is the greatest thing. If somebody told me, get rid of the polio vaccine, they're going to have to work real hard to convince me. I think vaccines are certain, vaccines are incredible, but maybe some aren't. And if they aren't, we have to find out,

Speaker 13 ([08:39:35](#)):

Mr. President, we're doing, we are working at HHS to advance your agenda to make America healthy again. We have now the autism rates have gone from out. Most recent numbers we think are going to be about one in 31, 1 in 12, so they're going up again from one in 10,000 when I was a kid. And we are going at your direction. We are going to know by September, we've launched a massive testing and research effort that's going to involve hundreds of scientists from around the world. By September, we will know what has caused the autism epidemic and we'll be able to eliminate those exposures.

Speaker 3 ([08:40:21](#)):

Those are so big. Think of that. So it was one in 10,000 children had autism, and now it's one in 31, not 30 1031. That's a horrible statistic, isn't it? And there's got to be something artificial out there that's doing this. So you think you're going to have a pretty good idea

Speaker 13 ([08:40:44](#)):

By September.

Speaker 3 ([08:40:45](#)):

There will be no bigger news conference than that. So that's it. If you can come up with that answer where you stop taking something, you stop eating something, or maybe it's a shot, but something's causing it. It can't be from 10,000 to, can you imagine that, mark? That's a big number. Thank you very much. You're doing great. Thank you. Bobby.

Speaker 42 ([08:41:10](#)):

Robert F. Kennedy jr's controversial new comments on autism.

Speaker 43 ([08:41:14](#)):

At his first news conference, as Health Secretary Kennedy addressed the CDC's latest report on the rising number of children being diagnosed with autism, and Thompson has the latest

Speaker 44 ([08:41:25](#)):

Some of the key numbers speaking for nearly 30 minutes. The nation's top health official Robert F. Kennedy Jr. Taking aim at the CDC's latest report on rising autism rates.

Speaker 13 ([08:41:36](#)):

This is a preventable disease. We know it's an environmental exposure.

Speaker 44 ([08:41:40](#)):

The report released Tuesday says one in 31 8 year olds were identified with autism spectrum disorder in 2022, up from one in 36 in 2020 RFK junior discounting the CDC's own previous finding that genetic predisposition is a risk factor in developing autism and doubling down on his assertion that it's an epidemic.

Speaker 13 ([08:42:04](#)):

Genes do not cause epidemics. You need an environmental toxin.

Speaker 44 ([08:42:08](#)):

Dr. Zach Warren is one of the authors of the CDC report.

Speaker 45 ([08:42:13](#)):

We have data that a certain percentage of some types of autism can be clearly explained by genetic differences. We have other evidence suggesting that actually it's the complex interplay of environmental factors.

Speaker 44 ([08:42:28](#)):

RFK Junior's, bleak description of people living with autism causing outrage.

Speaker 13 ([08:42:33](#)):

Autism destroys families. These are kids who will never pay taxes. They'll never hold a job, they'll never play baseball. They'll never write a poem. They'll never go out on a date. And we have to recognize we are doing this to our children and we need to put an end to it.

Speaker 44 ([08:42:56](#)):

It is demeaning, it is dehumanizing, and it is flat out wrong. Sam Branson has a PhD in physics and is an autism researcher. He and his 7-year-old son both have autism.

Speaker 2 ([08:43:09](#)):

I think a lot of autistic people have quite a bit to contribute to the world.

Speaker 44 ([08:43:14](#)):

Kennedy says he plans to provide more autism data in real time, adding that he direct resources to studying environmental factors, exposures, and external factors,

Speaker 18 ([08:43:25](#)):

And that's where we're going to find the answer. On

Speaker 46 ([08:43:35](#)):

April 16th, 2025, health and Human Services, secretary Robert F. Kennedy Jr. Press conference. He shared updates on his goals for autism research. However, many of the remarks Kennedy made during his speech have received intense backlash and criticism. The truth is much of that criticism came from a deep misunderstanding from the public and even from people in positions of authority. A misunderstanding about the full range of autism spectrum disorder, its symptoms and what life really looks like for families affected by what is termed severe or profound Autism. Let's be clear, autism is a spectrum, which means the severity can vary dramatically. Level one is requiring support. This is often referred to as high functioning autism. Level two is requiring substantial support, and level three is requiring very substantial support. This is where we see severe or profound autism. This group makes up roughly 25% of the autism population. These are the individuals, secretary Kennedy was talking about.  
Speaker 13 ([08:44:54](#)):

25% of the kids who are diagnosed with autism are nonverbal, non toilet trained and have other stereotypical features, head banging, stemming toe walking, et cetera. Autism destroys families. These are children who should not be

Speaker 46 ([08:45:11](#)):

Suffering like this, even though Kennedy was very specific saying he was referring to the 25%, many of whom are nonverbal. A number of people with high functioning autism, articulate verbal individuals took to social media and the news to say they weren't impacted in the way Kennedy described, but the fact is, they weren't the ones he was talking about.

Speaker 36 ([08:45:35](#)):

People in the autism community wholeheartedly disagree with what he has to say.

Speaker 44 ([08:45:41](#)):

She is autistic and runs her own business.

Speaker 47 ([08:45:44](#)):

I certainly pay taxes. Autism is not a tragedy at all.

Speaker 44 ([08:45:49](#)):

Life as an autistic person

Speaker 35 ([08:45:50](#)):

Is good. I'm a fully functional, productive member of

Speaker 47 ([08:45:54](#)):

Society. I am autistic and my life is not a tragedy. To generalize and say none of us can work date or contribute to society is completely false. I have a job.

Speaker 46 ([08:46:05](#)):

Kennedy was speaking about a very specific group. People living with not only severe cognitive challenges, but also physical disabilities and serious medical conditions that are clinically associated with severe autism. Yet critics accused him of lying, of insulting the autism community. Some even went so far as to say his stance was eugenic.

Speaker 42 ([08:46:28](#)):

It's not something gone wrong. It's just different wiring in the brain.

Speaker 35 ([08:46:32](#)):

It's

Speaker 46 ([08:46:32](#)):

Not a bug. It's different operating system.

Speaker 48 ([08:46:34](#)):

There are people who say autism isn't even necessarily a disability. Many of them will never use a toilet unassisted again, it's insane. Autism means people can't use the toilet stuff from RFK. Disgusting and embarrassing.

Speaker 47 ([08:46:54](#)):

Autism doesn't destroy families. It does not destroy families.

Speaker 46 ([08:47:01](#)):

RFP Junior is advocating for eugenics, eugenics, eugenics, eugenics,  
([08:47:07](#)):

Genics. MS rhetoric is frankly eugenic. These reactions effectively deny the existence of an entire group of people along with the intense challenges and conditions they face every single day. Some of the most common and clinically recognized comorbid conditions that often accompany severe autism are epilepsy and seizures, gastrointestinal disorders including dysbiosis, chronic constipation or diarrhea, sleep disorders, severe food intolerance, allergies, autoimmune disorders, chronic infections, impaired immune response, mitochondrial dysfunction, metabolic disorders. Additionally, studies have also shown that individuals with autism often have heightened neuroinflammation, and what many people are unaware of is that some of these medical conditions and even environmental exposures can in fact cause neuroinflammatory conditions that lead to the very cognitive and behavioral symptoms we label as autism to families. Of those with severe autism, this is not unknown. They have no choice but to understand the complexity of this condition. They live it every single day. Here's just a glimpse of what life is like for someone with level three severe autism.

Speaker 47 ([08:48:32](#)):

Okay? Okay. Just stay here. So Devin has autism. He got the diagnosis of autism, was diagnosed with autism.

Speaker 49 ([08:48:40](#)):

I'm the mother of a 28-year-old profoundly autistic boy.

Speaker 47 ([08:48:44](#)):

He would stiffen up with severe pain from his gut and would pass out in my arms and would never sleep. I get two or three hours a time, probably average about two to three hours a night. I've been up for two nights straight,

Speaker 23 ([08:48:56](#)):

Started running through the house, screaming the middle of the night, flapping his hands and all like

Speaker 47 ([08:49:01](#)):

10 to 12 runny diarrhea stools a day that when I would take him to doctors, they would say, well, that's just autism, chronic diarrhea. Diarrhea, maybe 15 to 20 bowel movements a day. I'm having to change his pants every 30 minutes for the most part. I've changed him five times since we've been waiting.

Speaker 49 ([08:49:22](#)):

He wears diapers. He uses a pacifier.

Speaker 6 ([08:49:28](#)):

I now have an adult child in diapers.

Speaker 50 ([08:49:35](#)):

You hear that noise in the background. He just defecated in the garage,

Speaker 47 ([08:49:43](#)):

A box of diapers a day.

Speaker 49 ([08:49:46](#)):

There's nonverbal

Speaker 47 (08:49:49):

Elt. Stop talking. No speech, no academic skills can only understand a few words. He's not walking, he's not talking. He's not cruising. He can't pull up. He stands on the knuckles of his toes, but Warren cannot even verbalize her wants or her names anymore.

Speaker 38 (08:50:14):

Yeah,

Speaker 47 (08:50:16):

I love you. A bushel. Okay. Busha pack, Busha pack and a hug around my neck. He started stimming doing self stimulating behaviors.

(08:50:50):

I am on him like this pretty much all the time. He can't stop moving most days. He's into everything. We can't go anywhere. We couldn't go anywhere because anything was such a sensory assault to him. To travel to grandma's two hours away was just hideous nightmare where we eventually just quit doing it. The constant head banging. All he wanted to do was go in his room and sit on his bed and bang his head against the wall. Is he going to strip all his clothes off and go sit on the front porch at four in the morning, which he has done. We have with this one pandas, what some people refers to en rage. He will hurt himself. He's split his head.

Speaker 49 (08:51:40):

He has extreme rages where I think he's in some kind of a pain.

Speaker 50 (08:51:46):

He hits himself in the face. Paul Schultz, he's punched, kicked holes and walls, thrown things, lamps, tv TVs, wow, okay. He's flipping things right now. So this is the love seat. We just bought these. Oh, and there's our recliner right there.

Speaker 47 (08:52:21):

The only thing I can do is cry with him and just put pillows all around so he wouldn't injure himself. He was just violently rolling, screaming, arching his back, literally arching his back so hard that only his head and his heels touched the floor.

Speaker 50 (08:52:38):

What's up? He's going out that

Speaker 47 (08:52:52):

This isn't normal. This is something that happened to them.

Speaker 49 (08:52:56):

The reality is that it ruined our lives. It ruined my marriage. My older son won't speak to me because I didn't put him in a home.

Speaker 47 (08:53:06):

There's a lot of needs. He requires one-on-one attention at all times. These kids don't have opportunities to do anything that even any other disability group would be able to do, and it's just heartbreaking to know that not only are we trapped in our house, but Brandon is trapped in this house. He has seizures. He's almost died on me several times. He had such a horrible bout of falls from the seizures, almost lost him from seizures. We do not wake him up every time that we've purposely done that to try to be somewhere he's had a seizure. If he's face down in his bed when he has a seizure and he suffocates to death to live your life with those thoughts every single day he started having seizures, tonic-clonic, big ones. I do not want him ending up in stake care. I do not want him ended up in some institution.

Speaker 49 (08:54:12):

The first stop in the morning I have is what's going to happen to my son when I die? And the last thing I think about before I falling to sleep, if I do get to sleep is what's going to happen to the night

Speaker 47 ([08:54:26](#)):

You hear of these people looking forward to going to heaven? It's like, no, I want to outlive my son. Do you know? You know what that feels like? To think it, let alone say it out loud, that you want to outlive your child.

Speaker 49 ([08:54:42](#)):

It destroyed our lives and my son's lives has become being a big baby who lives in a dark room and that's his life. I will do the sintel. I die. That's my life, my career as a writer, it's on the shelf. My life as a woman is on the shelf. My life is a person, is on a shelf.

Speaker 46 ([08:55:13](#)):

This is the other side of autism that most people never see. Many individuals with profound autism are so neurologically or physically impaired that they rarely, if ever, appear in public. But just because you don't see them doesn't mean they don't exist. Just because their struggles go unseen doesn't mean they aren't real. They are real. They do exist. And Secretary Kennedy is one of the few public figures willing to acknowledge this truth. He recognizes that these individuals are living with conditions that are not normal and that extend well beyond neurodiversity. And if there's even a possibility that external factors could be contributing to these conditions and if there's even a chance to prevent unnecessary suffering, then surely we can all agree it's a moral imperative to support Secretary Kennedy and the research that could change lives.

Speaker 13 ([08:56:14](#)):

Hey everybody, it's Robert F. Kennedy Jr. And I am your secretary for Health and Human Services. In a statement last week, president Trump reiterated his personal commitment to the Maha Commission and emphasized our work on childhood conditions such as autism. Your long years of sacrifice are finally bearing fruit. Your issue is no longer on the fringe. It is dead center and mission critical for the new HHS. Five years ago, could you imagine that autism would be a top priority at HHS? Well, it is now. Our main focus right now is chronic disease and our highest priority inside that is childhood conditions. We at HHS will leave no stone unturned in investigating the causes of the autism spectrum epidemic, and just as importantly, we will investigate treatments as well, treatments to improve the quality of life. I promise you, no longer will you have to fight to be heard. President Trump hears you and as Secretary of Health and Human Services, I hear you too. And with your continued support, we're going to create a future where autism is once again very rare, where families with autism are well supported, where people on the spectrum are valued for the unique gifts they have to offer our society. May God bless you for all you do. Thank you very much.