Chapter 11:

Interview with
Dr. Shawn Centers, D.O.

Ty: Dr. Shawn Centers, thank you for joining me today. I appreciate you taking the time for an interview. I'm going to read a little bit of your bio here. You're the Medical Director at The Osteopathic Center for Children. You're a pediatrician, specializing in integrative medicine and osteopathic pediatrics.

Let's see. You are the founding president of the American Academy of Pediatric Osteopathy. You've also been named one of the top pediatricians in San Diego County, California by the International Association of Pediatricians.

You're a distinguished fellow of the American Pediatrics Council. I could keep reading. You've got quite an impressive bio. Again, thank you for taking the time to join us today. I want to get your perspective, as a pediatrician. And you also provide the CME for AutismOne, there's one in Chicago. You are the CME Director, is that correct?

Dr. Centers: I am.

Ty: Okay. I want to get your perspective, as a pediatrician, on vaccines. This interview will be part of what we call "The Truth About Vaccines." I would like to know, let me ask you a very, very general question, what's the truth about vaccines?

Dr. Centers: Well, I think you have to make the differentiation between vaccination and immunization. Vaccination is a procedure in which we put foreign particles into the body and expect the immune system to create an immunity against those foreign particles. But the question is, are we doing that at an age and at a time where the body can actually do that?

A number of studies show that children younger than 12 months, the immune system has a really difficult time dealing with those possibilities. The second thing is that when you put multiple components into the body there's no scientific research or evidence that shows what these vaccines do together, the polypharmacy as it's called.

So there are concerns. In my practice, I strongly believe the parents have a right to choose. There's no question that there are different opinions or different sides on the vaccine issue. In fact, in my opinion, we don't really know what the truth is.

We don't know absolutely that these vaccines are safe. However, we do know some of the vaccines are not as effective as they used to be. Then we have to weigh those choices. There's no question that it seems in times past these vaccines, these medical interventions, have helped to possibly decrease the amount of infection, it likely may have saved lives.

But we are dealing with the 21st century, 2016, and the question is, do the risks outweigh the benefits, and vice versa? For some children there is a great risk and a real problem. The real issue is that we don't know which children those are. And because we don't know, we are exposing those most vulnerable, most at-risk children to these immunological agents.

Ty: In other words, Dr. Centers, it's almost as if, to a certain extent, that vaccines are an experiment on the children, because we don't know what they're going to do.

Dr. Centers: Well, the problem is that there's so many of them. If you're talking about the vaccines from 20 years ago, we have data. But if you're talking about the most recent ones there's not long-term data as to what the outcomes are. We know that in the past there have been problems. This is not something that the people who are so pro-vaccine or advocate for vaccines are not unaware of.

Take something like the polio virus. The oral polio has had a number of issues. When I was a resident back in the late 1990s, we still gave an oral polio vaccine, which is you took a little liquid and you swallowed it. But because that was a live virus every year there were hundreds of children who were actually getting polio.

Ty: From the oral vaccine?

Dr. Centers: From the oral vaccine. So around '99-2000, they made the decision, because of this, to stop giving the oral polio. They now have it in inactivated form, which obviously is safer. But then there's also a question of even whether this vaccine is effective.

There are three types of wild polio 1, 2 and 3. Type 1 and 3 was highly protective with the oral polio vaccine. But type 2, with the inactivated polio, which is what we use now, it's not very effective. So you have hundreds of thousands of millions of parents who think that their child is protected from polio because they have this inactivated polio vaccine but in fact that may not be the case.

There is a potential for a widespread polio infection because they've changed the vaccine itself. The polio vaccine also had another problem. That problem was that they made the polio vaccine from passing the virus back and forth between monkey kidney cells. They used the kidney cells like a filter.There was a concept in medicine back in the 40s and 50s that if you have a virus that affects, for example, an animal, it can't affect a human. That was the prevailing concept or theory. What they did not know is that this really isn't true. I'm sure that you are probably aware of the problems that that created, right?

There is a virus called Simian virus 40, SV40. They have found that virus in the center of many types of cancer. That would include breast cancer, that would include a number of different types of cancer. That SV40—simian, it means monkey—that SV40 came from these monkey kidney cells that they were passing this virus through to make the vaccine. Millions of people were exposed to this virus that they didn't even know would affect humans. Many years later, they find it in the tissue of people with cancer.

Ty: There's an example of a vaccine that was not only not safe and effective but it actually was extremely damaging to the recipients, potentially causing cancer.

Dr. Centers: Potentially causing cancer. That's the prevailing thought. The polio vaccine has had a number of problems, and it's, I would say, one of the safer vaccines. In the very beginning there was a pharmaceutical company actually centered in California, near San Diego, who actually sent out large doses, I think about 100,000 doses of the Sabin vaccine, which had a live virus. It wasn't attenuated, it wasn't weakened. There were something like 50-60,000 kids that got polio because they were given the vaccine.

Ty: They were given the vaccine without a weakened virus?

Dr. Centers: Yes. This was back in the 50s. What happened with that is that initially, the company denied any problem even though they knew that there was a problem. The American Academy of Pediatrics, even though they knew that there was a big problem with this vaccine they did not pursue it until eventually there was such a massive outbreak of polio that they had to admit that this was indeed a problem and they stopped the company from producing it.

This same company, I'm blanking out on the name of the company at this moment, but this same company 25 years later, did the exact same thing with blood products that they were producing for hemophiliac children.

Ty: It was Bayer. It was Factor VIII, wasn't it?

Dr. Centers: Bayer owns that company, but that's not the name of the company. It's like—

Ty: Because you're talking about Factor VIII which is a hemophiliac product that was contaminated with HIV, correct?

Dr. Centers: Right.

Ty: Got it.

Dr. Centers: Back in the 80s, the same company that did this thing back in the 50s did the exact same thing. They had a blood product that was given to hemophiliacs, Factor VIII, and it was contaminated with HIV. People started saying, "Hey, something's going on here. My patients are developing HIV." Again, they were ignored. Eventually it was proven that, in fact, it was contaminated. So what did the pharmaceutical company do?

Ty: They should have destroyed it, destroyed the batches.

Dr. Centers: Absolutely not. They sold it to Africa. Now you have this introduction of hundreds of thousands of doses of this product into Africa, and they knew—and Asia, it was also in Asia. They knew, absolutely, that it was contaminated and they gave these children and adult hemophiliacs HIV. That's unconscionable.

Ty: It is unconscionable. How can you even begin to explain the reasoning that would go behind a decision like that?

Dr. Centers: Yeah, it's finances.

Ty: It's about money, isn't it?

Dr. Centers: It's finances.

Ty: They didn't want to lose the money on the hundreds of thousands of doses so they shipped it somewhere else where they didn't know.

Dr. Centers: And were not regulated by the U.S. federal government.

Ty: Wow! Dr. Centers, you mentioned the outbreak of polio, that it was directly related to the vaccine. Are you familiar with other outbreaks that have been caused by vaccines?

Dr. Centers: I think that it's a complicated issue because we don't have access to all the data. The pharmaceutical companies and the Centers for Disease Control and the federal government keep that data very closely within their system.

So, even the VAERS database, which is for reactions or complaints that happen as a result of vaccinations, they're not open to us. Yes, sure, there are thoughts that this is happening but we don't have pure data.

Ty: Got it. As a pediatrician, I'm sure that you have seen vaccine-damaged children?

Dr. Centers: I'm an integrative pediatrician and osteopath and we see many, many vaccine-injured chil-

dren. Because the question is another question that mainstream medicine hasn't really addressed and that is what do you do with these children who are vaccine-injured? What treatments are available? Well, there is no treatments available from the mainstream Western medicine. The approach that we have in integrative pediatrics and osteopathic pediatrics, there are techniques that we have that can aid these children that have been damaged.

Many of these side effects that occur from the vaccine-injured have to do with swelling and the contraction of the tissue within the brain and spinal cord, it's called dura. It's very similar to a child who has meningitis or some type of meningeal inflammation.

The membranes, the coverings around the brain and the spinal cord, they contract. Osteopaths can actually feel that with their hands. You know immediately when a child comes in and has been vaccine-injured. There are things that we can do and we can help some children but there is a certain portion, or part of that damage, that is not, in my opinion, repairable.

Ty: Okay, so what might it be that causes the swelling and the contraction? Do you have any idea?

Dr. Centers: Well, it's from the immunologic agents. It's almost like they actually get the disease.

Ty: When they're vaccinated then it actually gives them the disease.

Dr. Centers: It gives them the disease which affects the central nervous system. That's not something that I'm just coming up with from feeling patient's heads or stuff like that. It's a well-known side effect, it's encephalitis. If you go and you look on the manufacturer's label, and it says, "Side effect: encephalitis," or meningitis.

That's well known. Epilepsy, seizures are also a well-known side-effect. So, the question is, we need to really investigate how to make these vaccines safer and identify those children who would be at highest risk for a reaction.

Ty: I agree. We need to determine if any schedule makes sense, that the parents do what's right.

Dr. Centers: Absolutely.

Ty: You'd agree that the parents should be able to decide. I just interviewed a journalist from Colombia. Down there in 2013 they mandated the Gardasil vaccine and there was an outbreak, there was like 700 damaged girls, shortly thereafter they took it down there. In one small community, 700 girls that suffered damages that were listed on the package insert that it might cause these symptoms and they got it.

Dr. Centers: The Gardasil vaccine, although it's highly promoted, it's not in the general requirements in most states. There's a lot of side effects attributed to that particular vaccine. We've seen a lot of children come in with side effects.

First of all, the idea that we'd give it to a male child is, in my opinion, unsubstantiated. There's no evidence that it's going to decrease the number of female human papilloma virus cases. The second issue with the Gardasil is the timing of the vaccine. Most women who get cancer related to HPV get cancer in their 60s. There is a huge question whether this vaccine is even going to be effective.

The second question is—it's kind of the same concept with Hepatitis B—the question is,

you're vaccinating this large population and very few people within this population would even be at risk for HPV. So, sure, if you're going to be a prostitute or have many, many sexual partners, yeah, it's probably a good idea to get that.

The same thing with the Hepatitis B. Hepatitis B is a sexually transmitted disease, or it can be transmitted through blood contact. If you're going to share needles or have multiple sexual partners, then it probably is a good idea to get it. But that's not the majority of the children in the United States.

Ty: They mandate it in many states, on the first day of birth you get a Hep-B vaccine.

Dr. Centers: Why would they do that?

Ty: I have no idea. I don't know any one-day-olds that are sexually active or that use drugs.

Dr. Centers: Well, the thing is that there is a concept in Western medicine called epidemiology. The epidemiological idea is to vaccinate for the most severe condition with the total population. So when you sign up for your child to have a vaccine that doesn't guarantee that the vaccine is working. It doesn't guarantee, or it doesn't mean that that vaccine is going to work with your individual child.

If you read the disclaimer very closely it says that you are signing up for a vaccine program. That vaccine program is going to protect supposedly the mass population. So, you take Hepatitis B. Where did Hepatitis B come from? They initially did those studies in the Bronx, in New York, back in the 80s and 90s. At that time, there was this disproven theory, that Hepatitis B and HIV were related. So one of their primary study groups were teenagers, adolescents, who had become infected with HIV.

The question was, was this vaccine safe and effective? Well, so you have this HIV clinic of teenagers. What teenager is going to sign up for an experimental vaccine? Even though they were paying these kids like $100 to get the vaccine.

The kids that signed up was just a very small percentage. So, when it came to the ACIP meeting, which is the American Academy of Infectious Disease Practices, which makes the decisions on which vaccine needs to be in the schedule, the company had written in their paper, "The only way to completely protect the children in the Bronx is to vaccinate these children at day one." They came and they gave them a piece of paper and the little piece of paper was yellow and highlighted so they would see, "day one." And that's how the vaccine schedule came to be.

So, yeah, if you think that child is going to be fooling around with the kid in the next bassinet, you might want to give them the Hepatitis B vaccine. But if that's not your child, then I think you want to be careful in considering these vaccines. When we look at the children in the Bronx, and those children in the inner cities of our country, they are a population that we should be concerned about.

However, that child in the Bronx is not the same as that child in San Diego, or in Salt Lake City, or in many of the other places across our country. Every child is not the same and that's the problem. That's what I think that's what the majority of the people who are highly promoting the immunizations really don't realize.

Ty: That not all children are the same. I interviewed an immunologist yesterday, Tetyana, and

one of the things she mentioned was that the only case that Rubella would be remotely close to dangerous was if the mother, a pregnant mother, gets Rubella. Other than that, Rubella, she said, it's never had a bad side effect. So, the only—

Dr. Centers: Absolutely. Rubella, it gives you a low-grade fever, maybe 101, a runny nose it lasts for three days and that's it.

Ty: She said, for her, the only even remotely plausible group that would need that would be pregnant moms. That rules out every male. So, she said it is unthinkable that we would be giving an MMR shot, Measles, Mumps, Rubella, to a male. Because it's never going to hurt them. You might have a runny nose for three days. She said, "Why don't you break them up and give them separately so that they have more of a chance to work better?"

Dr. Centers: Well, you know that has to do with marketing, right? Wouldn't you make more money if you're selling three vaccines in one, than just two vaccines? That's marketing and money and things like that. It's not medicine.

The same thing with the MMR. You have a schedule that says four to five doses. If you do titers, which titers are an analysis of the antibody reaction to the vaccine, if you do titers on children after the third dose, 75-80 percent of those children have sufficient titers.

However, they give a fourth and fifth dose because of a very small percentage that don't develop the titers. We could test every child for those antibody titers to see if they have developed the response but we don't. Why? Because it's more money to do the titers than just to give them the vaccines. Who makes money from that? Well, the vaccine company and that's, of course, who comes up with the recommendations.

Ty: Sure. They're part of a vaccine program for the collective good, this herd immunity concept. It's all part of this collectivism that it doesn't really matter if one child gets hurt because it's for the greater good to have this herd immunity, or whatever. Unless it's, of course, your child that has got the MMR and has autism. "Sorry about that." But it's still acceptable collateral damage because it's all for the greater good in the way that their thinking goes, correct?

Dr. Centers: Absolutely. The autism issue is really controversial among the mainstream community of physicians. I don't think that the vaccines alone are the only issue. It would be really simple to just say, "All autism is caused by vaccines." I don't necessarily think that that's the case. I think that there are many factors, including vaccines. I think that vaccines and other viruses may be triggers for what we see as being called autism.

Ty: That's a good point. Just like with cancer, multiple causes. It's really hard to point at any disease and say, "Here's one thing that causes one disease." It's really a collective accumulation of toxicity in many cases, isn't it?

Dr. Centers: Absolutely. In your field of cancer, we don't know what these vaccines are doing as far as development of cancer, 20, 30, 40 years from now because there's no studies being done. The mainstream infectious disease people—and to be somewhat in defense of these people, they're under a lot of pressure, and a lot of it's political. They're not really allowed to do the studies that they should be doing. So, we should be out there identifying who are those children that are going to be affected by these vaccines in a negative way? What can we do to protect them? What are the standards?

We're not doing that because people don't want to come out with a study that says, "Hey, this vaccine causes autism." Because they're scared that they're going to take all the vaccines away. That's their concern. That's their fear. A lot of this is just a fear-based response. They're really not doing the fundamental research that needs to be done.

Ty: Apparently, they're not doing the fundamental research if, you said, that we don't know that 20 or 30 years down the road, these vaccines are going to cause cancer. If they're not testing to see if these vaccines cause cancer then how can we say that they're safe?

Dr. Centers: We can't. The other issue is that these vaccines are what's called a biologic agent. And biologics don't have to have the same rigorous studies as many of the other drugs that we use. As you know, many of the drugs even though they go through rigorous studies still later, once they go out into the mass population, have problems. Vioxx, heparin, we could list hundreds of drugs like that.

Ty: Sure. With Vioxx, one of the men that did the studies on it, Dr. Scott Reuben, he later admitted that he'd falsified research to get it passed. Do we see a lot of research fraud or cherry-picking of the results to make it look like vaccines are safe and effective?

Dr. Centers: Well, I think that's a general problem within all of the medications that we use today. I think that certainly, in the 1950s, 60s, 70s, 80s there was this idea that the majority of the research with drugs, pharmaceuticals should be going on in the medical schools and should be going on in the universities across our country.

Up until about the 80s, 90 percent of all that research was done in medical institutions. Today, it's the exact opposite, 90 percent of the research is actually done by research firms. Companies that are hired by the pharmaceutical industry to develop the research. They will hand them, "I need a drug that does x, y and z. You do the research for that." That's not how research should be done.

Ty: It's not really an independent.

Dr. Centers: It's not really an independent and it's coming out with your results but were you actually doing the study?

Ty: It's working backwards.

Dr. Centers: It's absolutely backwards. And that's a serious issue. It's not an issue that's not unknown among the mainstream Western physicians.

Ty: I'm very familiar with the research fraud. I've read a lot of articles and reputable journals that are now admitting, yes, a lot of fraud going on out here. Not necessarily always fraud but just material misstatements of fact.

Dr. Centers: Right. Unfortunately, a lot of this is driven by the industry. There's a great amount of financial incentive to do this. It's really hard to come up with new drugs and new biologics, and they have to spend millions of dollars. When you spend millions of dollars and you come up with some data that says, "Oh, it doesn't work," or it has severe—

Ty: You toss the data and you find somebody that gives you the data that you want so you can sell it. Because you have to make a return on investment. Let's be fair. The pharmaceutical companies are publicly traded. So, their drugs make money. They do what they have to

do to make money. In another field maybe that's not so detrimental, if it's maybe just an increase on price on your yard guy that mows your lawn. He's got to make money, he's got to cover his costs. Not as big of an effect on the world at large.

But when you have pharmaceutical companies that are, like Vioxx, that's been implicated in over 60,000 deaths. The whole bottom line is they're trying to make more money. Then we have a problem, don't we?

Dr. Centers: We have a severe problem and it's affecting every aspect of our lives. It needs to change.

Ty: I agree, Dr. Centers. I appreciate what you do. I appreciate what you've done for AutismOne, and really appreciate you taking the time to share with us your input on this vitally important topic today.

Dr. Centers: Thank you.

[End of transcript]