

Chapter 15:

Interview with **Barbara Loe Fisher**



Ty: And so, Barbara, thank you so much for opening up your office today.

Barbara: Thank you for coming all this way.

Ty: Yeah, really a pleasure to be here. I just want to get your take on, of course vaccine, so start us off, let us know, how did you get involved with vaccines? What's your background, education, and so forth?

Barbara: Well, I was a first-time mom. Little boy, in 1980, when I took him in for a fourth DPT shot, and back then, parents haven't been told anything about vaccines, the fact that they could cause reactions, injuries, deaths. So, when he actually had DPT and oral polio vaccine that day, and within hours of that fourth DPT shot in 1980, at age two and a half, I witnessed reactions and I didn't know they were reactions.

He had a convulsion, a collapse shock, and a brain inflammation. But because I have been told nothing by my pediatrician about how to recognize vaccine reactions, I didn't understand what I was witnessing. And I know he could have died in his bed that night. I know that if I hadn't awakened him – my mother was a nurse – in the middle of this reaction, which I didn't understand was a reaction, I think he would have been catastrophically brain-injured.

What happened after that shot was he regressed physically, mentally, and emotionally, and became a totally different child. He no longer could recognize the alphabet, which he had known. He couldn't recite numbers up to 20.

He became emotionally fragile, could not concentrate for more than a few seconds at a time. He became very angry at the slightest frustration. It was like I had a different child and I didn't understand what had happened, so my family didn't understand.

He had constant diarrhea, respiratory infections, ear infections until in the spring of 1982, about 18 months later, I saw the documentary, *DPT Vaccine Roulette*. It was produced out of the NBC affiliate here; Lee Thomson was the producer, and that documentary was the first time that American parents have been told that vaccines can brain injure children.

And I stood in my kitchen and I said—I was stunned. I called the station, I went down, and said, "I'd like to look at the medical literature," because I graduated with a degree in English. I came from a medical family full of doctors and nurses.

My mother was a nurse. And I had worked at a teaching hospital before I became a mom and I understood how to read scientific and medical information and how to write about it. And so I asked for copies of the studies that NBC affiliate WRC had used to produce *DPT Vaccine Roulette* and they gave me copies.

I went home and I will never forget sitting in my living room and reading the *New England Journal of Medicine*, *Pediatrics*, the *British Medical Journal*. These studies and the descriptions of DPT vaccine reactions that completely matched the symptoms that I had seen my son suffer that day.

And I thought, here we have doctors talking to medical journalists about how DPT vaccine can brain injure children, and they haven't told the parents. They never told the mothers like me, so that we could monitor our children, so that we could understand, so we could report it, so we could take our children to an emergency room.

So, after looking at those studies that I realized what had happened to my son, I decided to

research pertussis and pertussis vaccine, but eight months into the research I got a phone call from Harris Coulter, medical historian.

And he and I had a conversation. At the end of the conversation I said, “Harris, would you like to co-author a book with me?” And he said “sure.” And we spent two and a half years researching for what would be the book, *DPT: A Shot in The Dark*, published in 1985 by Harcourt Brace Jovanovich and it was really the first book that documented what is wrong with the mandatory vaccination system in this country.

So, from that point on, I also joined with other parents, back in 1982, to found a non-profit charity. At the time, we would call ourselves dissatisfied parents together, DPT, and then several years later, we opened up the National Vaccine Information Center and that’s what this organization’s been known—the name we’ve been operating on the system.

Ty: And that’s where we sit today.

Barbara: That’s where we sit today. 35 years later.

Ty: How long have you been in this physical office?

Barbara: This office, we’ve only been here for a couple of years. We’ve been in people’s basements, in people’s back of companies and stuff, a little one-room and then we finally have a little few rooms here.

This is nice. So, you mentioned something, Barbara, that you were never told these dangers from your pediatrician. Why do you think that you were never given informed consent?

Barbara: Yes, well, I think after three decades of looking at the way the mandatory vaccination system operates, it has become very clear to me that pediatricians and all the other doctors who are now giving vaccines to children and adults at this point are really denying—in tremendous denial about the harm that’s caused by vaccines.

Every time something bad happens after vaccination, after a doctor has given a vaccine to a child or an adult, it’s always written off as a coincidence, with absolutely no evidence. That in every case it is a coincidence.

And certainly the Centers of Disease Control, and the American Academy of Pediatrics, the medical trade associations, with the enthusiastic endorsement of the pharmaceutical companies who make a lot of money from mandatory vaccinations, are very reluctant to do the scientific research that confirms that many more people than they have told the public are being harmed by vaccines.

When I speak, I always say, “today, everybody knows somebody who was healthy, got vaccinated, and was never healthy again.” And this experience is being repeated over and over again, all over this country. A recent poll that was conducted by a scientific organization showed that 30 percent of U.S. adults believe that parents should be allowed to make vaccine choices.

That they shouldn’t be forced to vaccinate their children with—what we have now is 69 doses of 16 vaccines that the federal government is saying everybody should—all the children should use from day of birth to age 18. Back when my children were receiving vaccines in the late 70s and 80s, it was 23 doses of 7 vaccines. So, we’ve had a tripling of the numbers of doses of vaccines that children are now getting.

And in that time period, as this dramatic escalation of the child vaccination schedule has

occurred, what have we seen? Have we seen children be healthier? Just the opposite. We have an epidemic of chronic disease and disability.

One child in six in America, now learning disabled. One in nine with asthma. One in 50 with autism. One in 400 developing diabetes. Millions more with inflammatory bowel disorders. Rheumatoid arthritis. Epilepsy. Epilepsy is on the rise.

We have children—30 percent now of young adults have been diagnosed as having a mental illness, anxiety disorder, schizophrenia. This is the worst public health report card in the history of this country. And it has coincided perfectly with the tripling of the numbers of vaccines.

The children are now being given from day of birth, with a hepatitis B shot given in the newborn nursery of hospitals, all the way up through—by age six, they receive 49 doses of 14 vaccines. And by the time they graduate from high school, 69 doses of 16 vaccines. This is a completely different way that children are maturing.

Their brains and immune systems are maturing in a critical period as they're growing up, so I think it's a legitimate question for parents to be asking. Is there an association between so much vaccination and so much chronic disease and disability?

And in fact, just this week, there has been a report that 89 percent of pediatricians in this country have experienced a parent asking for either vaccination to be delayed or for fewer vaccines to be given. So if you have 30 percent of adults in this country believing that parents should not be forced to vaccinate their children.

And you have 89 percent of pediatricians now having parents say, "I either want an alternative schedule or I want fewer vaccines," that means that the majority of adults in this country have a lot of questions about vaccine safety, effectiveness, and necessity.

Ty: But at the same time, the problem is that we have these questions now and if we question vaccines, we're called anti-science. It's like a Catch 22. The scientific method says that you question, but if you question vaccines you're called anti-science, because the science apparently is settled with vaccines being safe and effective. It's kind of a conundrum that we're in, isn't it?

Barbara: Well, you know, when people don't want you to think, when they only want you to believe and trust what they say and obey the orders that they give, they're not going to want you to be educated. They're not going to want you to ask questions.

They're not going to want to have to answer the questions that you ask. This is a very authoritarian, paternalistic attitude that pediatricians and all of those who are giving vaccines, those who are making policy for vaccines are trying to voice upon us and America. In America we don't have a tradition of particularly liking an authoritarian type approach.

In America, we're used to having the freedom, freedom of speech, freedom of thought, the ability to follow our conscience, the ability to hold religious beliefs. We're not a society that is used to being told what we can think and what we can do.

Ty: So, these mandatory vaccines that we've seen, they've been implemented in California and other states you're looking at, goes directly against the constitution that we are brought up believing this is the law of the land, right?

Barbara: Mandatory vaccination, forced vaccination, no exceptions, no exemptions, vaccine pol-

icies and laws are completely contrary to the founding principles of the United States of America. This country was founded by—our founding fathers believed in civil liberties, individual rights.

That's what the bill of rights in the U.S. Constitution is about. That's what in Virginia, The Act for Religious Freedom, authored by Thomas Jefferson, is about.

Our country believes that there has to be a balance between public health policies that are directed toward population-based health, and those that protect from the fundamental civil liberties. And I think the mandatory vaccination system is completely out of control.

And part of the reason it's out of control is that doctors are unwilling to admit that vaccines cause far more harm than they were taught in medical school to believe, and that certainly the pharmaceutical companies want them to believe, and the government wants them to believe.

And when we have a situation where we have a public-private partnership, that has business partnership, that has been created since 2001, where the pharmaceutical companies are now collaborating with federal regulators and policy makers, and research scientists at NIH are sharing in patent profits with the vaccine companies.

When you've got a business partnership between the pharmaceutical companies and the government, the government is not going to regulate vaccines the way they should, make sure that they are safe and effective as the companies claim that they are.

They're not going to do the scientific research, really unbiased scientific research that will really get us the answers to these outstanding questions about whether there's an association between so much vaccination and chronic disease and disability increases.

You have conflicts of interest that prevent us from really understanding the whole truth and nothing but the truth about vaccines and what they can do to our health.

Ty: You mentioned—we see these—all these coincidences. We have these tens of thousands of injured children that manifested their symptoms right after their vaccines. If you were in a court of law, in order to prove the preponderance of the evidence, burden of proof, we would definitely have preponderance of the evidence if we see tens of thousands of these things happening.

If we see the fact that the vaccine injury has risen as the vaccine schedule has increased, you see all of these correlations. In a court of law, that would almost be enough to prove preponderance of the evidence, wouldn't it?

Barbara: You're absolutely right. But now, in the United States, we can't go in to a court of law in front of a jury of our peers and sue a vaccine manufacturer, or sue a negligent physician for harm that's caused to our children or to ourselves by vaccines. Because in 1986, the pharmaceutical industry had successfully lobbied Congress to give them a liability shield from vaccine injury lawsuits in civil court.

They said that if Congress didn't give them that liability shield, they were going to leave the country with no childhood vaccines. Congress said "We can't have that happen, we're going to give you liability protection." Our organization of young parents, and bear in mind, there was no internet, there were no cellphones.

Most people didn't have any personal computers. We had phones and snail mail. That's how we had to try to organize, okay? It's a totally different time.

We did everything we could to preserve liability, some liability for these companies, and those people, and people who give vaccines, doctors who give vaccines.

We were able to get—had only to be partial liability protection in that law, so that you could still sue a manufacturer if you could show the manufacturer could have made a safer vaccine. In 2011, a case went to the Supreme Court. *Bruesewitz versus Wyeth*. It was a DPT vaccine injury case.

And the lawyers representing the pharmaceutical industry, government, and medical trade convinced the Supreme Court that there should be no liability at all for the pharmaceutical industry when it comes to vaccines that are licensed by the FDA as safe and effective. The Supreme Court majority, with two dissents—two dissenting—there were Sotomayor, Justices Sotomayor and Ginsberg dissented.

The Supreme Court said, “Vaccines are unavoidably unsafe and there shall be no more lawsuits against any vaccine company that sells a FDA-licensed and CDC-recommended vaccine in this country.” So, today, if you or your child are injured by vaccine or if your child dies from vaccine, you cannot hold anyone accountable in a civil court of law.

Anyone who makes or sells the vaccine, who regulates the vaccine and who makes policy for the vaccine, who votes to mandate for the vaccine, or who gives the vaccine. The only one who’s left with any responsibility for what happens to a child, after that child’s injured by vaccine, is the parent.

Now we have the same pharmaceutical companies, medical trade associations, and public health officials who did that, coming around and saying “We have to eliminate all vaccine exemptions except medical vaccine exemptions in this country.”

No religious exemptions, no conscientious belief exemptions, only medical. Here’s what they’ve done to the medical vaccine exemption. The CDC has narrowed the medical reasons for not giving a vaccine to a child or an adult so that almost nothing qualifies. 99.99 percent of Americans do not qualify for a medical vaccine exemption under federal guidelines.

So, if this lobby, first the vaccination lobby succeeds, and eliminates all religious and personal belief exemptions, leaving only a medical exemption that has to be conformed to medical guidelines, in this country, we will have forced vaccination. No ability to go into court to hold anyone accountable, and you will have—it’s basically tyranny. There’s no other word for it but tyranny.

I do not believe Americans, if they really understand what is happening here, will stand for it. I believe that Americans who understand the truth about how many people are being hurt by vaccines will stand up and fight for their freedom.

And that’s what the National Vaccine Information Center is focusing on and that is helping parents in the States protect the laws, the vaccine laws, protect the exemptions that are in vaccine laws.

This is critical because vaccine laws are state laws. They’re not federal laws. The federal government makes recommendations, the states can either mandate or not mandate vaccines. They can include exemptions in those laws. It’s a state activity. So, we need to organize and we need to make sure that we’re going to protect our freedom to make informed decisions about vaccinations.

Ty: So, the statutory thing, it's a state by state issue, it's not a federal, it's 10th Amendment.

Barbara: Right, whatever was not defined in the constitution as a matter for the federal government defaults to the states. Public health laws are state laws. Vaccine laws are state laws. Now, the federal government has to protect the borders, so they can make laws about people coming into the country who have infectious diseases or who are not vaccinated.

But, in our country, it's the states. That's why you have different vaccine laws in different states. Different states have different exemptions. Right now, 50 states have medical vaccine exemptions. 47 states have a religious belief. Vaccine exemptions in 16 states have medical, religious belief, and a third exemption that's worded as either a conscientious belief, philosophical belief, or personal belief exemption.

Ty: So, we do currently have exemptions in most of the states. Different types of exemptions. Are you saying that the way that we're heading right now, those are potentially going to be eliminated in all the states or—what are the—are there specific states like California that they're going to be kind of on the cutting edge of this?

Barbara: Since about 2006, but especially after 2011, when the U.S. Supreme Court completely indemnified the pharmaceutical industry from any accountability in a civil court of law for vaccinations and debts. We have seen this forced vaccination lobby that consist of public health officials, pharmaceutical companies, and medical trade associations go into the States' legislatures and try to persuade the legislators to vote for repeal of vaccine exemptions.

Now, NVIC has something called the NVIC Advocacy Portal that we have been educating parents to actually interface with their legislators and try to have a dialogue with them to convince them that they should retain these exemptions.

We've succeeded in beating back the efforts of these forced vaccination lobbyists in 11 states. We lost in California in 2015. The personal belief exemption in California that was repealed in 2015 include both religious and the conscience or philosophical belief exemption. That's the only state that had it wrapped into one. So, that when they repealed that, all that was left was the medical exemption.

Now, in Vermont in 2015, they repealed the philosophical belief exemption but left the religious exemption. So, Vermont still has a religious and medical. They attacked Virginia. Right now, we are trying to save Virginia.

They want to eliminate the religious and medical exemption and have a medical exemption that conforms to the medical guidelines. It would make Virginia the most oppressive state in the whole country. The state where religious freedom was first codified into U.S. law.

Prior to the U.S. Constitution, Thomas Jefferson and The Act of Religious Freedom, an incredible, incredible document that became law in Virginia, defending freedom of thought, conscience, and religious belief. So, in Virginia, we have a very strong history to stand on. That's why they want Virginia. If they can take out Virginia, they can easily take out most of the other states that don't have as strong protection as we do in this state.

So, it's serious. I think a lot of people have been asleep. I don't think they have really understood what has been happening over the last 30 years. As more people have become aware that vaccines can cause brain and immune system dysfunction, as more children are born healthy, they get vaccinated and are never healthy again.

We have seen the infrastructure instead of doing what they should do, and that is doing the proper science, being partners with parents in preventing vaccine injury and death, they've taken a hardline approach. "It's either my way or the highway. You either do it or we're going to punish you. If you don't do it the way we say you should do it, we're going to punish you."

With societal sanctions, like "No shots, no school. No shots, no medical care. No shots, no health insurance. No shots, no job." This is a very serious situation. And if we don't stand up now and fight for our freedom, we're going to find ourselves in chains for the next century.

Ty: I can see that it visibly affects you. It does me too, because the country that we grew up believing that we lived in is vanishing.

Barbara: It is and it's happening in a lot of areas and it's happening especially in this area. Individual autonomy, the right to protect bodily integrity, the human right to informed consent to medical risk-taking, the human right to follow our conscience, to follow our religious beliefs, these are fundamental rights that define what freedom really means.

So, if the government takes that away from us, we're no better than slaves. We're no better than people who can be used—we have to have the right to have control over what goes into our bodies and the bodies of our minor children that we are responsible for legally and morally.

When something happens to our children, there is no one who loves our children like we do. The parents, the mothers and fathers, we have a moral duty to fight for these rights.

Ty: I agree. I agree with you, Barbara. 100 percent. It is our moral duty. It is so hard for me to grasp the contradictions that we have today because in 2011, you just mentioned that the Supreme Court ruled that vaccines are unavoidably unsafe.

But we're told that they're safe. "Give your child shots because they are safe." The Supreme Court said, "No they're not safe, they're unavoidably unsafe," so by definition, every time that you give a vaccine, it really is medical experimentation.

Barbara: It's vaccine roulette.

Ty: It is. So, doesn't the fact that the Supreme Court ruled that they're unavoidably unsafe, you couple that with the fact that we are forcing—California force-injecting children before they can go to school, doesn't that violate the Geneva convention? Doesn't that violate the Nuremberg Code? I mean as far as forced medical experimentation.

Barbara: It does open up the question of how much power are we going to give to government health officials? In 1905, the Supreme Court, in *Jacobson versus Massachusetts*, said that the states have the constitutional authority to use police powers to mandate smallpox vaccine.

That was what that decision was about, smallpox vaccination. That was a very utilitarian decision because the man, Jacobson, who was actually, I think he was a Lutheran pastor, had objected to the law because he said that he believed that there was genetic predisposition way back then—his son and him because they both had had severe reactions to previous smallpox vaccinations.

In a very utilitarian position, and again, utilitarianism was not the principle upon which the United States of America was founded. This country was founded on very different principles. Utilitarianism means the greatest happiness for the greatest number of people.

And when you use utilitarianism to basically buttress public health policy, you can create what is known as the tyranny of the majority, where minorities and individuals who are susceptible for example to vaccination, for biological and genetic and other reasons, are basically considered expendable – sacrificed for the happiness of the rest.

This is why I have great issue with both utilitarianism and with that utilitarianism decision in Jacobson versus Massachusetts which has laid the groundwork for the incredible power that has been appropriated by the mandatory vaccination system in this country for the last century.

Interesting thing about Jacobson versus Massachusetts. It paved the way for a decision in 1927, Buck versus Bell. Oliver Wendell Holmes was a Supreme Court justice that articulated the majority position in Buck versus Bell, 1927. And what that decision was is Buck versus Bell basically said it was okay for the U.S. states to pass eugenics laws.

Carrie Buck, they said was mentally retarded, just like her mother and her child. She was an unmarried mother in Virginia. They incorrectly judged her to be mentally retarded and also that her child was mentally retarded, and Holmes said three generations of imbeciles are enough. The principle that sustains compulsory vaccination is broad enough to cover the cutting of the fallopian tubes.

That decision gave the green light to Virginia and other states to pass eugenics laws that forcibly sterilized over 60,000 Americans between 1927 and the mid-1940s, when finally, they abandoned the routine sterilization of people they thought were genetically defective or in some way affected the health of the state.

Now, I think we really need to think about it. When you adopt a utilitarian rationale to forward public policy in vaccine mandates, it's a very slippery slope. And who's to say one child is expendable for another?

Ty: Rather that's exactly what they said with applying that decision to the Buck versus Bell. They said because these children are not going to be as intelligent as the others, let's sterilize the mother, forcibly.

Barbara: That's exactly the problem with this idea, that individuals don't matter. It's a devaluation of the respect for individual human life. And once you say as a society that individual human life doesn't matter, that minorities who are susceptible to having reactions or being injured by a pharmaceutical product like a vaccine, then where does it end? How many are too many to sacrifice? Is it 500? 5,000? 5 million? How many is too many to sacrifice in the name of the greater good?

Ty: Isn't that exactly what the CDC said when they did not release the findings of Dr. William Thomson, that they show that the minority black baby boys were getting autistic 3 to 4 times the normal rate, and they didn't release those findings?

Barbara: Actually, what they found was that all of the children, all of the children were having problems after MMR, but particularly the African-American boys were having a problem. It wasn't as if it was just the African American boys, it was a problem after MMR vaccination, an association with a constellation of symptoms that are diagnosed as autism.

And there has been so much controversy about the purported connection between vaccination and autism, and a lot of it has to do with that word, autism.

Because when you take a step back and take that word away, what you have is brain and

an immune system dysfunction occurring after vaccination and that has occurred since the first vaccine for smallpox. Smallpox vaccine was notorious for causing brain inflammation, for causing immune system dysfunction.

Every vaccine has a capability of doing that, but when doctors put labels on a constellation of symptoms, it's very easy then to create studies which will dismiss a particular label that they put on that constellation of symptoms. And that's what's happened with the association between autism and vaccination.

Ty: One of the things that you mentioned earlier, Barbara, was that the NIH—if I have this correctly, that the NIH have teamed up with big pharma and they share in patent profits. What exactly is going on?

Barbara: After September 11, 2001, Congress directed the federal agencies to create a public-private business partnership with the pharmaceutical industry that is developing vaccines. They did this under the umbrella of bioterrorism, creating vaccines to counteract bioterrorism, but it soon morphed into pandemic influenza, also.

Pretty soon you had this creation of this business partnership with the pharmaceutical industry. Now, NIH co-develops with the pharmaceutical industry new vaccines. And they share in the profits.

So, if you have agencies which are sharing in the profits of the development of new vaccines, and you have taxpayer money that is being paid to companies to create vaccine manufacturing plants for flu vaccine, you are not going to have those officials, or those scientists sitting at NIH and the officials at the FDA that are supposed to be regulating vaccines for safety and effectiveness, and the officials at CDC who make policy for vaccination, do everything they can when they find that there may be a problem with the safety or effectiveness of a vaccine.

You can't have all responsibility for developing vaccines, researching vaccines, regulating vaccines, making policy for vaccines, promoting vaccine use and also have these same agencies have oversight on vaccine safety.

But that's what's happened because they have a business partnership. You're not going to say to your business partner, "Well, there's something wrong with your product," because you're all sharing in the profits.

Ty: So instead of being transparent and trying to fix the problem, oftentimes, we see them try to bury a problem.

Barbara: That's right. What must not be cannot be, is what a lot of physicians who are giving vaccines really say when they see something bad happen after vaccination. And as far as the government is concerned, "We can't concern the public because we're going to lose prestige, we're going to lose money, we're going to lose authority, we're going to lose the trust."

The thing that's happened is there is a crisis of trust because they haven't been transparent, because they haven't done the good studies, because they have vilified anyone who criticizes the safety or effectiveness of vaccines.

They have made it an us and them situation, and the people feel it acutely. They feel as if they're being oppressed by the government health officials, by the doctors who are forcing them or denying them medical care if they don't obey orders to get all the federally

recommended vaccines, and by the legislators who were passing these oppressive laws.

Ty: I was forwarded a PDF file from Blue Cross that shows the way that pediatricians are compensated if they have, I think it was at least 63 percent of their patients fully vaccinated, their children, fully vaccinated, they get a \$400 bonus. Have you seen that document?

Barbara: I have heard about it but I haven't seen it.

Ty: I had a medical doctor forward it to me and say "You're not supposed to get this but here it is."

Barbara: Well, there you go. There's financial incentives all along the way for doctors to not have patients decline one or more federally recommended vaccines.

And there's all kinds of incentives at the legislative level because pharmaceutical companies spend a lot of money donating to campaigns, and medical trade associations do as well. And medical trade associations are often funded by pharmaceutical companies. So, in this country, we need to really build a firewall between the pharmaceutical industry and government.

Ty: It's a huge conflict of interest. I live in Tennessee and I went to—this year I went to AutismOne in Chicago, and I interviewed some doctors out there. Our personal physician in Tennessee, which we don't really go there, in case of an emergency we have a medical doctor there.

He came back—he went to AutismOne and he came back and he never knew these things about vaccines, and he came back and he posted on his website, "We will no longer be giving vaccines in this office," and he's been attacked.

Now the Tennessee board is now going after his medical license. I mean, it's terrible what's happened to him, just for being honest. That's what medical doctors should do, I think, once they see the dangers, they should be transparent. "We've got to look at this further." But he was convinced enough to say "We will no longer be giving vaccines at this office."

All that to say in this state of Tennessee for medical doctors, it's a great place to live for me as a non-doctor. But if you're a medical doctor, Tennessee is really bad. They don't have a lot of medical freedom for doctors there.

And so, this leads me the question back in the late 70s, there's a DPT vaccine in Tennessee that killed 11 babies in eight days. It was a hot lot, apparently. Can you address what happened regarding the DPT vaccine back then in late 70s in Tennessee?

Barbara: In 1978-79, there were 11 babies who died within a week of receiving DPT shots. The majority of them had received vaccine from a single lot, a single manufacturer. When the health authorities looked into it, the state health authorities, they realized that statistically, the probability of that cluster occurring by chance alone was very low.

The CDC got involved and they held a meeting, and they didn't want to alarm the public, so they didn't withdraw the lot. Eventually, the lot was withdrawn but the upshot of it was that the companies no longer would distribute a single lot of vaccine to a single location. They would take a lot and they would just distribute it all over the country so there could never again be a cluster report.

Ty: I remember reading something about that, and I can't remember the pharmaceutical company, but I remember reading internal documents that they sent that said, "Let's make sure

that we break up the lots and ship them all over the country,” for that very purpose.

It was an internal memo that said, “That way there won’t be any more clusters. It will happen all over the United States and no one will trace it back to the hot lot.” And what exactly, Barbara, is a hot lot?

Barbara: A hot lot of vaccine is a vaccine—it was usually associated with DPT vaccine—they don’t like to talk about hot lots—where an unusual number of children who received the vaccine from a single lot would have seizures, deaths, any serious adverse event. And so, they’re now no longer distributing lots into a specific part of the country so that there can’t be an association seen.

Ty: I see. So instead of having a dozen children in Nashville that have seizures, now there’s one in Nashville, one in Seattle, one in LA, one in Europe, because they spread—they shipped it everywhere.

Barbara: And you can’t make a connection because it’s been dispersed.

Ty: Wow, talk about dirty. Talk about dirty politics. Wow.

Barbara: But a great sales tool.

Ty: It is a great sales tool. I’ve often said that pharmaceutical companies, the vaccine manufacturers, they have a great business model for someone who has no conscience. Because they’re creating business. It’s not healthcare. It’s sickness perpetuation and sickness disease creation. Talk about the viruses that are being found in vaccines, like the PCV1 pig virus is being found in Merck’s RotaTeq.

Barbara: In 2010, actually, FDA officials did acknowledge that there was porcine circle virus, that’s a pig virus, PCV1, in GlaxoSmithKline’s rotavirus vaccine. That is a rotavirus vaccine given to young infants to prevent diarrhea.

They also found PCV2, which is another porcine pig virus that is actually lethal to infant pigs, it causes a wasting disease in DNA. This is DNA from these two pig viruses they found in the rotavirus vaccines. There was a temporary suspension of GlaxoSmithKline’s rotavirus vaccine; there never was a suspension of RotaTeq.

The upshot of it was after several meetings, basically nothing. I think a lot of people don’t realize that there is adventitious agent contamination in vaccines. There are a lot of limits of adventitious agent contamination, including DNA contamination from the cells that are used to make vaccines.

So, I was astonished when I realized that. And now, they’re actually boldly, in some vaccines, actually saying, adventitious agents, other adventitious agents in the vaccines. The regulation of vaccines, much higher standards, to ensure the public that these vaccines are not contaminated with adventitious agents.

Ty: They almost hide it in plain sight sometimes, don’t they? I remember, this is not a vaccine that’s used anymore but the Tripedia vaccine [indiscernible 00:46:14] until 2012, I think, it literally listed on the package insert that one of the known side effects was autism and anaphylactic shock.

It’s like, they put it on the package insert and they tell you you’re crazy when that happens

and you connect the dots. Anyway, here at the NVIC, you have 8 questions that you tell mothers and fathers to ask before they vaccinate. Can you go over those briefly?

Barbara: Right. Okay, we do. We have a brochure, “Before you vaccinate, ask 8.” It’s an educational tool really. Ask questions before you’re taking your child in, things like—we’ve kind of broadened it to adults as well, but for children: “Is my child sick right now at the time of vaccination?”

Because if your child is sick with a viral or bacterial infection, and you give a vaccine and the child has a bad reaction, you’re not going to know whether or not what happened to that child was influenced by the fact that the child was sick at the time of vaccination. The immune system was already trying to deal with an infection.

“Have I or my child have a bad reaction to a vaccine before?” This is like hugely important because children who have already had, like my son, had a bad reaction and regress after vaccination, if they are revaccinated, they could have a worse reaction and the worst thing in hell.

“Do I or my child have a personal history of vaccine reactions, neurological disorders, severe allergies, or immune system problems?” Again, we’re talking about genetic predisposition, biological predisposition. These are the children that are completely being ignored in one-size-fits-all vaccine policies.

But you as a parent can help protect your child if you understand what a vaccine reaction looks like, but I didn’t understand. In a deterioration, you should just write it off as not being associated when these doctors and these health officials don’t know that. So, you have to be your child’s advocate.

“Do I know the disease and vaccine risk for myself or my child?” The product manufacturer inserts are great pieces of information because it is a federal requirement for the vaccine manufacturers to list what happened in clinical trials pre-licensure.

“What are the reported post-marketing reactions or health effects that have been reported?” The ingredients in vaccines are on the manufacturer product insert. On NVIC.org, you can get those manufacturer products insert in one place, so I recommend you do that.

“Do I have full information about the vaccine side effects?” That goes back to recognizing a vaccine reaction. Things like high-pitched screaming, a shrieking that you’ve never heard your child do before can be the encephalitic cry that can indicate brain inflammation.

Children will cry for hours and hours, normal cry for hours and hours. That could be cerebral irritability also. Collapse shock, if the child goes limp. That happened to my child. Goes limp, appears to be unconscious then comes awake again. You need to be sure the child’s not having a brain inflammation if the child’s out for hours, and you say like I did, “Oh, he’s just taking a long nap.”

As a mother, you don’t want to overreact. So, you sometimes justify what’s happening by trying not to be too upset. That’s what I did, I didn’t understand.

“Do I need to keep a written record including the vaccine manufacturer’s name, and lot number for all vaccinations?” That is a federal requirement. The National Childhood Vaccine Injury Act that our organization worked on to try to get safety provisions in that law, says that your doctor is supposed to keep a permanent record of every vaccine and lot number given.

Your doctor is supposed to write down in the child's permanent medical record if there is a health problem that occurs, that's serious, hospitalization and injury, and report it to the federal vaccine adverse event reporting system.

Only between one and ten percent of all serious vaccine reactions are ever reported to the government. The vaccine adverse event reporting system, VAERS, was supposed to be a sentinel system for postmarketing surveillance to find out what's going on out there after a vaccine is distributed for millions of people to use.

Because these clinical trials are very small, relatively small. And they're also cleansed, in that the participants in vaccine trials often do not reflect the population that gets the vaccine after it's licensed. They whitewash it. How?

Well, children who are sick at the time of vaccination don't get vaccinated. Lots of kids get vaccinated when they're sick in this country. Children who have severe allergies, who have brain immune system disorders, they aren't in those trials, but a lot of kids like that get vaccines, all of them do.

In these clinical trials, they'll often use an active placebo instead of an inactive placebo. I was a consumer member of the FDA Vaccines and Related Biological Products advisory committee when the Prevnar vaccine came through, the original one, the Prevnar 7.

Ty: What's Prevnar for?

Barbara: That's pneumococcal vaccine. I sat there, I looked at the information, and I said, "Wait a minute, the control vaccine for this was an experimental meningococcal vaccine." They didn't know the reaction profile of the meningococcal vaccine, and they have an experimental pneumococcal vaccine, Prevnar.

They didn't know the reaction profile of that vaccine. They gave the children both arms DPT vaccine. Every time a seizure occurred, they wrote it off as DPT, not as the vaccines they're trying to license in the experimental vaccine. That was a control.

Ty: So, there was no control?

Barbara: How can you figure out if you're not in a science experiment—in eighth grade, you're taught that when you're in a science experiment and try to figure out what's happening, you have to have the experimental arm and you have to have a control that is not active, otherwise, how do you understand what the reaction profile is?

Ty: I read something recently about the HPV vaccine that they—I think it may have been Gardasil, that when they were doing some trials on there that they gave the control group injections of polysorbate 80.

Barbara: Aluminum. I was actually on the committee when Gardasil came through for the first time as well, and I looked at this and I said, "Okay," first of all, they use surrogate markers for showing it, that it was effective. They said, "Okay," they didn't really show that it prevented cancer.

They showed that it prevented pre-cervical cancer, like changes in the cervix. I said, "You want to really prove that this vaccine works, you've got to show that it prevents cancer." They didn't show that. They cut the trials off. I think adult women was about 10 years, but here's the thing.

Gardasil vaccine was licensed after only having studied about 1,100 girls under the age of 16 before it was recommended for all 11 and 12-year-old girls. 1,100 girls followed up for 2 years. That is not a database. That's not a scientific proof that that vaccine is safe for all 11 and 12-year-old girls. And now it's being given to 11 and 12-year-old boys as well.

That vaccine was fast-tracked. Gardasil was fast-tracked. It was a genetically engineered vaccine using virus-like protein particles the first time that it had been done and they used an aluminum placebo, aluminum-containing placebo as a control for Gardasil in those trials, and aluminums in Gardasil, and aluminum is bioactive and neurotoxic.

So, when you take Gardasil with aluminum in it, and you have an aluminum-containing placebo that's bioactive, how are you really going to truly understand the reaction profile of Gardasil?

Ty: You can't. That's why they designed it that way, right?

Barbara: I think, yes, I think they tried to mask the reactivity.

Ty: A third-grader can look at that. I could sit down and explain this to my six-year-old and she would understand that that's dishonest. That's dishonest to do the trial that way because you've rigged the results.

Barbara: It would fail an eighth-grade science class. It would fail. F on your paper. You didn't properly design the experiment.

Ty: But that's the test that's been used to show that Gardasil should be used for all young girls and boys now. That's unbelievable.

Barbara: As I said many times, that's not science, that's politics.

Ty: It is politics.

Barbara: And business.

Ty: It's mostly business, isn't it? It's actually more evil than that. We won't go there. You talk about eugenics.

Barbara: We'll let the audience come to their own conclusions.

Ty: We'll let them come to their own conclusions, but when you talk about the eugenics aspect and yeah, it's a lot deeper than many people realize. Can you talk about pertussis vaccine failures particularly in light of the fact that we don't have herd immunity with pertussis?

Barbara: I started looking at pertussis and pertussis vaccine back in 1982, and really the story has come full circle in the 21st century because what we know now is that DPT vaccine, the wholesale vaccine that hurt my son, that was introduced in the late 1940s in this country and used on a mass basis, and the DTaP vaccine that replaced DPT in the late 90s, neither of those vaccines could prevent infection, and transmission of infection by vaccinated persons.

What you have is a lot of people who have been vaccinated, who have mild symptoms or asymptomatic, no symptoms at all, who can become infected and transmit to both vaccinated and unvaccinated people.

So, it's an illusion that there is vaccine-acquired herd immunity. And it's always been an illusion because the microbe has responded to the mass vaccination and has evolved, created strains that are not covered in the vaccine, that's one thing. The other thing is that immunity, vaccine-acquired immunity is extremely temporary, if at all, perhaps less than two years.

So, you have a lot of pertussis in our country but it's not being identified and it's not being reported. You're seeing a rise in pertussis now, reports, because there are cases that are symptomatic are being diagnosed but you cannot say that pertussis vaccine is preventing pertussis in this country, and therefore, you cannot claim that there is herd immunity from pertussis vaccine.

Ty: What do you know, Barbara, about the Salk and Sabin versions of the polio vaccine?

Barbara: Well we know that the original Salk inactivated vaccines, polio vaccines, that were given to over a hundred million children, including me, I got several Salk polio shots, were contaminated with Simian virus 40, because those vaccines used rhesus monkey kidney tissue cells to produce the vaccine.

In 1960, an NIH scientist, Bernice Eddy, found that rhesus monkey kidney cells that were used to produce the inactivated Salk vaccine caused cancer when they were injected into hamsters. That was 1960. The authorities knew there was a potential cancer problem with the Salk polio vaccine. They didn't tell the public.

The Salk vaccine was then replaced by the Sabin oral polio vaccine in the early 60s. The Sabin vaccine moved away from rhesus monkeys and used African green monkeys, but the seed stocks of the Sabin polio vaccine were contaminated with SV40.

That is not understood by the public, they think it was only the Salk vaccine. Fast forward to the 1990s, researchers began to culture out SV40 DNA, from the tumors, the cancer's tumors, of children and adults, suffering from bone, brain, and lung cancer. SV40 DNA.

They made an association between the contaminated polio vaccines and the SV40 DNA that they're culturing now. And different labs across the world confirmed SV40 DNA in these cancers.

Not only adults that got the vaccines, but children. The government, the federal government said "no association. There's no association between SV40 DNA in these tumors and the cancers." It continues to be an outstanding question about whether the people like me and others who got contaminated vaccines, contaminated with a Simian virus, a monkey virus, potentially passed down to their children the SV40 DNA that then caused brain, bone, and lung cancers in these children as well as the adults who got them.

This is still an outstanding question. Nobody wants to talk about it. You won't find anybody talking about it because the scientists in the 90s who tried to look into this and say something about it, were vilified. And these were scientists from very prestigious universities.

Whenever doctors and scientists try to do the right thing when it comes to vaccine risk issues, they are punished. They are punished by the government, they lose government grants, they are vilified in the media. It's the same with a physician who steps forward and tries to be honest and recognize and have a conscience and say "We need to do something different. We need to care about these children."

Demonized, vilified, as if trying to drum these people out of society, because they were

honest. This is not the way that science should be conducted. It's not the way that—we should be rewarding people who are trying to do the right thing, but that's what's happening now.

It's happening to parents who talk about it, it's happening to organizations who talk about it, and it's something that makes me very sad because a lot of people are being hurt because they refuse to allow people—they refuse to deal with the problem.

Ty: Yes, it makes me sad as well. It does, because these are not numbers, these are people, children, that are being permanently damaged, oftentimes because this information is being embargoed. That's what they called it at Simpsonwood. They embargoed the data, they didn't release it, didn't want to tell people.

You mentioned that the government said there's no correlation between the SV40 and cancer even though independent study showed there was. I remember reading a study published in the *Lancet* in 2002 that showed that there was a correlation between the SV40, the polio-contaminated vaccine, and cancer. So, the government said there's no correlation because there can't be.

You said that earlier. There's no correlation because there can't be a correlation. So, that's sad because it's not science. Science says, "Look, here's the test. The end result is what it is and whatever it is we share because this is what science is supposed to do," supposed to tell the truth, it's not supposed to have a pre-ordained conclusion and back end to it. So, what's the untold story about the Hepatitis B vaccine, Barbara?

Barbara: Well, I remember in 1991 when the CDC said every newborn baby in the newborn nursery must get a Hepatitis B shot before leaving that nursery. Hepatitis B vaccine was a vaccine for a disease that had a very low incidence in the United States.

Hepatitis B has been endemic in certain parts of Asia and Africa, but it's never been a problem in the United States, Europe, or Canada. However, they said, "Oh, got to give all these babies the Hepatitis B shot at birth, even though the high-risk groups are adult groups."

IV drug users being the leading group. 80 percent of IV drug users have hepatitis B. But there was almost—in 1991, less than one half of 1 percent of mothers had hepatitis B who could possibly give their newborns hepatitis B.

And when that policy came out, I remembered going to a meeting in the 1980s at the CDC. I was there with the mother reporting the death of her son from DPT vaccine.

And as we waited to talk, there was a presentation on hepatitis B vaccine by a manufacturer who said, "Look, if you can't get the high-risk groups in this country, the IV drug users, people with multiple sexual partners, to use this vaccine, you're going to just have to pass laws to shoot it into the arms of every high school kid in this country because we're not going to have an orphan drug on our hands."

And instead of shooting it into every high school kid, although they're doing that too, they decided to get the babies, the little babies at 12 hours of age in the newborn nursery when you have absolutely no idea, the immune status of that child, the neurological status of that child, when that baby has just emerged from the womb and you are going to stick a Hepatitis B shot in that child, when most mothers, 99.99 percent of mothers are not Hepatitis B positive and there's no risk to that baby for Hepatitis B?

And then you know that the Hepatitis B antibodies wear off and when the child becomes a teenager and may become a drug user or sexually active or multiple partners, may not be protected? This was a policy that had absolutely no science behind it.

One meeting I went to said that that vaccine was only tested on a couple hundred of women who had Hepatitis B, only tested on a couple hundred of children born to women who had Hepatitis B before it was licensed. So, why are we injecting every newborn child with Hepatitis B vaccine when there's virtually almost no risk for them to get that disease which is primarily an adult disease?

Ty: It makes no sense at all. They do the same in Panama. My youngest daughter was born in Panama and they do Hepatitis B at birth there. We had a home birth but they almost wouldn't let us get her passport to get out of the country. They wouldn't give us a birth certificate until we got her injected with Hepatitis B.

We didn't. It took three days of holding out, two to three days, three days of holding out, two days of arguing with the medical person down there before they finally agreed to give us a birth certificate. All we asked for was a birth certificate. But they do it in Panama as well. It makes no sense at all.

Barbara: And I've had mothers call, parents call from the hospital in tears saying "They will not let me leave the hospital with my newborn baby unless my baby gets Hepatitis B vaccination." And I say, "There is no law. There is no law that I know of yet that says you cannot leave that hospital without a Hepatitis B shot. Are you Hepatitis B positive?" "No." "No? Well, leave."

Ty: Then leave. Take your baby and go. Let them try to stop you, right? So, last question, Barbara. Every October, flu season gets here. Get your flu shot, right? I was just at Alan's house, behind camera here, behind the set, and it was his birthday party. Happy birthday, belated birthday AI, but I was at his birthday party a couple of weeks ago, it was in Austin, Texas, I drove away and I sent you the video.

I said, I sent Alan and Travis, too, the video. I pulled up next to a Walgreens, and literally—I filmed this because I want to put this in the documentary, I got it on my camera right here.

"Coca Cola, 2 pack for \$8.99. Twinkies on sale. Get your flu vaccine." It's just like we're being conditioned that getting the flu vaccines is just as normal as going to buy a 6-pack of Coke and getting a box of Twinkies. "Get your Coke, get your Twinkies, get your shot on the way out."

Barbara: It's all about marketing. What people don't know is that CDC, on their own website, have now admitted that in the last 10 years, the flu shot doesn't work half the time and in some years, it doesn't work at all, and that's the wrong information, okay.

About 75 percent of people who get vaccinated can still get infected with the flu, they can still pass the flu on, influenza, on to other people. But you know? In this country, most of the symptoms that we have during the winter that they call the flu season, coughing, runny nose, fever, are not due to type A or type B influenza.

Only about 20 percent of those symptoms actually are type A or type B influenza. And every year, the government tries to guess which strains of influenza are going to be circulating. Lots of times they don't guess right. But you still take a risk when you get that flu vaccination. There also were studies that show that children who had seasonal influenza shots actually are more likely to get infected when a pandemic flu strain comes around. That occurred in 2009.

So, the take-home message is the flu vaccine doesn't work most of the time. A lot of what's going around out there is not actually influenza, it's other things, and so the shots are not going to protect you against those other things. And there's a big question about whether—if you get a flu shot every year, whether or not you're more susceptible to other strains of influenza that come around.

So, I think people again need to do due diligence. So many people will do due diligence and research when they go to buy a car, when they go to buy a house, but when someone's going to inject something into you or your child, you don't do that same diligence, and yet, the vaccine you get could harm you.

Unpredictably, you can be healthy and still get harmed. Or you can be somebody who's genetically or biologically more susceptible than other people and your risk are much greater. So, the message is buyer beware. Patient beware. Become educated about infectious diseases and vaccines and make the very best decision that you can for yourself and your child before you get vaccinated.

Ty: That's good advice, Barbara. That's why the work that you're doing here at the NVIC is so important because you are giving the buyer, the parents, information so that they can make an informed decision. So, I really appreciate all that you do and continue doing.

Barbara: Thank you so much.

Ty: You bet.

[End of transcript]