

Chapter 27:

Interview with
Robert J. Krakow, Esq



Ty: Robert, you mentioned that your son was injured. Was it the flu shot that he got?

Robert: That's what we believe. It was two pediatric flu vaccines.

Ty: What did his regression look like after the injection?

Robert: Well, this is subject—you'll understand that I have a family. They prefer I not talk about the specifics of our situation except that it happened. My son is a real live human being. And he's aware. He's very aware. He can't speak but he's very aware and very intelligent.

Ty: How old is he now?

Robert: Sixteen.

Ty: How tall is he?

Robert: 6 foot 5.

Ty: You're looking up to him.

Robert: I am looking up to him. We have a little routine where we bump heads. That's what we do. He's a great kid. It's been quite an ordeal for the last 15 years. But certainly something I'm going to continue with until we find out the truth about what happened.

Ty: In your line of work then you're dealing with parents and children all day long that have been injured.

Robert: Parents and children and adults. Most of the cases that come in that are viable are adult flu shot victims, Guillain-Barre syndrome which is peripheral neuropathy. Hepatitis B injuries, Gardasil injuries which I think you've heard about, Gardasil and Cervarix.

Some ways I think the reason that adults have cases that are more viable—I hear a lot of cases with children, but we can't prove any of those cases, is because with adults—first of all they can speak. They're not infants. They can articulate the symptoms. They can be tested. The syndromes that they're experiencing are more identifiable.

So it's easier for a court to fit it into their standards of proof. I do get many calls from parents. I got a call just recently, just before this conference. It was about a mom who had two kids. And they were injured when they were two or three and they're now 13 and 15.

The answer to that mom is almost always—I get these calls all the time—there's nothing we can do. There's a three-year statute of limitations that starts with onset of symptoms. Your child was injured 12 years ago, 13 years ago. The symptoms started then. We're way beyond the statute of limitations.

That should be reformed. The statute of limitations for most childhood injuries, not all, but for most routine childhood injuries for instance an auto accident, that child would have—if it was an auto accident at three, he would have until he was 21 in New York and many states to sue.

Not so with vaccine court. He has three years from the onset of symptoms. And sometimes it's very controversial when those symptoms started. So, this mom called me. But then she told me something interesting. She said my daughter—I'm not sure if it was her son or daughter—has tics.

One of the things we learned from William Thompson, which was in the data that I may have mentioned earlier, is that thimerosal has been shown by the data to likely cause tics. I said, now we're talking about something different. Was that hidden? Should that be explored? We're looking at that.

There are different ways to pursue it. In life, you don't know what's going to happen next. So, you can't stop. It's not like you see the movie on the Wygant case, the famous movie about the whistleblower. And it's all like, okay—most recent example the movie *Concussion* which is a microcosm of what we're dealing with.

We're dealing with much bigger challenges. But look at the challenge they had there. But it looks like it all unfolded in a happy ending. Well, life is unfolding. We don't know what's going to happen tomorrow. It's not going to happen unless we make it happen. So, we're still pursuing it.

Ty: So, you're on a mission.

Robert: I have to say that. I'm very practical about how I approach things. I'm very practical in the way I handle cases. One of the most troubling things I deal with is informing a parent of a child who I believe was vaccine injured, who they certainly believe is vaccine injured, we have evidence for it, "I'm sorry. I don't think we can prove this. It's not provable."

What I say is, "Listen, you want justice, you want compensation, you want help, you're not going to get it here. Unfortunately, you have to stop banging your head against the wall. It's not going to happen. They're not recognizing this." I'm a realist. I feel that you should not mislead people into thinking they're going to get some compensation from a system that's not set up to give it to them.

And in saying that by the way, I think there's a policy problem in our country. I think there's a resistance to recognizing that vaccines do harm because of the importance of the vaccine program.

I'm not suggesting that everyone on the government side or in the court—certainly not in the court—are bad actors. That they're doing this out of some ill will or some desire to hide something that they know about. The system is set up in a way that we cannot get at the truth.

That is a much more profound policy problem that's cultural, that's societal, that's political. It has to do with where the money is, who's making money from the vaccine industry. And there are billions of dollars being made. That is the roadblock, and we have to change that.

The vaccine industry controls conversation. They control the conversation through control of the media. Because most media revenue nowadays comes from vaccines. You just have to see all these ads. I think there's ads for Trulia, something called Trulia. You see it over and over. How much money is being spent on that?

Are people in the media going to entertain someone who comes on and says vaccines can injure when their patrons are sponsoring them? It's not going to happen. We have a tremendous societal burden to overcome in trying to communicate to people that this is a serious problem and it's hurting our kids.

Ty: So really Robert, as we see in many other areas of life, we look at how money is controlling decisions as opposed to maybe what's good for the people.

Robert: Unfortunately, I think that's always the case. It manifests itself in many ways. So, you go through the history of other types of environmental agents that caused harm. Go back to

lead. There was an industry behind lead that resisted the paint industry in the 20s and 30s.

Fluoride is another one that really has not yet manifested itself. Asbestos. W.R. Grace fought—the industry fought very aggressively to resist the idea that asbestos causes mesothelioma or other injuries. Tobacco was a primary example.

That's all about money. It's all about industry protecting its interest, which is fine. The famous line in *The Godfather*, "After all we are not communists." Industry is fine. It's fine for people to make money. I have no problem with that.

When they cross the line is when it's known or at least strongly suspected that injury is occurring. Because of those vested interests we cannot even explore it. And when you speak about vaccines, that's taboo. You can't hear it. You'll be shut down.

Your research funding will be eliminated. If you come on as an expert more than a few times, they'll start criticizing you so they undermine your ability to be an expert witness. Parents who speak about it or newspaper articles, they get shut down.

Colombia School of Journalism had an article showing how this occurred. And then they retracted it saying, "There was no truth to the idea that vaccine causes injury." We know vaccine causes injury. The government acknowledges it. It's their policy.

The issue is how often it occurs and how it manifests itself. And because medicine is really not a science, we approximate our understanding of how injuries manifest. Sometimes injuries occur in ways we don't understand. Perfect recent example is Gardasil vaccine.

And we started seeing—we have a whole program on this in the next day or so. Something called POTS. Postural orthostatic tachycardia syndrome. I would get calls in 2007, 2008 and what they were describing was that. But there was no name for it. There was nothing I could do. There was no way I could prove—there was no expert who was going to support it.

I continued to—recently in the last year or two, receive calls from parents about their daughters, 15, 16, 17, who had those symptoms that I had heard about it earlier. But now something changed.

First of all, we've been seeing the same thing other parts of the world. Denmark, New Zealand, Spain, Colombia, Japan. What's going on? Similar syndromes. Teenage girls who are perfectly healthy in wheelchairs. Often very athletic.

In other words, they had robust immune systems. What's happening? Then we saw a couple of papers in the medical literature describing this syndrome and strongly associating it with the HPV vaccine. That told me something is going on here that we have to look at.

Now that is strongly denied by the authorities. It's being resisted. We have cases pending like that being resisted in the vaccine court. In fact, some of the leading experts on the other side who formulated the whole idea of this syndrome, POTS, are denying that it occurs.

There is an autoimmune component. When we can identify markers of autoimmunity that coincide with the symptoms that are temporarily related to the administration of the vaccine, there's a case there. Now we're going to see how that's going. It's very difficult. It has been recognized in a limited way in some cases.

The reason we have to do it is because I think there's a generation of young women who

are getting injured by this vaccine, a vaccine which has never been proven to cure anything or be effective and is likely causing some harm.

It's a huge money maker which is why there's a tremendous impetus worldwide behind these two vaccines. One's made in the U.S. or a U.S. company. The other one is in U.K., in Europe.

So, I feel it's very important as a lawyer who's aware of this to marshal our resources and keep pursuing it. I know every time a family identifies this and comes to me, they believe it 100 percent. That's a little different than whether we can prove it.

Proving it means bringing attention to it, bringing resources to it, getting more neurologists and immunologists to focus on it. I think if we do that we're going to nail down a syndrome that's been caused by the vaccine. Maybe there's a susceptibility.

There's something called Adversomics that identifies genetic acceptability to certain interventions including vaccines. We should be able today—by the way, there's a strong component of autoimmunity in autism. There's literature supporting it, interestingly from the Middle East, but also some from the United States.

We can identify those children who may be susceptible, those individuals who may be susceptible to this type of immune stimulation. To this antigen. More importantly to adjuvants. That is aluminum which is in the HPV vaccine that we know causes harm.

If we can do that, we can avoid injuring people. We can also ask the question which should be asked from a policy point of view, "is this vaccine necessary?" Gardasil, why can't you just do the screening that's already available and avoid the need for an intervention?

The screening can detect cervical cancer that develops later in life. The screening is working. Why do we need the vaccine? The answer to that may be it's a multi-billion-dollar industry worldwide and growing.

So, it's a profit sector for an industry that's losing its patents and that needs to feed the shareholders need for profits. That is an engine that is going on. Again, I'm not saying that's wrong. That's the way our economic system works.

But we have to draw the line when it starts injuring our generation of girls and now boys who are being given this vaccine need us to do that.

Ty: I agree. I think that your statement or the question "is it necessary?" That's a great filter for us to ask when it comes to vaccines. And also, "will it do harm?" Those are two questions that we should be asking.

Robert: Presumably the government is asking those questions. But I'm not sure they're generally answering them. And that's really the question. Are we getting honest answers? Are we getting honest explorations? It's very different than let's say the smallpox.

Smallpox was eradicated but also the later vaccines, polio vaccine. It may be that they work and there's controversy about that. Maybe that's what caused the decline. But the newer vaccines, and we see dozens if not hundreds of vaccines coming through the pipeline. Are they necessary?

Are they really necessary for health or is the cost outweighing the benefit? There's so much homage paid to vaccines that the benefit always outweighs the risk. But the risk isn't

being assessed. I don't think it even can be assessed properly.

Doing six weeks or a few months of clinical trials doesn't answer the question, especially for HPV. But also for the other vaccines. Flu vaccine, we know it causes Guillain-Barre. Other things cause it too. Infection causes it. But we know flu vaccine causes that.

Flu vaccine at the best in the last few years 50 percent effective. I think the year before last 23 percent or some range effective. It's ineffective basically. But it's causing harm. So, the cost benefit is clear there. It's very easy from a policy point of view to say no. This vaccine shouldn't be given.

But our policymakers, our regulators are urging that every year. Every year you see ads for the flu vaccine. Every CBS and pharmacy and Duane Reade, Walgreens has an ad. Get your flu vaccine here.

Well, I have people coming into my office after getting a flu vaccine and they have shoulder injuries. They have brachial neuritis, which is an autoimmune development mostly in the arms and ascending Guillain-Barre syndrome. What benefit did they get from that vaccine? Did they get protection from the flu?

The strain in the vaccine wasn't even the one that was the infectious strain that was circulating. You can see from studies done by the Cochrane Collaboration, one of the researchers named Jefferson, that they questioned seriously the utility of the flu vaccine for the elderly, for infants.

We see municipalities nevertheless mandating those vaccines. New York City mandating it for preschool. A colleague of mine brought that case, which I in a minimal way assisted, and won. And said, "This shouldn't be mandated." It was a separation, a power position. That's on appeal.

Why do we need to mandate an ineffective flu vaccine for vulnerable children? It makes no sense when we know that there are injuries that will occur and we don't know how they occur. So, we don't really know the magnitude of the adverse effects and the risk.

Ty: I was in Manhattan a few years ago. It was during flu season, right? I literally just walked around a block and I saw 12 signs for "Get your flu vaccine." You're getting bombarded with it.

Robert: And you wonder how has that happened? There has to be an aggressive program to promote the pharmacies to do this. When we see corporatization of all these pharmacies now they're owned by a few companies. Walgreens has bought up almost everyone or a few other companies. How is it happening?

Because they can't make that much money from an individual vaccine. But they're doing it. I think there is a government industry collaboration to promote vaccination. We know that government sees itself primarily as the promoters of the vaccine program. They're supposed to also warn us about the risk.

By the way, they're supposed to—under the law, the legislation of the vaccine act, publicize the vaccine injury compensation program. We know from a recent report from the government accountability office that the people who are pushing the vaccines did not want to publicize it because they thought that conflicted. That's not me saying that. That's Congress.

Congress commissioned the report. They said that. So, they intentionally did not publicize

the vaccine program. By the way, it's my statutory obligation as a lawyer who does this to promote the vaccine injury compensation program. So, we can consider this interview as promoting the statutory purpose of the vaccine act.

Everyone in our country, especially the doctors who don't know how to recognize vaccine injury, should know that there's a vaccine injury compensation program. Should be familiar with the types of injuries that occur, and be receptive to it and report it to the Vaccine Adverse Event Reporting System so that we can monitor what's going on. That's not happening.

What's happening is because the government wants to promote the vaccine program, they see that as the hallmark of public health. In the state of California mandate. No exceptions. Your kid doesn't go to school unless he gets the vaccine.

So, they're eliminating those rights, the right to education. At the same time trying to push vaccines that they don't really know if they work or how adverse the effects are.

Ty: So, all those are great reasons why you're on your mission.

Robert: Well, those motivate me. I'm motivated by that. Fortunately, there's a feature of the vaccine program that provides for attorney's fees. So, it enables me to handle those cases where people don't have to.

It is one of the good features of the program. There was a balance but unfortunately, I think it's a little out of balance now. Because we can't make headway when we know kids are being hurt.

We know there are autoimmune injuries and you can't prove it. That has to be rectified. That's a political problem. We have to get our politicians to start waking up to that because their kids will be affected. All our kids will be affected. We already have a big problem.

The cohort of kids who are injured in the 90s and 2000s, even if you don't say they were injured, we have a problem because there's an upsurge of hundreds of thousands of children who are going to need lifetime care. We're already seeing Medicaid cutbacks. There's no budget for it.

We're seeing managed care models being imposed. Managed care model cannot possibly provide for a child who needs one-to-one care on a daily basis. Probably needs a full-time nurse.

These are kids who can't speak, who can't go to the bathroom on their own. Have recurring all kinds of immunological problems, susceptibility to different disorders. How is Medicaid going to pay for that? They can't.

We have a huge social problem. Are these kids going to be warehoused? That's why many parents are just keeping their kids at home as long as they can. But we're not going to outlive our kids. So, what happens then?

Forget about the vaccine issue. This is a huge social problem that our politicians are not recognizing. They avoid it. I don't care if it is Donald Trump or Hillary Clinton or even Bernie Sanders. They are not coming to grips with this problem which is a multi-trillion dollar problem.

It's totally unrelated to whether vaccines caused it or not. It's there. Something caused it. We should look at that because our society is going to be burdened by this in a way that's horrific to think.

Years ago, I worked with an organization that was founded by a family member that served kids in the 60s and 70s at a place called Willowbrook in New York State. Kids were being warehoused there. Horrific conditions, experiments with hepatitis B and hepatitis B vaccine on these kids.

Kids were being deliberately infected with hepatitis B to see how they would react. It took legal action. This is something I talked about. People don't like lawyers. I understand why they may not like lawyers. Like any profession, some lawyers don't act ethically. They aren't truthful with their clients.

In this case, this is a perfect example where they were warehousing kids in horrific conditions. They were disabled, parents couldn't handle them. It took legal action to finally get a judge in New York State to issue an order saying, "Close down Willowbrook." That formed what was a renaissance in the care of people with disabilities in New York.

That model, that success is being eroded now because the system is being overwhelmed. I've done the calculations of the cost. It costs anywhere from \$12-\$20 million over a lifetime for a kid who is severely disabled.

I don't think our taxpayers are willing to pay that. Who's going to pay for it? Who's going to care for these kids? We just going to let them rot? That's the future. That's what scares me as a parent. I think that's what scares the parents that are concerned about this issue. What happens to their kids? There's really no provision for that.

Ty: I think that says a lot about the society in general as to how does a society—how do governments take care of the weak? And you've got disabled kids. You've got kids that have been vaccine injured and they're the weak and the government doesn't take care of them. Not only that they don't take care of them, like with Willowbrook, they experiment on them.

Robert: There's actually a gentleman I just met today named Edwin Black. He wrote a book called *War Against the Weak*. We have a sorry history in this country of how we handle the most vulnerable among us. You're right. The measure of the standards, the measure of our society is how we handle, how we treat, how we care for those who are vulnerable.

We're not doing a very good job of that. There is maybe another war against the weak because the cohort of children with developmental disabilities over the last 20 years is not being provided for. We are in a catastrophe. We've been warning about this for 15 years or more.

Dan Burton, the courageous congressman, had hearings back in 99, 2000, 2001 saying, "What's going to happen to these kids?" So now we're 15 years forward. Almost nothing has been done.

And nothing has been done by leaders who give lip service to it, but then curry favor with organizations that aren't really addressing the need in a candid way. They're sort of glossing it over. It becomes a political game to say how much you're doing.

But meanwhile the kids are suffering. I think this is the problem. You don't have to talk about vaccines to realize we have an enormous problem in front of us, whatever the cost. Whether it was some other environmental agent, however unlikely it is that it's genetic, which it's not. We have a huge challenge that's already overrunning us.

Ty: Well, Robert, keep up the good work because what you're doing is invaluable, especially to these families.

Robert: Thank you.

Ty: So, keep it up and it's just a pleasure to be able to talk to you about this today.

Robert: One other thing, when I do this work and I say this to the families, I said it 10 years ago, when I gave a keynote at this conference. I just look at my son and that tells me what to do. And that's all any parent has to do. And we do that, we're being steered in the right direction. Thank you very much for the interview.

Ty: Thank you. Awesome.

Robert: Thanks.

[End of transcript]