Chapter 30:

Interview with
Dr. Sin Hang Lee, M.D.

Dr. Lee: I was educated mainly in China. And then I was teaching in the University of Hong Kong. I was trained in Cornell New York Hospital with Sloan Kettering Memorial Hospital in New York City.

Ty: Very reputable hospital. Sloan Kettering.

Dr. Lee: I was in McGill University.

Ty: McGill? That's pretty reputable in Canada, right?

Dr. Lee: Yes.

Ty: So, McGill and Sloan Kettering actually are two of the big hospitals in North America that research cancer. Other stuff too but they're renowned for cancer.

Dr. Lee: Right. Actually, the American medicine came from McGill.

Ty: From McGill. Interesting. So, you spend a lot of time there at both of those places?

Dr. Lee: I spent three years as an assistant professor at McGill. I went to Yale as an associate professor in 1971.

Ty: Yale.

Dr. Lee: I was on the faculty for many years.

Ty: So, you've been around some reputable institutions here in North America.

Dr. Lee: In the meantime, I was practicing hospital pathology as well. So, teaching, practicing, and research in pathology.

Ty: Very good. One of the things I wanted to talk to you about specifically today and it does have to do with pathology, is the Gardasil vaccine. I know you're very knowledgeable about that. Share with us some of your research on Gardasil.

Dr. Lee: I came into the Gardasil vaccine just by accident. My main purpose in pathology is to find why people get sick, why people die, and how they die and how they get sick.

So, I developed methods to diagnose HPV accurately. Based on my publication, some of the women who felt their daughters might be hurt, injured by HPV vaccination and they contacted me and said, "Well, doctor you could find something in the vaccine."

Ty: They came to you asking you? They knew that you were an expert on HPV. They wanted to see if maybe the vaccine had injured their daughter.

Dr. Lee: Right. Because nobody else wanted to listen to what their opinions are. So, they just found my reputation in terms of publication and they said, "Could you help?"

Ty: So, what did you find out when you started looking into that?

Dr. Lee: Initially I didn't want to get involved, because I felt it was unlikely to find anything in the vaccine in terms of HPV DNA. Because the manufacturers and FDA already had said that all the DNA has been removed and it should not have any residue viral DNA left there.

One of the mothers showed me a report actually from Toronto and said, "Look, my daughter's blood had HPV DNA in it." And the report came from a Toronto independent lab. The daughter was 13 years old. She was sexually not active. And there was no way for her to get HPV infection.

Ty: Except for the vaccine.

Dr. Lee: Except for the vaccine. So, I saw the report. I talked to the PhD who did the test in Toronto. He convinced me that he did find HPV DNA. In that case I had to test the vaccine first and see whether the HPV vaccine indeed contained any HPV DNA in it. If they didn't contain any HPV DNA there's no point for me to look for anything else in it, right?

Ty: Right. So, you tested the vaccine then?

Dr. Lee: I tested the vaccine.

Ty: What did you find?

Dr. Lee: Many mothers in New Zealand, in Australia, in America, in some European countries. They send their specimen to me to test. I test every one of them if they got HPV DNA in it.

Ty: So, all of them had HPV DNA in them?

Dr. Lee: Yes. The ones I tested. They all had.

Ty: This is after the FDA said that they don't contain any DNA.

Dr. Lee: Right. The manufacturers said that. Right.

Ty: So then what conclusion can you draw from that? What does that mean?

Dr. Lee: When you have free viral DNA in a vaccine and that contains aluminum and the 1HPV DNA molecules are bound to the aluminum and that new complex may be potentially risky when injected to the human being. That's why.

And also at the same time, one of the girls who died in New Zealand, they got a court order to send the post mortem specimen to me to analyze. Then I found the HPV 16 viral DNA left in the blood of the postmortem material and in the spleen as well.

Ty: The autopsy showed HPV DNA? What does that mean? Does that mean that it's likely that they died from the vaccine? What is the conclusion?

Dr. Lee: I think most likely from the vaccine. Usually the vaccine DNA, when they bind with aluminum they change the conformation to so called Non-B conformation. The HPV DNA left in the autopsy material was a Non-B conformation.

That means the DNA I found in the post mortem material was not a natural DNA from the virus. It's most likely from the vaccine. So, I published a paper.

Ty: You published a paper on that. Did you get any kind of backlash from the paper?

Dr. Lee: No. Actually, nobody challenged the data. But the paper was rejected several times and it could not be published in the usual American mainstream journals. But eventually it was

published in a peer reviewed scientific journal.

Even the discovery of HPV DNA in a vaccine was rejected several times. It's a problem for people who try to publish this kind of material.

Ty: Talk about that. Sometimes if you publish something like this that's against the grain. They won't publish it.

Dr. Lee: Right. It's very hard for the scientist to publish papers that indicate there is something wrong in the HPV vaccination or in the vaccine. And personally, I have a lot of this experience. I call it basically it's a global editorial censorship.

Ty: Global editorial censorship. Yes.

Dr. Lee: Basically, that is it.

Ty: Well, I guess there is no other way to describe it if they won't publish something that's been heavily researched and you've proven from analyzing the postmortem, you've analyzed the vaccines. It's not really up for debate.

Dr. Lee: The facts are there.

Ty: You found what you found.

Dr. Lee: Right. The significance, you can argue what it means. But I just wanted to say, "Look, I found something."

Ty: And they didn't even want to publish the fact that you found the HPV DNA.

Dr. Lee: They didn't want to do that. The excuse is nobody—people are not interested in reading something like this.

Ty: Really? That's bizarre to me that people wouldn't be interested to know that the HPV vaccine could be responsible for killing someone. I would think they would want to know that.

Dr. Lee: Right. So basically, when you look at the editorial boards, many of these are heavily affiliated with manufacturer. That's obvious.

Ty: In other words, the advertising in the journals dictates what content they contain? The advertisers.

Dr. Lee: Basically, because they have to worry about their advertisement too. Their revenue comes from the pharmaceutical company or is supported.

Ty: So, there's potentially conflict of interest there?

Dr. Lee: Yes. It's editorial policy.

Ty: It's not just potential. It's policy.

Dr. Lee: Basically, I think. I think the editorial policy.

Ty: Dr. Lee, if you could talk about the Joe Gomez case. You're very familiar with this. You

explained what happened.

Dr. Lee: Right. The Joe Gomez case was that the lawyer contacted me and asked me to review a case. The lawyer said that there's a 13 or 14-year-old boy who died after the second injection of Gardasil in sleep at night. And the medical examiner said it was myocardial infarction of some sort.

Ty: Heart attack.

Dr. Lee: Heart attack or something like that. In 13, 14-year-old boy, heart attack. As a pathologist, I've never heard of—

Ty: You've never heard of that.

Dr. Lee: In 40-year-old, 50, 60, 80 it's common, possible. A 14-year-old to die in sleep?

Ty: I've never heard of a 14-year-old dying of a heart attack.

Dr. Lee: I reviewed the case. So, I looked at the case and I looked at the pathology section of the heart. And to me it's obviously it's myocardial infarction. MI. Like old men get heart attack, infarct. And then there's no coronary obstruction. The boy was training for football, playing in high school.

Ty: So, he was in good shape.

Dr. Lee: He was in good shape. The boy was followed by the pediatrician from birth. There's no question about the health problems. No health issue at all. Regularly followed by the pediatrician and documented.

And he was injected with one dose of Gardasil in June or something. No problem. And then continued to play football. Two months later and the boy was injected with a second dose Gardasil and then went home. He told his mother that he was not feeling well. Went to sleep. The next morning, dead.

Ty: He never woke up.

Dr. Lee: They found him dead. Never woke up. So, the lawyers told me to review the case. I read, I saw it. And I think this is a potentially—I think it's most likely due to Gardasil vaccination on the second part.

The first injection probably induced a silent heart attack. And the boy was physically good enough—not feeling it. Maybe some discomfort. But he continued to be active in sport. But the second Gardasil in the afternoon in the few hours and that may have caused the problem. The second part.

Ty: Wow.

Dr. Lee: In an already physically damaged heart.

Ty: So, the first Gardasil vaccine damaged his heart most likely, the second one killed him.

Dr. Lee: Right.

Ty: I don't even understand why we're giving Gardasil shots to boys. Why are they giving them to boys? I thought they protected against cervical cancer.

Dr. Lee: That's controversial. If you eliminated the HPV infection in the boys, then the girls would not get it. That was the reason behind it. But it's debatable.

Ty: It sounds to me just personally like it's just a way to sell more vaccines.

Dr. Lee: It's possible. Actually, from the very beginning as a pathologist I've been reading pap smear for cervical cancer prevention all my life. I don't think there is a need for a vaccine to prevent HPV infection at all. There's no need to it because the pap smear.

The cervical cancer screening program by the gynecologist are adequate to prevent cervical cancer in American women as long as they are under gynecological care regularly. And actually no one should die of cervical cancer in the United States.

That is not only my opinion. Everybody agrees. Cervical cancer is one cancer that can be prevented by regular screening. The vaccine is always at a cost because all the women who receive vaccination have to undergo regular gynecological check-up anyway. So why should you add another cost?

Ty: Do the Pap smear.

Dr. Lee: Do the Pap smear and regular HPV accurate testing for screening.

Ty: And no one that I know of has ever died from a pap smear.

Dr. Lee: Pap smear is very safe. No one dies of it. It's safe.

Ty: As opposed to the Gardasil vaccine which is potentially deadly.

Dr. Lee: Right. Even it's not deadly. If you cause a teenage girl some illness that prevent or delay the schooling, a grade A student to grade C student because of loss of schooling, that's already not good.

Ty: That's a huge damage.

Dr. Lee: That's already damage. They admitted that 2-3 percent of these girls may develop serious adverse reactions. That means hospitalization, sickness, visiting the emergency room doctor. Even if they don't die, even if they don't have a permanent damage, but just the delay of schooling for a few months or two years, it's not good.

Ty: That's a big deal.

Dr. Lee: It's a big deal for the girl. You're talking about 2-3 percent.

Ty: That's a pretty big percentage.

Dr. Lee: Right. And these were healthy girls. And you prevented cancer which may or may not happen 30, 40 years down the road.

Ty: You look at the risk versus the benefit, don't you?

Dr. Lee: Actually, I wrote an argument against the developer of the cancer in national cancer institute. Questioned it.

Ty: Oh, did you?

Dr. Lee: Yes.

Ty: What did it say?

Dr. Lee: They don't say anything. This is to prevent cancer.

Ty: That's it.

Dr. Lee: There's an issue here. It should be debated openly.

Ty: I think that's the issue that everyone wants. It's just to have an open debate about vaccines, about Gardasil.

Dr. Lee: My opinion may not be right.

Ty: But let's at least talk about it.

Dr. Lee: Let's talk about it from the pathology point of view. The censorship is bothering. Or to have an open discussion.

Ty: And as you mentioned earlier it's kind of a global censorship.

Dr. Lee: My articles could not be published because they rejected. The editor doesn't even send the article out for review. The editors are not the specialist. The peer reviewers are the specialists.

Basically, when ordinary commonly customarily when you send an article and manuscript to a journal the editors look at your manuscript and then refer to the experts. That's called peer reviewer. The peer reviewers are experts.

But they stopped at editorial level. They don't send the manuscripts out for peer review. That is the problem. Even in one article—the first article I tried to publish the HPV DNA in the vaccine, the editors send out for peer review.

And all three peer reviews say, "This manuscript should be reported, should be published." Then after the agreement for publication, the editors find a reason to reject it. This is editorial censorship.

Ty: I got it. Just to make sure that I'm clear. We have you Dr. Lee, you've been at Memorial Sloan Kettering, you've been at McGill, you've taught at Yale. You're a pathologist.

You analyze the HPV vaccine, you find DNA in it, the article goes through peer review. And then all of a sudden, the editor says, "Oh, no. We're not going to publish it." Was there a particular reason that they wouldn't publish a peer reviewed article?

Dr. Lee: No. They found all kinds of editorial reasons. The editor does not want to disagree or contradict the conclusions of the peer reviews usually. Because they are the peers. The editor usually goes along with it.

But they would find any other reasons, non-scientific reasons to turn it down. Then I have to resubmit it to another journal. Fortunately, I find another editor who is more sympathetic and published it.

Ty: Just your opinion like on the first journal that rejected the article that was already peer reviewed. Do you think that it potentially was because of a conflict of interest with the advertisers in the journal or the vaccine companies?

Dr. Lee: This is policy. So, probably to some editors—some editors in the board. You just don't know who they are. Their names on it. They have the policy. They have to decide whether they publish or not.

[End of transcript]