

Chapter 33:

Interview with
Dr. Jennifer Margulis, Ph.D



Ty: Jennifer Margulis, thank you for joining me today.

Dr. Margulis: Nice to me to you.

Ty: It's nice to see you today and we're looking forward to learning about your involvement with vaccines and especially your collaboration with Dr. Paul Thomas – we're actually sitting in his office today – on *The Vaccine Friendly Plan*, the book that you wrote together. So, if you could just begin and let the viewers know a little bit about your education and how you got involved with vaccines.

Dr. Margulis: Sure, so I'm an investigative journalist and a science writer and I've been interested in issues that affect children's health for about, I've been reading and researching issues affecting children's health for about 15 years.

Honestly, I first got interested in this subject because I had a baby and in the hospital – I had a really difficult labor and delivery – and in the hospital right after the baby was born the nurse said to me, “Okay, it's time for your hepatitis B vaccine.”

And I was in graduate school at the time, I have a PhD from Emory University. I was very educated and I knew that I was hepatitis B negative because I had had excellent prenatal care and I have had this really difficult birth and I had this little baby in my arms and I said to the nurse, “I'm not sure that I want to do that. I feel a little uncomfortable I want to talk to my pediatrician.”

The nurse got really angry at me and there was just this huge like look on her face like that I was saying something like I was trying to kill my child and all I wanted was to protect this child, and I had just said I just want to talk to my doctor about it.

And that really stayed with me that kind of put up a red flag and I had never thought about questioning vaccines. I've been very vaccinated, I have lived and worked in West Africa both in the 1990s and then later in 2006 I brought my family back and I've always felt like vaccines were a really important tool in the medical tool box. But I didn't know why a tiny newborn born to hepatitis B negative parents would need to have a hepatitis B vaccine.

That was kind of what catapulted me into looking at this research and trying to figure out about what we which vaccines we were recommending to kids at what time.

Then something really unbelievable happened. Two weeks later when we went back to the pediatrician—I was so worried that I had said no to this vaccine because I wanted to do what the doctors told me I knew that they had our best interests in mind and my husband and I were these nervous Nelly new parents.

And we said gosh we didn't do that because we were both hepatitis B. negative and we didn't think it was a necessary vaccine and the doctor completely casually she says, “oh, it's a good thing you didn't do that. That vaccine has been contraindicated in newborns.”

My husband and I looked at each other with white faces, like the blood just drained from my face because we thought what if we had said yes to this vaccine and now she's telling me it's been contraindicated.

So, this was a very strange thing and it took me ten years to figure out what had actually happened. Which is that in 1999 the CDC realized that they had never counted up the cumulative exposure to mercury that was being given in the infant vaccine schedule.

So, it just so happened my daughter was born in July of 1999, it just so happened that it was at that moment that they had issued—a statement had gone out to every pediatrician in the country saying in the in the interest of caution, let's not do the Hepatitis B at birth because of the worry about mercury exposure.

So, it wasn't technically true that it had been counter indicated and as you know we still give the hepatitis B vaccine to newborns. It no longer contains thimerosal, it's still a completely problematic and probably completely unnecessary vaccine. But at that time, it was the best thing that could have ever happened to us because it made me realize that we needed to really do the research for ourselves.

So, I got interested in it first as a parent and then using all of my skills as a researcher and a journalist to find out more about what was going on with our current vaccine schedule.

Ty: Isn't it a false dichotomy to say that you're either a pro-vaccine or anti-vaccine?

Dr. Margulis: It's absolutely ridiculous to even talk in terms of pro or anti-vaccine. The reason why is that it would be like talking in terms of pro or anti-antibiotics. So, you can know that it's absolutely wonderful to have access to antibiotics when you need them, when they're being used appropriately, when there's a bacterial infection that an antibiotic can really help beat. That doesn't mean that you would prescribe an antibiotic for a viral infection.

But somebody, a doctor or a parent who didn't want an antibiotic for a viral infection you would never call that person anti-antibiotic right. So, when people are questioning vaccine safety or vaccine efficacy or vaccine necessity that does not make them anti-vaccine, that makes them pro-science and pro-common sense and pro-public health.

The truth is we all care about the same thing. We care about having healthy children and a healthy population. Nobody is anti or pro-vaccine we are all pro-kid and pro-health and questioning certain aspects of our current CDC vaccine schedule is actually really important if we want to make sure that our kids are safe and healthy.

Ty: Right, I mean we should facilitate the debate.

Dr. Margulis: Yes, any conversation about any medical treatment or medical intervention or preventive medicine is a conversation that we should always be able to have. You shouldn't shut down your brain because you say the V word.

Ty: That's true, but you see so many instances where debate is frowned upon. It's not allowed. You can't question and—go ahead.

Dr. Margulis: So, if the debate is frowned upon and not allowed, then you have to ask the question why isn't it okay to talk about these issues, what is at stake here? Why wouldn't we want to have the safest, the healthiest and the most scientifically based vaccine schedule that we possibly could?"

Ty: Right and that's one of the things that was the impetus I guess for you and Dr. Thomas going together to write this book *The Vaccine Friendly Plan*.

Dr. Margulis: Yes. I met Dr. Paul Thomas because he closed his pediatric practice for the day so he could go testify in Salem. He had to drive 45 minutes south. I left my husband at home with our four children on his birthday and drove five hours north so that I could testify in front of the Senate.

We were both concerned because in Oregon there was a bill being introduced to take away

medical freedom. Basically to say that parents would no longer have the right to make decisions about vaccines for their children.

And Dr. Thomas felt very strongly that those are decisions that should be made in the privacy of a doctor's office, and I felt very strongly that we should educate parents about the importance of vaccines. But that it's never appropriate to mandate or force medical procedures or medical intervention.

The idea that the state legislators would want to force parents into taking vaccines that they don't want or that their family doesn't need really didn't sit well with me. So even as someone who is grateful for vaccines. Who has vaccinated her own children because my kids have been vaccinated. I feel very strongly that parents must have a choice whether or not they want to vaccinate their kids.

And there's no such thing as one-size-fits-all medicine. Which means that what's right for my family – for example the yellow fever vaccine is one that we did because we went to West Africa – what's right for my family is not necessarily right for your family. And, I just have to say this, I'm sorry if I'm on a rant, and every family should have the right to opt out.

So, every family should have the right to decide which vaccines are right for their children at what time. Obviously if vaccines work and they're safe and effective we would never worry about somebody else's child not being vaccinated.

It's completely ridiculous to say that "you must do vaccines in order to protect my child." Because if I want to protect my child I can vaccinate my child. You can do what you want. That's your decision in your family based on your children's genetic vulnerabilities, and your own medical history, and your own exposure to disease. Medical intervention always has to be a choice. And I'm sorry I'm going on and on.

Ty: No, that's excellent because it really is a freedom of choice, right? I mean isn't that really what's the underlying, I guess maybe disagreement? Is it whether we should have freedom of choice with vaccines? Because we look at a state like California which has pretty much removed the freedom of choice. So if your kid's in school they must be vaccinated except for a few very narrowly defined medical exemptions.

Dr. Margulis: Let me put this in perspective. So, when I was doing research for my last book I went to Norway and I went to Iceland. I sat down with the surgeon general of Iceland and I said "do you mandate vaccines?" And he looked at me like I said, "do you have three heads?"

Because they have a much gentler, more evidence-based vaccine schedule. They said we would never dictate what vaccines were chosen but most people follow the schedule.

So, if people in America aren't following the vaccine schedule that doesn't make me think there's something wrong with those people. That makes me ask the question what is going wrong with our vaccine schedule? Is there something wrong with our schedule that's making it hard for people to follow?

And also, there was a study published in *Pediatrics* that showed that parents who decided to delay or forego some vaccines were parents who made over 70 thousand dollars a year and had the most education.

So why is it that the best educated parents who have the highest socio economic income

are choosing to delay some vaccines? It's not because something is wrong with those parents. It's because something is wrong with the current CDC vaccine schedule.

Ty: Jennifer talk a little bit about the effect that breastfeeding can have on the baby's immune system and can potentially help minimize the need for too many vaccines.

Dr. Margulis: So, if we want to practice evidence-based medicine and if we want to do what is absolutely 100 percent the best for our children, we have to support women in exclusively breastfeeding. It is absolutely crucial that babies, that human babies drink human milk. That's a hard thing to say and it's a hard thing for some people to hear because there are a lot of moms who have trouble breastfeeding. Just because it's good for you, just because it helps you doesn't mean it's easy. So, I just want to put that out there.

But we have literally thousands of studies that show that breastfeeding, exclusive breastfeeding, is absolutely crucial for lifelong health. I don't know if you want me to go into more details about that, but the thing is, is that—

The goal is to have healthy children and healthy moms and the truth is that our infant mortality rates are actually quite high in the United States compared to other industrialized countries. Our maternal mortality rates are also high. So one of the ways that we can vastly reduce our infant mortality rates is by getting our breast-feeding rates to close to 100 percent.

We should have 99 to 100 percent initiation rates and we should support moms to breast-feed, because breast milk is this living liquid. It's liquid gold. It is so good for the immune system and human babies were designed to drink human milk. Makes sense, right? So, baby cows drink cow milk and baby sheep drink sheep milk and baby humans should be drinking exclusively human milk.

Ty: I heard there was a study that Neil Miller did, Miller and Goldman, and I know you're familiar with the study that showed that United States, highest infant mortality, most vaccines.

Dr. Margulis: Yes.

Ty: We don't breastfeed as high as other countries either. So, I'm wondering have you looked at the countries I think in that study that had the lowest infant mortality were Iceland and Norway. They give the fewest vaccines, but what about the breastfeeding in those countries?

Dr. Margulis: So, it's interesting. When I was in Norway I visited the hospitals and I also interviewed many doctors and the Norwegian breastfeeding rates are something like 99 percent. So, women in Norway are really encouraged to breastfeed. But really interesting about Norway is that at six months the vast majority of babies are still being breastfed.

If you go to Norway it's absolutely normal to see these beautiful Norwegian mamas with their babies breastfeeding. That's just part of the culture. It's completely accepted and when a mom has trouble, because it's not always easy to breastfeed. It's hard, you have to learn something. It's this intimate part of a woman's body and it's this little tiny sucky mouth and it's very hard to do that. That's sort of funny to say, but it's just not an easy thing for everyone to learn.

In Norway, when a woman is struggling with breastfeeding she gets all sorts of really good support. So, we have to support moms to breastfeed and we have to help them and we have to give them time and patience.

And part of it is that in American hospitals unfortunately if a mom has trouble breastfeeding instead of getting support somebody gives that baby a bottle and that's the last thing you want to do. You do not want to interrupt and interfere with an infant immune system by giving them formula early in life.

Ty: Yeah, that happened to us with our first child immediately, here's a bottle. That was in 2000.

Dr. Margulis: It's so demoralizing for a mom too. It's so demoralizing for a mom who wants to learn to breastfeed if a doctor or a nurse comes in and says, "oh let's just supplement the baby."

Ty: And they told us "She'll starve." Really? It was like an hour. You can't breastfeed in an hour so the baby is going to starve, really? Anyway, I don't want to go down that rabbit hole.

Dr. Margulis: But I will say one thing about vaccine. I can relate that a little bit to vaccines. It is absolutely crucial that we get every mom in America breastfeeding. Because we know that that will help an infant's immune system and that not only it will reduce our infant mortality rates, but it actually gives a child lifelong protection.

There are so many studies that show breastfeeding an infant gives lifetime good health. That is so much more important than doing something like—if we want to talk about real preventative medicine it's not about vaccine. Real preventative medicine is about exclusive breastfeeding right from the beginning of life.

Ty: And the culture here in America is so different than what you described in Norway. I saw a thing within the last month, it was on social media. A mom was trying to breastfeed in public and this guy just threw a fit and said she's being indecent.

But I mean you know you could literally picture in the same scenario somebody dressed completely inappropriate or teenagers cursing and that's okay, but we can't have the mom breastfeeding in public. It's such a double standard. It seems that certain things are frowned upon and then certain other things that are way more offensive are acceptable.

Dr. Margulis: Absolutely, and in Iceland breastfeeding is also really encouraged. They have very high breastfeeding rates. I was in Iceland with a breastfeeding child. When I was there I brought my baby. I was in the Icelandic bird museum and we were sitting on the floor of the bird museum nursing. This big tall woman with long jet black hair came up to us and I thought – being from America – I thought she was going to tell me like, you shouldn't be nursing there or you need to go away. And she said in her nice Icelandic accent, "here I brought you a pillow."

That to me was so emblematic of how it really matters if it's culturally acceptable or not. We absolutely need to fight so much harder to make breastfeeding culturally acceptable.

We can't be shaming women who want to breastfeed their babies and that's what we do. Instead of encouraging them, instead of understanding that breastfeeding is a public health initiative. The more we get those babies breastfeeding the healthier our children are going to be. That's something that's very hard for, unfortunately, Americans to understand.

Ty: Yeah, it's definitely not in our culture.

Dr. Margulis: That was a terrible answer but you get my point.

Ty: No, it wasn't. Matter of fact, so far all the times you say "that was a terrible answer" they were really good.

Dr. Margulis: I can also say it again, if I can hear it myself.

Ty: No, that was good. Jennifer, talk about the importance of informed consent when it comes to vaccines?

Dr. Margulis: Oh boy, so the idea behind informed consent is that whenever you do a medical procedure you have to talk to the patient about the benefits of the procedure, the possible complications with the procedure, and the other options that you may have.

So, with vaccinations you have to talk about what are the positives of vaccinating your child, what are the potential negatives of vaccinating your child, and what are the alternatives. And one of the alternatives always has to be not vaccinating or spacing out the vaccines.

The problem is that doctors are incredibly busy, they have less than 15 minutes in the office with a family, they hand them a piece of paper that comes from the CDC. That's not informed consent. That's not really saying to them, "Okay, look this is really the pluses and minuses."

And the problem is that most doctors in America haven't actually taken the time to do the fundamental research that they need to do to figure out what the true risks and benefits are of any given vaccine.

In this country we don't really have informed consent when it comes to vaccines. We have very busy doctors forcing parents to do things their way or the highway. I mean most – not most – but many pediatricians in the United States will kick families out of their practice if they choose not to vaccinate. So how can you have informed consent if you choose not to vaccinate you're told "you cannot be my patient anymore, I will not see your family."

Ty: We were told that very thing.

Dr. Margulis: Were you?

Ty: With our eldest.

Dr. Margulis: In Texas?

Ty: At that time, we were in Pittsburgh.

Dr. Margulis: Yeah, it's bad in Pittsburgh.

Ty: Brianna our eldest was just born and so this would have been 2001. My wife went into the pediatrician's office and began to question the schedule. He literally told her, "we don't subscribe to that anti-vaccine quackery, you are not welcome to be a patient if you don't vaccinate."

Dr. Margulis: Okay, substitute the word antibiotic. Could you imagine if your wife had come in and said "I'd like to get more information about this antibiotic. What are the possible side effects? What would happen if I wait a day?" And that the doctor said to her "I don't prescribe to that anti-antibiotic quackery." Unfortunately, doctors are shutting their brains down when it comes to vaccines. That's very dangerous.

The other thing that's really important to highlight is that our children are suffering. If kids in America were really healthy, we would know we were doing things right. The proof is in

the pudding. If you start looking at the actual statistics in terms of children's health and you see our children's health is really compromised.

So, we need to figure out together what is going on and one of the problems is that we have an overly aggressive vaccine schedule that is not based on the current science.

Ty: And again, just to reiterate, questioning the current vaccine schedule doesn't mean that you believe no vaccines are effective. It's just the schedule. It's too many, too frequent, potentially some that are not necessary at all. But it's just let's have the debate and figure out what makes the most sense to get the kids the healthiest.

Dr. Margulis: Well not only that, let's have a conversation, let's have a debate and let's actually do some real science around these issues, so we can figure out which vaccines are safe, which vaccines are necessary, and how do we best protect our kids.

I'll say it again. We all care about the same thing, we care about healthy kids. Nobody wants an infectious disease, nobody wants to see a recurrence of measles or polio or anything else. That's not what this is about.

What this is about is making sure that we're not compromising our children's immune systems as we're trying to protect them against certain infectious diseases. And that is actually what's happening.

So what's happening is that we have such an aggressive vaccine schedule, we are doing too many too soon, and because of that our children's health is suffering.

Ty: Well put. Is it a problem that vaccines are all lumped together? So, I mean if somebody asked me "do you think meat is healthy?" Then I would say, "well, it depends. If it's grass fed beef from organic cows then yeah, I think it's pretty healthy." If it's factory or farm-raised salmon, I would say "no it's not. Too much mercury" and they're eating antibiotic feed.

So anyway, the whole issue is that we lump all vaccines together and we really should look at them separately and determine is this one safe and effective? As opposed to if you don't accept all vaccines you're an anti-vaccine science denier.

Dr. Margulis: I think that's really important. We have to look at vaccines on a vaccine by vaccine basis. So, saying that you have concerns about the hepatitis B vaccine, about the infant series of the hepatitis B vaccine which is not based on science doesn't mean that you want to throw the baby out with the bathwater and you want to do no vaccines ever for any children. That's not what this is about.

But what ends up happening is that a parent who says like I did, a parent who says I want more information I don't think I need the hepatitis B vaccine. I'm hepatitis B negative my husband is too, we've been in a monogamous relationship for three years.

There's no chance that my child will get exposed to this disease is then told that "well, you're an anti-vaccine fanatic, how dare you question our science?" and then is vilified and ridiculed and then that parent ends up turning away from all vaccines because they've been sort of ostracized by mainstream medicine.

Ty: I was watching a video, it was the show *The Doctors* and it was a show that Jenny McCarthy was on and they questioned the vaccines. Somebody in the audience. One of the doctors literally got so mad that his vein on his neck looked like a garden hose, I mean he was furious.

Dr. Margulis: It's very hard when somebody questions your longstanding beliefs that you've never thought to question, it's like turning your world upside down. The thing is that we've got to turn the world upside down to get it back spinning on its axis. Because the problem is our children are suffering and children's health in the United States is terrible. What is going on and unfortunately part of it is because we have too many vaccines too soon.

An aggressive vaccine schedule that isn't based on science doesn't help our children. It certainly helps line the pockets of the pharmaceutical industry and unfortunately it helps also doctors make a living. Vaccines are the bread and butter of pediatrics. But it's not helping our children's health, and that's the problem.

So, I mean what I see, parents who are really vociferously anti-vaccine it's usually the way that that comes about is that they did everything the doctors told them, they got the vaccine. I've interviewed parents who the son was born on March 2nd, so they made sure that every doctor's appointment happened on March 2nd the exact date of the son's birthday and they did everything the doctor told them.

Which means that they did all of the vaccines on the schedule. They gave the child Tylenol which is something you absolutely should never do in conjunction with vaccines.

When the child got sick with an ear infection, they gave dose after dose of antibiotic, and then their child is severely autistic or their child has severely compromised health, or their child has type 1 juvenile diabetes. And they say "I followed your orders, what went wrong?" and the doctor says "I have no idea" or the doctor says it was genetic.

"It has nothing to do with anything I told you to do, it was genetic." And they know it wasn't genetic and those are the people who are being betrayed by our medical system who are turning away from all of mainstream medicine because mainstream medicine is failing them.

Ty: You mentioned we need real scientific studies. But we're told that vaccines have been shown to be safe and effective in the studies. Are the studies not there or they just don't say that?

Dr. Margulis: I mean no, it's true that this is something that we have studied. Vaccines have been extensively studied. But the studies that we've done have so much confirmation bias in them, they're either set up to find the results that we want.

I mean there is many different problems so one of them is that we have never done a study with statistically significant numbers of completely unvaccinated versus completely vaccinated children. We're told that it's unethical to do that kind of study because you can't do a random control group because vaccines are so important that we wouldn't want people not to get them.

But of the truth of the matter is so many people now have chosen to do no vaccines that we can do retrospective studies. So, the issue there is that the will isn't there to do studies.

People are afraid that if we do a study of completely unvaccinated versus completely vaccinated children that we're going to find that the completely unvaccinated children are so much healthier than the vaccinated children. And then what do we do with that information?

Well my answer to that is that we need that information and once we have it we can figure out how to change our vaccine schedule to make sure that it's in the best interest of our children's health.

So, here's the problem. The vaccines have never been studied in combination. So we do—when I said we have good studies, we do a pretty thorough review – although these are industry sponsored reviews – of each vaccine before it goes on the market. But what we don't do is we don't see how is that vaccine interacting synergistically with all the other vaccines on the schedule.

We made a mistake in 1999 that we realized. Which was that we had never tallied the cumulative totals of mercury in the vaccines and once that was realized the mercury was phased out of most of the vaccines.

As you know there is still mercury in the flu shot which is given to pregnant women and which is given to small children now unfortunately. The multi dose flu shot still contain mercury.

But you would think that we would learn from our mistakes and we don't. Because now we have other problems inside the schedule with so many vaccines being added, that we have other ingredients that children are being exposed to including aluminum, including polysorbate, polysorbate 20 and polysorbate 80, including formaldehyde.

These are all ingredients that are in vaccines and we don't know, we don't tally up the cumulative exposure, and we don't know what kind of effect that's having on children. We need that science before we can say that the vaccine schedule is safe. It has not been scientifically proven that this vaccine schedule is safe, quite the contrary.

Ty: But aren't we exposed to aluminum naturally?

Dr. Margulis: Yes, aluminum is a naturally occurring element that you get a lot of exposure to, but there's a very big difference between being exposed to aluminum which is inert and that can pass through your digestive track and go out, and being exposed to it intramuscularly via an injection.

The issue with toxic exposure is not the exposure itself, it's how well your body is going to be able to rid itself of whatever it's being exposed to. So, if you have a really healthy body and a healthy detox system you can be exposed to all sorts of poisons and you get them out of your body. The problem is if you are not healthy or if you have a compromised detoxification pathways then you can't get rid of the aluminum.

The issue there is aluminum is a highly highly neurotoxic and a child who can't get rid of neurotoxic aluminum is going to have brain damage from aluminum exposure. We know that, we have the science to show it.

Ty: I did an interview with Dr. Buttar out of North Carolina and he says that kids that are autistic – he calls them non-excreters – they can't get rid of the toxins. That's it he says the bottom line is that some kids have a propensity to be able to eliminate toxins easier and those that are non-excreters are the ones that we see that are autistic.

Dr. Margulis: If you give a child a vaccine, you're giving them all sorts of ingredients because the vaccines contain all sorts of additives and ingredients that are in each vaccine. It's crucial that a child be able to effectively detox from those ingredients.

What is one of the biggest ways you can compromise a child's ability to detox? Give them acetaminophen, the main ingredient in Tylenol.

So, I just interviewed a mom with a four-month-old baby, the baby screamed for 24 hours. She called her pediatrician and she said, "what should I do?" And the pediatrician said

“that’s normal. That’s a normal vaccine reaction,” to scream for 24 hours without stopping, “give the baby some Tylenol.”

The last thing you ever want to do is give Tylenol to a baby who’s just been vaccinated. You’re basically guaranteeing that that baby is going to have more trouble detoxing.

Ty: Because the acetaminophen prohibits the detox pathway?

Dr. Margulis: Yes, so what happens with acetaminophen is that it’s processed in the liver. It depletes your body of glutathione. Glutathione is an enzyme that you need to help you rid yourself of toxins. Think of it as nature’s mop or nature’s broom. It’s the thing that gets rid of the toxins.

When you give a child acetaminophen you’re compromising their liver’s ability to produce glutathione which is compromising their body’s ability to detoxify. It’s a perfect storm.

There’s actually a study coming out from a team of researchers from Duke and Harvard University, it’ll be published in the next few weeks. It shows all of the—it’s a huge literature review of everything we know about acetaminophen, the main ingredient in Tylenol, and it’s very, very concerning.

We have in vivo studies, meaning in petri dishes. We have studies in epidemiology that shows that the more exposure to Tylenol the worse the health outcomes. Children should never take Tylenol and unfortunately most doctors are not keeping up with the scientific literature. They have no idea how dangerous acetaminophen is.

Ty: Wow, I didn’t either. I mean I knew that Tylenol was something you want to stay away from, but I had no idea the way that it inhibits the detox pathway.

Dr. Margulis: You can ask Dr. Paul about that because he’s really—

Ty: He talked about it. I mean before these interviews today, I had no idea.

Dr. Margulis: I know and that’s something I—well I gave you a copy of my book, *Your Baby Your Way*, it was not on my radar at that time and I feel terrible that it wasn’t because I wish that I had known about it. It was a mom with a child with autism who started explaining it. Then I went back and I read every single study Ty.

I mean I went back and I print the studies off. I get a yellow highlighter and I work through them and I read them more than once. You have to read beyond the headline of a scientific study. You have to read beyond the abstract and you have to delve into the science and take a look at it.

We also know that the negative effects of acetaminophen are magnified in the presence of testosterone. That to me is fascinating because one of the conundrums with autism is why so many more boys than girls? Why so many more boys than girls and acetaminophen might be one of the reasons. Because the negative effects of acetaminophen are enhanced by the presence of testosterone.

Ty: Wow, that makes sense.

Dr. Margulis: It does. I mean I have other things to say about autism, but it’s not just that. But I do think the issue with Tylenol is you give it with vaccines and then you’re creating problems where they wouldn’t otherwise exist.

So, we see a lot of families for example they have two children and they did everything the same. And one child dodged the bullet and is neurotypical and doesn't have autism. And the second child did everything the same and they have autism and they both got the same vaccine schedule.

So why did one child get autism and the other one didn't? And you know there's complicated answer to that, but one of the possible pieces of the puzzle is how much Tylenol that child was given.

Ty: Are you comfortable speaking about certain vaccines or do you want to stay general?

Dr. Margulis: No I can talk about—oh yeah, I like talking about certain vaccines if you have questions about certain vaccines for sure.

Ty: So specifically, the rotavirus vaccine and the reason that I ask that is there's a video that I saw recently of the *Vaxxed* team trying to get an interview with Paul Offit who was in New York City and he wouldn't talk to them.

Dr. Margulis: So, I have a different point of view about this. I saw that video too. So, I have interviewed Dr. Offit. I actually—I don't want to say this, I'll say it anyway. This is going to make a lot of people hate me, but that's okay. I'm going to say it anyway because it's really truly what I believe. I spent a lot of time interviewing Paul Offit. I believe that Paul Offit has children's best interests at heart.

So, I actually wrote an article where I was interviewing all sorts of doctors, medical ethicists, and parents about—the article was called “The Vaccine Debate” and it was published in *Mothering Magazine* and the photographer who went to go take pictures of Dr. Offit brought her three-year-old unvaccinated child with her and she was terrified.

Her hands were shaking, and you know Dr. Offit was as charming as could be and as kind as could be. I truly believe that Paul Offit is someone who cares about children and wants what's in the best interests of our children's health.

I know that that's not a popular opinion among people who point out that he has gained a lot financially from being one of the inventors of the vaccine against rotavirus. But you know, a back story about that is that you know when he was in training he was in Appalachia and he saw a child die. And that child technically died of rotavirus. And so what Paul Offit said was “what can we do to fix this?” Paul Offit did not create the rotavirus vaccine to hurt children.

So that being said, unfortunately when he saw that child die, if he had said how could we have better supported that mom in breastfeeding, how could we have made sure that she had optimal nutrition and that baby was going to get the healthiest microbiome possible and get the most breast milk and get skin to skin contact? There's all sorts of things that go into it when a child dies.

That's unfortunately not where he went. He went to sort of see, Paul Offit thinks that vaccines are a miracle of modern medicine and the problem is that the rotavirus vaccine is very problematic.

First of all, rotavirus is a disease that almost every child in America under five gets and it's a pretty benign disease. It can put you in the emergency room, you can end up getting severely dehydrated. But you know we have excellent techniques to rehydrate kids. It is not a vaccine that a child in America needs.

That's different if you go overseas and if you're talking about kids who are malnourished or kids who have no access to medical care. Rotavirus might be an appropriate vaccine. It's not an appropriate vaccine for American kids.

What I want to tell you is that the problem—this is a hard thing for people to understand, but the human body, we're complicated. We think that we're humans but we're actually these walking microbial communities. We cohabit with a lot of microbes and a lot of viruses and we have evolved to get certain viruses and to live with certain viruses and certain microbes.

And when you disrupt that evolution by introducing something like the rotavirus vaccine, I actually believe that it's a pretty effective vaccine, it's really worked to take rotavirus out of circulation. But what has been the effect of that?

Well one of the effects has been that we now have another virus called norovirus that is much more virulent than rotavirus. Last year there were schools that were closed down because so many kids got norovirus and they had violent diarrhea, violent vomiting. They were literally vomiting in the hallways and they had to close several schools.

The theory that I have behind that is that since rotavirus which was relatively benign that almost every child in America got before age five and recovered from, no child in America has ever died from rotavirus with the exception of that kid that poor Paul Offit saw when he was a young doctor. Kids in America don't die of rotavirus. There's no reason to be giving the rotavirus vaccine.

Now that we have it and now that it was so effective, we've created a situation where norovirus can become virulent and now we're seeing even more problems. So, we had a vaccine that we thought could solve problems and it's actually creating more problems than it solved.

There is no question that rotavirus is one vaccine that should no longer be on the schedule. I'm sorry, I have such long winded opinions about things.

Ty: That's good. It's good to get a different take on Paul Offit too.

Dr. Margulis: All of your anti-vaccine viewers will hate me for defending Paul Offit. But I truly believe that Paul Offit is someone who cares about kids and he cares about health and I think he's wrong. In terms of—sorry, I don't think he's wrong about caring about kids and caring about health, I think he's wrong in his fanaticism of defending vaccines. It's like Paul Offit has stopped thinking. It's like he's just defending, defending, defending.

If Paul Offit could just take a deep breath and take a look at the science that he loves to cite, he would realize that some of what he's recommending is actually wrong. It's very hard to admit that you've been wrong.

Ty: I think on the flipside it's very hard to admit that not only you've been wrong, but you've been misled. Is that potentially one of the issues with doctors that they have a hard time believing that they've been misled in medical school?

Dr. Margulis: Absolutely. I've interviewed a lot of doctors and many of them will only speak to me off the record. But what they say is they say "I was one of the people who said, my way or the highway. You either do things the way that I say or you get out."

And they say "I trusted the CDC, I trusted the American Academy of Pediatrics. I didn't

bother to go and read the literature myself and so I thought parents who came in with questions were just plain wrong.”

Those doctors also had the best interests of their patients in mind. They're kicking parents out of their practice because they're afraid that those patients, those kids, won't be healthy if they stay in their practice. The best doctors wake up and they realize the CDC is wrong and the AAP is wrong and we've got to change our schedule.

So, Dr. Thomas and I had another doctor – a medical doctor – contact us and say, “You wrote the book I wish I had written, I wish that I had known this stuff and I finally started looking into it and Oh my God, I'm so sorry.”

People come to us to publicly apologize or to privately apologize. They want to be absolved. Because they were the doctors saying vaccines are safe and effective, vaccines are safe and effective. And let me just say some vaccines are safe. Some vaccines are effective. That doesn't mean that we don't have problems with our current vaccine schedule and the very best doctors in America understand that.

I'll tell you an industry kept secret which is that a lot of doctors in America are choosing not to vaccinate their children on the current CDC schedule. Almost every doctor I've interviewed has chosen an alternative schedule for their children that is based on better health and better science.

So, doctors in America do not give their children the hepatitis B vaccine at birth because they know it's not safe and they know it's not necessary. And even though they recommend it for their patients, they don't do it for their own families. I can say that in another way too.

Ty: Sure, go ahead.

Dr. Margulis: I just want to say, it's a really well-kept secret that the people working at the CDC are also alternating the vaccine schedule for their own children, and how do I know that? I know that because I've talked to them.

So, I had someone who's an active very, very vocal spokesperson for the current vaccine schedule who confided in me that that person did not do the hepatitis B vaccine because when that person looked at all of the data that person realized that it wasn't a good idea.

So here we have public health officials screaming from the rooftops that parents must do this vaccine schedule exactly as it is put out by the CDC, while themselves in their own families are choosing not to follow it.

Ty: I don't even know how to respond to that, I had no idea.

Dr. Margulis: I'm not making this up because I'm on the ground investigating, I'm on the ground talking to people all the time. If you knew how many doctors themselves and whenever I have a doctor who I talk to who says “I alternate the schedule” I say “would you share that, can I use your name?” They say “I don't want to lose my job” or “I don't want people to know” or “I'm choosing not to do these vaccines, because I know they're not effective” or “I know they're not necessary but you can't let anybody know.”

And I'm a journalist and I'm bound to journalistic ethics and I could never reveal who those people are. But I can tell you that I have spoken to them myself and they have told me the truth, and the truth is that they are alternating the schedule in their own families for their own children.

Ty: Well, I think we've got enough with just you, let's pull in Paul and get a little bit more.

Cameraman: My question kind of has to do with—Ok so when people like myself, I've got three kids.

Dr. Margulis: How old are they?

Cameraman: 12, 9, and 6 soon to be 7, but I'm hearing all this information, I'm hearing things about government agencies like CDC doing studies that sounds like it's more to promote and market a vaccine than really in the interest of public health.

Dr. Margulis: Absolutely right.

Cameraman: So now I hear that and I go, how am I ever going to trust that—I'm not a scientist I'm never going to go break down a vaccine and see what all the ingredients are, but how am I, just as an average citizen, ever going to trust a government agency that's supposed to be over health and there might not be an answer for it—

Dr. Margulis: I have an answer. So what I would tell parents is that they need to trust themselves. You know your child better than anyone else in the world and you know your family better than anyone else in the world, and actually we should not be trusting government agencies to tell us what to do with our children. We should be trusting ourselves.

And we should be finding medical professionals who we can trust, who we can make collaborative decisions with about our children's health. So, the CDC does not know better. Your child's teacher does not know better, and even your doctor does not know better. You are on the ground every day boots to the ground with your baby, with your child, and you're the person you should trust.

Ty: Well put, good question Allan.

Dr. Margulis: So, if your kids are completely unvaccinated and they are super healthy then you are doing everything right.

Cameraman: They hardly ever get sick.

Dr. Margulis: Of course they don't. Is it possible that they're going to come down with the measles or the mumps in one of these current outbreaks? Absolutely. And you know what, they're going to have a better life long health because of it.

They will get sick, they'll get sick with the measles or they'll get sick with the mumps and it's absolutely nothing to worry about. And you probably shouldn't quote me saying that, but actually you can quote me saying anything, I don't care. It's just that the truth is, there is actually, and this is another thing that's very hard for people to understand, but there are benefits to getting certain illnesses. We know that.

We know that exposure to certain diseases will reduce our risk of problems later in life. We actually know that certain infectious diseases help us not get autoimmune disorders. That's something that's very hard for Americans to understand because we've been fed so much propaganda and so much fear mongering.

A parent who chooses not to vaccinate is making a decision. They're making an evidence-based decision that they would rather take the risk of being exposed to infectious

disease than they would in taking the risk of being exposed to vaccines. That is an absolutely reasonable smart and evidence based choice.

It might not be the choice that I make. I might decide that I'm afraid of my child being exposed to polio and getting polio. And you might decide that you're not afraid of your child getting polio. But those are appropriate decisions and that's an appropriate conversation to have. There's no anti or pro here. There is no good or bad here. There is taking the information you have and making the best decision you can with it.

Ty: So, Jennifer this has been very helpful. I've learned a lot in last 45 minutes so I really appreciate you spending the time with us today.

Dr. Margulis: Thank you so much

Ty: Keep up the good work.

Dr. Margulis: You too.

[End of transcript]