

Chapter 36:

Interview with
Neil Z. Miller



Ty: Wow. I'm so excited to be sitting here with Neil Z. Miller, and Neil, thank you so much for joining us in this interview today.

Neil: Thanks Ty.

Ty: Yeah, you bet.

Neil: Appreciate it.

Ty: I have bene readings books that you've written for several years now, and studies that you've coauthored, and, wow, it's a real privilege for me to be sitting here and be able to interview you today.

Neil: Thank you. I appreciate that.

Ty: You bet. You are one of the, the forerunners in this industry, and as far as learning about vaccines and communicating the truth about vaccines to the world.

Neil: Well, I've been doing it for 30 years now. I've been researching vaccines, and when I first came on the scene I was a lone wolf. We had Barbara Loe Fisher with the National Vaccine Information Center was doing her work, and I came on the scene and it was sparse. So, I'm very ecstatic to see people like you, and so many others today, being involved in educating people about the problems with the vaccines.

Ty: Oh, well, thank you. What initially got you interested in learning about vaccines?

Neil: Well, actually, when my children were born, I needed to investigate vaccines. My wife and I, we really intuitively knew that we were on the same page with this. And we intuitively knew that this wasn't something that we were going to do – vaccinate our children. But my wife was pregnant, and I knew that I had to do my due diligence and investigate vaccines.

And at the time the internet wasn't anything like it is today. So I had to go to the medical libraries and dig up the information and the studies and do all of my research that way, early on. Very little could be done via the internet at that time.

But I was flabbergasted at all of the information that I was able to come up, documenting. Even back in the late 1980s and early 1990s the problems with the safety and efficacy of vaccines. I gathered all of that information.

I do my research pretty thoroughly, and, at the time, I made it into a little booklet. Because people started coming up to me and asking, these other women that were pregnant, and other families. They wanted to know about the vaccines, and they had found out that I had done this research. This was my early days, initial research.

And that's how it snowballed into my books, because I started to share my research with other people. Before I knew it I had written a book, and then I had done more research and had written more books. Then I started to do lectures and everything snowballed from there.

Ty: It kind of did snowball, didn't it?

Neil: Yeah. It really did. It wasn't what I was planning on doing with my life. I was in graduate school to become a doctorate of psychology.

Ty: Okay.

Neil: But I ended up veering off into representing this issue.

Ty: It's so important, this issue too, because it's affecting all of our children, isn't it?

Neil: Well, it's—

Ty: If you were vaccinated, there are a whole host of adverse events that can be associated with that vaccine.

Neil: Oh, absolutely. Absolutely. The studies and the documentation are absolutely clear. A lot of the health authorities will try to tell you that there's no documentation that vaccines are associated with autism, no documentation that vaccines are associated with adverse events, and if they are associated with adverse events, they're rare. One in a million.

But if you actually read the studies that are published in the peer reviewed journals, you'll find a very different story. You'll find that there are literally thousands of documented studies showing that vaccines increase your likelihood of developing allergies, increase your likelihood of developing epileptic seizures.

There's a study that I documented in one of my books that if you take the MMR vaccine you're statistically significantly more likely to be hospitalized than if you don't take that vaccine.

There's studies that show that, actually, if you contract these diseases, like chickenpox, measles, mumps, they are protective against cancers and heart disease in later life. So, there was a tradeoff with many of these diseases, and maybe a little bit later—

Ty: Yeah.

Neil: We can get into more detail about some of this.

Ty: Sure. Yeah. I saw a recent study that being exposed to the measles, not being vaccinated for the measles, but being naturally exposed to measles decreases your risk of leukemia and lymphoma.

Neil: Oh, yeah. Absolutely. And I've documented, I've documented dozens of studies that have come out that have shown that measles, chickenpox, rubella, when you contract these diseases—

They've done several studies where they take, they take several hundred, or several thousand people that contracted these diseases and they compare them to people that didn't get these diseases, and they show, without a doubt, that those who have contracted these diseases, those diseases have primed and stimulated their immune system to protect them in later life.

Those people are less likely to develop all sorts of different types of cancers. And they've also got several studies, that I've documented in my books, that show that they're protective against cardiovascular disease, and even death from cardiovascular disease.

Ty: I read one of those recently as well with cardiovascular disease. It's amazing, isn't it?

Neil: Yeah, it's absolutely important.

Ty: Yeah.

Neil: And now I'm working on another paper that's going to be published in a few months on aluminum. The aluminum that they put into these vaccines—kids at two months, four months, six months, are getting overdosed with aluminum, and there's very high aluminum content—

And children that receive their pneumococcal vaccine, their hepatitis B, hepatitis A, the DTaP vaccine, these vaccines have high aluminum content. The studies are showing that the aluminum is causing neurological and immunological damage. They're causing autoimmune diseases, and the FDA has established a safety level.

And children that receive the hepatitis B vaccine at birth receive 20 times the content of aluminum. Twenty times above the FDA's safety level. Children at two months of age are receiving 50 times above the safety level as established by the FDA for children that have a problem with their problem processing, let's say, aluminum. But we don't know which children are going to have a problem with processing aluminum.

Ty: Yeah.

Neil: So parents have to take their chances. Parents have to play Russian roulette every time they go ahead and vaccinate their children with aluminum in these vaccines.

Ty: And therein—the aluminum, you hear “Well, the vaccines don't contain thimerosal anymore, so they're safe,” but we don't even—and that's not necessarily true, but then we have the aluminum that's in most vaccines, and that's just as neurotoxic as—

Neil: Oh yeah. Oh yeah—

Ty: Mercury.

Neil: The studies have documented it, that aluminum is neurotoxic. That means that it is a poison to the neurological system, and we also know that it's causing autoimmune damage. And mercury, thimerosal, is still in vaccines.

And that's what I discuss in this new paper that will be coming out in a couple months, is that from 1999 through 2002, they told us, the health authorities told us, they were taking mercury out of vaccines.

But what they didn't tell us was that they were surreptitiously creating new guidelines that said that women in their—pregnant women, in their first trimester, were now urged to take these flu vaccines. Okay? And these flu vaccines had mercury in them. They did not even offer the option—

They had 100,000 doses approximately, approximately 100,000 doses of mercury, and about 5 percent of those were single dose vials, which means that they didn't have mercury. 95 percent of them were multi-dose vials that had mercury in them.

So they were urging pregnant women in their first trimester to receive thimerosal-laced vaccines, and they also created a new guideline recommending that infants, beginning at six months of age, receive two doses of mercury-laced influenza vaccine.

So at the same time that they told everybody that they were taking mercury out of vac-

cines, they actually put it into vaccines that they recommended for pregnant women. And put it into vaccines for infants, so babies in utero were being dosed with thimerosal-containing vaccines. When those babies were born, six months later, they were getting another dose of thimerosal. And these same babies were getting their hepatitis A, hepatitis B, pneumococcal, DTaP vaccines.

All that contained—and the HIB vaccine, the vaccine for Haemophilus influenza type B, all these vaccines contain aluminum that infants were receiving.

So they were getting mercury and aluminum, and no study has ever been done to document whether the synergistic effects of babies getting mercury and aluminum were safe. And today still, babies are still getting mercury and aluminum in their vaccines.

Ty: Wow. That's really amazing. No studies have been done to determine—but we're told that they're safe.

Neil: You're told that they're safe, but there's actually no scientific evidence. The CDC, in fact, has never documented the safety of their own recommended immunization schedule.

They did studies—the FDA has required studies on the individual vaccines, but they never did a study on the combination of vaccines in the way that they are administered to babies at two, four, and six months of age.

Because at two months of age, babies here in the United States, and many other countries, like Canada and Australia, and some European countries, are required to receive eight vaccines at one time. In one doctor visit.

Ty: Wow.

Neil: At two months of age they're receiving eight vaccines. At four months of age they're receiving eight vaccines. And at six months they're receiving eight more vaccines. And there's never been a study required or conducted by the CDC to confirm that this is a safe practice.

Ty: Wow, Neil. That's really amazing in light of the fact that, let's say, we were looking at drugs. Okay? So the FDA has approved thousands of drugs, right?

Many of them are a fail, and the FDA admits that they kill 100,000 a people with their drugs, but that's not the purvue of the conversation, but let's say that we're looking at drugs. Let's say that they've approved drug A, B, C, D, E, and F, and they're all safe.

Neil: Right. Right.

Ty: But if somebody goes out and they take A, B, C, D, E, and F at the same time—

Neil: Right.

Ty: It's likely they'll die.

Neil: Right.

Ty: Or have permanent impairment.

Neil: There's additive and synergistic effects. And synergistic, it's equivalent to the concept of

exponential. Exponential is quite different than additive. Additives, you take this and you take this, and you've got whatever the effect of this is, and the effect of this, maybe you have both of those effects.

But when you have synergistic, when you have exponential, that's above and beyond just adding the adverse effects that are possible from just two drugs combined.

Ty: Yeah.

Neil: And the CDC, by the way, has looked at the synergistic effects of combining drugs, and they know it's dangerous. They've just never done the study on the vaccines to confirm that it's safe. And they won't do the study because they know it's not safe, because I did the study. I did the study with Dr. Gary Goldman. He and I coauthored a paper that actually showed—

Ty: On infant vaccines, wasn't it? Talk about that.

Neil: Well, we coauthored a couple of papers. But one of the papers that Dr. Gary Goldman and I coauthored—and, by the way, Gary Goldman worked for the CDC for seven-and-a-half years—

Ty: Impeccable credentials.

Neil: He worked for the CDC before he got into a legal battle with them. Over his attempt to—when he worked for the CDC he found that the chickenpox vaccine was causing increases of shingles, significant increases of shingles.

And he tried to get that published, and the CDC blocked him from publishing that information. They allowed him to publish anything that was showing the chickenpox vaccine in a good light. But when he found that there was a problem with that vaccine, that it was responsible for causing increases of shingles, which is associated with chickenpox, they blocked him, and they said "This is our data. You can't do that."

He said "It's my data," and they went into a court battle, and he won that battle, and was eventually able to publish that information.

So, Dr. Gary Goldman is an expert on the varicella virus, which is the virus that causes chickenpox. And that's why they utilized him for seven-and-a-half years, to keep databases and to document the various changes in society when they introduced the chickenpox vaccine.

But he and I worked on a study together, and we looked at the Vaccine Adverse Event Reporting System, which is a jointly owned database, jointly owned by the CDC and the FDA. It's a federal database where people, doctors and parents, can report adverse reactions to vaccines.

If they get a vaccine and they think that that vaccine caused the problem, they can report it. And we, as independent researchers, were able to download the entire Vaccine Adverse Event Reporting System. We were able to extract out of that all the infants that had reports.

We had 38,000 reports of infants that had adverse reactions to vaccines. And then we looked at—Dr. Gary Goldman is a computer scientist as well, and created a program that was able to stratify these babies, these infants, by the number of doses that they received.

So we had 38,000 infants that had adverse reactions reported to the Vaccine Adverse

Event Reporting System, and then we were able to stratify these infants by did they receive two doses of vaccines, three doses, four doses, five doses, six doses, seven doses, or eight doses before they had their adverse reaction.

We only were interested in looking at “Did these children end up with a serious adverse reaction?” We weren’t interested in babies that had a mild reaction. Maybe they had a little pain at the injection site, or maybe they had a fever after they received a vaccine.

We only wanted to look at “Were these babies hospitalized? Was their adverse event serious enough that it required them to be hospitalized, and/or did they die after receiving that vaccine?”

And what we found was that babies that received eight vaccines were statistically significantly more likely to be hospitalized or die than babies that received seven, six, five, four, three, or two vaccines at the same time.

Babies that received seven vaccines at the same time were statistically significantly more likely to be hospitalized or die than babies that received six, five, four, three, or two vaccines at the same time.

So what we documented was that the more vaccines that a baby receives simultaneously, the more dangerous it is. The more likely that baby is to be hospitalized or die. So we did the study that the CDC and the FDA never required. To confirm that giving babies multiple vaccines simultaneously is dangerous.

Ty: And that was the study, if I remember correctly, wasn’t that the one that showed that the USA is the country that gets the most, that has the highest rate of—

Neil: That’s the other study. That’s the other study.

Ty: Okay.

Neil: Dr. Gary Goldman and I did another study, and in this other study, what we did is we looked at the vaccination schedules of nations around the world, and we found that the United States requires the most vaccines.

So we wanted to see if the United States has the best infant mortality rate, because we were told by authorities that “Vaccines are lifesaving. That’s why they’re giving them. They’re giving vaccines to babies to protect them from dying from infectious diseases.”

So, that was our premise. That’s what we wanted to look at. We wanted to look at—”Let’s look at the immunization schedules of different nations around the world. How many vaccines do they require?” Because in the United States they were requiring 26 vaccines for infants, and infant is defined by any baby up to one year of age.

That’s how the infant mortality rate is measured, by how many deaths per country, per 1,000 live births are there. It’s a good measure of the socioeconomic and health conditions of a nation.

Some nations, like Iceland, and certain European nations, they require as few as only 12 vaccines for their infants.

So we wanted to look at “Is there a difference between a nation that requires 12 vaccines versus a nation that requires 26 vaccines of their infants?” And we only wanted to look at,

essentially, first world nations.

And so what we found was that the United States had the 34th worst infant mortality rate in the world. The 34th. So there were 33 nations that had better infant mortality rates than the United States.

And yet the United States requires the most vaccines for their infants. And what we found was that we found a statistically significant correlation between the number of vaccine doses that a nation requires and that nation's infant mortality rate.

The more vaccines that a nation requires, that a first world nation requires, the worse infant mortality rate that it actually has. The fewest vaccines that a first world nation requires was associated with the best infant mortality rates.

So that was the other study that we did. And these were published in peer reviewed journals. Anybody that wants to go and access those studies, they can read them. They're very important, they're very significant, and I actually document those studies in my latest book.

Ty: Yeah, that second study is the one that I have cited many times, because how much more clear can it get? Most vaccines, highest infant death. Least vaccines, lowest infant death.

Neil: Yeah.

Ty: And it was not just—you didn't look at two countries or three countries.

Neil: No.

Ty: You looked at all the industrialized nations.

Neil: Right. Now if you go into third world nations, like in Africa, where there's a problem—and the problem is malnutrition. That's the main problem. Okay? They have high vaccinations rates.

95 percent of their infants are vaccinated against all the various diseases that they have vaccines developed for. And yet the infant mortality rates are still relatively high.

And the reason for this is—because if you actually read documentation from the World Health Organization and the CDC you'll find that these infant mortality rates in third world nations won't come down by high vaccination rates.

The only way that they'll get these infant mortality rates down in these third world nations is by feeding these children, feeding the pregnant women so that you can take care of the malnutrition. And by also cleaning up the water supply.

You have to provide clean water, and you have to clean up the sanitation, and you have to have access to healthcare. When you do these four things: increase the access to medical care, clean up the water, clean up the sanitation, and feed these children properly so that they don't have malnutrition, so that when they are exposed to a disease, they're likely to have complications or higher death rates, that will bring down the infant mortality rates.

Ty: Is that one of the things that led to the eradication of many of these childhood diseases that we're told were eradicated by the vaccines?

Neil: Absolutely. Absolutely.

Ty: Okay.

Neil: Now I think there's good evidence that with some of these vaccines they were able to lower the incidence of some of those diseases. I think that you would be dishonest if you were a researcher, and you researched the evidence, and you saw what actually took place, let's say with the measles vaccine when they went into places like the United States. They introduced the measles vaccine in 1963.

We had thousands of cases of measles before that vaccine was introduced. I do believe there's good evidence to show that the vaccine was largely responsible for decreasing the incidence of cases of measles. But that's not the whole story.

You have to look at "What is the tradeoff? How many children are being hurt from the measles vaccine itself?" And I document those studies. How many children are being hurt from the measles vaccine itself. You have to look at how many children that contract the disease, measles.

There's dozens of studies that show that children that actually contract measles naturally are protected in later life against cancer and cardiovascular disease. Fatal diseases from heart attacks.

Contracting measles, contracting chickenpox, contracting mumps, contracting these viral diseases in childhood protects against cancers and heart disease in adulthood. This is well established in the medical literature.

In the medical literature I document this. So there's tradeoffs. And if you're going to give parents informed consent before they take these vaccines, don't just tell them that the vaccine was responsible for lowering the incidence of cases of measles.

Tell them that there are studies that if you take this—showing that if you take this measles vaccine you're statistically significantly more likely to be hospitalized after receiving that vaccine. You're more likely to have epileptic seizures. You're more likely to have allergies as a result of that vaccine. That's well documented.

You're more likely to develop cancers and heart disease in later life if you've taken that vaccine, because it has suppressed you from being able to develop those protective effects that you gain when you are exposed to that disease naturally as a child.

So, if you want informed consent, you have to have all of that information, access to all of that information, so that then you can make an informed decision. And then you have to be free to accept or reject vaccines.

Ty: So you can't have true informed consent if you don't know the risks and the benefits.

Neil: That's right.

Ty: And so, basically, what I'm hearing you say, Neil, is that we're only given half of the side of the coin.

Neil: Oh, you're only—

Ty: We're only shown the shiny part.

Neil: That's right. You're only given one side of the equation.

Ty: Yeah.

Neil: If you're only getting your information from the medical establishment, if you're only getting your information from the CDC, the FDA, and the World Health Organization, and the pharmaceutical companies, then you're not getting informed consent. You're just getting information where the health authorities are trying to push vaccines on you.

And then when you have an adverse reaction to those vaccines, a serious adverse reaction, then they're going to deny that there was a connection to the vaccine.

You're going to be left on your own, having to deal with your damaged child, having to deal with your child that has autoimmune disease, or a neurological ailment. Or that even has autism, because there's numerous studies that document correlations between the vaccines and autism.

When the health authorities tell you that there's no link between vaccines and autism, they're lying to you. There's numerous studies that are providing significant evidence that there's a link between vaccines and autism.

Ty: One of which was suppressed, right? The CDC whistleblower story of 2002, 2004, with William Thompson.

Neil: William Thompson is only one story where there was suppression of evidence confirming that vaccines were linked to autism. They did a study back in 2000, the CDC, Tom Verstraten is a CDC epidemiologist. He's associated with the CDC.

He looked at whether or not babies that got mercury, and compared them to babies that got no mercury in their vaccines, or less mercury. He compared babies that got higher content of mercury in their vaccines to babies that got lesser content of mercury.

And then they waited a few years and they see how many of these babies ended up with neurological, neurodevelopmental disorders, including autism. And it was very clear.

Tom Verstraten said "This is the study nobody wanted us to do, and here's the evidence that we can't whitewash. Here's the evidence that shows that the mercury in the vaccines is causing statistically significant increases of neurodevelopmental disorders in these children."

And they had a secret meeting, held in Norcross, Georgia, to discuss this. They had pharmaceutical company representatives, they had the CDC represented there, they had the FDA, and they kept out the media.

They kept out anybody else that might have wanted to report on this information. And they discussed "What can we do about this? We'd better not release this information."

And then what they did do about it, was they decided over the next few years they were going to find ways to dissipate the statistical finding. They were going to manipulate and rework the data until they got rid of the statistical finding.

And then they published that information in a peer reviewed journal, that came up with the conclusion that there was no connection between the vaccines and autism, and that mercury was safe in vaccines.

But I have the original abstract of the original study that actually documents that they knew that the mercury in the vaccines was dangerous, and I summarized that abstract in my books.

Ty: Just yet another case of corruption, of suppression of information. You could say that it borders on criminal.

Neil: It is criminal. It doesn't border on criminal.

Ty: Yeah.

Neil: It's criminal behavior. They should be prosecuted. The CDC is involved in a cover up.

Ty: Yeah.

Neil: They're involved in a cover up. And health authorities and the allopathic industry are largely involved in a cover up of the true extent of damage that is being inflicted on our children, and adults, and adolescents, by vaccines.

It's criminal. It's corrupt, and it needs to be exposed. And some of us are trying to expose that information.

Ty: Neil, one of the things that you mentioned earlier in the interview was the fact that some kids aren't able to get rid of the aluminum, they're not able to process it. I interviewed another physician for this "Truth About Vaccines" documentary and he calls them "non-excretors."

He said "There's kids that are able to excrete the toxins, and some aren't." We don't know who those are. And that's the problem, is that vaccines don't damage everyone.

Neil: Right.

Ty: They damage some.

Neil: Right. Right.

Ty: We don't know who that some is. And he also mentioned the same thing that you referred to earlier, about the synergistic effect of the toxins. I call them toxins, they call them ingredients, but they're toxic ingredients.

Mercury, formaldehyde, aluminum. We're finding aborted fetal tissue. We're finding all kinds of things in vaccines, and we do not know that what 1+1+1 equals. It's not 3.

Neil: Right. Right.

Ty: It might be 100.

Neil: Right.

Ty: The synergy of these three toxins together might just be catastrophic, and the problem is that we don't know.

Neil: Right.

Ty: And, as you said, the tests haven't been done.

Neil: And some children have a predisposition to damage. There's genetic predispositions. Right now we're just in the forefront—we're just in the beginning stages of understanding who is genetically predisposed to being more damaged, or more likely to be damaged, from certain vaccines.

You can have a genetic predisposition to something and you might not get that adverse effect. You might not have that ailment unless you are exposed to some environmental toxin, and a vaccine qualifies as a potential environmental toxin.

Some children can get the vaccines, and there's no noticeable effect, there's no noticeable adverse reaction. But other children, they're going to have a severe reaction. And it could be from the aluminum, it could be from the mercury.

It could be from the synergistic toxicity associated with the combination of the aluminum and the mercury, or a combination of the formaldehyde, the glutaraldehyde. There's all sort of other—polysorbate 80.

There's all sorts of other ingredients that are in vaccines that we haven't even really looked at in depth. But right now we're just looking at the thimerosal and the aluminum, mostly. That's all we're really looking at.

But these genetic predispositions is one part of the problem. Some children can't eliminate the toxins from their systems as readily as others. All of this contributes to vaccine damage.

Ty: Yeah, one of the things that—one of the men that wrote one of the forwards to your books, Dr. Russell Blalock—he's a friend of mine that is brilliant, brilliant—

Neil: Oh, yeah. Absolutely.

Ty: Brilliant doctor. He understands the brain. And one of the things he talks about a lot is glutamate and the fact that there's MSG and maybe some of that's causing some of this brain damage.

Neil: Well, Dr. Blalock wrote the forward to one of my books, and in that book, he documents that he talks about what actually happens. He's a brain surgeon. He's a neurosurgeon. So he does surgery on infants', children's brains, and he talks and discusses what actually takes place inside the brain of a child when that child's been damaged by a vaccine. Which is very significant. So he brings up a lot of good information.

He talks about the monosodium glutamate. I had somebody at one of my lectures ask me at the end of the lecture, "What is Chinese food doing in vaccines?"

Ty: Well, that's what you do associate—MSG with Chinese food. It's a flavoring in Chinese food, but it also acts as a preservative, correct?

Neil: Yeah.

Ty: Actually it's an adjuvant in vaccines, correct?

Neil: It's an additive, it's an additive that there's a lot of different reasons that ingredients are added to vaccines. Sometimes mercury is added as a microbial agent.

They put it into multi-dose vials, because if you have to put 10 needles into the same vial,

it's cheaper to produce—once you produce the vaccine it's cheaper to put 10 doses into one vial, than it is to put one dose into one vial. And when they do that, they put the mercury in it as a antimicrobial agent.

Ty: To preserve it.

Neil: Yeah.

Ty: Right.

Neil: Because you're putting 10 needles in it. So it saves about \$.15 per dose.

Ty: Multiply that out times billions of doses.

Neil: Yeah. They're saving lots of money. But if you think about it another way, do you think your child is worth \$.15?

Ty: Yeah.

Neil: If the difference is between getting toxic mercury and not getting toxic mercury and it's \$.15, that's the difference? You're going to line some president or vice president of a pharmaceutical company's pockets with that extra money that they're saving by producing multi-dose vials rather than single dose vials that would be safer for children—

Ty: By damaging children they're going to save money.

Neil: Yeah.

Ty: Yeah, I interviewed an attorney, when I was at AutismOne this year, and he was one of the first attorneys to bring suits against pharmaceutical companies—

Neil: Yeah, good for him.

Ty: And this was before they couldn't be sued anymore. But he was one of the first, and he said he found out one of the vaccines that had damaged children, they were saving a half of \$.01 per dose by including toxic ingredients, or whatever it was.

And so he said what he did is he took a penny, he cut it in half, and when he would make his opening presentation he'd lay the half penny in front of the jury.

Neil: Yeah.

Ty: And then, later on, they didn't know why he had done it, and then he would talk about the fact that they saved half a penny. And then they would show the damaged children.

Neil: Yeah. That's a good prop, and maybe I'll bring \$.15 to my lectures in the future and ask people "Do you think your baby is worth \$.15?"

Ty: That's a good visual.

Neil: Because that's what they're saving. That's what they're saving when they put mercury into the vaccine that they want to give to your baby.

Ty: Right. Yeah, that's a good visual, isn't it?

Neil: But there's different reasons that—a lot of people don't know that, for example, the aluminum is an adjuvant, and that's used to stimulate and create a more robust immune response to the vaccines.

Ty: Right. Yeah, there are reasons for many of the different toxins being added, right?

Neil: Yeah, there's manufacturing reasons.

Ty: Sure.

Neil: Yeah.

Ty: Sure. I mean, none would say “Well, we're just adding the formaldehyde to cause brain damage.”

Neil: No, they're not doing it—

Ty: Right.

Neil: They're not doing it because they—it's just the only way they know right now, is to manufacture—or it's the cheapest way.

Ty: It's the cheapest. Right. And isn't that one of the things that has—or maybe that's one of the reasons that they've combined these vaccines?

Because if we looked at the mumps vaccines, or the measles vaccine, or rubella separately, they didn't have the adverse reactions that now the MMR has, because—

Neil: Right.

Ty: Now they're all given at once.

Neil: Right. Right.

Ty: So it's that synergy that you were talking about.

Neil: Well, they're combining vaccines for a few reasons. One, it is cheaper to manufacture vaccines that way sometimes. Two, it's more convenient for parents, they believe, to go to the doctor at one visit. And that's one of the reasons they say “Come at two months. Come at four months. Come at six months.”

There's no science to getting these vaccines at two months, four months, and six months. It's for convenience. It's because they think that a parent has to spread these vaccines out they're less likely to get them.

But if they come for all the vaccines at two months, and then at four months, and then at six months, than it will be more convenient for the parents, and then they're more likely to have their children vaccinated with all the vaccines.

Ty: Right. Neil, in one of your books you talk about there being a “hazard tax” on vaccines. What exactly do you mean by that?

Neil: Yeah. Actually I call it a “death tax.”

Ty: A death tax?

Neil: A “damage and death tax.” Well, what actually happens is that when parents go to the pediatrician to get a vaccine, they don’t realize that a portion of the money that goes to pay for that vaccine actually goes into a congressional fund.

Back in 1986 congress enacted a new law, and they said that you can no longer sue vaccine manufacturers. Instead we’re going to create a vaccine court. We know that so many children every year will be damaged or killed by vaccines. Congress acknowledged this back in the late 1980s.

And they said that—and also the pharmaceutical companies started to petition legislators and petition the CDC and the FDA, and said “We’re being sued every time our vaccine damages or kills some child.”

Back in the 80s it was DPT. The pertussis vaccine was very reactive, and it was causing a lot of neurological damage. Some of these children were ending up mentally retarded, or with some type of brain damage.

And they would also have psycho-motor—developmental problems. And so the pharmaceutical companies said “Would you please protect us against this? We’re going to stop producing vaccines if you don’t provide us with blanket immunity.”

Ty: Okay.

Neil: Okay?

Ty: That’s real immunity they got.

Neil: They got—yeah, they got—yeah, exactly.

Ty: Not like the vaccine immunity.

Neil: Yeah. They got the true immunity. Protection against lawsuits.

Ty: Yeah.

Neil: Okay? And so starting back between 1986 and 1990 the pharmaceutical companies could no longer be sued, all the way up into the present. And now they’ve got this vaccine court.

And so the vaccine court, if the vaccine court determines that a child was damaged by vaccines—and, by the way, thousands of children have already been confirmed as damaged from the vaccines. They’ve been confirmed by the vaccine court.

Ty: Over \$3 billion in payouts, correct?

Neil: Over \$3 billion has already been paid out to parents for their children that have been permanently disabled, or killed, by vaccines. And that was paid for by this death and destruction tax. It’s called an excise tax. It’s basically a tax on the product, so that a portion of the money—it’s \$.75 per vaccine.

MMR is actually three vaccines combined, measles, mumps, and rubella. So it's \$2.25. When a parent goes in to pay for it, \$2.25 actually goes into this congressional fund, and this congressional fund collects this money. It collects into the millions and billions of dollars over time, and then when a child is damaged, or killed, by the vaccine, they receive some of this money for lifetime expenses for their medical care and things of that nature.

Ty: So in a very real sense those families that have received money from the vaccine court, they actually receive some of their own money. They paid for some of it, a small, small portion of that.

Neil: Yeah, they paid for—

Ty: When they paid for the vaccine that damaged their child.

Neil: Yeah. Yeah, we all paid for it, as a society, and we're all paying for it. Every time a child is damaged by a vaccine and becomes autistic, or becomes neurodevelopmentally damaged, or has some kind of autoimmune disease that requires any kind of extra healthcare. We're inundating our healthcare system with all of these children that are vaccine damaged, but we're also overloading our social structures, our social systems, so that these children have to be educated.

Ty: Yeah.

Neil: It costs about \$40,000 a year per child to educate an autistic child. And so we've gone from rates of less than 1 in 10,000 children were autistic before these vaccines were introduced, all the way up to right now we've got more than 2 children out of every 100.

One out of 50, roughly speaking, are being damaged by vaccines. We have autistic children—the rate is now approximately 1 out of 50 boys—

Ty: Is autistic.

Neil: Is becoming autistic.

Ty: Wow.

Neil: And I would estimate that 95 percent of that is related to vaccines. And so we're going to bankrupt the nation if we have to continue paying for these extra social services that these children require, and that it comes out of taxpayer dollars.

Ty: Wow. And not to mention the taxation, the emotional taxation that goes—

Neil: Oh, it breaks up families.

Ty: With all of these families.

Neil: It breaks up families. I see it all the time. I've been doing this, like I said, for 30 years. I receive telephone calls, emails. I receive communications from parents every week, nearly every day, perfectly healthy children, damaged after they receive these vaccines. It's usually the husband that can't handle it and he splits.

It's just overwhelming what these families have to contend with in dealing with these autistic children. Or children that have become autoimmune damaged and that need round the

clock care. Children today that are being damaged by the HPV vaccine, and now they're giving this vaccine to boys.

They finally have a vaccine that they can claim is 100 percent effective. Not a single boy has ever developed cervical cancer after getting this vaccine.

Ty: And they probably will. They'll probably claim "Not a single boy has developed cervical cancer." And the way that we are conditioned, people will say "Wow, that's a good thing." Despite the fact that boys can't develop cervical cancer.

Neil: But it's breaking up families.

Ty: Yeah.

Neil: And families are being broken up. The divorce rates are off the charts.

Ty: Yeah, it's sad. Talk about the HPV vaccine though. The risk versus the benefits. Because if I understand it correctly there's over 100 strains of HPV. The vaccine only protects against three or four.

Neil: Right. Well, there's 15 oncogenic strains. That means that there's multiple strains of HPV. And you have this with families. You have this with the pneumococcal family, multiple strains. They're giving a pneumococcal vaccine that covers—originally they came out with Prevnar 7.

It was a vaccine that was developed to combat seven out of more than 90 different pneumococcal strains that are capable of causing pneumococcal disease. Same with—

Ty: And what is pneumococcal disease? Is that like meningitis?

Neil: It's similar to pneumonia.

Ty: Pneumonia. Okay.

Neil: And then you've got haemophilus influenza type B. Well, who remembers what type B means? Well, it means that there's other types. There's haemophilus influenza type A, type C, type E, type F. They were only combatting type B.

And now if you read the evidence—and I document this in my books—if you read the evidence, after you target let's say with pneumococcal vaccine, or even with the HPV vaccine—what they did with HPV vaccine, they said—

They initially came out with the HPV vaccine that they said "Okay, we know there's 15 different strains of HPV, human papilloma virus, that can cause cervical cancer, but we're going to target the two that are causing the most cases."

They also added two for warts. Sexually transmitted warts. So you had HPV 16 and HPV 18. Those are the names that they gave to these two oncogenic strains. So what happens is with pneumococcal or HPV or HIB, when you target only a handful of strains, when there's multiple strains, the vaccine is pretty doggone effective at reducing the incidence of disease caused by those particular strains.

But let me give you an analogy. When a big military like the United States goes overseas into Iraq or Iran or Syria, and we start combatting ISIS or the Taliban. And we take them

out, or we lower their ability to inflict harm, that's the same thing—that's an analogy as to what happens when we have a vaccine against HPV 16 or HPV 18, or against 17 strains or 13 strains of Prevnar. Prevnar 13. So we target 13 strains.

What happens is you create a vacuum. And now the other strains are going to come and take their place. Just like when you create a vacuum in a foreign country, another terrorist group is going to come and fill that vacuum and take over where the other, where the ISIS, or the Taliban, was knocked out.

And that's what happens in the world of microorganisms. There's a whole ecology there. There's a symbiotic relationship that they have, and that you have, within your microbiome. Within the relationship you have within your body with the microorganisms.

And you have this symbiotic relationship, but when you come in with the vaccine and you target these strains, what happened? So, to give you a good example with Prevnar. Within a few years of targeting seven strains of pneumococcal disease, those strains were knocked out, but new strains became more virulent, became more prevalent, and more virulent.

New strains took their place. Strains that weren't causing a problem in the past, now those are the strains that are causing problems. Why do you think they came out with the new and improved Prevnar 13? It's PCV 13. It's because they said "Here's the new strains that are causing the problems," and it only took place in a few small years.

And so they said "We have to add six more strains." So we went from Prevnar 7 to Prevnar 13. But within two years of Prevnar 13 being on the market, those little buggers, those microorganisms, quickly adapted.

There's now already new strains that are taking the place of the 13 strains and so there's evidence that this is happening with HPV as well. That when they're targeting a handful of strains, new strains are coming that are taking their place. And these new strains are more prevalent and more virulent.

Ty: Prevnar 22 coming soon, right?

Neil: Yeah.

Ty: I mean, it's creating more virulent strains.

Neil: Yeah. In fact, this has happened with *Bordetella pertussis*. You and I are being told that it's the unvaccinated children that are causing the spread of pertussis, and that everyone needs to be vaccinated to protect those that can't be vaccinated against pertussis.

Like the immune compromised. But the reality is is that there's at least three dozen studies—and I document these and summarize these studies in my books, that confirm that the pertussis vaccine actually caused evolutionary adaptation of the *Bordetella pertussis* microorganism. So that it has adapted and evolved so that the strains that were targeted are no longer the strains that are causing the disease. They've become new strains, and the vaccine is no longer effective against the new strains.

So the vaccine is no longer effective, because the new strains have evaded the vaccine. It's just like when you go to the hardware store and you say "I've got roaches in my home, and I want the best product that you have to kill the roaches."

So the best product that they have on the shelves today to go and kill these roaches is not the same product that they're going to have in a few years, because those roaches adapt.

It's the same premise with antibiotics. If you're really sick, antibiotics can help. Antibiotics can help you get better. They help your immune system to fight against some nasty disease. But what happens is the disease learns to adapt, and it evades the antibiotic.

This is what happens in the world of microorganisms. The microorganisms learn to adapt to the vaccines, and then new strains come in and take their place. They've evaded the vaccine, and they become more virulent.

So we have the same problem with, with haemophilus influenza type B, pneumococcal, there's evidence it's taking place with HPV, we've got this with Bordetella pertussis, with the whooping cough vaccine.

That vaccine has low efficacy rate, and the microorganisms that cause Bordetella pertussis have evaded the vaccine, and that's why the vaccine is no longer effective.

Ty: Great information. Neil, one of the things that you mention in your book, one of the events that you mention, is the tetanus vaccine being laced, causing infertility in, I think it was Mexico. One of the officials there was convicted of genocide. Can you talk about what went wrong with the tetanus toxoid.

Neil: Okay. So, all right. Before I get into this, I do want to clarify that I am not one of those that believe that vaccines are designed for population control.

Ty: Okay.

Neil: I know that there's a large segment of people within the non-vaccinating community that believe that vaccines are intentionally designed for nefarious reasons, to control population.

Ty: Right.

Neil: I don't believe that. I believe that they just don't have very evolved ways of manufacturing these vaccines, and they just cause damage. And they don't know how to get around the damage, and so they just deny the damage. They continue to vaccinate and deny the damage.

Okay. That being said, I do believe that health authorities did specifically develop a specific vaccine for population control. And this was then introduced surreptitiously into third world nations, under the guise of protecting women against neonatal tetanus, pregnant women.

Ty: Okay.

Neil: They were saying that pregnant women in third world nations, like Mexico, and Nicaragua and the Philippines—and this was a World Health Organization run program, and this was back in the 1970s, I believe, where they developed a vaccine. And they put in a product, a chemical product, into the vaccine, and they told these pregnant women in these third world nations that they needed to get multiple doses of this tetanus vaccine during pregnancy, so that when their babies were born they wouldn't be born with this problem.

So what they put into that was HGC.

Ty: HGC.

Neil: HCG.

Ty: Okay.

Neil: And what it does is it allows this current pregnancy to continue without problems. But future pregnancies, that woman is going to create antibodies against her own pregnancy, and she'll self-abort in the future, on future pregnancies. And this was documented.

There was a Catholic human rights organization that went and investigated these vials that were being given to these pregnant women in third world nations and confirmed that the HCG was in these vials. The World Health Organization denied it, but they had the evidence for it. So I do believe that they did specifically experiment in that instance.

Ty: So, Neil, one of the vaccines that you've discussed in your book, the *Vaccine Safety Manual*, is the polio vaccine, and how that actually caused paralysis and actually maybe even killed some children. Can you discuss that?

Neil: Well, still, to this day, if you go to India, there's a study that just came out a couple of years ago. And, again, I summarized this in one of my books, they show that the polio vaccine, when administered in India, is actually linked and responsible for 47,000 cases of what they're calling "non-polio paralytic disease."

They came up with a name to try to disassociate it from the polio. But it's only those people that were administered the polio vaccine that are being paralyzed. So that vaccine—the oral polio vaccine, is quite capable of causing polio, causing paralysis.

Ty: That's interesting that they changed the name to make it appear that it's not causing polio, right?

Neil: It does.

Ty: So they call it something different.

Neil: They've done this all throughout the years. I've seen many cases of doctors, themselves, for example, when a child comes into the office with the parents and the child's got a hacking cough, the doctor wants to know beforehand whether the child was vaccinated.

Ty: For pertussis, maybe.

Neil: Yeah.

Ty: For whooping cough.

Neil: Yeah. What do you need to know if the child was vaccinated for first before you make a diagnosis?

Ty: Yeah.

Neil: Okay? But the doctor will ask—and if the child received the vaccines, he might diagnose bronchitis.

Ty: Instead of whooping cough.

Neil: Yeah. If the child didn't receive the vaccines then that doctor might diagnose whooping

cough. The kid's got whooping cough and it's the parents' fault because they didn't vaccinate the child. You see?

But they actually do this—they actually legally change the definition so that—they did this back in the late 1950s and 1960s, they actually legally changed the definition of polio when they came out with the polio vaccine.

They made it much more difficult to diagnose cases of polio when they came out with the polio vaccine. So that was partially responsible for making the vaccine look more effective than it was at the time.

Ty: Because then it was much more difficult to diagnose. So, of course, the cases, the number of cases would have dropped.

Neil: Before the polio vaccine came out, you simply had to observe somebody and you could make the case that they had polio.

But after, you had to observe them for 60 days. You had to have laboratory confirmation that it was actually associated with the polio germ, the microorganism, the virus that was responsible for causing it.

Laboratory confirmation doesn't take—that's rare, on any of these diseases, with any confirmation. Very rarely is any disease confirmed with laboratory confirmation. And you have to observe for 60 days. Because a lot of people don't realize that for 60 days—a lot of people that caught polio, in the old days, you could get polio for a couple of weeks and it would pass. So you would get—

Ty: Right. Most cases, most cases.

Neil: They don't cause paralysis, most cases.

Ty: Right.

Neil: And in fact most people exposed to polio won't even contract polio. So, it's obviously not the polio that's the main factor in determining whether or not you're going to get the disease.

Ty: Yeah.

Neil: It's something to do with the ecology of your body, your immune system.

Ty: The microbiome, right?

Neil: The microbiome

Ty: Yeah.

Neil: Do you have good stability? Do you have a good synergistic symbiotic relationship in the body with—so that has to be well-rounded. If you have 100 people in a room and they're all exposed to polio and 99 percent of them don't contract polio but one person does, there's some factor in that person that is related to why that person out of these other 99 people caught the disease.

Ty: Yeah. I guess the same with the flu, right? I mean, when the flu's going around, we have

kids exposed to the same germs in school but only some of them get the flu. There's something different—

Neil: Right. Right.

Ty: In their microbiome. When we talk about the flu vaccine, I mean, you discussed that in several of your books, and the Cochrane Collaboration of 2006, we are told that the elderly and the infants need the flu vaccine more than anyone, but talk about the efficacy of the flu vaccine.

Neil: Well, the flu vaccine has virtually no efficacy, under most cases. Very little efficacy. The flu vaccine—in fact, several studies have come out to show that people that get an annual flu vaccine are actually more likely to have a more severe case of a pandemic flu, when a pandemic flu comes into society.

Here's what happens is generally speaking the influenza is circulating. It mutates very quickly, so every year it shifts a little bit. It changes a little bit. So this goes on for 10 to 15 years, maybe 20 years. Every year the influenza is circulating, it's endemic in society, everyone's exposed to it, and when you become exposed to it, by the way, you gain cross protection.

You gain heterosubtypic immunity, which provides you with cross protection against different strains that might come up in the future. This is well documented in the medical literature.

People that are vaccinated every year are not given that heterotypic immunity. You don't get the cross protection against future strains. Getting the vaccine suppresses you from getting that extra protection.

Now skip ahead to 15, 20 years, when there's not just a small shift, where the influenza virus didn't just mutate a little bit. It mutated a lot. Now it's kind of a completely different disease, and nobody's been exposed to that new strain.

But those people that did not get that vaccine on an annual basis, they were gaining all sorts of cross protection over the years, and their immune system remembers that.

And when they encounter a pandemic strain, a strain that really jumped, mutated—and most of the population hasn't been exposed to it, the people that have heterosubtypic immunity for having been exposed to the annual variations of the flu virus are the ones that are most protected against the pandemic strain.

The people that were getting the annual flu vaccines, those are the people that are statistically significantly more likely to end up hospitalized, when they are exposed to the pandemic strain. So, there's a lot of different angles to this issue that people need to understand. It's not as simple as "Get a vaccine and it's going to protect you."

Ty: Right.

Neil: The influenza vaccine causes all sort of problems. Guillain barre syndrome, which is a form of neuromuscular paralysis, well documented in the medical literature, that a certain subset of people will get the influenza vaccine and they'll develop paralytic symptoms, and they might be paralyzed for life.

They might need a wheelchair for life, as a result of having gotten that vaccine that they were told, by their doctors, was going to protect them against the flu. But these people now have to contend with a lifelong disability.

So you have that tradeoff, and all these other tradeoffs with the different types of immunity that you're losing. This cross protection. I document it in my books, several different studies, that show in different ways that the influenza vaccine does not protect the elderly against death. That was its original reason for being introduced.

Also the CDC and the FDA often claim that 36,000 people die every year from influenza. This is a flat out lie. If you actually go to the CDC's MMWRs, morbidity and mortality weekly reports. They publish weekly and annual reports on how many people die from influenza, and in any given year the average is anywhere from 750 to 2,000 people that succumb to influenza.

And most of these people have has preexisting conditions. They've had preexisting health conditions that have made them more susceptible to some other opportunistic disease that they've been exposed to.

Ty: So where did the CDC get the 36,000.

Neil: They make it up. It's made up. In fact, they were even called on it. They were called out on it, and there's no real clear answer on where they came up with that.

Sometimes they say that "Well, most of the cases of pneumonia are really cases that started out as influenza." They came up with some kind of estimate where they had some kind of mathematical equation where they tried to come up with after the fact, to come up with how they came up with that 36,000.

Ty: So they back into the number.

Neil: Yeah, basically. But essentially it was just a made-up number.

Ty: Okay.

Neil: There's no basis for that number. No real basis.

Ty: Wow. That's not what we hear, because you walk—I was in New York City a few years ago, and it was during October, so right at the first of flu season, and, I mean, literally, you walk around the block and you see a dozen signs, "Get your flu shot. Get your flu shot."

Neil: Yeah.

Ty: So I guess that's—the 36,000 is a number that people are afraid. "There's 36,000 people that are going to die this year. I don't want to be one of them. I'd better get the flu shot."

Neil: No, that's nonsense. It's made up specifically. In fact, in one of my books, I actually document where they had a secret meeting where they discussed techniques to actually frighten the population.

And that was, in fact, one of their tactics, was to contact the media, and let the media know how many people die every year from the flu vaccine so that people will become frightened and they will go get their shots.

Ty: Wow. And if you don't scare them enough you've got the Model State Emergency Health Powers Act of 2001 that you discuss in your book, in one of your books, the *Vaccine Safety Manual*.

October 31st, 2001, the CDC unveiled the Model State Emergency Health Powers Act

that basically gives the local police and military, via the National Guard, the ability to force vaccinate people.

Neil: The federal government always has opportunities to initiate police state powers under the declaration of an emergency. And this is whether or not there's riots. This is whether or not they believe there's a pandemic. They always have that opportunity.

Now, I do believe you would have the option to be quarantined rather than force vaccinated, under a condition where an emergency is declared, and they want people to be vaccinated against a certain disease. So, you can fight for your right to be quarantined, rather than to be vaccinated.

Ty: Okay.

Neil: Because this is the biggest issue we have today, facing us. It's a human rights issue, as to whether or not people can be force vaccinated, because the pharmaceutical companies and the allopathic health authorities believe that they own our bodies, and they believe that it's their responsibility to force vaccinate every single person on the planet. They don't have that right.

This is a human rights issue. We have got to maintain the sovereignty of our bodies, and the sovereignty of our children's bodies, and we need to retain the right for informed consent. Otherwise we're just being experimented on.

Ty: Yeah.

Neil: This is medical tyranny then. We are being medically oppressed, and we are just slaves to the medical industry, if we can't opt out of vaccination.

Ty: You mentioned we're being experimented on. Wasn't there—the measles vaccine, don't we know now that they experimented on Black and Hispanic children?

Neil: Yeah. I document that story in one of my books and I've written articles about it to where the CDC and World Health Organization went overseas and they had an experimental measles vaccine, and they experimented on black babies overseas in third world nations, and they found out that their experimental vaccine was a killer. It was killing babies at statistically significantly higher rates than if you didn't vaccinate those children at all.

And then once they found out it was a killer disease, they said "You know what? Let's check it out and see if it does the same thing to American black babies. Let's go into the inner cities of LA, Los Angeles, and let's pick out the cities, the counties, that have the highest black populations and let's give them our experimental measles vaccine so that we can determine if it's just babies in Africa or if it has the same effect on babies here in the United States." And they did that until they got caught.

Ty: And then they found out it was killing the black babies here too.

Neil: It was causing damage. You know, not as much damage, and, again, I attribute that to the higher nutritional status of most of the children in the United States when compared to most of the children in third world nations.

Ty: And so this CDC story with Dr. William Thompson where the CDC knew that the MMR was causing higher rates of autism in black babies, it almost seems like the CDC doesn't have

much regard for black children.

Neil: It almost seems like there's a conspiracy against black children.

Ty: Yeah.

Neil: It does.

Ty: We talked about the polio earlier, polio vaccine. You reference a 1992 study published in the *Journal of Infectious Diseases* that showed that children who receive a DPT vaccine were more likely to suffer polio. And there was also a *New England Journal of Medicine* article in 1995, showed the same thing, that the DPT was causing polio.

Neil: Well, they do know that there's several studies that do document that injections of any time. When polio is endemic, and you give an injection to a child, that's something that's significant. When you give an injection to a child, that child is eight times more likely to contract polio.

Ty: Wow.

Neil: So even if that person hasn't been exposed to polio, just giving them a vaccine, or giving them an antibiotics shot that's an injection, just the act of piercing the skin with an injection, the studies have documented that if polio is circulating in society, those that got injections versus those that didn't get injections are statistically significantly more likely to actually come down with polio.

Ty: Wow. Wow. And so it's not only just the polio, because we see documented cases right after the polio vaccine was introduced, where polio skyrocketed in many states after the vaccine. So it's not just the polio vaccine. It's potentially any—

Neil: Well, the early polio vaccine was very crude. It was very crudely developed, and it was causing polio in many of the people that got that vaccine. This is well documented in the medical literature.

Ty: Didn't Jonas Salk testify before congress that very thing?

Neil: Yeah. Yeah, there was all sorts of congressional testimony. There was research that had gone into this that had documented that the vaccine was causing these problems early on. You know, there were more problems than that with the polio vaccine.

One of the biggest problems with the polio vaccine was that they didn't realize that, at the time, that the polio—that, first of all, you need to understand something.

To make a polio vaccine, there's an entire industry that raises monkeys. They slaughter the monkeys, they take out their kidneys, and the polio virus is actually incubated in the monkey kidneys. Now what they do is they attenuate the virus in the monkey kidneys.

Ty: What does that mean?

Neil: Weaken.

Ty: Okay.

Neil: This is how they weaken the virus, so that it supposedly won't cause the disease when it's given to you, as the human. But they didn't know, at the time, that the monkeys had viruses, and the viruses were not a problem for the monkeys. But they were a problem, and they are a problem when they cross species.

So if you've got viruses that are indigenous to the monkey, but they've never been in the human, and then you incubate the polio vaccine in the monkey kidneys that have the virus, and you give those vaccines, 100 million people in the United States, and around the world, were vaccinated with these polio vaccines that contained contaminated—these were contaminated polio vaccines that contained SV 40.

This was simian virus number 40, the 40th virus that they found since they began looking. And that simian virus number 40 they have now documented in 62 different laboratories around the world that it causes increases in bone cancers, brain cancers, lung cancers, and leukemia.

So 100 million people were contaminated with SV 40 because it contaminated the polio vaccine. So even if the industry were able to show and to confirm that the polio vaccine was responsible for lowering cases of polio in the human population, the industry has to take responsibility for increasing cases of cancer in the human population.

Ty: So again it's risk versus benefit.

Neil: Exactly.

Ty: We need to have informed consent, and we don't.

Neil: Exactly. Exactly.

Ty: Yeah, Neil, we know that from studies from the 90s from children that got the pertussis shot, the adverse events: anaphylaxis, asthma, autisms, SIDS, and so forth. The list is endless of these adverse reactions. And at that point it was significantly significant, over 80 percent of the children that had the pertussis shot were suffering from these conditions. What are the recent studies showing?

Neil: Well, back in the 1980s they had a wholesale pertussis vaccine, and they realized that that vaccine was very reactive and was causing a high incidence of neurological damage.

And back in the mid to late 1990s they switched over to what they called an acellular pertussis vaccine. They believed that it was less reactive. It was causing less adverse reactions, but the tradeoff was it might not be as effective.

And, in fact, they know that for a fact that that vaccine is not very effective, because they're giving at least five doses of the pertussis vaccine to everybody.

Ty: Right.

Neil: To children, who are receiving five doses, but they've got studies that show within 12 months, within 12 to 24 months, those children might have already lost anywhere from 50 to 75 or 80 percent of their protection from that vaccine already. So, the vaccine has very poor efficacy, and the documentation is showing that many children are still being damaged from the pertussis vaccine.

Ty: Okay.

Neil: So that's still a problem. They did have mercury in that vaccine, so children that got that vaccine up to the 1990s, and the early 2000s, when they took it out, those children were severely damaged. Many of those children were severely damaged with all sorts of neurological and all sorts of autoimmune disorders.

So, absolutely. That was a problem.

Ty: Neil, earlier you mentioned the measles vaccine, and one of the things that you list out as a way to mitigate damage from measles is vitamin A.

Neil: Yeah. That's very important.

Ty: Can you talk about that?

Neil: Yeah. The World Health Organization has come out and stated that they've done the research, and I summarized the studies from the World Health Organization and from several other journals. Studies that confirm that children that have complications from measles, or that die from measles, have low quantities of vitamin A.

Their nutritional status is very low for vitamin A, and vitamin A will protect babies, will protect children, from complications and death associated with measles.

And so they went and did a study, for example, where they had like 200,000 kids, and they broke them up into two groups, and this was in Africa, and these kids were coming into the hospital with measles, and they gave one group standard treatment.

They gave the other group standard treatment plus high doses of vitamin A. And the group that received the standard treatment plus the high doses of vitamin A had, I forget the exact numbers, but it was like an 80 percent reduction in mortality associated with the measles.

And these were the kids that had the most severe cases. Not everybody ends up in the hospital when you get measles. And, again, when you consider measles can have a high fatality rate in third world nations where the malnutrition and nutritional status is very, very poor.

Vitamin A is very important, and, today, if we didn't vaccinate children in the United States, the best thing you can do to protect, not against measles—you're still going to contract measles, measles is very contagious—you're not going to stop children that are exposed to measles from contracting that disease.

You'll never stop them from contracting the disease, and you don't want to stop them from contracting the disease, because I talked earlier that contracting the disease will offer you many benefits in later life.

It will protect you against cancer. It will protect you against coronary heart disease. But it will protect you, if you take high doses of vitamin A, and you are exposed to measles, and you do get measles, it will protect you from complications of the disease and it will protect you from mortality.

Ty: You know, one of the interesting things that we've seen in the last couple of decades is many outbreaks of mumps, measles in the areas that were almost fully vaccinated. What does that tell us?

Neil: It tells us that the vaccine is not very effective. And we're being told that the small percentage of people that are not vaccinated are somehow responsible for causing the disease in the people that are vaccinated.

But I'll tell you something. Studies have just come out that confirm that people that are vaccinated against measles can spread the disease. They are carriers of the disease, and they can spread it to other people, and they are. And it's the same thing that's happening with the pertussis vaccine.

They have now documented that people that are vaccinated against pertussis are silent carriers of pertussis. It is the disease is developing inside their throats.

Now, the person that got vaccinated may not develop the disease, but they are infectious. And like Typhoid Mary from years ago who did not exhibit symptoms of typhoid, but Typhoid Mary was able to spread typhoid to other people. She was contagious.

The people that are vaccinated against pertussis are like Typhoid Mary. I call them Whooping Wally and Pertussis Peggy. They are silent carriers of pertussis and they are capable of spreading pertussis to other people. This is documented in the studies. I summarize those studies in my books.

Ty: That's amazing, that they are actually carriers.

Neil: This idea that people that are vaccinated, for example, against measles, and the small percentage of people that are non-vaccinated are somehow responsible for causing the vaccinated to catch the disease. No, here's what's wrong. How the vaccine is manufactured.

If people that are vaccinated against measles are exposed to measles in society and catch the disease, that means one thing only. The vaccine didn't work. The vaccine was ineffective. It didn't do what the manufacturer promised that it would do. It did not protect those people when they were exposed to the disease.

Ty: Right. If the vaccine worked, they shouldn't worry about it.

Neil: So don't tell the non-vaccinated that they have to go back—that those non-vaccinated have to be vaccinated to protect the vaccinated. No. Go back to the drawing board and create a vaccine that will protect the people that receive the vaccine.

The people that want the vaccine, let them take the vaccine, and create a vaccine for those people so that when they are exposed to the disease, they don't get the disease.

Because you're absolutely right. In many outbreaks of measles, in many outbreaks of pertussis, anywhere from 80 to 90 to 95, and there's even been outbreaks of the disease where 100 percent of the cases were in vaccinated populations.

Ty: And if the vaccine worked, we wouldn't have seen it.

Neil: That's right.

Ty: Bottom line. Great answer there. You mentioned a Swiss study. 180 Swiss physicians analyzed 320 scientific works from around the world. They concluded "there is no medical foundation for combining measles, mumps, rubella in one shot."

Neil: No. And of course this is what Andy Wakefield speaks about. Andy Wakefield said “There might be some evidence that combining the vaccines is potentially more detrimental than not combining the vaccines.” That’s essentially what he said.

Andy Wakefield said “I still recommend vaccination. I just recommend that you break it up.”

Ty: Right.

Neil: Here’s support for what Andy Wakefield said. These are 300, over 300 medical scientists from Europe that signed a petition that said “There is no good reason to combine these vaccines.” And they went and gave several reasons why that was not a wise thing to do.

Ty: But they still combined them.

Neil: Oh, of course they still combine them.

Ty: Yeah.

Neil: In fact, you have to make them individually.

Ty: So it takes extra work to combine it.

Neil: Yeah, when Andy Wakefield made that recommendation, within six months they they took away that option. The single vaccines were available when Andy Wakefield made that claim. And he didn’t make that claim in his article.

His retracted paper actually said “We don’t really have any kind of evidence confirming a link between the vaccines and autism.” Everybody misquotes that and says he claimed there was a link. But in a news conference that he gave, he said “It might be wise to separate them, or to take them in separate doses over time.”

Ty: Right.

Neil: And within six months the health authorities and the governments colluded with the pharmaceutical companies to take away that right.

But, remember, you have to make an individual measles vaccine. You have to make a mumps vaccine. You have to make a rubella vaccine, and then you combine it all into one vial.

Ty: Yeah.

Neil: Okay? But they said “We’re not doing it anymore. We’re not going to give parents that option.” And so vaccination rates dropped. Because people wanted the single vaccines.

Ty: Yeah.

Neil: And they blamed it on Andy Wakefield. No. Blame it on the pharmaceutical company. Blame it on the government officials. Blame it on the health authorities. Those are the ones that colluded to take away that right from parents.

Ty: And when you look at the MMR – measles, mumps, rubella, I interviewed immunologist Tatiana Obukhanych, and she said that it’s absurd to give the rubella vaccine to boys because the only damage that’s ever done from rubella is in a pregnant lady.

Neil: Right.

Ty: And so she said that it's absurd that we combine it.

Neil: Well, the idea was to take away the hosts that the—

Ty: The males—

Neil: Microorganism can jump to. See, the viruses and the microorganisms live inside you and me. Okay? We're their host.

Ty: Okay.

Neil: Just like you live on the Earth, they live inside us. We're the Earth to them.

Ty: Right.

Neil: And the reason they're giving boys is to—they believe then those boys can't be a host for that virus, and in that way, they would be protective to these pregnant women.

Ty: Got it. Okay. Talk about the different between ethyl mercury and methyl mercury because we'll oftentimes hear "Well, why should we even be afraid of ethyl mercury is not as damaging as methyl mercury?"

Neil: There's many studies that show that ethyl mercury—the type of mercury that's in vaccines, there are dozens of studies that show that the type of mercury that's in vaccines is dangerous.

First of all, in my estimation, they're splitting hairs between the difference between ethyl mercury that's found in vaccines and methyl mercury that's found from other sources.

Authorities tried to say when we caught them with their pants down, overdosing babies with mercury, they said "Oh, but—yeah, okay. You're right. The studies do show that methyl mercury is dangerous. Oh yeah, we'll admit that. But the type of mercury that's in vaccines is ethyl mercury, and that's different."

No it's not. No it's not. It's dangerous. It causes neurological, immunological damage. And the studies prove this, and I summarized those studies in many of my books.

Ty: Yeah. 2007, Generation Rescue study showed that—they looked at 17,674 children, they found that vaccinated boys were 112 percent more likely to be autistic, 158 percent more likely to have a neurological disorder, and 317 percent more likely to suffer from ADHD than unvaccinated boys.

Neil: Yeah. Yeah. Now, I will tell you, that information is important, but that is one of the few studies that I've actually put into my books that wasn't published in a peer reviewed journal. That was a private study that was conducted.

Ty: Okay. Generation Rescue?

Neil: Yeah, Generation Rescue, but it was never published in a journal.

Ty: Okay.

Neil: I just want to clarify that point.

Ty: Okay. Yeah.

Neil: Like I said, there are plenty of studies, published in peer reviewed journals, documenting links between vaccines and neurodevelopmental disorders, including autism.

Ty: And that's important to note, that most of these studies are published in peer reviewed journals.

Neil: Absolutely.

Ty: Yeah.

Neil: Absolutely. The studies in this book, Miller's *Review of Critical Vaccine Studies*, this book, there's 400 studies in here.

Ty: Yeah.

Neil: And these are studies—most of these studies are recent studies.

Ty: And they show the damage and the dangers of vaccines.

Neil: These are all studies that are showing problems with vaccines, because I got tired of hearing from pro-vaccinators saying, and medical doctors saying, "There are no studies show that vaccines are a problem, that vaccines are unsafe." What are you talking about? That is an outright lie.

Ty: Yeah.

Neil: There are hundreds, if not thousands, of studies published in peer reviewed journals documenting safety and efficacy problems associated with vaccines.

Ty: And you have listed—how many are in your book, in this *Critical Vaccine*—

Neil: 400, just in this book.

Ty: 400. So, there's 400 studies in just one book—

Neil: That's right.

Ty: That deal with the dangers of vaccines.

Neil: And most of it is just one study per page.

Ty: Yeah.

Neil: And I just use the entire page to give bullet points that summarize what that study is about.

Ty: Yeah, it's a great book by the way.

Neil: Thank you.

Ty: It's very easy to understand.

Neil: Yeah, thank you.

Ty: Yeah, I was going through that this week and—

Neil: Doctors use this. Medical doctors that know the problems with vaccines use this book to support when they go out and lecture. They use the information in this book because it gives them strength and it gives them the supporting documentation.

Ty: Yeah. I saw the quote on the back by Dr. David Brownstein, a good friend of mine up in Detroit, “This book should be required reading for every doctor, every medical student, and parent.”

Neil: Tony Bark wrote inside.

Ty: Did she?

Neil: Tony Bark. Tony Bark, she gave a really nice, nice reference.

Ty: Okay.

Neil: Brandon Weeks. I’ve got seven medical doctors in here that—

Ty: Yeah.

Neil: So people that think that medical doctors don’t know the medical problems with vaccines, they don’t know how many medical doctors know that the vaccines are causing problems. And pretty soon you’re going to see more and more medical doctors speaking out.

Ty: Yeah. And the reason that the medical doctors know is because they’re seeing it in their patients, some of them—

Neil: Right.

Ty: And they also know because there’s studies—

Neil: Yeah. Yeah. Yeah.

Ty: That tell us that vaccines are very dangerous.

Neil: They can read the evidence.

Ty: But if you listen to most pro-vaccine people, they’ll say “There’s no science that says that vaccines are dangerous.”

Neil: Plus, if a doctor speaks out right now, they risk having their medical license pulled.

Ty: Yeah.

Neil: And so some of them wait until they retire. Like Dr. Blalock is a retired neurosurgeon. I don’t know how much he was speaking out before he retired.

Ty: He is now.

Neil: But he’s definitely speaking out now.

Ty: Yeah. Neil, last question, just, in your books, you've addressed conflicts of interests many times. And so talk about the financial conflict of interest that we have in the vaccine industry.

Neil: Well, the doctors get incentives from the insurance companies for vaccinating a certain percentage of their clients, of their patients.

I've received letters, emails, and phone calls, all the time, from parents who say "I told my doctor I don't want to vaccinate," or "I told my doctor that I want to selectively vaccinate. I only want to give certain vaccines and I only want to give them at a certain time. I want to spread them out."

And he said or she said "If you don't take all the vaccines or if you don't listen to what I have to say, I don't want you coming back to my practice." So many, many families have been kicked out of doctors' practices, and they think that the true reason is because they're not vaccinating, and they won't listen to the doctor. And that's part of it. The doctor doesn't like his or her authority being questioned.

But another part of it is that they have to achieve a certain percentage, a certain percentage of the people that come in for the vaccines have to take those vaccines and the doctor then gets bonuses. He gets a kickback. This is documented. So, if you kick out patients, you increase the percentage of the remaining clients, and you get those bonuses.

But at the pharmaceutical level, and at the CDC level, the CDC is supporting the pharmaceutical companies. There's a revolving door between the authorities that run the CDC and then move over to take high levels of management within the pharmaceutical companies.

For example, Julie Gerberdink, she was the head of the CDC for many years. When she quit, she got a very high paying job as President of one of the top vaccine manufacturers, as the leader of the vaccine manufacturing company that she, just before, was actually supposed to be regulating.

Ty: Yeah.

Neil: Okay? So now the CDC has a conflict of interest because they are looking after vaccine safety, but they're also promoting vaccines. We have to take the ability for the CDC to be responsible for vaccine safety. We have to put that into an independent commission.

The CDC cannot be trusted to look after vaccine safety issues, because they have a conflict of interest where they are interested in pushing as many vaccines as they possibly can.

So that's a big conflict of interest. But the pharmaceutical companies have infiltrated the journals, they are buying out the journals, so that you don't have in many journals anymore, you don't have objectivity.

Studies that conflict with vaccines often won't get published in journals. Studies that show a problem with vaccines, studies that have findings where there's a safety issue associated with vaccines, often, they will be rejected by journals, because the journals get paid off by the pharmaceutical companies.

How do the journals get paid off? Because when the journal publishes a pharmaceutically-sponsored study that promotes vaccines, the pharmaceutical company will buy hundreds of thousands of copies of that journal article, which will account from anywhere from half a million, to millions of dollars into the journal's pockets.

And this is a substantial portion of the journal's income. And it's sort of like an unwritten, unspoken, understanding that when the journal uses its journal space to promote pharmaceutically-sponsored studies, the pharmaceutical company will, after that journal article is published, buy hundreds of thousands of dollars' worth of that paper.

Ty: Wow.

Neil: So that's a problem.

Ty: It is.

Neil: And then you've got the scientists and the professors working in the various colleges and universities around the country, and I have documented in my books several studies that have been done, that show that they are guilty of manipulating study results.

They leave out data points, or they drop some kind of a finding because they allow the pharmaceutical companies to vet their studies before they're published, and the pharmaceutical company doesn't like something that a certain conclusion or certain finding in the paper, so they water that finding down. This is very common.

Ty: Yeah.

Neil: There are many, many different ways that conflicts of interest find their way into vaccine studies so that it's very, very difficult to trust studies today. In fact, Dr. John Ioannidis is an expert on the validity of studies, and he has come out and said that studies, especially studies published in the biomedical field, half of them, he said that more than half of them are not valid.

So you can't trust half of the studies that are actually published in the medical journals. What does that mean if you can't trust half of them? Which half? Which half can't we trust?

I always tell people "Putting a man on the moon is science. Publishing a study in a medical journal that's been funded by the pharmaceutical company, or supported by people that are associated with the pharmaceutical companies, that's not science."

Ty: No.

Neil: Those studies are not science.

Ty: That's bought.

Neil: That's marketing. That's marketing.

Ty: Yeah.

Neil: It's much more efficient for a pharmaceutical company to—it's a much more useful way to spend their money creating a study that's bogus that shows their vaccines in a good light—

Ty: Well that way they can sell more.

Neil: Than to go and advertise that vaccine.

Ty: Well, two things that you said, and this—and we're done. You mentioned that sometimes pediatricians will fire their patients that don't vaccinate. I interviewed this man right here

behind the camera, and that exact same thing happened to Julius—

Neil: Yeah.

Ty: With their pediatrician.

Neil: Oh, it's exceedingly common. I have frequently asked questions on my website at Think-Twice.com, and that's the number 1 question that people write me, almost every week I get somebody who said "I just asked my pediatrician some questions about vaccines and he fired me."

Ty: Yeah.

Neil: And what I do I tell them? I tell them "You should be thankful that he was honest enough to end your dysfunctional relationship with him."

Ty: Yeah. True.

Neil: "Go find somebody that will respect your views and respect you and your family and the decisions that you want to jointly make with your healthcare practitioner."

Ty: So, Neil, one other thing that you mentioned was that doctors get paid based upon the percentage. I just got an email forwarded to me from a medical doctor, and it was a PDF file from Blue Cross Blue Shield, and it shows the rates that they need to get, and the bonuses that they get, in the PDF document from Blue Cross Blue Shield.

Neil: Yeah. You're not supposed to receive that.

Ty: I know. I got it.

Neil: I have a copy of it too.

Ty: So we're not making this stuff up. This is stuff that doctors are receiving and they know what percentage they need to get, to hit, in order to hit that bonus.

Neil: Exactly.

Ty: Yeah.

Neil: Exactly.

Ty: Well, Neil, this has been an amazing interview. I thank you for what you've done over the last 30 years in your research and the way that you've really shed light in this field. And like I said before, you were one of the forerunners, and now this momentum is starting to pick up, and it's largely because of some of these studies that you've highlighted. So thank you so much.

Neil: Thank you very much.

Ty: We appreciate it.

Neil: Really appreciate it.

[End of transcript]