Chapter 42:

Interview with
Dr. Heather Rice, D.C.

Ty: Well, Dr. Heather Rice, thank you so much for joining me today. I really appreciate it.

Dr. Rice: You're welcome. My pleasure.

Ty: Yeah. Looking forward to having a nice conversation here about your perspective on vaccines. And I know that you have a unique perspective on a couple of different issues. So, let's just get into it and let's have a conversation and see where it goes.

Dr. Rice: Okay.

Ty: So, first of all, tell the viewing audience a little bit about yourself, your education, where you're from and what you do.

Dr. Rice: I've been a chiropractor for over 30 years. I practice up in Vermont right now. And my practice is very much wellness-based. So, not so much back pain, headaches, see you for a few visits and off you go, but people that really want to have the highest level of function in their bodies for themselves and their families. And so, that's what I specialize in.

Ty: Okay. And how long have you been doing that?

Dr. Rice: Over 30 years.

Ty: 30 years? You've been a chiropractor for 30 years then?

Dr. Rice: Over 30 years, yep.

Ty: Alright.

Dr. Rice: I'm an old timer.

Ty: Interesting. The older I get, the more I realize that's not really that old.

Dr. Rice: That's right.

Ty: I'm getting close to 50, and I used to think 50 was really old. Now I'm like "No, it's not that old."

Dr. Rice: Yeah.

Ty: One of the interesting things about chiropractors that we covered in the last documentary, The Quest for The Cures, The Global Quest for The Cures, was that in 1913, I think it was, the American Medical Association actually set up an internal department to slander chiropractors and make them known as quacks.

Dr. Rice: I know.

Ty: Yeah. And so, a lot of the things—because chiropractors typically, "Oh, you're going to a chiropractor? Why don't you go to a real doctor?" Well actually, chiropractors are real doctors.

Dr. Rice: Mm-hmm, yeah.

Ty: Chiropractors know more about the way the body works than most doctors, most medical doctors. But they took a beating a hundred years ago, when the AMA started attacking them with the first time that the term "quack" has ever been used in the United States.

Going after naturopaths and chiropractors and homeopaths. Making people afraid of these doctors that actually know something about the body. Just an interesting tidbit.

Dr. Rice: Well, it's because we were competition and they knew it.

Ty: Yeah. And the whole thing was the Flexner report of 1910, which was funded by the Rockefellers. What was John Rockefeller's main mantra through his whole business career? "Competition is a sin." Right?

He got rid of competition, and that was really what they were trying to do at that point was get rid of competition. So, about vaccines. How long have you been interested in the risk/benefit analysis of vaccines, and are they really worth it?

Dr. Rice: I grew up in a traditional family, with traditional medical model, until my dad became a chiropractor. But my mom always never really liked going to the doctor. That was just kind of her way. So, we did get the traditional childhood vaccines at that time, which were just a handful.

When I went to chiropractic school, it was the first time that I encountered another way to look at things. And I remember going to a conference. Barbara Loe Fisher was there. And when I heard her story and I was with a group of colleagues and peers where we got what she was saying, that was the moment that my paradigm shifted around vaccinations.

Otherwise, I didn't think of them in any other way. I hadn't thought about them deeply at all. I was a student in chiropractic school. But once I heard what her story was, there was no going back. And from then on, of course, in chiropractic school we had a toxicology course.

So, we learned about medications and that our approach was different because we understood that medications were coming from the outside in, and our bodies were actually designed to be healthy. And so, vaccines are just in that same category. They are medications. They're no different. And people try to position them in a different way.

Ty: Yeah. Barbara, I interviewed Barbara a few months ago. We tried to hook up at that time when we were up there, if you remember, when I was in Washington, DC.

Dr. Rice: Yeah.

Ty: But during the same period of time, I also interviewed Dr. Larry Palevsky. And Barbara and Larry just sat down and just started going at it. Not with each other—not at each other, but with each other. Just back and forth about some of the absurdities that some doctors believe today. And you mentioned something that was really interesting. You just said inside-out. Contrast health from the inside-out versus outside-in.

Dr. Rice: Well, I think that if we just look at the most basic level of how the human body was designed, it's brilliant. Our bodies are brilliant. They're designed to be healthy. We have everything we need to not just survive in this world, but to thrive in this world.

Our bodies were just designed that way, even down to the genetic level. So, if we look at what the genetic demands are from ourselves to live a healthy lifestyle, then it becomes easy. And what we realize is it's all in there to express itself normally and healthily, healthy normal, but we just need to provide the right building blocks and clear any interferences that are stopping that perfect genetic expression of our highest potential.

So, genetically, we come from a long line of successful human beings. We wouldn't be

here if that wasn't true. And what we get passed down is potential, genetic potential. And then how we live our life will determine how that genetic potential gets expressed.

If we know that everything is in there and we're designed to be healthy, we just need to make sure that that can express itself outward. So, the idea of our nervous system being the primary control of everything in our body, and that then allows all the organs to function at their highest level.

As long as the messages are getting from the brain to the cells and back again without interference, you get to be healthy. And that will impact your immune system as well. And so, as long as that's happening in a clean, clear way, then our ability to adapt to the stresses in our life, including the exposure to acute illnesses, we're designed to have that happen.

But if we interfere with that, either from interference in the nervous system or from not living in a genetically congruent lifestyle, then we start to see breaking down in the body. And then we may start to look for other ways to address it.

Ty: Dr. Heather, you just mentioned a couple of things that I want to pursue a little bit. First of all, you didn't use the word, but you're talking about epigenetics.

Dr. Rice: Yes, exactly.

Ty: Our genetic expression is influenced in certain ways. And it looks like, in certain instances, maybe not all instances but many times, vaccines can actually have a negative epigenetic effect versus a positive. Because what we're trying to do with vaccines, the theory behind it is we want to create an antibody response and protect us from disease.

But the reality is, as you just mentioned, our bodies are already designed to do that. So, by injecting a vaccine into the body, we potentially have a negative epigenetic effect versus a positive one, don't we?

Dr. Rice: Absolutely. Yeah. So, if we just think about the design of the body and how perfectly it's designed to encounter any kind of foreign particle, we can call it a disease, a virus, whatever you want to call it. Normally we would—and when I say normally, I'm always going to mean healthy normal.

So, with healthy normal situation, a virus would come in through our respiratory system, our digestive system. We would have our skin to protect us, our mucus membranes to protect us. That virus would then come in, if it was through the lungs, before it ever got to the bloodstream, if it was through the digestive system, before it ever got to the bloodstream, it would have been knocked out, destroyed, altered in some way, and the body would have recognized it at a certain level of entry.

We then produce the aspects in our immune system to fight against that at the earliest sign of it. So, we'll use our immune system for that, to start with. And then, if somehow that virus gets into the bloodstream, then we have the backup emergency way of handling that in our immune system.

It's all designed that way. And in our natural state, that's how we're going to encounter viruses. If we inject it right into the bloodstream, we've now gone past all those natural designs that would have kept us healthy and would have allowed us to identify that virus at the earliest level, to then address it in the easiest way in the body.

When you inject it into the bloodstream, now the emergency backup immune system has to try and manage this. But in the meantime, those viruses and all the other things that accompany those viruses, they now have access to all the inner organs that they normally wouldn't ever get to.

And so, we are using up our emergency immune system, which some say we have a certain capacity for our life that we use that for, that it may be using that up much faster. Instead of the design, where we use the other part of the immune system to just recognize it and take care of it before it ever gets to that deeper level.

Ty: Okay. You also mentioned encountering viruses or bacteria, or whatever. That takes me back to really, I think what might be the fundamental difference in the perspective that different camps have on health.

You have two different theories of disease today, right? You have the germ theory that was championed by Pasteur, and you have the law of the terrain by Antoine Beauchamp, right?

Talk about how that might be a fundamental difference that leads to whether to vaccinate or whether to not vaccinate, right? Because if the internal terrain, as Beauchamp proclaimed, is healthy, which we would now call the microbiome, basically—

Dr. Rice: Yes, exactly.

Ty: Then we don't worry about diseases. We don't worry about germs and bacteria because the germs and bacteria aren't the thing that we should be concerned about. It is our internal terrain in a state that it can deal with the germs as opposed to attacking the germ with a drug, or a vaccine, or whatever it might be.

Dr. Rice: Mm-hmm. Well, I think what you're saying is when we look at this idea of injecting a vaccine in to try and do a certain job, as soon as we inject it in, we have no more control over it. And we don't really know what's the exact amount in a healthy normal situation that we would encounter.

They're just guessing about how much to inject in, and they're not even being precise about the specificity, the diversity of a human being, how big or small they are, what their ancestral background is. So, by injecting it in, it's a crap shoot, pretty much. Once that then happens in our bodies, our bodies have to respond in some way, and they'll do the best they can, but it's not going to be optimum.

Ty: Let me ask you this. When we look at vaccines, whether they're effective, what the definition that the medical system today says effective means that it creates an antibody response with a vaccine. So, is it the same thing as creating—is creating an antibody response the same thing as protecting us from that particular disease?

Dr. Rice: Well, it's not. It's not the same at all. Creating an antibody response is a good way to measure something, but it doesn't actually measure whether we're going to get the disease or not. It's not about clinical effectiveness. It's only about something that can be measured.

The thing that's interesting about that is lots of studies are showing, now, that completely vaccinated populations are still getting those same illnesses they were vaccinated for. And if you do the titering, they have the antigenic response, but it didn't protect them from the disease.

Ty: What do you mean by titering?

Dr. Rice: When they actually take a blood test to see whether or not there is a record in their immune system that they have an antigen already made to address that disease. Which if we had had a natural exposure, chances are we would have created that as part of the design to be ready for the next time we encounter it.

But there's no correlation—I mean vaccines themselves tell us—the vaccine research tells us that there's actually no correlation because we see in completely vaccinated populations that the diseases are still happening.

Ty: Dr. Sherri Tenpenny, I interviewed her on this. I asked her a question similar to that and she said that she's got papers from mainstream medical researchers and medical schools that basically say "We know that vaccines are creating an antibody response, and we know now that an antibody response has nothing to do with protecting from the disease."

Dr. Rice: Yeah, right.

Ty: I mean they're admitting it. She's going to send me those papers. That reminded me of that. I need to get those papers from Sherri. Because it's interesting that they know that that's not necessarily equivalent. But we think it is.

Dr. Rice: Right.

Ty: We think it is because we're told that they're effective. They're effective at what? Creating an antibody response.

Dr. Rice: Right.

Ty: What does that mean?

Dr. Rice: So, a couple things that are interesting about that. I know that there's a small group of people that have, I don't know if it's a genetic piece or not, but they don't have the ability to create the antigen response.

Ty: Now what's the difference in antigen versus antibody?

Dr. Rice: Oh, yeah.

Ty: Antigen versus antibody response, just for people that are watching that don't know those terms.

Dr. Rice: The antigen is the thing that we encounter that triggers us to have a response. The antibody is what we create in response to that antigen. What I find interesting is agammaglobulinemic children, which basically is the long way of saying children that actually don't have the ability to produce antibodies. They seem to be doing just fine in recovering from diseases. That's fascinating.

Ty: That's a tongue twister, too.

Dr. Rice: It is, yeah. And the other piece that I think is interesting, so we have these little places where there's something unusual in a person that allows us to see and understand more about the body. So that's one example.

Not very many people on the planet can't produce antibodies, but the few that we can observe that can't, they seem to be doing fine with adapting to and recovering from diseases.

Another amazing example is the surprising story of Masha and Dasha, which were—

Ty: Siamese twins.

Dr. Rice: Siamese twins in the Soviet Union, who were observed throughout their lifetime to try and understand more. It's a little bit of a tragic story because they were taken away from their mother and institutionalized so they could be observed, but we got some amazing information from it.

And so, here's the thing that I found was most interesting. Just imagine this. Masha and Dasha, they're Siamese twins. They're attached at the hip, which means that one of them is growing out this way and one of them is growing out this way.

But they shared a bloodstream. What was so interesting is that sometimes one of them would get a cold and the other one wouldn't. And then sometimes, in fact, their childhood diseases, one of them had the measles and the other one didn't. So, how does that work, if measles is really from a virus moving through the bloodstream, when they shared a bloodstream? Interesting, right?

Ty: So, what are the theories on exactly what caused one to get measles and the other not?

Dr. Rice: I don't know what the scientific theories are from other people that have studied it, but I have an idea from people I've learned from. That one of them had a more crooked spine than the other. So, they shared the bloodstream.

They shared—they had their own kidneys and heart, and so on. But they still shared the bloodstream with that, right? They had separate central nervous systems. So, they had separate brains and spinal cords, and nerve systems, that were controlling their part of their body.

And one of them was a little bit more bent over than the other, because they're trying to be upright in a world designed for single-spined, two-legged people. And so, one of them had more distortion in their spine, which may have made them more susceptible to being in a more weakened state. One of them was a little bit more sickly than the other.

Ty: Well certainly, having a crooked spine hinders cellular communication.

Dr. Rice: Exactly.

Ty: We know that. I mean there's not really a lot of debate about that. So, it could be that the fact that the one that had a more crooked spine just the body wasn't communicating as well, couldn't mount the typical response. So again, we see—

We go back to the germ theory versus the law of the terrain. They were both exposed to that measles virus. I mean they're Siamese twins. So, they both were exposed to the virus.

Dr. Rice: Right.

Ty: One got it and the other didn't.

Dr. Rice: Right.

Ty: It wasn't because the virus was different, because their body, their internal terrain, their

central nervous system at that point was different.

Dr. Rice: Yeah.

Ty: One was more prepared for it, the other wasn't.

Dr. Rice: That's right. And they would have eaten the same things. So, their microbiome should have been exposed to the same things coming in. But how the nervous system was managing it may have been different. So, we know that the nervous system actually has an impact on regulating even the DNA expression of the microbiome.

The nervous system is key with if we don't keep our nervous systems healthy, then we're going to make ourselves more susceptible to diseases and not recovering from them.

Ty: When you talk about the nervous system, what bodily organs comprise the nervous system?

Dr. Rice: The central nervous system would be the brain and the spinal cord. And then the peripheral nervous system are the branches of the nervous system that then go out to every cell in the body.

I actually wish that the spinal cord was named the brainal cord, because then people would get that it's the part of the central nervous system. It's the part of your brain that lives in your spine. And then people would take better care of their spines. Because it does have a dramatic effect on your health if your spine isn't healthy.

Ty: And we've seen that over the years, with the interviews that I've done with people on cancer. It's a common thread that the first thing that you should do, that they did to successfully treat cancer, was get their spine aligned initially.

And then they go from there. I got that. In fact, I interviewed a man in Kentucky that that's basically what he did, was he kept getting his spine aligned, and he was diagnosed with I think it was 4th stage pancreatic cancer. I can't remember exactly.

Dr. Rice: I remember hearing a study about someone that had liver cancer that had used chiropractic care. I want to just come back and address one other piece, the idea of the measles. So, with Masha and Dasha, one of them expressed the measles illness and the other one was sharing the bloodstream, and may actually have gained the immunity without having expressed the illness.

I remember being at a conference, the National Vaccine—it was in Washington, DC. I don't remember the name, national vaccine conference. And I happened to meet a woman who was telling me the story of her son, who was about in his 30s, and decided he wanted to go into some sort of health profession.

And he was being required to get vaccinated in order to continue his studies at that institution. And when he was a child, she didn't agree with the idea of vaccinating and didn't vaccinate her kids, but kept it quiet because it was not popular at the time.

And so, in order to avoid him having to go through all the vaccinations as an adult, they said "Let's just titer him," meaning "Let's see what immunities he already has, and then if there's anything that needs to be filled in, go that route."

He got titered. He had everything. So, even polio, that he had never had the illness of polio, he titered for polio. Yeah. He already had that immunity because he was just living in our

culture where we're exposed to those.

Ty: We're exposed to it. We're exposed to millions of bacteria, germs, and viruses on a daily basis.

Dr. Rice: Absolutely, yeah. And our bodies were designed to manage that. And the other piece that was important also is when we look at this idea of the design being, that early on we want to be exposed to childhood illnesses, because they're actually part of the developmental process of the immune system.

There was an interesting study that just came out. It was in *Science Magazin*e, November 2016. And it's saying that—I actually love the summary. It says it right here. "The first influenza attack that a child suffers can affect the way that their lifelong immunity to the virus builds up."

What they found is the actual imprinting process that happens, that when we're exposed to the virus, it imprints our whole neuro-immune system so that later on, we'll recognize that and we've got that handled. And so, they found that in older individuals who were exposed to the viruses as youngsters, it meant that they were less susceptible when they were older.

Ty: Wow.

Dr. Rice: Yeah.

Ty: That's a pretty powerful reason to let them be exposed.

Dr. Rice: Exactly.

Ty: Not fear exposure, let them be exposed.

Dr. Rice: That's right, yeah. I remember hearing in my training, and I don't remember where it came from, but this quote of "103 by 3." And it meant that you want your child to have a temperature of 103 degrees before they're three years old in order to coordinate the nervous system and the immune system so that for the rest of their life, they have that robust immune response to anything that they encounter.

Ty: But in states like California, if you try to allow your kid to get natural exposure by not vaccinating, you could have your kid yanked.

Dr. Rice: I know. It's terrible.

Ty: So, this forced vaccines, I mean Pan, Senator Pan, he was the author behind SB 277. It was actually the big pharma, the lobbyists basically, he was their puppet. But there is another Child's Bill of Rights now that he's looking to pass in California that says that a child, a minor that can't make a decision on anything else, can now override the parents if they want to be vaccinated.

And you can bet your bottom dollar they're going to scare the living daylights out of those kids in school, that they need to be vaccinated, otherwise they're going to die. And so now, they're trying to pass a Child's Bill of Rights. What do you think about this, the forced vaccines and lack of parental consent here?

Dr. Rice: I think it's evil. I think there's something really wrong about it. Just think about it. Vaccines,

they are a medication. They're in that category of substances that we want to deal with in a very careful way. We want to be able to decide.

In every other medical decision, we're deciding what goes into our bodies. And we're deciding, as parents, what's going to be best for our child. And now, we're having those rights taken away from us.

They are using it as a tactic to try and get all children to be vaccinated, but it's not going to stop there. It's already set up that this is moving towards mandatory vaccinations from cradle to grave.

Ty: Healthy people 2020.

Dr. Rice: There you go. Yeah. And so, people don't realize. I mean in our population 85 percent of our population is using some sort of non-pharmaceutical approach to deal with their health and their children's health. 85 percent of our population. What people don't realize is, they're going to be losing their opportunity to choose that for themselves, even as adults. Never mind for their children.

Ty: That's in direct violation of the Nuremburg Code.

Dr. Rice: There you go.

Ty: I mean you can't force-medicate people.

Dr. Rice: Yeah.

Ty: It's in violation of many other national regulations, not just international, but on a nation-by-nation basis, it's illegal in almost every nation. But we do it here. We're passing these laws to force medical procedures, force medications, on people that don't want them.

Dr. Rice: Yeah. So, there's something that has happened in our culture, where we've forgotten that there are different ways to approach health. And people are assuming—when I say people, I mean when these government regulations are imposed, they're forgetting that there are different ways to think about how you want to manage your health.

So, the pharmaceutical approach is one way, but there's a whole vitalistic approach that many people are using all of, or parts of, to make their best decisions for their families.

Ty: And we should have that right.

Dr. Rice: We should have that right, absolutely. And if we don't do anything about protecting that right, it is being taken away from us. So, in the state of Vermont, we have had our philosophical exemption taken away. And there are a lot of people that were surprised after it was taken away, like "What? How could that be possible?"

They didn't know that they needed to say something, that their lawmakers needed to hear from them about how they felt about this. People were complacent about it.

Ty: Well, you know, it reminds me of a quote by—sometimes attributed to Thomas Jefferson, sometimes Ben Franklin. I don't know who said it. But "All it takes for evil to win is for good people to say nothing." And that's what we've seen happening.

People are just so complacent. I just mentioned the fact that, in the UK, I guess you can't sell the *Vaxxed* movie. But isn't it absurd that you can probably sell child porn, snuff movies? I mean you name it. Anything's legal.

But you can't sell a movie to give people the knowledge they need of whether they should vaccinate or not. I mean it's like the Holy Grail of this medical church, that you can't question vaccines. You can't sell a movie, but you can sell any other kind of vile filth, but you can't sell a movie about freedom of choice in vaccines.

Dr. Rice: Yeah. In 2012, in Vermont, we had our first encounter with trying to take the philosophical exemption away. And we talked to our legislators freely about the reasons why we didn't think that was a good idea. And a lot of people spoke up about it, and they heard, and they didn't pass that.

But last year, when the same thing came up, something had changed where it was not okay to be talking about not wanting to vaccinate your child. So, there's something that has happened in our culture that has now demonized people for wanting to just take care of their family the way they see fit.

And informed consent has always been part of making any kind of medical decision, and now there's no informed consent if your rights are being taken away on whether you can make that choice or not.

Ty: Absolutely.

Dr. Rice: So, in Vermont, we have the religious exemption. And I remember having a conversation with one of my lawmakers where I was explaining to him what my personal viewpoint was on why I would choose not to vaccinate my child.

And he asked me "Well, is there anything that would change your mind?" And I thought about it and I said "No, because I understand how the body works, and I understand how vaccines work, and the whole concept doesn't make sense to me. And my purpose on the planet, for my child, is to protect my child from harm. So, I wouldn't."

The reason he asked it is he wanted to know if we could provide research that showed that the vaccines were safe and effective, would I change my mind? That's why he asked the question.

So, my response was no, and he interpreted that as "Oh, then you're not open-minded. And those anti-vax people are close-minded and don't know what they're talking about." So, it was interesting to watch how he was asking one question and I was answering a different question than what he thought he was asking.

Ty: Well, you know the reality is, Dr. Heather, that most of the pro-vax crowd are the ones that are not open-minded.

Dr. Rice: Yeah.

Ty: I would love to have discussions with them. I can't count the number of doctors that I have contacted for this documentary, that are pro-vax, asking them to be on camera and explain why they support vaccines. Nobody will come on the show. Nobody has agreed to an interview. Some of them just don't respond. Some of them email back with expletives.

Dr. Rice: Oh, yeah.

Ty: It's like "Really? I'm just asking you to support your position. You won't even come on camera." And I saw a recent interview with Polly Tommey, well Polly's cameraman did in New York City. They tried to get an interview with Paul Offit. Did you see that?

Dr. Rice: Yeah.

Ty: I mean he tells them—he uses the F word and tells them to get out of there. All they wanted was just for him to have a conversation explaining his position. So, I guess if you ask the pro-vax crowd to explain why they're pro-vax, they just cuss you out now.

They don't want to have the conversation. That's the only thing I wanted was just I really wanted to get somebody on the other side of the fence to explain why they vaccinate. I can't get anyone. I'm trying. Because I want this documentary, I'm not coming from an anti-vax position.

I'm just coming from an investigative journalist position. I'm letting the doctors share their positions. And at the end of the day, you can see what they say and you can make up your own mind. I can't get anybody that supports vaccines to tell me why they support them. It's frustrating. It's frustrating nobody will talk.

Dr. Rice: Right.

Ty: And I think that they're afraid that I'm going to challenge them, and they can't defend it.

Dr. Rice: That's right.

Ty: And the reality is, I'm not going to challenge them. I just want them to share, "Why do you support vaccines?" Nobody will share. Okay. Last question, Dr. Heather.

Dr. Rice: I have a couple other thoughts that come to my mind.

Ty: Yeah?

Dr. Rice: Okay. Early on in my career as a chiropractor, I encountered a woman who had chosen not to vaccinate her children. And when I asked her "How did you come to that decision?" And this was a woman who was a chemistry major, right?

So, she had that background. And she said "Well, it's scary either way. Either I'm worried that my child is going to get a disease and potentially die from that disease, or from the research that I've done, if I vaccinate her, there's all kinds of side effects that could happen from the vaccination and I might be harming her by vaccinating her.

So, I thought about it and I realized that if I was responsible for injecting a known toxin into my child and she got harmed from that, I wouldn't be able to live with myself.

But if I trusted Mother Nature, and something happened and she got a disease that she, for some reason couldn't recover from, I could live with myself. So, I'm going to put my trust in Mother Nature." That's what she said. And I said "That makes sense to me."

Ty: I like that response. And also, if you know that you're injecting a known toxin, a known carcinogen, into someone, doesn't that violate a criminal statute somewhere?

Dr. Rice: It certainly—

Ty: It seems like it should.

Dr. Rice: It certainly violates a spiritual context. So, some parents are concerned, now that their philosophical rights have been removed in certain states, if they still have a religious exemption to use, some parents are concerned that they don't belong to a religion that has it in its doctrine that you do not vaccinate your children.

And it depends on your state on how they define religion and religious exemptions. But if you have a strong moral belief about something, that's in the category of religious.

And so, if you feel you have a strong spiritual imperative to never harm your child and you have information that may potentially harm your child, it is your responsibility to protect that child and not go on with that procedure.

Ty: And I think that people need to be aware of that, and they should lean on that.

Dr. Rice: Yes.

Ty: If it goes against what you believe, it doesn't even have to be religious related. I mean it's just a strongly-held conviction. You shouldn't have to—here's what's interesting regarding when I mentioned a criminal statute. So, if I take formaldehyde and I force a child to drink formaldehyde, that's a crime, right?

Dr. Rice: Yeah.

Ty: I'll go to jail. You get a doctor with a white coat on and injects the formaldehyde, that bypasses all the natural immunity, then it's good. I mean that is just insane.

Dr. Rice: It is upside down.

Ty: It is.

Dr. Rice: Yeah, no question about it.

Ty: So, you know about the Great Spanish Flu of 1918, right?

Dr. Rice: The Great Spanish Flu of 1918, when a lot of people were dying. And when we looked at the statistics of people that were using medical care to address it, it was like 1 in 15 was dying. But the people that went to chiropractors, 1 in 866 died.

Ty: Wow.

Dr. Rice: Yeah, it was dramatic.

Ty: I wasn't aware of that. I knew that there was a large percentage of those were using homeopathy. I remember the statistics on homeopathy, but I didn't know the chiropractic. Like that's very interesting.

Dr. Rice: Yeah. So, the vitalistic professions were saving people's lives. And then, if you look at the people that survived the Spanish Flu, later, when another big flu epidemic came through in 1968 or so, those people were protected. Because their immune systems had been imprinted early on.

Ty: It recognized it.

Dr. Rice: And they had their lifelong immunity from it. Yeah. And so, now as more and more children are being given, for example, the flu vaccine, they're being robbed of their innate immunity being created from that imprinting process that will now harm them for the rest of their life. They will now be more susceptible to dying from diseases that they would have been able to recover from easily if they had that robust programmed immune system from natural immunity.

Ty: Yeah. And the flu vaccine, we hear that the vaccines have had the mercury taken out, right? The Thimerosal's gone. Well, not in the flu vaccine, not in the multi-dose.

Dr. Rice: No.

Ty: As a matter of fact, I think the multi-dose contains 25 times the legal limit, the EPA limit.

Dr. Rice: I don't know the specifics on that, but I know that stay away from it. Run the other way.

Ty: And especially if you're a pregnant mother.

Dr. Rice: Oh my goodness.

Ty: That mercury goes straight to the baby through the umbilical cord. And that's who they're pushing the flu vaccine on, is if you're pregnant, get the flu vaccine.

Dr. Rice: I know.

Ty: That doesn't make any sense.

Dr. Rice: We've no studies being done on whether it's safe for pregnant women.

Ty: Right.

Dr. Rice: No studies.

Ty: Right. Speaking of studies, so the Gardasil vaccine, which has maimed and killed countless, hundreds if not thousands of young ladies, what did they do? Four days of studies on Gardasil, I think it was.

Dr. Rice: Oh yeah.

Ty: It was something insane. A few days of studies. Any drug that goes on the market, as much as I don't like drugs, they're tested for a long time.

Dr. Rice: Yeah.

Ty: Vaccines, I mean they don't get any testing. They just, four days of testing, it's on the market.

Dr. Rice: Yeah. When you look at the actual research that's been done on the safety of vaccines, if you look at the methodology used, I know that there were times when they had studies where kids were dying and they just backed out, they narrowed it down until it was only four days of testing and then made the statement "During our testing period, no children died."

Ty: It's the same methodology that Monsanto used when they studied GMOs, right? The rats

didn't start getting tumors until 150 days, so what did they do? They studied 90 days.

Dr. Rice: Yeah.

Ty: "No rats got cancer in the first 90 days. It must be safe." Well, by the time that two years were gone by, 80 percent of them had cancer, or something ridiculous.

Dr. Rice: It's junk science.

Ty: It is. It's total junk science. Dr. Heather, talk about herd immunity, because that's a concept that everybody's heard of, a different heard. Everybody's heard of herd immunity. But what exactly is herd immunity? Is the concept valid when it comes to vaccines?

Dr. Rice: Well, it started from an observation that in a natural immune system, where children were getting the disease and gaining their natural lifelong immunity, that when 68 percent of those children had gone through the disease, it protected the rest of the children so that the whole herd had that immunity.

It was never based on artificial immunity from vaccination. And so, now when they talk about herd immunity, that number seems to just keep going up and up and up from "Now it's 90 percent. Now it's 95 percent." Now they're looking for 100 percent. Well, if it's 100 percent, it's not herd immunity. That means everybody has to be vaccinated. That's only protecting the one individual.

Ty: You're right. I remember reading the studies. It was 68 percent. This was almost 100 years ago. And now, I always hear the 95 percent term, or the 95 percent statistic. But where did that come from?

Dr. Rice: They made it up. It didn't come from anything. Well, the number is going up and up because herd immunity isn't happening in an artificially-based population at 68 percent. It's not happening.

Ty: So, what you're saying is that they said—okay, herd immunity by definition is natural immunity at 68 percent. And now we're trying to artificially give them that immunity with vaccines. It's not working. So, they keep increasing the percentage because herd immunity's not working.

Dr. Rice: Yeah, exactly.

Ty: Okay.

Dr. Rice: And I will tell you that, again, if we go back to the idea of living in a genetically congruent lifestyle, if we go back to that, we realize that at the genetic level, we actually are designed to follow the herd. Because in paleo man, if you were not part of the herd, part of the tribe, it was a death sentence.

You had to go along with the herd. So, there should be a part of us that it makes sense to go along with the herd. Now we also have these very smart prefrontal cortexes, this front part of our brain, that has actually allowed us to be the super species on the planet because we can identify and be creative and adapt to any situation.

We can live anywhere on the planet and thrive if we're using the smart part of our brain. So, when I observe the herd, I'll tell you what. If the herd was healthier and happier, I would

follow the herd, and it would be right down to the genetic level that my body would say "That's the right thing to do, to be part of that group."

But what I'm observing, what my prefrontal cortex, the smart part of my brain, is witnessing is, I don't want to be part of that herd. That's a herd that is going over the cliff, and I'm not going to be part of that herd. My job is to protect my child and my own health, so I'm going to make my smartest decisions based on what I know.

And that goes right down to a genetic level in my body, that I can't do something to harm my child. So, that genetic expression influences our spiritual beliefs as well. And even though they like to separate science and religion, you're living your life. That's the truth of it. And you have to make the best decisions for your family based on that.

Ty: Not going to be a lemming.

Dr. Rice: No, exactly.

Ty: I like that. So, last question, Dr. Heather. Regarding Raggedy Ann. Share with people the story about Raggedy Ann and how that applies to a childhood disease.

Dr. Rice: Yeah. So, a lot of people think of Raggedy Ann as this cute little rag doll. And actually, in 1921, Johnny Gruelle was the father of an eight-year-old girl who was vaccinated against his will in school for smallpox. And in the months that followed that vaccination, when her body became limp like a rag doll, he created the idea of Raggedy Ann from that.

So, that puts a different spin on that whole idea of Americana and Raggedy Ann. If people really knew that this objection to mandatory vaccination has been occurring from the very beginning, and it's been being beaten down from the very beginning, and people are being harmed from it.

Ty: That was almost 100 years ago.

Dr. Rice: There you go.

Ty: Yeah. A lot of people think that this concept of forced vaccines is a new deal, but it's not.

Dr. Rice: It's not.

Ty: I think I've got a newspaper clipping from 1904, from I think it was Boston, about the crowds are protesting the mandatory vaccines. So, it goes back a long way.

Dr. Rice: Yeah.

Ty: I mean the real—I think the power of what you're doing, what we're doing together, and all these people that I've interviewed for this documentary, is just bringing light to the fact that vaccines are—they're not really proven science. They're an option for people, if they want to do it, but they should never be forced because it removes our right to choose.

Dr. Rice: Absolutely.

Ty: And I think that this whole movement is really just about our own freedom to treat disease, to prevent disease, to treat our bodies the way that we see fit without government involvement.

Dr. Rice: I think a key part of that is that people need to take greater responsibility for their own health and wellbeing, and their families. They can't rely on the media that tells us at every commercial that every problem is solved by injecting or taking a pill.

So, they have to learn. They have to actually—someone has to cook. Someone has to get the body moving. Someone has to make sure that they're getting good sleep.

Like all those things, we need to relearn how to live in that genetically congruent lifestyle. And if we do, the benefit, the gain from that, is we get that robust immune system that we were born with, and it gets to express itself at that highest level.

Ty: That's good. That's a good way to end the interview. It reminds me of one of my good buddies down in San Antonio, who's a surgeon. And he said people today, he said he's just seen this massive amount of laziness that has taken over society.

He operates on people's backs, and he said people don't want to lose weight. They don't want to exercise. They don't want to change their diet. They don't want to become active. They want him to cut them, fix them, and give them a pill.

And so, I think that that is kind of pervasive throughout most of society today. We want the easy fix. And what you're saying is it's a whole lifestyle that needs to be congruent with health.

Dr. Rice: Mm-hmm, yeah.

Ty: Well, Dr. Heather, thank you so much for this interview. I really appreciate you traveling all the way down from cold Vermont to not quite so cold Nashville.

Dr. Rice: Yeah. Thank you very much.

[End of transcript]