

Chapter 43:

Interview with
Dr. Rachael Ross, M.D.



Del Bigtree: So, it was just probably five, six months ago. We had been talking. You decided to take a look at the data that I was making this documentary around. Let's just go back to that moment when you really sort of looked—I had provided the Thompson data, you were looking at it. I didn't know you were pregnant at the time. Tell me about that. You had this sort of secret going on and you're looking at this information. What was that like?

Dr. Ross: I think as being a family practice physician and just being a black woman and, at the time, being pregnant, I think it's difficult because you're constantly bombarded with things that could potentially indicate that things weren't right with vaccines. Through medical school, through becoming a physician, I've really kind of just kept them at the fringe of my thought process. Honestly, once you get pregnant you can no longer do that.

I remember when my sister was pregnant and she had her child, she was asking me questions about what I thought about certain vaccines. I really didn't have the information at the time to make an educated decision one way or another.

It was interesting because you kind of forced me to do that. You're like, "Rachel, would you mind taking a look at this?" I'm like, "No. Of course not. I'll take a look." But when I read it and really digested it and read it over and over again—I remember when the Dr. Thompson first came forward and I remember reading a blurb of it on, I think it was the Associated Press. It was just kind of mentioned and went away. I remember, at the time, trying to get people interested to see what everybody else was thinking.

Honestly, I just kind of pushed it off to the side which I think is easy as a family practice doctor because to have that type of knowledge sitting in your head, now you have to figure out what to do with it. I think when you gave me the data and I was forced to read through it and look at it, I had to emotionally deal with it.

I had to deal with the fact that potentially who knows how many vaccines I have ordered throughout this whole process of being a physician all the way from medical school to being a resident to being an attending. How many people have I vaccinated along the way?

But now to have to deal with it in terms of am I going to vaccinate my own daughter, particularly the studies about the MMR vaccine. But what it does to me is open up the whole thought process of this is just one of the vaccines. What's going on with the other six million that I'm supposed to actually give my daughter?

At that time, I looked at the data and I decided that it just wasn't going to be the right decision for my daughter and that I was going to be one of those people that delayed vaccinations. Delaying vaccinations means that at some point I'm going to revisit this idea and decide whether or not this is something I'm going to do.

At this point, just reading through the data and talking to families whose loved ones have been injured by vaccines, I'm just not sure. I just need more answers. When she was born, I filled out all the paperwork ahead of time. I let all the nurses know. I said, "She's not getting any vaccines while we're in the hospital."

I almost had security camped out. Like, "Don't take my baby and we're not getting any vaccines here." Because as a family practitioner, as an African American mom, I need more answers. I need more than just spoon feeding me that these vaccines are okay when the data is suggesting otherwise.

Now that she's here and she hasn't had any vaccines—I'm a spiritual person and I'm a

western trained medical practitioner. It's really hard for me to say. Every parent thinks that their daughter is more advanced than the next.

But honestly, since she's been here if one more person tells me, "She's so advanced for her age. She's doing this, she's doing that way before everybody else's kids." Then I have to step back and instead of patting myself on the back for having good strong DNA, I have to wonder is it because I haven't given her a vaccine.

She's two months into it. So, she should be going to get her second set of vaccines now and she hasn't. She's doing fantastic. All I can say is that for me and for my family, my mom, given all of my family members—we're a medical family. My brother is doctor, my father is a doctor, my sister is a doctor, my other sister is an orthodontist, my mom's been in the family business watching us all.

After talking to some of these parents and after seeing the data, and after seeing their stories and reliving them and going in bed and having to rethink of them, meeting Polly, I'm flabbergasted that there isn't a national cry, an outcry for more answers.

There isn't a national outcry, "Where is this Dr. Thompson? How can we talk to him? How can we hear in person what really happened and what really went down? Why there isn't more of an outcry about vaccine injuries?"

As I'm speaking to my colleagues, what's interesting to me is that a lot of us don't even realize that there is a government institution set up to compensate people for vaccine injuries. I'm tired of hearing other practitioners saying vaccines never hurt anybody. Because it's proven that they do hurt people.

My question is, how many people have they really hurt? How many people will continue to get hurt by them before there's a huge outcry for change and investigation and answers?

Del: Would you have made this vaccination choice you made with your child had I not handed you this data? Is that what it takes? Does someone have to hand you something like that to get someone over the hump? I'm not trying to take credit. Just curious.

Dr. Ross: No. As much as I'm a physician and I'm an educated person and I'm a mom, I watch TV and I'm on Facebook. I think television and Facebook and everything else does a really good job of making you feel like if you don't vaccinate your kids not only are you going to hell but your kids are too. They're going to catch every disease known to man.

Really this has been a re-education process for me. Relearning everything that I thought I knew about vaccinations. What I thought I knew about disease and just kind of looking at it logically. Looking at the data. And the data is not complicated, it's right there in your face. I think your documentary does a really good job of breaking down something that could really be complicated and making it simple.

I think that that's what's going to make the difference between this particular documentary and some of the past ones because it's understandable. It's like I get it. Everyone who I know that's seen it is like, "Oh I get it." So, it doesn't leave any questions. If I had made that decision without looking at that data, I don't think I would feel as good about it. I wouldn't feel as strong about it.

I wouldn't feel as comfortable sitting here in front of the camera and talking about it. I think that's the difference. I can't honestly say I would have made that decision. The information

that you gave me really kind of helped push me, nudge me to that.

Del: When you think of your baby right now, you see hundreds, thousands of babies over your career. You have this sort of standard of what a baby is. Is there anything about your child that you just thought, “This is a different type of baby?”

Dr. Ross: Yes. So, two things with Rebecca, Rebecca is her name. Two things about her is that, first of all we did the natural birth. It was in a hospital setting and because I’m still medically trained physician so I have a lot of fear around certain things.

It was in a hospital. It was a natural birth. No vaccinations. Honestly, she’s raising her head and looking around. Her tactile strengths. She’s putting things to her mouth. She’s only eight weeks and she’s been doing this. Her social smiles started about two or three weeks before the average child’s social smile.

Honestly, I have a lot of friends who have boys. Particularly African American friends who have boys. To watch them struggling now, they’re two and three and they’re not speaking. We’re blaming it on this and we’re blaming it on that.

I can’t help but get goose bumps and wonder if maybe they have vaccination injuries and the parents don’t realize it. Some of these people that I’m talking about are physicians just like me. They’re classmates of mine.

It’s really tough. You almost feel a sense of guilt talking about how healthy your baby seems right now because you’re comparing and talking to some people who have had vaccine-related injuries or some other issue that goes awry in there.

I’m really proud of the fact that she’s doing really well. But honestly, there’s a little bit of guilt there because it’s kind of like, what sets my baby apart from anyone else’s?

Well, the only thing that I could say I was higher risk because I’m over the age of 35 when I had her. The only thing that I can point to is the fact that she hasn’t had the vaccines that some of my colleagues and friend’s children have had.

Del: No skin issues.

Dr. Ross: No skin issues. No eczema. Nothing. She doesn’t even have reflux. None of that.

Del: What are your thoughts now as a doctor moving forward? I know you’re a researcher. Are you thinking about how you’re going to practice in the future and how this might change that?

Dr. Ross: Yes, absolutely. I’m thinking about two things. I’m thinking about how can I help the average person get ahold of this information in the same way that I have. How can we continue the dialogue and have it touch enough people, particularly practitioners, to the point where they start asking the questions too? So, that’s the first thing that’s kind of changed about it.

Maybe the second thing is that—I’ve started doing this. I start the conversation with what I’m doing with my baby. I think my patients recognize the fact that I care about them as if they’re part of my family and that that’s the main reason I’m giving them that information. Then we could talk about data. I think particularly from my patient base, my core group, because our slogan is, “Our family serving your family,” is that they’re a little interested in what I’m doing. So, I’m starting there with the conversation.

Five years from now—I'm saying right now that I still order the vaccines if that's what the patient wants. But five years from now if the answers continue to be like they are now and we still haven't had any safer vaccines and there's still this whole issue of why no one is talking about this. Why we haven't had any change, then five years from now who knows? I might have had to just bow out of this completely and not giving any vaccines. Right now, I'm still just trying to educate and letting the patients decide if this is something that's right for their family. Who knows where that's going?

Del: Are you worried about speaking out right now what the medical association, AAP, there's a lot of—

Dr. Ross: Am I worried about it? To me, as long as my family, my core group that supports me every day that love me, feels like I'm doing the right thing and as long as I can sleep at night and know that I'm doing the right thing, then the fear part doesn't really bother me.

To be on the right side of things to me is way more important than how the academies are viewing me. Because I think at the end of the day, I think that your documentary along with the noise that people are making all over the world about it, I honestly think the change is coming.

Because I can't see that once people recognize the fact that millions of kids have potentially been damaged by the carelessness of the vaccine industry, I refuse to believe that that's not going to be impetus enough to really cause change. At this point I don't feel like I have anything to be afraid of.

Del: Great. Andrew, you want to hop in here?

Dr. Wakefield: I do. I just have a couple of questions. And please be completely candid.

Dr. Ross: Sure.

Dr. Wakefield: Dr. Rachel Ross, what a great pleasure it is to meet you. This is the second time we've met. First time I ever saw you was on camera. It was a very important, very moving moment for me.

The moment that Del Bigtree said to you, I want you to look at this and then I want you to get involved in a documentary that is being directed by Andy Wakefield. How was that moment for you?

Dr. Ross: Well, you know it's interesting because I'm classically trained in western medicine. Your name has been associated with vaccine injuries for years. I think the powers that be did a good job of making it seem like—kind of vilifying you about it.

I've had friends tell me, "Rachel, you can't listen to all that. It's been debunked. That's stuff is made up." For me it was kind of a mixed emotions type of thing. I was kind of talking to Del Bigtree and I basically was like, "Sure, I'll take a look at it. We'll see." I was kind of thinking no promises. Who knows where this is going?

Honestly, I was just approaching him with a pretty open mind and just a mild case of bias. Mild case of bias because I know that historically speaking, stuff that's associated with health may not always be healthy and from the perspective of just having been a part of the general public that have heard your name before and associated it with scandal.

Dr. Wakefield: What made you overcome that clea threat? That clear divide between you and your col-

leagues? Because that was inevitable.

Dr. Ross: That was. Honestly what it was is because I think it was just so blatant. Just reading the transcripts, seeing what Dr. Thompson said. Him coming forward and being brave enough to just really feel bad about the work that he'd done.

The piece about it being about African American boys and the MMR vaccine, I think that's really what put me over the edge. I sit here as an African American woman. I'm an African American doctor and 90 percent of my patients are African American.

The whole concept that here this data is and this has come forward and no one had really thrown it in my face. No one's really angry about it. Nobody had really done much about it. And here it is, Del presents me with this data. And it is so blatant and so over the top ridiculous that I couldn't believe that there hadn't been any noise made about it. I'm just one person. I'm just reading this. I was just speechless. So, that's the part that pushed me over the edge.

Pushing me a little further over the edge was going online and YouTubing and watching some of the parents talk about their kids and the changes that happened to them. Some of them almost the night of the vaccine. Some of them are two weeks later. Some of them a few days later. That was unbelievable.

Dr. Wakefield: One of these things about the story that's always perplexed me is that, as you know, Marshalyn Yeargin-Allsopp is herself an African American woman. Her father was a personal friend apparently of Martin Luther King, Jr.

Yet she was part this fraud which was inevitably going to put tens of thousands of her own people in harm's-way. I often wonder how she will ever come to terms with that. Is that something you thought about? Is that something that's crossed your mind?

Dr. Ross: Absolutely. I don't know how you can't possibly think about that. It's funny that you asked me that because I even went and Googled images of her or just tried to look at video to see because I just had to see who this person was.

This is all very new to me. I've never studied vaccination injuries. I've never really even thought about this to this extent. But honestly yes, I really did have to look and see how could somebody cook the data in quite this way and then stay at the organization after the data was cooked. That's been a little moment for me.

But I also recognize too that, historically speaking, worldwide, it's oftentimes someone within the culture that sells the culture out. I'm not surprised. That does kind of hurt. I recognize that I can never be like that.

Once the door is open, the floodgates are open and I know that, I have to move forward in the direction of pushing the information out there. I can't just suppress it and act like it doesn't exist because it absolutely does.

Dr. Wakefield: What's it going to take to get your brother to come and see?

Dr. Ross: To come and see? You know, I've been thinking about this. In order to get my brother to see the potential in this, it's the same thing that it's going to take for the world to see it. It's really more stories.

Honestly, as physicians, what do you do? You ask mom. "How is your child doing? Have

you noticed anything different?” Moms sit and they look at their fingers and their toes and they watch them breathe. So, of course, these moms and these fathers aren’t making up what they’re seeing.

I think that in order for the culture to kind of change around this vaccine topic is they’ve got to hear these stories. They’ve got to meet Polly and hear her—honestly, when I saw Polly and Sheila in the documentaries, that really—it hurts. From my mom, I didn’t have to give any data. All I had to do is show her Polly’s story and show her Sheila’s story. I think that that has completely changed a woman who was like, “You could vaccinate because that’s what you do. It saves lives.”

She’s rattling off all these things and now she’s like, “Rachel, you’re doing the right thing. You got to that convention. What time does it start? You got to be out.”

Dr. Wakefield: Rachel, one last question. One last note. What is your brother’s name?

Dr. Ross: Dr. Nathaniel.

Dr. Wakefield: This is for you Nathaniel. Here’s the deal. I want you to go home and say, You know Nathaniel, I, Dr. Andy Wakefield will give him \$1,000 to go and see *Vaxxed*. And if he promises me that he’s the same person coming out of the film as he was going in, he can keep \$1,000. Please would you do that?

Dr. Ross: I will 100 percent do that.

Dr. Wakefield: Because I think I will keep my \$1,000.

Dr. Ross: I think you will too.

Dr. Wakefield: Rachel, it’s a great pleasure.

Dr. Ross: No. The pleasure is all mine.

Dr. Wakefield: Such an honor to meet you. Thank you.

Dr. Ross: Vice versa. Thank you.

[End of transcript]