Chapter 48:

Interview with
Dr. Paul Thomas, M.D.

Ty: Dr. Paul Thomas, thank you so much for inviting me to your office here today in Portland, Oregon.

Dr. Thomas: Thanks for coming, TY.

Ty: Yes, really excited to talk to you today about vaccines, right? It's funny, when we first checked in, Alan, Travis and I with your secretaries up front, we said, "We're here to get our teeth cleaned. Is Dr. Thomas a dentist?" They said, "No, he's not the dentist."

Dr. Thomas: Oh, very good, and this whole complex is loaded with dentists, so it's the perfect question.

Ty: You're a pediatrician, right? So, talk about your training as a pediatrician. Where'd you go to school and all that good stuff.

Dr. Thomas: So, I grew up in Africa, came to the States for college, went to Dartmouth Medical School, that's where I got my degree in 1985. Graduated from Dartmouth. 85 to 88, I was in residency, pediatric training, to become a pediatrician in California.

University of California system, I was at the Fresno Branch of San Francisco division and then San Diego where I finished my training. So, that was 1988, I was a board eligible pediatrician. I went on to become board certified and have remained board certified, so I'm a member of the Academy of Pediatrics.

That may come up later in our discussion perhaps. We're supposed to be the Academy of Pediatrics, the organization that guards the health of children. And when it comes to vaccines, which is what we're going to be talking about, I feel like the academy has not been as thorough as perhaps I would like them to be in investigating what's going on.

Anyway, back to my training. So 1988 I moved to Portland, Oregon, where we are today. I taught residents and medical students for five years over at the Emanuel Children's Hospital. Students would come down from OHSU, the Organ Health Science University.

And after that, in 93 I went into private practice. I was in a group practice with several pediatricians and just practicing regular pediatrics. Academy of Pediatrics brand, CDC, vaccine schedule. Things were going just fine I thought. And then around early 2000s, those who might be watching who understand vaccine history here.

We had Dr. Wakefield's study back in the late 90s suggesting perhaps there might be something going on with the MMR. I read that with sort of kind of "huh, I wonder." But we really didn't have any more research after that to help clarify that question and then in 2004, the main journal that pediatricians read, it's just called *Pediatrics*, came out with a study, DiStefano I think was one of the lead authors, saying that there was no link between MMR and autism.

Because they had been charged, I guess the CDC had been asked by Congress to look into this. So from then on within that next year, the Institute of Medicine, the IOM, came out with a huge report, "it's been proven there's no link between vaccines and autism, no link between vaccines and Thimerosal." And they made this strange statement, "and we shouldn't study it any further."

I remember reading that going "that makes no sense." Because we were in the midst of a crisis in our country with regards to children's health, and I'm speaking a lot about autism, but it's not just about autism. I think we need to think of autism as the tip of the iceberg.

In other words, we're seeing these kids with severely damaged, but the iceberg that's under the surface is just about everybody else is being damaged in some way. So I have a huge practice. 13,000 patients. Actually, before I get into my current practice, maybe I should digress a little bit to why I started my new practice.

So, I mentioned I was in a group practice with four other pediatricians and around 2004/5, I saw my first case in my own practice. A child that I am taking care of who is completely normal at age one regress into severe autism over a matter of months. So, by age two, this child was non-verbal, no eye contact. Suffering. Some of these kids suffer. They have pain, they have severe abdominal pain and GI stuff.

Some of the stuff that Wakefield was charged to look at back in the day. And I'm thinking, I'm reading "there's no link. We don't know what's causing it," so I'm thinking it's a coincidence. It's clearly nothing to do with vaccines. That's what I'm reading almost daily.

We have what we call "throwaway journals" for pediatricians. So there's an infectious disease journal, I mean if you look at all the ads in it, it clearly comes from—it's supported by pharma. But it's very well-written, I mean it looks good, it's glossy and it comes across your desk weekly.

And you read, pretty much every copy of that will have something that's elevating vaccines and putting down any possible connection. Putting down Wakefield as a fraud. And they would just repeat that. So, you read that over and over again. I'm sort of reminded of weapons of mass destruction and off we went to war. I mean you hear it enough times, you start thinking it must be so.

But anyway, next year, I get another case. A kid in my practice who was doing great, perfectly normal at one, becomes severely autistic. I was seeing at that time about a hundred babies a year. Maybe slightly more. 100 to 150 babies a year would join my practice at that time.

So, that's an autism rate of 1 in 100, 1 in 150, which is about what it's been reported to be back then. I should remind you or tell you when I was in medical school in 1985, I saw not one case of autism. So, I'm at a regional center, Dartmouth, Hitchcock Medical Center, and I didn't see a single case.

In my residency training in California, again, major centers, I had one case that I recall of what we called PDDNOS, pervasive developmental disorder not otherwise specified. That's sort of another code for autism spectrum, that's the term we used back then. One case in all those years. So, it is true that the autism rate has just skyrocketed. I mean absolutely skyrocketed. I mean you'll hear people say, "well we're just better at diagnosing it."

Oh, come on. These cases that I'm telling you about, you can't miss them. They weren't missed, they didn't exist. You cannot miss a kid who's got no eye contact and is flapping perhaps and not talking when they were talking before. This was something new, this was something different.

So fast forward a couple more years, I had had 4 cases. So, in November of 2007, I walked into a room and there's a little fellow I knew his name, he's still my patient. He'd been normal at one when I'd seen him, he'd seen my nurse practitioner at 18 months and was doing great, and he was, we're behind the window, he had his back to the window in a stroller and he was just doing this.

I went up to him and I said, called them by name, tried to get his attention. I can usually get

kids to interact. Nothing, he was gone. And he ended up being my fourth case in four years of normal one-year-olds who are completely, severely autistic by age two.

And that was the last straw for me. I had already been doing my own research about toxins and I knew all about the thimerosal and how huge—the dose we were giving of thimerosal, mercury, was so far exceeding the safe limits, it was criminal.

And I'd also been starting to become aware of the amount of aluminum that we were injecting, and I'll tell you something that most people who weren't in the trenches like I was as a pediatrician might not realize. Is that in 2001, at least here in Oregon, we had this huge push, and I think it happened nationwide for pediatricians to move the Hepatitis B vaccine from teenagers to newborns.

And I remember when they made that push and I'm going, "this makes no sense." So, you catch Hepatitis B from sex and IV drug use. Babies don't do that. Well, you can catch it from the mother. That's true, that's the only way a baby can get Hepatitis B it's if their mother has Hepatitis B. And the babies in my practice, to this day, I haven't had a single mom with Hepatitis B. That's how rare it is.

You go to the CDC website and they say it's 1 in 100 moms have Hepatitis B. But even that, I think it's less than that. Depending where you work, I suppose. But even that, we're injecting a huge toxic dose of aluminum to a newborn on day one of life for a vaccine they don't need. You might ask, how did they talk you into doing that?

Because I remember walking down the halls of the hospital, talking to a couple of fellow pediatricians, can you believe this, we're supposed to give Hepatitis B to newborns? And they said, "well, they're saying we might develop a population immune to Hepatitis B. We can eradicate it." Sounded good.

Ty: The herd immunity concept.

Dr. Thomas: Yes, and I couldn't argue with it, it hadn't been tried. So, I'm a pro-vaccine pediatrician. Vaccines are the best thing we can do to protect children, and so we did it. In 2002 in our office, we made this huge shift and we started— not only were we giving all the newborns their first Hep B in the hospital, at 2 months get your second dose, and at six months your third dose.

On top of the already fairly busy schedule. And we were catching up the other kids. So my own kids were in that sort of catchup phase. They were past the infant stage, but they weren't teenagers. So, a lot of Hepatitis B vaccine being done at that point and that was the same time we took thimerosal out of the vaccines.

And I just think about that, because when people talk about the autism rates that have continued to go up. Some of the studies have said, "well there was no change in the autism rate when they stopped thimerosal, so therefore it wasn't the thimerosal.

Yeah, but we added the Hepatitis B at the same time. A huge, huge increased dose of that neurotoxin right at the same time. Aluminum. So, that might be part of the reason why we never saw a significant dip in the autism rate when we got thimerosal out of the vaccines.

Ty: Now, when you say they took thimerosal out of the vaccines. All of the vaccines?

Dr. Thomas: Not all of them. And this is the ongoing crime when it comes to thimerosal. It makes absolutely no sense to me why they chose to leave it in the multi-dose flu shot. That's the major

source of thimerosal today. The multi-dose flu shots still has 25 micrograms of thimerosal. That's a huge dose, especially if given to an infant. Or, I'm horrified that we're doing vaccines to pregnant women.

No testing, there is absolutely no testing. You just read the package insert from the vaccine manufacturer. It says "never tested in pregnancy," alright? And yet our CDC has recommended over the past few years they've added the flu shot for pregnancy. And in fact, some moms are getting two flu shots because their pregnancy spans two seasons. And then, just the last couple of years, they've really made a huge push to add the TDaP, the tetanus, diphtheria and pertussis.

That's another whole story, but the problem with that one is a huge dose of aluminum, injecting it. So you're kind of like mainlining a toxin to a developing brain. No testing. You can go to the CDC website and go to "vaccines and pregnancy," and you can look at the articles that they list as justification for doing those. I've looked at them. I've pulled every single article and read it word for word. There are no long-term studies.

They're all very short term, very small numbers. Sometimes 100 or less pregnancies, and what they're calling safe has nothing to do with looking at neurotoxicity. So, they're looking at birth weight, things that are insignificant.

Ty: So, my question is this, I'm really baffled. I don't understand how the CDC can say that a vaccine is safe if it hasn't been tested long term. I just don't understand the logic or the reasoning behind that.

Dr. Thomas: I share your concern. As a pediatrician, you're trained to believe that the CDC is the top. NIH and CDC are the top institutions where all the smartest people are, right? So we just accepted what they fed us without questioning.

That's where I was when I got out of medical school and that's where I was from the first few years of my practice. That all changed in 2001 when they pushed the Hep B on the newborns because it made no sense. It is scientifically illogical and absolutely insane to inject that much toxin into a baby who doesn't even get any protection from the vaccine.

We now have almost 20-year data, actually there are some 20-year data studies showing that the Hepatitis B isn't even giving lasting immunity. So about 24% of 20-year-olds who got the vaccine as an infant still have immunity. So, when they need it most, when they're sexually active as late teens, 20s, they don't have the protection.

That was when my blind faith in the CDC just went out the window. And I started going, "there's something going on here." And sadly, those who really understand what's going on this revolving door between CDC and pharma that has been documented. I mean people who work at very high levels in the CDC end up working for pharma. They're conflicted. I think, sadly, when you have conflicts of interest, people like to say, "well there are no conflicts of interest here." But there are, and they've been documented.

Ty: True, we've had several people talking about Gerberding going from CDC.

Dr. Thomas: Yes, so there was Gerberding, there's Paul Offit who made the rotavirus vaccine. He sat on the very committee, the ACIP committee, that makes vaccine recommendations right before his vaccine ended up being recommended or the rotavirus was recommended.

He was working on a vaccine, he knew that, he got himself off the committee before the

actual vote was made, I believe was how it went. But I mean he was so involved. It's such a conflict of interest. I think if viewers are not aware of this, people need to see the CDC at least as it is today as just a marketing branch of pharma.

So, their job, I mean you can even look at their mission statement, it's to promote vaccines. And if we could just change their mission to promoting healthy children. Let's get healthy people, a healthy society, and look at vaccines. Are they helping or not? And that's what hasn't been done. We still don't have big, long term studies that compare unvaccinated or perhaps comparing partially vaccinated. So, you know, I wrote this book, The Vaccine Friendly Plan, and—

Ty: So, people know, you're not anti-vaccine?

Dr. Thomas: Absolutely not. The dilemma I was in in 2008, after I had those four cases of children who regressed into severe autism, and I'd already learned about toxicity. I'd read studies on thimerosal and aluminum toxicity. There's books on this topic. I could no longer ethically keep doing vaccine business as usual with the CDC schedule.

And the things that concerned me the most were that Hepatitis B dose for newborns. Back then they weren't pushing vaccines on pregnant women, that's happened since. And the sheer number of vaccines that were being given, for example, the two month visit we were giving six different vaccines.

Three of which had too much aluminum. So, you're multiplying huge toxins, adding on top, adding on top, and it was just clearly not a scientifically justifiable approach when you understand toxicity. So, I started my new clinic, Integrated Pediatrics in 2008, and my goal was to really do something called informed consent. And this is something that is being destroyed in our country today.

Ty: What is informed consent?

Dr. Thomas: So, informed consent is this. Let's say you have a surgical procedure that you want to get done. You've got a mole that might be cancerous. And the surgeon should tell you that by removing this mole, there is a slight risk of death from anesthesia.

It's very minimal. You could have a scar, but if we don't remove that mole, it could become cancerous. So, the surgeon will give you the pros. Here's the advantage, you're not going to end up with cancer, but disadvantage, you could die under anesthesia and we could leave you with a scar and what are your alternatives?

One alternative is do nothing and take your chances, and one alternative is do this surgery that they're recommending. And there might be others, right? So, informed consent is you're told the risks, the benefits, and the alternatives.

So it's kind of "first do no harm" which doctors are supposedly, they say we take that oath. I don't know if schools really do that anymore. But we are taught that. There's a term I remember vividly being taught in medical school and that's "iatrogenic."

So, iatrogenic is caused by what we do. If you take a medicine that I prescribed and it makes you ill, or causes you harm, that's iatrogenic. And I think we've lost our way in looking at vaccines and looking at what are the iatrogenic effects.

What harm is being done by our vaccine program? And in an attempt to have a safer vac-

cine approach, I did something in 2008 when I started integrative pediatrics that it is pretty much unheard of for a pediatrician to do. That is to one by one give parents the real facts about the vaccine, the benefits of the vaccine, the risks, and the alternatives.

So, informed consent. And I truly believe this is what doctors should do. We need to get back to doing that if we're doing something to a healthy person. You've got a healthy child in front of you, and you're saying, "Well we're going to do this thing to you, this vaccine, and it's a good idea."

And all they're being told is it's safe and effective and do it. "Oh by the way, if you don't do it, you're going to leave my practice." That's what's happening today. That should be illegal. I mean if you have a doctor that's telling you to leave your practice if you don't do what I say, that's called "paternalism" and we were taught in medical school that is the worst way to practice medicine.

And yet the Academy of Pediatrics is now saying that's okay. So anyway, I'll go back to 2008. I'm starting my new practice, and what I set up was what I've outlined in this book, The Vaccine-Friendly Plan. And that is a way to vaccinate that's a little gentler, way less toxic.

You don't do Hepatitis B for newborns who don't need it. And we know. Our OBGYN colleagues have done a great job in testing women who are about to have a baby, and we know when they're delivering that they don't have Hepatitis B.

So, that baby does not need that vaccine. Let's do that one before they're pre-teen, before they're sexually active or early teens, so that one you wait. You also wait on polio. Not because I'm against the polio vaccine. The elder generation, I have a nurse who's retired who lived through the polio era, and my mom in fact, and she's a nurse. And they were both like, "I don't know about the polio, you better do the polio."

But here's a fact, there hasn't been a case of polio acquired in the United States since 1979. There is no risk. If we want to do it, we can still do it later when the immune system is more developed, when you're not bombarding that little baby's developing immune system with so many challenges.

So we wait on the polio. We don't do the rotavirus. The rotavirus vaccine—Offit developed the initial one. So, the first one that came on the market was clearly causing an intussusception, an intestinal obstruction, and got pulled. And there's world data that that vaccine is still doing that.

So, it's a vaccine that has some real risks, and for me, the benefits are negligible, if any. I've been practicing pediatrics for 30 years and I have had maybe two or three kids end up in the hospital for IV fluids, from severe vomiting and diarrhea that was caused by rotavirus.

That's the worst-case scenario. If you live in a country or if you live in a city, or if you live in a place where you can get to a hospital and get IV fluids. That's probably 1 in 10,000, I'm just throwing out a guess number just based on my experience. But it's a very rare likelihood that you're going to need IV fluids. I've actually looked at my own data because since I don't do rotavirus I thought I should look at the data and see, are my kids sick or are they having more vomiting or diarrhea and are they ending up in a hospital more often?

And you might be surprised to find out, the rotavirus patients, they joined my practice, they've already gotten that vaccine, had more diarrhea, more vomiting, more ER visits, way more office visits, for what? Vomiting, diarrhea, gastroenteritis.

So, the data doesn't support using that vaccine. Period. There's one other fact that people may not know about that vaccine. If you don't start that vaccine by nine months of age, you can't give it at all. You have to give it to little tiny babies.

Ty: The rotavirus?

Dr. Thomas: Yes, if you're one-year-old or two-year-old, or you or I, you can't take that vaccine. You might say, well why? It makes us sick. It clearly makes us worse. It's dangerous for us, but somehow it's okay to give it to a two-month old with a very immature immune system.

You're putting a live virus that's contaminated. These vaccines are not pure. They're contaminated with other viruses. Both vaccines that are on the market have been proven to be contaminated. It makes no sense. So, we're skipping Hep B, polio, rotavirus, and in the vaccine-friendly plan, what we are focusing on is the TDaP mostly because of the pertussis.

Now this is a tough because—let me give you the informed consent talk about the pertussis. So, whether or not you got it while you were pregnant. If it was my wife, I wouldn't. There are no safety studies of injecting aluminum into pregnant moms.

But whether or not you got it during pregnancy, we have a handful of deaths a year in the United States from pertussis. Whooping cough. And any death, if it's your baby, that's bad, right? So, the way pediatricians think and infectious disease experts and a lot of times it's the infectious disease experts who end up at the CDC and make all these recommendations. I mean they are the most well-read on infectious disease, right? And they also see the worst-case scenario.

So, if you talk to any pediatrician or infectious disease person, we've probably treated or known about a child who is on a respirator fighting for their lives for whooping cough. And so that's why pediatricians are just adamant. "You've got to do this vaccine."

And it might, probably would reduce your risk to getting whooping cough. The current TDaP that we have. Acellular pertussis vaccine is not very effective. In fact, it's so ineffective that the CDC now recommends for pregnancy, you get it every pregnancy. So, if you just had a baby, and you've just delivered and you get pregnant again, it's only been a year, they're going to want you to do it again.

Why? It's not giving very good protection. So, if they give you another one, maybe it'll give you some protection for that baby. So, how many deaths are there in a year in the United States from whooping cough?

Ty: Do you want me to take a guess? Less than 10.

Dr. Thomas: You're right. It's usually 5 to 10. So, most people would probably think millions because of all the fear, right? There's 5 to 10 deaths, most of them are in infants. In fact, most of them are three months and under. So, if you're going to get any protection, maybe you should give it during pregnancy.

That's their rationale, right? Because those few deaths are happening the first few months of life. That's the rationale but they're not looking at the toxin side. So, if you're giving an informed consent, people need to know. Do I want to poison my baby? Guaranteed poisoning, for the possible chance—how many births do we have in the U.S. per year?

Ty: Four million?

Dr. Thomas: Perfect. Four million. So, we have about four million births and let's just say we have four or five deaths per year. So, it's a one in a million risk of you losing your baby for pertussis. It's literally one in a million. If it's my baby, I'm willing to take that risk.

In other words, not do that vaccine and take that one in a million chance. Much more likely to be struck by lightning probably twice or in the same spot, I don't know. That's not to underestimate the tragedy for that person who loses their baby. But if you're doing scientific research, you need to look at data, right? So, you've got a guaranteed risk of toxicity because you're injecting aluminum to a very small body.

How much aluminum is safe? This is something I want us to talk about. There's an FDA document that's live today. It's been up since 2000. That says not to exceed five micrograms per kilogram per day or you can cause neurological problems and bone deposition and probably other problems.

The New England Journal of Medicine article, I think it was in 1998 by Bishop, they found that for every day you're on more than 5 micrograms per kilogram per day of hypural which had that aluminum in it. You lost one point on your Bailey's developmental score.

This is significant developmental damage from aluminum. Now the interesting thing that gets debated and it drives me nuts is that was a study of hypural. Aluminum that's in the food that goes in the vein. And they talk about parenteral aluminum. That's what the FDA put in their document. That's what Bishop was talking about.

"Parenteral" means outside of the enteric system, so in other words, it's injected. It's either directly in the vein, which is what they were referring to there. When you give a shot, that's parenteral. You are not giving it through the oral cavity.

And the CDC has articles and statements about the safety of aluminum and they're using enteral doses. Our GI track is like our skin. It has an epithelial lining whose job is to protect us from toxins, and there's a whole system set up in the GI track to help you not have toxicity from what you eat. Because when you eat food and dirt or whatever, there's toxins.

We have a mechanism for avoiding toxicity when you take it orally. You bypass those when you inject. And so, this is why it is vital that we start looking at the aluminum content of vaccines the same way we did for mercury. Thimerosal.

Because we are far exceeding the safe doses. Just use the newborn Hepatitis B dose as an example. It has 250 micrograms of aluminum. Remember we're not supposed to exceed five micrograms per kilogram. What is a baby weigh?

At the most, five kilos. I mean that's an eleven-pound baby, practically. So, five times five, a five-kilo baby don't exceed five micrograms per kilogram. 25 micrograms of aluminum is what is supposedly the safe limit. With any toxin, we've learned like what we did with lead, there's no safe dose.

But even if you go with that dose, we know if you exceed that, it's not safe, and we're injecting 250 micrograms. 10 times the possibly safe dose. Known toxin injected into every baby born in America, and what parents don't realize is when you go into a hospital and you sign and give permission for them to do all the routine care, you just gave permission for that vaccine.

It will happen shortly after you deliver that baby. There won't be another discussion about it, because you're not going to see the pediatrician till hours after birth. You're going to finish delivering your baby, you'll get a little bit of skin time, and the nurses "we're going to dry the baby off" and they take the baby away and bam, bam, ointment.

It happens like that. Like clockwork in every hospital in America, it is a standing order. At least it is in all the hospitals in Portland, Oregon, and in my understanding, it is that way everywhere.

The system to promote vaccines. So, if you make vaccines, you want them given. And if you can have it become a standing order, that is a guaranteed sale. So, the push has become vaccinate and the push has become, let's get the message out there.

Vaccines are safe and effective and let's squash any idea that there's a problem with vaccines. And if our media would be honest, they would look into things like this. I mean this is what bugged me since 2001, when they moved that Hep B to newborns and nobody cared. Nobody made a fuss. Nobody looked into it. It was like, "All right, we got a problem." And the magnitude of the problem is just growing.

Ty: And you mentioned the DTaP. That's a vaccine that you give here if the parents want it, and is that on your list of—you discuss the pros and the cons, you give the informed consent and let them choose.

Dr. Thomas: Right. If we're going to study and get some good data, about what's a safer way to vaccinate, if there is such a thing. Then, we need to come up with some alternatives to the CDC schedule. And so, when I branched into my practice here and I'd been doing the CDC schedule at my old practice, until 2008.

I mean I was starting to educate my patients about the problems, but for the most part they were following that schedule. And the reason I had to leave that practice was over this vaccine issue. My partners thought it was unethical not to do all the vaccines.

I thought it was unethical to do all the vaccines. I felt like you have to give informed consent. What people don't realize is informed consent is only as informed as your doctor is who's giving the informed consent.

So unfortunately, most of my peers don't even realize there's aluminum in these vaccines. Or if they do, they don't know how much is in there. If they do, they don't know what the safe dose is for aluminum because you see, we were trained that aluminum's safe.

It's been in vaccines since the beginning of time and it was studied and it was proven to be safe. At least that's what we were told. If you don't really look into it, there's hundreds of studies. I have two books, entire books just on aluminum toxicity.

There's ample information that should have us questioning what we're doing.

Ty: You just said something that caught my attention. You said most of your colleagues don't even know it's in the vaccines. I don't understand how that can be.

Dr. Thomas: I've got a daughter in medical school and a really good friend in medical school. I've asked them, because they're already being taught "vaccines are safe and effective, and they're the best thing you can do to further the health of the population," they're already being

taught this. I was never taught when I was in medical school 30 years ago, what was in a vaccine. We were only taught that "they are wonderful and do them."

Most doctors trained today have no idea what's in the vaccines. And if you look at package inserts for pharmaceutical products, they're folded up nice and small on very thin paper, and they're usually about this big, tiny print, both sides. Hidden somewhere in that maze of tiny print you can't quite read would be the actual ingredients in the product, whether it's a vaccine or medication you're taking.

And somewhere in there is this long list of potential side effects, and as a physician, every time you wrote a prescription, if you were to stop and go through all of that, well you might as well close your doors.

There is not enough time in the day to do that level of informed consent. So, it does take people like you with the training and education that you're putting out with programs like this to start educating people about things like what's in the vaccine. It's an important point. People need to think about that.

Ty: So, let me ask you this, Doc. Once you educate your patients—educate their parents, because most of your patients are tiny. You educate their parents, let's say about the DTaP vaccine. You want them to know about the aluminum and the potential side effects. You still have parents that get the vaccine?

Dr. Thomas: Oh, absolutely. So, when I opened my practice here in 2008, and I was making this huge shift from doing them all to just doing a few, I would say most of my patients followed the vaccine-friendly plan. Which is promoted in my book.

Ty: Which is no rotavirus, no polio, no Hep B, TDaP if you want it.

Dr. Thomas: Two months, you do the TDaP and the Hib.

Ty: What's the difference between DTaP and TDaP? Different manufacturers?

Dr. Thomas: Well, if you have the little a in there, that's acellular pertussis. The A before the P is acellular pertussis, and since about early 90s, we changed in the U.S. from the DTP without the A, so that was the Diphtheria, Tetanus, Pertussis. That was the wholesale.

Ty: So, it used to be the DTP, not TDaP. The A before the P is acellular Pertussis.

Dr. Thomas: Yes, there's DTaP and the TDaP. The TDaP is the seven and above, seven-year-old and above. There's just a little age difference, slight difference. But if it's got the little A, it's acellular, which, by the way, has not been working very well.

It worked okay in the beginning and the organism, some of these bacteria, in the case of pertussis organism, they adapt to the pressure. Environmental pressure and natural selection and so, the pertussis organism has changed over these last 20 years or so. And now, they're finding there's this prolactin protein and there's a change in that so the vaccine isn't effective.

Ty: And that's the one you're saying they recommend for a pregnant woman every time she's pregnant.

Dr. Thomas: It's just not working very well. But to just finish describing my schedule of the vaccine-friend-

ly plan, it's at two months you do the Hib, preventing Haemophilus type B, we'll talk a little more about that, and the TDaP. So, you're protecting against tetanus, diphtheria, and pertussis.

The tetanus and the diphtheria are not an issue, really, for a kid that age. But it's the pertussis. You don't want that whooping cough and death, those five deaths per year or whatever. And then rather than doing the Prevnar, which is the other bacterial—serious bacterial disease can be caused by pneumococcus. So the Prevnar 13, it replaced the Prevnar 7.

That will prevent some meningitis and some serious infection as will the Hib. Instead of doing them at the same time at 3 months, we move the Prevnar to 3 months. It also contains aluminum.

So, at 2 months, you're injecting Hib, which is a fairly safe vaccine, TDaP which has too much aluminum. And then at 3 months you do the other aluminum one, the Prevnar. Then you repeat that. 4 months, 5 months, 6 months, 9 months.

And then you do your final Prevnar and Hib at a year. That's still a lot of vaccines, but it's half of what it would have been. I've studied my data so I pulled my data in February of 2015 and broke it into 3 groups. I got an IRB, Institutional Review Board, to look at the data retrospectively.

We weren't changing anything, we were just looking at our data. So, we were approved to do that. In the first group, it was the children over a thousand who did the vaccine-friendly plan or less. Because, when you do informed consent, people do different things.

I think about how before I really was doing informed consent. How did we get everybody to do the CDC schedule? Well we were very "this is the right thing to do." End of discussion. There was no informed consent. People just did it. You're their doctor. People trust their doctors. So, you do what they say. And in fact, today, pediatricians are being trained on how to—I would just use the word "coerce" their patients into doing all the vaccines.

Ty: Don't lose your train of thought because I know where you're going. I was on the AAP website and I reviewed some of the videos. They literally have videos showing the physicians how to coerce the patient.

Dr. Thomas: It's really, really tragic, what's happened. And we were slowly—how do you boil a frog or something? I don't know if you put it in hot water, it jumps out, but if you turn up the temperature slowly, it just goes to sleep. We've been lulled to sleep, pediatricians. And doctors in general.

I would deny that back in the day before I kind of became aware that that was happening. Oh no, I'm an independent thinker, I do my research, I read the most prominent journals, *Pediatrics, New England Journal of Medicine, JAMA*. I'm reading all these journals, but are you really getting all the information you need? No, I wasn't. You have to really go searching for it.

Ty: What about MMR? You didn't mention MMR.

Dr. Thomas: So, for on the vaccine-friendly plan, I made a somewhat arbitrary decision. That one worried me. It just—for two reasons. Wakefield's data was reproduced, so even though he was discredited, I've heard the man speak, he's brilliant. But as people say, he's nuclear, don't mention his name or by association you're guilty of fraud.

The guy is brilliant. And he had published a lot of articles that are not retracted and the findings that he found of ileum lymphoid dysplasia that he found in the gut of autistic kids who had been vaccinated with the MMR, that's been reproduced.

So, it's interesting. I had that piece of information and I had several patients tell me personally, to my face, "my kid was normal. Got the MMR, and regressed almost immediately". So, in medicine, new information usually comes in the form of what we call a case study.

You're going along doing the standard and then something happens that makes you question what you're doing and it's a case. So, I had multiple cases of parents telling me this had happened. So, you have to start going, "well, what's going on? Could this be real?" Then you find out that our Congress commissioned the CDC to do a study, and it was reported in *Pediatrics* there was no link.

Then, in 2005, I read the article written by Brian Hooker, published in *Translational Neurodegeneration*. Not a journal I read daily, but I scan for information about vaccines and autism because you have to look for it. I wake up every morning, I look at all the world literature, what's new. That's my routine.

And so, I saw that article, and thought as I read it, it showed data. Whistleblower William Thomson from the CDC, he was actually and I hadn't known that till I read that article, he was actually the head researcher for that *Pediatrics* 2004 study that DiStefano had published.

And it showed no link between MMR and autism. Well, when he got a hold of the data that had been intentionally excluded, inappropriately so, you don't change study design after the design just because you don't like the results. And this is what they had done.

So, the actual data showed a 300% increase in autism in African American boys, and this finding of isolated autism. A huge increase in everyone. And this was like the smoking gun when it comes to the MMR. All that data was sort of made public in the movie *Vaxxed*.

I'm sure you've heard of that and probably seen it. And everybody should watch that movie. It's a documentary. I called a fellow colleague here in town, I was going to go watch the movie. I said, "Hey, come watch this movie with me." He's a fellow pediatrician. He says, "Why would I watch that? That's just nonsense propaganda."

So, it's like, here's a documentary, but if you don't want to learn what it says, you just cast it aside as propaganda. And this is the problem we have with our media. I feel like they pick and choose how they're going to report on things. If there's something along the lines of vaccines are safe and effective, you hear about it immediately. I read studies all the time that should be headlines, and nothing.

Ty: I was literally watching TV and this was a year or two ago, and you guys Alan and Travis have seen this clip. It was a medical doctor on one of the major networks that says, they're talking about vaccines and she said, "Just get your damn vaccine." No debate about it. Just shut up and do it.

Dr. Thomas: So anyway, I had all that information about the MMR. We'll get back to that. And I just decided I'm going to wait till age three. Because I had never seen a child regress into autism after age three. That was in 2008. I now have over 13,000 patients in my practice. I acquire all the patients in the area who want informed consent. Who want to vaccinate differently.

I acquire a lot of families who have autism in their family because they're not getting the

kind of care they need. I have since heard one story of a child the parents did exactly what I was thinking of doing, wait till age three then do the MMR.

And so far, in my own population, that's been fine. We haven't had any new autism in over a thousand patients who followed the vaccine-friendly plan. But I did have one case where the family did that, not at my recommendation, they just came later.

Got the MMR at age three and their kid regressed. They actually have a family history of autism so that does put them at a higher risk. If you don't have family history, what I promote, if you're going to vaccinate according to the vaccine-friendly plan, make sure you do not have a family history of autism or severe neurological problems and no autoimmune problems in the family.

Those two groups seem to be at highest risk for regression into autism. And perhaps if vaccines are part of the problem, I'm not saying they are but they sure look like they are. I mean if you look at my data, group one over a thousand patients followed the vaccine-friendly plan. No autism, no autism spectrum. When you look at two years and up, four years and up, no new autism.

Group two, we have 238 unvaccinated kids. No new autism, no new autism spectrum. And group three, was my more vaccinated kids, and they have about 15 cases out of 900. About one in sixty. It's about what the rate is now. This was a retrospective study, so obviously you can tear it to shreds. But the P value for researchers who want to know, it's amazing. 0.0001 is like 1 in 100,000 chance that this was by accident.

So, I think if we do the good studies, let's take large groups of unvaccinated, selectively vaccinated, and CDC-vaccinated children, and just follow them over time. We did this for tobacco. Back in the 50s, doctors were promoting this brand. Doctors will tell you, "it's good and it will relax you, it will help you." The tobacco companies back then knew, they had their own data, they knew that tobacco is a carcinogen. There were problems.

And once we did the huge studies, followed millions of people over years, decades. Everybody today knows, tobacco is a leading killer. We need to do those same sorts of studies for vaccines.

Ty: Just educate the viewers a little bit about what is the theory behind vaccines? Why do they work or what's the theory behind why they work?

Dr. Thomas: Well, before I get into that, I just want to mention, what we've lost in this whole vaccine discussion is that what really keeps us healthy is a strong immune system. Having said that, is it possible to use your immune system and promote some aspect of it so you develop immunity against something that might be causing harm?

And I think the theory of vaccination goes way back to small pox, cow pox, Jenner, and all those pioneers. And they were able, at that time, to take a little bit of something that was causing disease or that was similar to it, and get it under the skin and get your body to mount an immune response so that in the future, when you got exposed to small pox, let's say, your body was ready to go. So, in a simplistic term, I think that's what we're trying to do with vaccines.

We're trying to prime the immune system with the organism that's been killed or pieces of the organism that's enough for the body to recognize it and you develop antibodies so that

next time you're exposed, your immune system reacts quickly and you don't actually get sick. So you'll have a huge immune response.

To some extent we've been successful, but where we have lost—we may have won a battle but we've lost the war, in my opinion, is the collateral damage. If you take the Hib, I was in training in California the year that was introduced. 1987 in Fresno, California, was when we introduced it and it came down to the CDC do it, and we just did it.

The CDC knows best and that's how it has always been for pediatricians. The CDC says "do," we jump. And we just take it at face value, it's the right thing to do, they've done the research.

And in that particular case, I'm a brand new medical school graduate, and I'm being told this is a great idea, and actually, at that time, we were seeing a lot of meningitis from Haemophilus type B. I mean a lot. As a resident, I was doing lumbar punctures where you put a needle in the spine and you draw out the fluid, send it off to the lab. 3 to 6 a night.

These were really sick kids in the emergency room and you get called, you're on call, you're basically not sleeping but you try. And you stumble down and you do a lumbar puncture and start them on antibiotics. Hospitals had a lot of kids with meningitis back then.

We used to see epiglottitis, that little thing at the back of your throat would get really swollen. You'd have to intubate them and make sure they're okay so they didn't obstruct their airway. We saw cases of that.

Those things are gone today. You almost never see bacterial meningitis, you certainly didn't see type B, and that vaccine didn't have aluminum, didn't have mercury, so it felt like it was a pretty safe vaccine. It did have formaldehyde which is not a great thing to be injecting, but I palpably saw a huge drop in meningitis that following year after we instituted that. And some of the data showed that to be the case.

So now, I'm a believer, right? I mean, this is amazing. So, it just reinforced my belief in vaccines. What we need to know though today if you're going to give informed consent. You're my parent and I've got your two-month-old baby and we're going to talk about the Hib.

What you need to know and this data's on the CDC website, that Haemophilus influenza type B, that's Hib, causes only a handful cases of disease, serious disease a year in the United States. So again, it's one of those one in a million cases. Now there might be 200 to 400 cases of Haemophilus meningitis non-typeable or other, but not type B. Why is that?

It possibly is that that vaccine was so effective that we don't see that strain anymore. That happened with the Prevnar, we used to have a Prevnar 7, that's pneumococcal, the other major cause of meningitis and serious bacterial disease, and we started seeing other strains. So they came out with the Prevnar 13. Will there be a Prevnar 21? I don't know. We keep chasing these things as they shift. I digressed, I believe.

Ty: Well, you were talking about Hib. We don't see—with just a handful of cases of type B.

Dr. Thomas: Right, so the informed consent for the Hib. Some families who are really averse to vaccines, they're just afraid that it's overstimulating their child's immune system and they want natural immunity. They might be comfortable with that risk of one in a million from type B.

Ty: You mentioned SIDS. What do you think of SIDS? Is it possible that some SID deaths are actually vaccine injury that's unclassified?

Dr. Thomas: I think it's absolutely possible. As a pediatrician, I was trained that vaccines are safe and effective, and of course they have nothing to do with SIDS. SIDS is Sudden Infant Death Syndrome. Whenever you hear "syndrome" at the end of something, it means we don't know.

These kids just died. In fact, I just saw an article this morning. I was looking over some things and I think it was from 2007, but there was some overseas, there were twins who died within hours of getting their vaccine. Within the next day.

Both of them. And it's like, boy when you read that, it was presented as a case report of you can have—I forget how they named the study but twins who die of SIDS. So, this unknown death of unknown cause, hmm, they incidentally both got vaccinated the day before.

To me, that's not a coincidence. Once again, we don't do good risk follow up. We give our vaccines and then off you go. In the United States, we have the VAERS, Vaccine Adverse Events Reporting System, and this is the system that doctors or patients, anybody can report a possible vaccine reaction to. The reason it doesn't work is this Ty. I'm a pediatrician, I should be seeing all these vaccine reactions, right? And you ask any pediatrician. How many vaccine reactions have you seen?

"I haven't seen any. I need a little bit of redness where the shots given. Some fever. We expect that. But no, I haven't seen any reactions." How can that be? Well, either there are no reactions, or we don't know what to look for. I think it's the latter. Here's the thing. Kids will have seizures after vaccines and we'll say, "oh that's normal" because you can have febrile seizures and that's a normal thing. We're taught that febrile seizures are normal.

Are they? I don't know. Let's look at the vaccinated and unvaccinated. Let's follow them and see. Do the unvaccinated have febrile seizures as well? SIDS. I'm trained to think that's just normal. We don't know what causes it but it's normal. Let's look at the unvaccinated and the vaccinated and see if they both have the same amount of SIDS.

Neurological problems, autism, which remember's the tip of the iceberg. What about all the ADD, the ADHD, the autism spectrum, the anxiety and the depression that we're seeing. We're not even talking about all the autoimmune stuff we're starting to see at higher levels. Diabetes type 1, and we're seeing way more allergies and eczema, hearing more and more about people with peanut allergies that have to carry EpiPens around.

Would that still be in that unvaccinated arm? Would they have all those same levels of these disorders, these chronic diseases that we're seeing in kids? I'd love to see this study be done. That's what we need to do. Let's quit pointing fingers at each other because basically we're all operating in an area without information, right?

If we're going to answer these questions and save the children of America and of the world, we need to do the right studies. And they just keep studying one vaccine at a time and they look for a few months or for a year and then they're done. Well no. Follow these kids and compare them to unvaccinated. It's got to happen. We've got to do it.

Ty: What you just said, it really struck a chord with me. I think that all of us have in common regardless of what your perspective is and I think that it's a caricature to say that you're anti-vax or pro-vax, because most people are in the middle somewhere.

They're just not sure. But I think we have in common is everybody just wants healthy kids. We want the kids to be healthy, and if we want the kids to be healthy, these vaccinations should be studied to find out if the risks outweigh the benefits. That's just the bottom line.

Dr. Thomas: Right, that's what we need to do. It appears the CDC is incapable of doing those kinds of studies, so we just need to move that research and move those dollars out of the CDC and into a new branch that is charged with really doing this kind of research. Because they're conflicted, and I don't know if you can change that culture.

We need to just accept them for who they are. They're great at collecting data but only if it serves the purposes of pharma, it appears, so we just need to change it and really do the right studies long term and get going on those.

There's a glaring example of sort of tobacco science, I'll call it, when we look at the HPV vaccine. So, that's my least favorite vaccine and I'll tell you why. When it first came out, the HPV 4—how do doctors learn about new things?

I've been in practice 30 years, so obviously this was brand new, and I might go to a conference on something and learn something new. Or I might have—well they call them drug reps. I actually let them in my practice because I just want to know what's going on out there.

There are practices there, "we're not going to talk to drug reps," and I honor that as well. I see the value of just trying to keep it pure, but I want all of the information I can get and then I'll go and do my own research and try to figure out what's really going on.

So, a drug rep comes into my office with the new HPV information, and they're touting this great vaccine. In fact, I'm invited to a dinner that's put on by a professor at the University, OHSU, one of the infectious disease professors. I don't drink but my colleagues start drinking wine and we're getting served wonderful food and we're hearing this wonderful talk about HPV and how wonderful it is, how it's going to prevent cancer.

Look at these studies showing decreased cancer, and we walked out of there thinking this is a really great vaccine. In fact, I ordered some for my office, so that's why you shouldn't have drug reps in your office, I just answered my own question. But I learned really quick.

So, I'm looking at the studies that were done by the company, that makes those vaccine, and there was something that bothered me. In vaccine studies, if you're really going to compare the side effects for the vaccine compared to not, you need to do placebo.

And placebo, if you're injecting a vaccine, should be injecting saline. That's the placebo. Well they injected the same huge dose of aluminum as was in the vaccine. I'm already aware that aluminum's a huge toxin, so there's studies associating aluminum with Gulf War Syndrome, with all sorts of neurological problems, so that's not a valid study. But it was accepted—they actually stopped their research early because they saw a slight decrease in cervical dysplasia.

It has never prevented a single case of cancer, but they got what they wanted. They found some decreased cervical dysplasia in their study group and they stopped the study. This is our wonderful vaccine, we're going to prevent cancer. And it went to market.

Down the road, they come up with the HPV 9, the new Gardisil. And guess what they used for that placebo? HPV 4. So instead of injecting that along with saline, they use their own vaccine that never had a proper placebo as the placebo. And they just compare those two and "look at these side effects, they're the same so it's safe."

Well if you look at the actual deaths, just look at deaths. There will be more deaths from

that vaccine than there will ever be cervical cancer. You just look at the number of studies and the number of deaths and it's horrendous.

So, that vaccine is no longer being done in Japan. They had huge patients coming forward with severe autoimmune problems, deaths. In Japan, they're allowed to talk about side effects. So Japan always tends to be ahead of the U.S. when figuring out when there's a bad vaccine. That was actually why we got rid of the wholesale DPT because Japan figured that out and went to the acellular seven years before the U.S.

Well in Japan, two years ago, I think 79% were still doing the HPV. I think last year it was two percent. Once the real information comes out, people can make informed decisions. We don't get informed information here in the U.S. We need those studies.

Ty: That's great information on the Gardasil. It boggles my mind that they can actually put out what they say is a randomized controlled test that doesn't have a true placebo.

Dr. Thomas: It's happening all the time. That particular vaccine was the most blatant, and yet it got fast tracked. Approved by the FDA, fast tracked, and now it's being pushed big time in the U.S. I see commercials on TV. "I wish I had known, I wish my parents had told me."

It's just pulling at the heartstrings. It's just marketing. So, they've got a faulty product and they want to make money on it so what do they do? They do marketing. And we're all subject. We're victims of the marketing.

There was a study in *JAMA*, in February of 2013. I get the *JAMA*, *Journal of American Medical Association*. I'm a member, just to keep track of what's going on. And that was on my desk and I'm looking at this and any time I see the word "autism" in the study, I want to know what they're doing because we need more studies.

So, here's a huge study out of Norway. I think it was 60,000 moms and the children followed for an average of six years and they looked at the rate of autism in the moms who took folate while they were pregnant and the moms who didn't. It was a huge study. Prospective, long-term, comparing these two groups.

Ty: What is folate?

Dr. Thomas: So, folate is a B vitamin, B3, and we've known that you need folate to prevent huge brain defects. Anencephaly, meningomyelocele, those sorts of things. So, it's obviously important for something to do with brain and we've been giving folate for well over a decade. Maybe two for pregnancy.

But this was a great study to show the value. The moms who took folate while they were pregnant, their autism rate was in a thousand, and the moms who didn't was one in 500. So, this is 2013, and I'm thinking, I just read it's 150 here in the U.S.

What's the difference? Why is it 1 in 1000—because we give folate in the U.S. So why is it 1 in 1000 there when it's 150 here. That was the ah hah, but there's no mention of that in the article.

So, I pulled up the vaccine schedule for Norway, and they don't do the Hepatitis B vaccine. I'm not saying that's the whole reason because they do breastfeed longer and much higher breastfeeding rates there. We know breastfeeding is protective.

They have less toxins, there's no GMOs, or at least I don't think there are. So, I'm sure there's lots of variables, but the exciting thing about that is just think about it, Ty. If we could do a few things here in the U.S. and get our rate from 1 and 50 back to 1 in 1000, how wonderful would that be?

I mean you're talking we now have a million autistic kids. We're creating over 100,000 a year with our current program with whatever it is we're doing that's creating this. I do believe, this is to talk about vaccines, that's the big piece of the puzzle.

But that's not the only piece. It's toxins, toxins, toxins and it's getting your nutrients, like folate in that study. It's actually good to have methyl folate, not regular folate for most people. It's boosting the immune system. It's all about having a healthy immune system.

That's what we need. We need to be eating real food. I know in your book on cancer, you made a big push about that. You're not going to have a healthy immune system if you're eating the SAD American diet.

Ty: You mentioned the immune system. Is vaccination the same thing as immunization? Are those terms, do they mean the same thing?

Dr. Thomas: Well, we use them interchangeably. We say immunization, vaccination. But immunity is a whole different ball game. Immunity is how robust is your immune system to fight anything. So, there was this study out of Canada, I think it was last year. Where they looked at people who had gotten the flu shot every year compared to people who hadn't gotten the flu shot and how did they respond to a new flu virus? Because they're always trying to predict what's going to be the next flu virus.

Those who have not been getting those yearly vaccines were much less likely to be infected by a new strain. So, there's something about over vaccinating that actually harms your ability to fight other infections and that's another piece of data that we really need.

So, in my own study, what I found was that unvaccinated group of 238 patients by far were the least ill. I also tracked how many office visits they came in for illnesses. I mean, it was like a fraction of the visits. These are healthy kids, and they're not vaccinated. So, they have a robust immune system through your natural state and probably better nutrition, maybe longer breastfeeding. I didn't have enough data to look at those factors.

But immunity is different from vaccination. Vaccination, you're targeting that organism. And yes, you might boost the immunity against that organism but what are you doing to the whole picture? And we're not looking at the whole picture. We need to.

Ty: Talk about chickenpox. Chickenpox vaccine. What's it the ZostaVax?

Dr. Thomas: Varicella. The Varivax, they now have one for adults, for Zoster, for the older folks. But for children, it's the varicella vaccine. Varivax. It's recommended at age 1 by the CDC. So, I had chickenpox. I'm guessing you did too, as a kid.

My kids all had chickenpox. It used to be one of those rights of passage, right? It's not fun. It's itchy. You miss school for a week, most kids love that. Deaths from chickenpox are obviously always the big scare. And historically and traditionally, there were about a hundred deaths a year in the U.S.

Almost always, it would be somebody who is immunocompromised so they were already at

risk for death from some infection. But any death is not a good thing, right? So, we would like to prevent those deaths.

So, in comes the varicella vaccine. The chickenpox vaccine. And in my practice, ever since it was introduced, I've always had a number of families that didn't want to do it. They just felt like they wanted their kids to have natural immunity.

The vaccine actually works fairly well. I just had a case of chickenpox yesterday at my practice. It's rare. I think I could count on one hand the cases I see in a year. We used to see it every week. Almost every day. We'd meet them in the parking lot so they didn't come into the office and contaminate everybody. It's very airborne. It's very contagious. And it's just not around anymore.

But guess what is around now? Zoster. Herpes Zoster, which is actually a reactivation of chickenpox. And you can get Zoster whether you're vaccinated or whether you had natural chickenpox. And what we're now seeing is the elderly—but we're even seeing Zoster in kids and that never happened before.

But we're seeing the elderly are having debilitating zoster and sometimes death from chickenpox, reactivation, and that is now a new epidemic. And I've read, I don't remember the exact numbers, but we are losing more adults to chickenpox than we ever lost anybody to chickenpox prior to vaccines.

So, what's happened? I'm pretty sure what's happened is because the chickenpox vaccine works fairly well, kids aren't getting chickenpox anymore. Those kids who got chickenpox were actually the people who kept our immunity boosted through the years, so my kids had chickenpox, they boosted my immunity.

Well now, the kids aren't having chickenpox anymore, nobody's getting boosted. Now you're having this rise in zoster cases—

Ty: Now is that Shingles?

Dr. Thomas: Shingles. And so we've made a trade. From kids who got chickenpox and who could handle it to now the elderly and older people getting reactivated chickenpox, zoster and shingles, and sometimes it's more debilitating if not deadly at times.

I don't think it's necessarily a good trade off. I think we might actually be wise to just go back to letting kids get chickenpox, but it's so controversial. You'll hear the argument, "well, your child having chickenpox is putting my chemotherapy kid, my cancer kid at risk. Because they have to take their chemotherapy which blasts their immune system and they don't have any protection.

But the truth of the matter is I have patients who are getting chemo, they don't go anywhere when their immune system is suppressed. It's not just chickenpox. Those kids are vulnerable to everything. So, their oncologist will tell them, "you don't go to school, you don't go out in public until we get your counts up."

And so, in reality, that's just a theoretical thing used to scare people. You're not going to send your immunocompromised chemotherapy kid to school anyway until their counts are back up.

Ty: So, I guess what you're saying is we're seeing the natural exposure to something like chickenpox. We've even seen it with measles. It confers some kind of a longer-term immunity,

whether it would be shingles or with measles, we're seeing a cancer protective effect for being exposed to measles. So that natural exposure gives lifelong reduction with other things.

Dr. Thomas: Right, so I read that study. I can't remember where now, about the cancer protective effect of actually having the measles or mumps infection. There's so many unknowns. We do this and we think it's the right thing to do but then we need to be able to step back and look at the outcomes of what we're doing and does it really make sense. It's so hard to go back once you've embarked on this vaccine program. How do you dial it back? It's tough.

Ty: Discuss a little bit about some of the antibiotics that we have in vaccines. And the way that that might actually be affecting brain development or even have implications with autism.

Dr. Thomas: I'm not an expert on which antibiotics are in vaccines but I could tell you that the use of antibiotics to treat infections in little children, is a real concern for somehow being associated with increased autism. Back 20 years ago, and 25, 30 years ago, when my kids were younger.

As a new pediatrician, and we were just dumping antibiotics into kids. It felt like every kid had an ear infection. You'd go through the day, I remember the days I would see 50, 60 patients and half of them were ear infections and we were just writing off prescriptions for antibiotics. My youngest son had 13 ear infections in nine months.

That's constant. So, he just lived on antibiotics. Sorry, sorry, son. We did some things that don't make a lot of sense when you really understand the full organism. So our immune system involves gut immunity as well, and antibiotics destroy a lot of your good bacteria and there's this whole understanding now that's just finally reaching the MDs. I think the naturopaths, the alternative folks have known this for some time.

I've been involved with integrated medicine for almost 10 years. Interested for 20. I've been aware of these things with microbiome and importance of having good diversity there. We were destroying that with antibiotics. And I remember when I first heard that as a new pediatrician.

"Well, that's ridiculous. That has nothing to do with your immune system." We now know, of course it does. I don't know if that answers your question. Antibiotics overuse, besides the fact that we're creating these superbugs, I am less worried about the superbugs than I am about what we're doing to the microbiome. And so it is so important to have a vaginal birth through a healthy birth canal that's teeming with good bacteria that then become the beginning of that child's gut flora.

You have a C-section in a sterile environment, you're in a hospital, where there's hospital-acquired organisms and that becomes your flora and you get c-diff, and you're pooping blood and mucus and that's not a good start. In fact, the best way to cure those poor kids is to get good probiotics and get that going. I think you talk about it in your book, part of a healthy diet is fermented foods. You need that good flora.

Ty: Just two more questions based on what you just said. You just talked about having a healthy vaginal birth. Talk about the way that different vaccines can cause inflammation in the womb and what effect that might have.

Dr. Thomas: We understand that autism for example is an inflammatory condition in the brain. The Vargas study back in I think 2005 showed universal autistic kids at autopsy had brain inflammation. They just looked at motor vehicle accident kids who happened to be autistic and had some controls who weren't and there was a huge difference. So, inflammation is

part of the process. We want to avoid inflammation.

There was a study that showed—I think it was the flu shot in pregnancy causes an increase in CRP which is an inflammatory marker. So right there, that's telling me that's probably not wise to be injecting a vaccine that causes inflammation in the womb when we know there's another study that shows that inflammation in the womb shows an increase in autism risk.

So, we don't want to trigger inflammation while you're pregnant or probably any time in our lives. I think the whole process of healthy immunity is avoiding inflammatory conditions, avoiding toxins.

Ty: Dr. Thomas, with your book, The Vaccine-friendly Plan, you've got various families that choose different levels of vaccination. Some of your 13,000 patients will do a lot of vaccines, some will do very few, some will do none. For those that do very few or none, what are your suggestions on how they might get natural immunity so that they feel better about not vaccinating?

Dr. Thomas: So natural immunity, if you get your nutrients and you avoid toxins, unless you have a genetic autoimmune or immune deficiency, and those are so rare you don't need to worry about them, that's the key. So, let's start with avoiding toxins. It starts before you get pregnant.

I wish I could get people before they got pregnant which means everybody. Your kids. Start living a toxin-free life. Avoid pesticides, avoid herbicides, drink filtered water not just the tap water. Avoid acetaminophen. Acetaminophen is the great multiplier of toxicity.

So, we all have our body burden of toxins, and acetaminophen blocks your production of glutathione. Glutathione is the major detox molecule. So just think of it, acetaminophen, Tylenol as multiplying your toxicity times 10, 20, 100, I don't know. You need to avoid that. Flame retardants are huge. So, we get our brand-new baby, we buy them all new furniture and we get a brand-new mattress and it's off gassing flame retardants. We put them right down on that.

So, that's a problem. Fluoride in the water. There's a huge debate and controversy about fluoride but it competes with iodine. Iodine is important for thyroid function, and thyroid function is hugely important for brain development, so avoid fluoride.

If you have to do a topical and spit, that's probably fine. But ingesting fluoride regularly with fluoridated water, taking fluoride supplements, even though they're promoted as the best thing you could do for your teeth, I think it's not worth the tradeoff for what it's doing for your thyroid or your possible brain development.

Plastics, BPA, the list goes on, right? And it gets overwhelming for people, so I think you ought to start with just a few basics. Eat healthy, eat organic or at least GMO-free but preferably avoid toxins in your food. Toxins in your water. Toxins in your air, in your environment.

If you want to, you can take this to your whole new level. Individualized medicine, it's here if you have the extra money to spend and you can get to a physician who understands it. You can get your genetic analysis and understand all your single nucleotide polymorphisms and know that you're at greater risk for toxicity from this or that, and oh gosh, I happen to be a carrier of the MTHFR. That's just one of tons of little genetic glitches that I carry.

But by knowing that I have that glitch, I need to take methyl folate and I need to avoid regular folate like the plague. So, I understand that. But if you're going to eat fresh, whole real food, you're 90 percent there, as opposed to something in a box or a can that came from a factory.

Ty: I guess what you're saying then it's an individualized approach is what makes sense because people are different.

Dr. Thomas: Absolutely. The idea that you would have one vaccine schedule and that's good for everybody. In a world where we now understand, we can understand our genetics and our risk factors, it just doesn't make any sense. I think individualized medicine, if we really use it to its best, although I was going to say individualized medicine is the way to go.

But really for simplicity's sake just eat healthy, eat real food, and stay away from toxins and don't forget, there's a lot of toxins in the vaccines. We ingest them but when you inject them, you're mainlining those toxins.

Ty: And if you are one of the parents that still wants to vaccinate your kids, then the Vaccine-friendly Plan is a good place to start.

Dr. Thomas: Way better. I'm hoping to have more data over the years but there is no question, the outcome data from doing it this way—the vaccine-friendly plan is a compromise. You're saying, "we can vaccinate slower without putting our kids at any greater risk. For diseases that vaccines protect against."

So, you're not putting your baby at risk for Hep B, they're not at risk anyway. You're not putting them at risk for polio, there's none in America. You're not really at any greater risk skipping the rotavirus and you are reducing risk by spacing out aluminum-containing vaccines and you're reducing your risk by waiting a bit on MMR.

So, measles scares people. We had that big "epidemic" in Disneyland, a couple hundred cases. The next year, there are only a couple hundred cases in the whole country. The whole decade, we've never had more than 700 cases a year.

That's not an epidemic, that's just a little cyclical thing that happens. And it's no big deal. But there is no question that our vaccinating with the MMR has reduced measles in the population. So if we went to no vaccines, I think it would be okay, but will we have more measles deaths?

Sure, we would. And some people can't tolerate that idea because they don't see any negative sides to vaccines. But when you see both sides that there's risks and benefits then you can start having a scientific dialogue about what really is best. I think that's what we need to do.

Ty: That's informed consent, right?

Dr. Thomas: Yes, that's informed consent. That's what we should be doing.

Ty: Paul, thank you so much.

Dr. Thomas: Thank you, Ty. Appreciate talking to you.

[End of transcript]

Interview with
Dr. Paul Thomas, M.D. & Dr. Jennifer Margulis, Ph.D

Ty: One of things I want to focus on with the two of you together, I want you to kind of bounce off each other, is this notion of all or nothing with vaccines. Is that a mischaracterization of where we really are today? Is it an all or nothing equation?

Dr. Thomas: Well, Ty, as pediatricians most of my peers follow the CDC schedule completely. This is the recommended schedule. In fact, when I left my last practice eight years ago, it was over that very issue. I did not want to follow the CDC schedule for all patients because I can see that there is a patient who exists I think, for whom the entire schedule makes sense.

That would be a patient whose mother has active hepatitis B and it's putting her infant at risk. They live in an area where there is so much rotavirus and no access to healthcare that you might consider doing the rotavirus and they're living also in an area with active polio all around, which would be really hard to find, actually, today. I don't think that even exists anywhere in the world. Well, no there's a few countries in Africa once in a while that have a little epidemic.

You see theoretically you could be in such a place where you're at risk for everything that we're injecting as the full CDC schedule but if you live in the United States of America that doesn't exist. And so, the all or none sort of mentality just doesn't make sense.

We really need to do individualized medicine and an individualized vaccine schedule that makes sense for the risks that person has, both family history risks for side effects from vaccines but also the risks in the community.

Dr. Margulis: Here's the problem when parents look at the schedule and they decide not to do rotavirus

and they decide not to do hepatitis B their children are counted as if they're not vaccinated. So, we have this false idea that parents, that there is this huge amounts of children who are completely unvaccinated.

What we really have is we have a lot of kids whose parents are picking and choosing based on the available evidence. Those kids have not been completely unvaccinated but they are kids whose parents have made evidence based decisions to do some vaccines but not all.

It's very difficult when you start looking at state statistics or national statistics to actually know how many kids have been exempted from vaccines.

Dr. Thomas: One thing that as a pediatrician I'm subjected to is quality measures. If you're a pediatrician the health plans who set out quality measures invariably have one two or even several quality measures that are basically how well are you vaccinating.

I just got a report, for example, from one of the health plans this past week that had my vaccine status level at zero, and I can tell you that probably 95 percent of my patients are vaccinated but the zero is because almost none of them have done the hepatitis B vaccine because they're not at risk for that one and that automatically puts you in the un-vaxxed category.

Ty: Really? So according to that quality measure if they're not fully vaccinated by everything, they're considered unvaccinated?

Dr. Thomas: Well, its poor quality. So, we're going to establish a quality measure where, have you done all the recommended vaccines by age two? And then we're going to pull the charts and pull our statistics from our insurance claims and, "Oh, Dr. Paul here, none of his patients are fully vaccinated. He's really a bad doctor." And I am at risk of losing insurance contracts and losing bonuses for those insurances that have bonus programs because I'm not doing all the vaccines.

So, there is this pressure on doctors to do them all, do them all now, follow the schedule. This keeps you in line with quality measures, recommendations from the CDC recommendations from the AAP. It's a lot of pressure on doctors to conform to the one size fits all that you're talking about.

Dr. Margulis: And then the thing about that is that if you want to look at real quality, if we want to give hepatitis B we want to make sure that it works and the problem is when you give hepatitis B to an infant we know that 70 percent of the time it's worn off by the time they would be sexually active.

If you're actually doing quality based vaccination you would give hepatitis B when a child is a teenager. You would not get hepatitis B to have a hepatitis B negative family when a child is an infant. So, these standards are actually absurd.

Dr. Thomas: They're creating arbitrary quality standards that really don't measure how healthy the population is. We need quality standards that look at what's your autism rate, what's your ADD, your anxiety rate, your diabetes rate, your asthma, your eczema, your hospitalizations, your E.R. visits, your clinic visits, all these real quality measures that look at the health of the population.

I would love for those studies to be set up and let's look at the differences in populations that are highly vaccinated, selectively vaccinated or unvaccinated. Follow them and look at long term outcomes and then we'll have some quality data that's worth shouting at the mountaintop.

Ty: Sure, in the same line of thought, I have a Blue Cross Blue Shield document that shows that if a pediatrician has 60 something percent of their patients fully vaccinated they get a $400 per patient bonus.

Dr. Thomas: I read that document. I haven't seen that in my own practice. I think it might not be applicable in Oregon.

Ty: It maybe regional.

Dr. Thomas: I think it was a specific area of the country.

Ty: I think it's Tennessee because I've got it and I've got it from a Tennessee doctor. So, it may be Tennessee.

Dr. Thomas: But just to speak about the financial incentive to vaccinate. I'm a busy pediatrician I have 13,000 patients and I started my practice eight years ago, with about 1,000 patients who came with me from my old group practice.

We've grown from 1,000 to 13,000. We've got a selective schedule. We've got an informed consent process that results in less than CDC schedule vaccinating. Probably less than half of the CDC doses are given here. We're still vaccinating but we're vaccine quite a bit less. I've done the crude math on it. I've lost over a million dollars just in administration fees.

For each time my nurse gives a vaccine there's an average reimbursement of somewhere around $12 to $14 and if you're giving two vaccines it's double that or in other practices where they're giving six different vaccines for a two-month-old multiply 12 to 14 times six and then you multiply that by all those recurring visits. It's a huge money maker for pediatricians even though they don't like to admit it. They don't want to acknowledge that they're making money on vaccines. It's a huge part of your bottom line.

Pediatric practices are very expensive to run. We have nurses giving advice, we have doing referrals, we have billing costs and reception costs, there's huge overhead. It usually runs around 80 percent for most practices. Most pediatricians wouldn't survive without the income that comes from vaccines.

Ty: So, the real question that we all want to answered and I guess the thing that both pro-anti and most of the people in the middle of vaccine debate share, is we want healthy kids. So how do we keep our kids healthy? What are the best strategies for somebody that may have fully vaccinated or not vaccinated or somewhere the middle, how do we keep kids healthy because that's the goal?

Dr. Thomas: Why don't you hit that one first. She's good at the very beginning, pregnancy. Let's start there.

Dr. Margulis: That's what everybody wants. Every parent and every doctor wants to have healthy kids. So how do you do it? Some of the ways sound so simple but they're actually really hard. The first thing is that we need to feed our kids real food.

Real food for babies means breast milk exclusively and real food for kids means food that is in its recognizable form. That's not a very exciting thing to say, "Feed your kids food," but the very vast majority of children are not actually eating food.

If you even just look at the guidelines for how many vegetables kids are supposed to have,

I recently did an interview in a middle school and I talked to more than a dozen kids, not a single child in that school had eaten a single vegetable as of two o'clock in the afternoon and were supposed to be eating vegetables with every meal because we know healthy vegetables help you have a healthy microbiome, help you have a healthy brain.

Kids need to eat real food. We need to avoid toxins. Two of those toxins which are given like candy are acetaminophen the main ingredient in Tylenol and antibiotics. Kids need to have as much exercise and outdoor time as possible. They need sunlight they need vitamin D. But we have kids in chairs sitting all day when our bodies want to move and be outside. We need to have kids playing in the dirt, let them get dirty, let them get messy.

And I'm not saying that because I think kids should wallow in mud, I'm saying that because we know that exposure to dirt helps you create a better immune system and reduces your risk of autoimmune disorders. So, what did I forget?

Dr. Thomas: Well, you forgot one really important thing especially for this particular broadcast and that is be very careful what you do with vaccines. I'm particularly concerned about any vaccines during pregnancy. Until you have really good long term studies on primates, let's even start with rats shall we, but let's move on to primates and let's follow the offspring for a decade and look at health outcomes, neurological outcomes, until that's done, come on.

We tell pregnant women don't eat fish. It's too high in mercury. But we're going to inject a mercury laden flu shot. It's insanity. So, no vaccines while you're pregnant, that's absolutely critical. When I'm meeting with a new couple, if you're a new couple and you're thinking, "What can I do?" You are the world if you're pregnant mama, that's the environment. So, what you eat, what you drink, stress.

Stress is a huge toxin. So, I always like to emphasize, if it's a partner or a spouse treat her like a queen. I'm telling you, just turn off the T.V. that's usually a stressor and get out in the garden if you're not in the snow zone. Just do what you can to just be Mother Earth that is a huge benefit to the development of that developing brain and neurological system and just be careful what you're putting in your system.

I have to second the acetaminophen. We just have to stay away from that. It magnifies all other toxins. You see, we have a body burden of toxins and I tease the guys when I'm at a prenatal ward we're just as toxic, probably worse, than the ladies who tend to take better care of themselves with their diet but regardless of how good you've been we all have these body burdens.

Our world is so toxic that the polar bears in the Arctic Circle are still carrying DDT around and we know this and the uterus shunts nutrients but also shunts toxins to the unborn child.

So, do everything you can to limit toxins and then as soon as they're born don't forget vaccines include toxins. Do not get the hepatitis B vaccine if you, the birth mother, does not have hepatitis B. That one is a no brainer.

Then look very carefully at the rest of the vaccines as we outlined them in the vaccine friendly plan. At the very least, be that cautious and if you have any risk factors, family history of autism, neurological disease, autoimmune disorders you might choose to do none. I know that sounds crazy for a pediatrician to say but until we have better data you've got to be cautious, precautionary principle.

Ty: Precautionary principle, you're not the first person that's mentioned that in these interviews.

Dr. Margulis: One thing that Dr. Paul touched on, stress. Stress during pregnancy can have an effect on the outcome of the baby and the child's health and also stress during childhood.

Our kids get really, really stressed out and we forget that kids don't need expensive clothes and they don't need Gymboree and they don't need 15 different activities. They need to sit on your lap and read a book together. They need lots of hugs and kisses and skin to skin time and family time.

Again, that's not an exciting thing to say like, "Remember to kiss your kids and remember to hug them and remember to spend time with them and remember it's okay to just be together doing nothing." What would that have as an effect on health? Well, it turns out it has a big effect on your mental health, on your physical wellbeing.

The more time that we spend just paying attention and being with our kids, often the healthier those kids are going to be. So, we get this idea that we need to buy things for them, that we need to do things for them, that we need to take them places, that we need to pay for expensive lessons and expensive activities and the truth is sitting on the floor and playing pretend with two stuffed animals is going to go a lot farther than any expensive class that you could buy for them.

Ty: That's great advice.

Dr. Margulis: You agree?

Dr. Thomas: I agree, yes.

Ty: I like to do that with Charity, "Hey, honey, let's have a sip of tea." She's our six-year-old. So just make believe.

Dr. Margulis: Yeah, you know we spend a lot of time thinking about our kids like wanting to feed them good food and thinking about their bodies but also just letting kids be imaginative, letting kids be bored, letting kids come up with fantasies like it's often – we actually say this in our book – like just sit there don't do anything.

We have this idea like you should always get up and you should always be doing something. What are you doing? Why you sitting around? And actually just letting your kids sit around without a screen. So, letting your kids sit around and daydream is going to have a positive effect on their physical and mental health.

I think a lot of parents come to understanding about how to create lasting health in their kids because something goes wrong with their kids. I want to talk to the parents before anything's gone wrong. So, I don't want you to start paying attention to what your child is eating after the child has type 1 juvenile diabetes.

I want you to avoid the kid getting type 1 juvenile diabetes in the first place. And that's what's so hard is that we don't start asking the questions until we've already made the mistakes often and there are a lot of ways to not make the mistakes.

Dr. Paul said this before but it really does start in pregnancy and it also starts with childbirth. We forget that we spend nine months trying to protect the child and not take drugs and try to avoid toxins and eat right and then during childbirth, if we have babies in the hospital we're often suggested to do drugs and to do interventions and it turns out that the most scientific birth is the least technological. And the more that we can protect our child

from all that kind of stuff, the healthier the child is going to be in the long run.

Cameraman 1: I have a question. You may not have the answer to it but I'll throw it out there anyway. Let's say a parent or parents have come, maybe they've had a vaccine damaged child or whatever but they become polarized to one side of things.

How can we create, you talked about everyone's committed to the health of children, the future of the country and all that stuff, right? How can we—it kind of goes with what I was asking earlier like with the government agencies it seems to be trickle down from the top, mandating this, putting pressure on doctors if this doesn't happened, parents feeling alienated from that system.

What are the steps that somebody that is, a parent who is polarize against the system, what actions could they take rather than just saying this is wrong, what could they actually do that could help move things towards a better solution for everyone?

Dr. Margulis: I like your question.

Dr. Thomas: Ty, if you had a vaccine damaged kid or let's say you don't know it was vaccine but your kid ends up autistic and you're pretty sure it was the aggressive medical system that contributed to this. What can you do? Is that sort of the question?

Ty: Yeah.

Dr. Thomas: Number one thing, it saved my career is I had parents come to me and say, "Dr. Thomas have you looked at this article? Have you read about this? Have you thought about that?" And physicians who know it all are not interested. So, you're probably not going to get through to some physicians who just aren't open to getting any advice or knowledge from somebody who's not a doctor.

But I am so grateful to the various patients who came to me and said—well, the very first one was a gal who is an attorney here in town. She had a couple boys who were doing quite well, I think they were a little quirky, but they were doing okay and she said, "You know, there's this conference coming into town Defeat Autism Now," this was back in 2002 or 2003. She said, "Would you just go and let me know what you think."

And I had heard about them and in my world it was like, "Those are a bunch of kooks, do not go to those conferences, they're nonsense." But I went out of curiosity, "Why would this attorney be that curious about it?" Blew my mind. The level of science in that organization, the articles that were presented, I'd never been to such a scientific conference and it was like an eye opener for me.

And then I have patients bring in an article and say, "Have you seen this article?" and usually I hadn't but I would take it and eventually I would get to it. It was like, "wow." When you start reading things that aren't on your radar because physicians are isolated. We're really a product of a system that has trained us to think a certain way.

And when we are in that system, we think it's the best and we think it's the only right system and all the rest of you guys out there whether you're an alternative care provider or you're just a parent, what could you possibly know? Well, a lot there's so much information out there.

The frustration that parents have is that nobody's listening. The media isn't listening. They're not picking up their stories. Their doctors aren't listening. They're not looking into

it. I've been educated by my patients more times than I want to admit it but because of that I'm a better doctor because I've learned things that I wouldn't have learned if I'd stayed with my blinders on.

Dr. Margulis: I think it's about having the conversation. It's always about being able to talk to other people. If something went wrong with your doctors unfortunately a lot of doctors feel more comfortable shutting down the conversation but opening up the conversation and trying again and again and again. We have to start talking to each other.

The public health officials have to talk to the parents, the parents have to talk to the doctors. We all have to sit down and talk about these issues. This is not religion. This is science. We don't have to agree but we can look at the evidence and figure it out together. When you say it's off limits and you can't talk about it that's when you should start having as many conversations as possible.

Dr. Thomas: And the science isn't settled. The science is never settled because here's the thing, when I grew up I got one or two vaccines. And as far as I know they were fairly safe back then even though they were probably nowhere near safe but I grew up in a less toxic world. I grew up in Africa. We ate out of our local vegetable garden, there was no pesticides or herbicides. We ate the stuff as it came.

We started adding more and more vaccines, for example, but at the same time we're adding pesticides and herbicides and thousands and thousands and tens of thousands of chemicals that are just in our world. You give that same vaccine today and it might have a different outcome. Then when you keep adding vaccines you have to start all over with the research because it's never been tested.

MMR in the schedule, now let's add back in 87 the Hib vaccine and in 93 the Prevnar and then we moved the hep A down and the hep B down and we added the rotavirus and then we added the meningococcal and we've added Gardasil now for teenagers and we add, add, add, add.

Every time you add the science is unknown we haven't even studied it. So, we've got to keep our scientific minds open and start looking at what we're actually doing and unless you look you don't know. So, these parents who have concerns I applaud you. There are legitimate concerns and until you can show me the science. You should be skeptical.

Cameraman 1: I have another question. It's kind of a follow up, it's the other side of the coin.

Ty: Go ahead.

Cameraman 1: What would you say to doctors who feel kind of caught in that whole, like having to confront that maybe they've been wrong about certain things that they were told, that they paid lots of money to get trained inside of but they're open to hearing—they are open.

The way I see it, more polarization just creates more distance between the two parties but the doctors who, okay, I'm willing to—what could they do as a first step from their side to push it in a good direction? If the parents are doing what they're doing, what can the doctors do that are kind of in bad position? What can they do to move things forward across the board?

Dr. Margulis: I want to start with that.

Cameraman 2: Sorry also in addition to that is there a levee that needs to break that would be like a sea change or do you see anything like that coming over the horizon or do you feel the tide turning when you talk to other doctors?

Dr. Margulis: It's time for doctors to be brave. It's time for doctors to speak up. It's time for doctors to admit their mistakes. I understand it's hard to admit that you were wrong but we need to follow the example of Dr. Paul Thomas and the other doctors who are starting to speak up because more and more doctors are speaking out and we have to do that.

There have been so many times in medical history – in recent medical history – when doctors were implicated in making mistakes and it was the brave ones who came forward who said, "We recommended this and we shouldn't have and we're going to stop recommending it" and we've got to do that now with vaccines.

Yes, we're in the midst of a sea change because too many children have been damaged by too many toxins and parents are smart and they're starting to wake up and it's time to end the damage, it's time to end the autism epidemic, it's time to end the auto immune disorders. Sick is the new normal in the United States and that is not acceptable and no doctor should accept that either.

[End of transcript]