

Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers: A Special Interview With Neil Z. Miller

By Dr. Joseph Mercola

JM: Dr. Joseph Mercola

NM: Neil Z. Miller

JM: Vaccines: Are they safe? How do you know? Hi, this is Dr. Mercola, helping you take control of your health. To help us answer those questions is Neil Miller, who has written a number of books and has been in this field for three decades. A real pioneer in helping us understand the concerns about vaccine safety. Welcome and thank you for joining us today, Neil.

NM: Thank you, Dr. Mercola. I appreciate it.

JM: I've known of your work for a long time. But your most recent work is just magnificent. It really is a great book that people can pick up if they're interested in referring to the studies, the documented peer-reviewed published studies that support the concern about vaccine safety and their efficacy. This is not a comprehensive book. In other words, it doesn't review studies that support vaccination, because there are loads of studies that do that, almost all of them funded by the industry and the government.

You've been in this field for a long time. What I'd like to focus on is tell us how you got involved with it and what your perspective is. There is so much information in this book that you've acquired over three decades. We could literally speak for the next eight hours and not skip a beat.

But I want you to really focus on what you believe are the highlights and the concerns, get people the golden nuggets they need to defend their position with relatives, family and friends against the onslaught of authorities, the media, the public health figures and physicians, who are just rooted in the belief that vaccines are the best preventive strategy ever.

NM: I got started when my own children were born. This was over 30 years ago. My daughter's 29 now, but my son is over 30. When they were born, I felt I had to do due diligence. Actually, when my wife was pregnant, I had to do my due diligence about vaccines.

I have to be honest, though. Before I even started to research vaccines, my wife and I pretty much knew intuitively that we were not going to inject our children with vaccines. When I give lectures, I often tell people, "How can you expect to achieve health by injecting healthy children with toxic substances?" I intuitively knew that when my wife was pregnant, but I still felt that obligation to do my due diligence and to do the research.

JM: Let me stop you there and commend you for the courage to implement that, especially 30 years ago. Now, it still takes courage, but you did that 30 years ago. That's so exemplary. I

believe every parent has the responsibility for their child to do their due diligence, because the children are relying on their parents to make the decision obviously they can't.

NM: Absolutely. In fact, back then, we had home births. Both of my children were born at home. I was the first one to introduce them to the world when they entered the world. That was beautiful. We didn't do circumcisions. I'm Jewish. It wasn't even an issue to have to do that. It just didn't make sense to have to butcher my son unnaturally when he came out.

My wife and I – It is kind of amazing that the two of us were so much on the same wavelength with everything. My wife breastfed our children for two years. Our children never went to a medical doctor. The first time my daughter went to a medical doctor was when she was 16 and she had an accident on her ear. She tore her ear and she needed stitches. Even then I was hesitant to have to deal with it. I wanted to see if we could really deal with it at home.

JM: Did they force her to get a tetanus shot?

NM: No, they didn't. But the funny thing about it when we did take her in – and she did need the stitches – they tried to give her a thermometer. She had no idea what it was. They kept poking her in the mouth. She didn't know she was supposed to open her mouth and put it under her tongue. We still laugh about that today.

But the thing is that when I do things, I do them pretty thoroughly. When I did my due diligence, doing the research at that time, we didn't have the internet. I had to go to medical libraries. I was doing my research at medical libraries. I was gathering everything and I started to put it together, collate it and coordinate it and everything else.

People started to find out about the information that I had organized. They were asking me about vaccines even way back then. I organized it into a booklet. I started to share that with people. Everything snowballed from that, from my first booklet.

My first book was *Vaccines: Are They Really Safe and Effective?* Then we went on to some other books from there, and then went on to *Vaccine Safety Manual for Concerned Families and Health Practitioners*. Now, last year in 2016, my latest book came out, which is *Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers*.

In that book, I got tired of hearing medical doctors tell parents that there are no studies that show that vaccines are unsafe or ineffective. I hear this often. Parents come to me all the time and they say, "My doctor told me that vaccines are safe and there are no studies that prove this." I've been doing the research for literally 30 years. I know of so many studies, literally thousands of studies that document them. My books all document the studies.

I said, "You know what? I've got an idea for my next book. It's going to be unique. I'm going to take 400 studies. I'm going to look at each study and I'm going to go through it. I'm going to summarize it in bullet points. I'm going to add a direct quote from the study. I'm going to give a headline or a summary of the study itself. I'm also going to give the citations so people can go

directly to the study and read it themselves if they don't want to rely on my bullet point summaries of the studies.”

My latest book, *Miller's Review of Critical Vaccine Studies*, is 400 studies, one study per page, that just looks at studies that I've found. These are studies in peer-reviewed journals. These are studies in peer-reviewed medical journals that are documented and indexed by the National Library of Medicine. These are valid studies by valid researchers in many journals that people have heard about – The Lancet, New England Journal of Medicine, all the mainstream journals and some of the smaller journals, but they're still valid peer-reviewed studies, that show that there are problems with vaccines: there are safety problems, there are efficacy problems. They're all in one place so that people like doctors can get this information all in one convenient place.

Today, I've seen that this book has been very effective with medical doctors. When medical doctors who are on the fence or who weren't even opposed to vaccines, get this book and read it, I hear back from parents that their doctor is no longer pressuring them to get the vaccines. Their doctor is now respecting their decisions to not vaccinate or to go to some sort of alternative vaccine schedule if that's the choice these parents make.

Now, I'm not opposed to parents making their own decisions about vaccines, okay? I did not vaccinate my own children. That was an appropriate decision for my wife and [me], for our family. But there are two things that I represent when I go out and give lectures and I speak to parents and I speak to other researchers. I am all about having access to all of the available information, uncensored, unfettered access to all of the available information out there about vaccines. Not just what your medical doctor wants you to know. Not just what the pharmaceutical companies want you to know, and not just what the Centers for Disease Control and Prevention (CDC) is telling doctors to share with their patients.

I want parents and everyone to have access to all available information. I want them to be free, absolutely free to make a decision whether or not they want to vaccinate their children, so they can accept or reject vaccines for their own children. It's really a human rights issue. It's really about the mandatory aspect of vaccines. I think that all vaccines are problematic. I think this not just based on my own feelings, but based on the evidence that I've researched over the years.

JM: I think the key there – Because obviously, every parent ultimately is going to make some decision about whether or not to vaccinate. Most of the time, it is an uninformed decision. I think that's the key that we need to insert here. It's that it's an informed decision based on an analysis, however deep they want to dive into it – because they could go really deep, obviously, as you have for the last 30 years – and then come to a conclusion.

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If they come to a conclusion it's safe and they want to do it, they should have that right, just as anyone who wants to smoke or drink. It's legal to do. I mean, obviously, it's absurd for public health authorities.

NM: Absolutely.

JM: In some of your earlier books – I’d like to just paint some broad strokes now – one of your primary arguments about the effectiveness of vaccines – and you show this really clearly in many graphs, which illustrate it pretty powerfully – is that there was a deliberate confusion by the public health authorities to make the public believe that the vaccines were far more effective than they were. They would use data to show that the incidence of the disease they were vaccinating against had dropped dramatically since the introduction of vaccines, but what they failed to do is extend the graph further before the vaccines had already gone down by 90 percent or more in some cases.

NM: Absolutely.

JM: Could you elaborate on that? Because this is a central core. Then go to some of the other items that you discuss in your book.

NM: What a lot of people don’t realize is that when a new disease enters a virgin population – by virgin population, I’m talking about a population that has not been exposed to the disease. Measles has been problematic in third world nations. Mostly because of malnutrition and that the people who are there don’t have clean water, clean sanitation and quick access to medical care.

JM: And soluble vitamins like vitamin A.

NM: Vitamin A is very significant. The World Health Organization (WHO) has sponsored some studies that have shown, have confirmed that children that are given high doses of vitamin A supplementation – You can’t stop measles, okay? It’s a very contagious disease. It’s very transmissible. But if you have high storages of vitamin A, high nutritional status, it will protect you against complications and death associated with the disease. That’s very important.

Now, by the time that the measles vaccine was introduced into the United States in 1963, by the late 1950s, the death rate, the mortality rate from measles had drastically dropped. This was due to the [fact] that the population has gained a protection against the more dangerous ravages of the disease. This happens with a lot of different diseases.

In my book, I’ve got many, many charts, many different types of graphs and illustrations to help the reader understand the main points that I’m making. Every few weeks, somebody from around the world contacts me and asks permission to reprint these graphs or to use them in lectures that they’re giving somewhere. But many of these graphs do show that these diseases were declining significantly on their own, well before these vaccines were introduced. For example, scarlet fever. Where did scarlet fever go? Why don’t we see cases of scarlet fever when we didn’t have mass vaccinations with a scarlet fever vaccine? That’s an important point to be made.

But other points that I think are significant is that, for example, in this book here, *Miller’s Review of Critical Vaccine Studies*, I’ve got a chapter in there on natural infections and cancer, okay? There are dozens of studies that I summarize in this book that show that actually getting these diseases as a child is protective in later life against cancer, various types of cancer, all types of cancer, everything from melanoma to leukemia.

When children contract chickenpox, when children contract measles, mumps, rubella, you gain protective benefits that protect you in later life against cancer. Several studies, multiple studies have confirmed this time and again. These are really vaccinated against unvaccinated studies. These are studies where they've compared populations that had caught these diseases naturally versus populations that never got these diseases. They look at the cancer rates in later life.

JM: Let me stop you there because I think it's an important point. I don't know that anyone in these studies have ventured to guess or speculate on the mechanism. But it would seem to me that when you have a naturally acquired infection, you're really exercising your immune system quite profoundly in developing authentic immunity, lifelong immunity, which is radically different from the type of artificial immunizations that are done through vaccinations, which is not lifelong – it rarely ever is – and has relatively decreasing antibodies and actually stimulates a different part of the immune system.

It could potentially increase your risk of cancer rather than decrease it. We see that in many of these other vaccines, like human papillomavirus (HPV) vaccine.

NM: When you are vaccinated, you are prevented from gaining that lifelong natural protection against cancer. Also, I'll mention against heart disease.

JM: What's the mechanism there?

NM: I'll tell you about several other studies that confirm that the infections – They know that later born children – they've known this for years and several studies show this – I don't show these studies in my book but I mention it in the introduction to the chapter on cancer and natural infections. Several studies have confirmed time and again that later born children are actually more protected against cancer than firstborn children. And again, for the same reason. They are exposed to more infections.

There are also numerous studies from around the world that confirm that when you put your children in daycare at an early age – we didn't do that, my wife and I didn't use daycare – those children are statistically, significantly protected against various types of cancers in later life. Again, it's because when they're exposed to all the other children with the runny noses and the various infections. That actually provides incredible benefits, not only to protect against cancer.

There's a Japanese study that I summarize in the book. In the Japanese study, they looked at over 100,000 men and women of elderly age. They looked back at their history of catching these common childhood illnesses. Did they catch chickenpox, rubella, measles and mumps? What they found was it's actually protective against heart disease. You're protected against heart attacks and various types of arteriosclerotic disease of the artery systems. It's protecting the arterial system so that you are protected not only – when you catch these diseases – from cancers, but from heart disease, heart attacks and strokes as well.

JM: Yes. Thank you for pointing that out. But we know that infections are not the only contributing factor. In fact, the studies you quote, my guess is that they were done many decades

ago, so the quality of the food that they were eating was probably higher than we're getting in contemporary culture.

My concern is that if you did the similar study today in many of the daycares that are using highly processed foods with adulterated vegetable oils, highly refined carbohydrates and foods that are designed to decimate their immune system, that they may not get the same benefits. It's a collaboration between really a healthy diet as we understand it and I discuss frequently on my site –

NM: I think that's important.

JM: Yeah. It's just exposing yourself to ancestral practices, which include sunlight, vitamin D, infrared and near-infrared radiation, sleep in the dark, not exposed to electromagnetic frequencies that we were never designed to be exposed to, avoid vaccines that didn't exist before 200 years ago. All these things, if you optimize them with clean water and good food, you're not going to get sick. It's the exact opposite. Exposure to these infectious insults actually improves your health. It doesn't decrease it.

NM: There are different theories.

JM: It's such a radically different concept on this. Go ahead. Expand on the different theories.

NM: There are different theories on why that takes place. But the important thing is that study after study confirms that it takes place. But there are other aspects of vaccines that a lot of people don't realize.

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For example, something else that's very important is that with the pertussis vaccine, people are getting the diphtheria, tetanus and pertussis vaccine (DTaP). They don't realize that the vaccine itself has caused the pertussis microorganism, *Bordetella pertussis*, to actually mutate. It's evaded the vaccine itself.

Here's what happens with many vaccines. It's happened with the pneumococcal vaccine. This has happened with the *Haemophilus influenzae* type B vaccine.

JM: Yeah. Regular influenza vaccine. That's why they have to change it every year.

NM: Well, exactly. Exactly. They're finding, for example, when you've got a vaccine that targets only certain strains of disease where multiple strains are actually causing the disease, the vaccine is actually pretty effective at reducing the incidence of disease from that particular strain. But what happens is the other strains come and take their place.

I liken it to gangs, gangs in the bad neighborhood. Imagine a gang member gets beat up by a stronger gang. The gang member goes crawling with his tail between his legs back to his gang. They all get their weapons and get ready to fight and come back. They're going to come back even stronger. The same thing tends to happen with the ecology of microorganisms.

That's what they did, for example, with PREVNAR. PREVNAR was a vaccine for pneumococcus, pneumococcal disease. All infants that receive vaccines, according to the CDC's standard immunization schedule, receive a pneumococcal vaccine at 2, 4 and 6 months of age. That vaccine only targeted seven strains. Pneumococcal has 90 different strains that are capable of causing pneumococcal disease. They were pretty effective at reducing the amount of disease caused by the pneumococcal strains targeted by the vaccine. But what happened within just a few short years, the other strains became more prevalent. Not just more prevalent and took the place of the original strains, they became more virulent.

They came out with a new vaccine in 2010. The PREVNAR came out in, I believe, the year 2000. They came out with a new vaccine, the upgraded one, in 2010 to deal with the vaccine losing its efficacy because of what I just explained. Within two years of the new vaccine – the new vaccine included the original seven strains plus six additional strains, the ones that were causing most of the pneumococcal disease now. Within two years of the new upgraded, updated pneumococcal vaccine, the strains had already mutated. There were new strains taking their place. It's really an arms race. It's just a shell game.

But with the pertussis vaccine, the thing that's very important to know is that parents are being blamed. Parents are being told that if you don't vaccinate your kids, you are being responsible for spreading the disease. That's what the CDC, the medical industry and the pharmaceutical industry are promoting. But if you actually go and read the studies – I've summarized those studies in an entire chapter on pertussis mutations.

If you read the studies you'll find in the peer-reviewed studies in the medical journals, they know, all the scientists know that the real problem is evolutionary adaptation. The microorganisms actually adapt. So that when they're being targeted and when you keep fighting them and you keep attacking them, they adapt.

What's happened with pertussis, the pertussis microorganism has changed. It's now not only become more virulent, it's become more prevalent. It's evaded the actual vaccine. The vaccine is not only ineffective, because it actually loses efficacy after a couple of years. This is the reason why they're giving so many booster shots to children. I kind of joke and tell people, "What's the answer to an ineffective vaccine?" Well, the medical industry's answer to an ineffective vaccine is to keep giving more of it. That's what booster shots are, because the vaccine loses its efficacy.

JM: Yeah. I think you do a really great job of summarizing in your book where you say that imperfect vaccines have non-intuitive consequences and that they induce targeted pathogens to adapt and evolve in unintended ways, creating undesirable disease outcomes in individuals and entire host populations.

Another essential core tenet of conventional medicine is herd immunity. You discuss that in the book. You believe – I agree with you in this belief – that it may never be achieved because high vaccination rates encourage the evolution of more severe disease-causing agents, which serve a tangent to this. If you want to expand on that, that would be good.

NM: It's not just that. That's one aspect of it, okay? Because high vaccination rates absolutely – There are several studies that have shown this, but there are also theoretical studies where they've used mathematical models. They show that it's impossible to achieve herd immunity with high vaccination rates.

Here's what happens, okay? Imagine that you, as a human being, you and me and all of us, we're hosts. The microorganisms live inside of us. Let's imagine two populations: an unvaccinated population and a vaccinated population. Now, when you look at a germ, any type of a germ wants to survive, any type of microorganism or a pathogen. It has the same imperative to exist that we do, the biological imperative, inclination to survive.

When you target a certain microorganism, it actually becomes stronger. A microorganism doesn't want to kill its host. Ebola, out in Africa, is not a very intelligent pathogen. The reason being is because it's too effective at killing its host. It doesn't have enough time to transmit it to other hosts, you see? A very wise pathogen is one that's able to infect a lot of the humans that it lives within, without actually killing them. Because when it kills you, it loses its own environment, within which it exists.

What happens though is that when you have a vaccinated population, the microorganism in there is learning to adapt and become more virulent, because it has what's called selective pressure. This goes back to Darwinian principles of evolution. Within the vaccinated population, the strains actually become stronger, because they have to overcome the strength of the vaccine that's trying to do them in. In the unvaccinated population, the unvaccinated population is creating an environment in which the disease becomes less virulent, because it doesn't want to overtake and kill its host.

But what happens is once the disease organism mutates and becomes more virulent, it now skips from vaccinated to vaccinated person, and also to the unvaccinated population. Now you have a problem everywhere, because they've created a mutated version. This is taking place with pertussis. This is taking place with, like I said, pneumococcal inhibitors. There's also evidence that it's taking place in the human papillomavirus, the HPV vaccine, because that also has different strains.

But in terms of herd immunity that we were discussing, you not only have the problem that I've just described where you're always going to have this selective pressure that's keeping you from being able to achieve herd immunity because the microorganisms are always attempting to evade the vaccine, but pertussis vaccine is only 60 percent effective. That's with the best estimates. That's only for a couple of years, okay? The studies show that even after three, four or five years, you're back to almost no efficacy whatsoever, almost back to the pre-vaccine period.

How can you expect to achieve herd immunity with a vaccine that is only 60 percent effective? You can vaccinate 100 percent of the population and you cannot achieve herd immunity with a vaccine that is only 60 percent effective. You go back to influenza vaccines. Many years, these vaccines are not good matches for the circulating virus. You have 0 percent efficacy. In the best years, you only have 30, 40 or 50 percent efficacy.

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JM: We can spend a whole hour just on influenza vaccines for sure. But what I want to do is hit some of the central cores and really diverge from the mechanisms that we've been discussing.

One of the tenets is that if you vaccinate a population, they're going to be healthier. They're going to have less disease. It's going to improve the health of the population. That's why they're recommending, encouraging and advising that people get these on a regular basis. But when you look at this – It just boggles my mind to seek to comprehend why this is not more widely appreciated. But the studies have been done. They've compared large numbers of individuals, tens of thousands of individuals who are vaccinated versus those who are non-vaccinated, and look at their results. I think this is some of the most compelling information in your book.

When they [did] this – you can expand on this – in 34 developed nations, they found a significant correlation between infant mortality rates and the number of vaccine doses infants received. Developed nations like the United States that require the most vaccines tend to have the worst infant mortalities. They're killing kids with these vaccines. It's the only rational conclusion you can get from the study.

NM: I'm the lead author on that study, actually. My coauthor was Dr. Gary Goldman. Dr. Gary Goldman worked for the CDC for seven years. He quit when he found that the CDC was not allowing anything detrimental. Dr. Gary Goldman found problems with the chickenpox vaccine and he wanted to publish that data. The CDC said, "We're not going to allow you to do that." That's when Gary Goldman quit.

But at any rate, I did a couple of studies. Dr. Gary Goldman and I did two peer-reviewed studies that were published in medical journals, *Human & Experimental Toxicology*. One of those studies was this study that you just described. I was thinking, "You know what? The United States requires 26 vaccine doses for infants."

Now, there's a legal and medical definition for an infant. That is any child up to 12 months of age. There's a medical definition for infant mortality rate. Infant mortality rate is the number of deaths in a nation per 1,000 live births.

Now, the children in the United States are required – if they follow the CDC's immunization schedule – to receive the most vaccines in the developed world, actually throughout the world. Globally. Twenty-six vaccines. Other developed nations require less. Some nations only require 12 vaccines – Switzerland, Sweden, Iceland and other European nation. Yet, they have better infant mortality rates.

That's what our study looked at. I wanted to look and see, since vaccines are promoted as being life-saving. They're given to children to protect them against dying from infectious diseases. We gathered all the immunization schedules from the 34 nations – the United States and the 33 nations that had better infant mortality rates. The United States had the 34th worst infant mortality rate in 33 nations.

JM: The worst in all the countries you looked at? The worst?

NM: Yes. Exactly. It had the worst. Thirty-three nations in the developed world had better infant mortality rates. We did the study and we found what many people would find to be a counterintuitive relationship.

JM: Unless you understand reality.

NM: Exactly.

JM: Exactly what you would predict.

NM: Yes. Exactly that's what we found. We found a statistically significant relationship. There was a direct correlation between the number of vaccines that a nation required for their infants and the infant mortality rate. The more vaccines that a nation required, the worse the infant mortality rate. That's the study. People can go up on my website. They can read that study.

JM: Your website is?

NM: ThinkTwice.com

JM: ThinkTwice.com. All one word, no hyphens.

NM: Just ThinkTwice. ThinkTwice. ThinkTwice.com. Now, there's another study that I want to talk about that I also did with Dr. Goldman. This is a very important study.

JM: Before you discuss this though – Congratulations on doing that. For some reason I didn't notice, I didn't connect that you were the author of the study. But my immediate reaction to this – I mean this is really one of the most compelling studies of the 400 that you put in your book – is why is this not widely recognized? Why isn't this not front page news in all the media?

NM: Come on. You're being too rational now. We're not dealing with rationality. I'll tell you something that I tell people that they don't like to hear. I'm talking about people in my own community, people who are doing the work that I'm doing, trying to educate parents and trying to educate researchers and give them more strength to go out and to know that what they're doing is right when they educate others about the problems with vaccines, so that they can make informed decisions for their children and their families.

I'm working on a 50- to 100-year timeframe. I've seen new people come along and they contact me, "Mr. Miller, how can I help with this cause? I've recognized that there's a problem with vaccines. I want to contribute. I want to help. I want to donate my time and whatever it takes to get this message out." They think that this is going to be ended in five years. Sometimes in two or three years, they think we can stop the madness, but no.

No. You're not going to stop the madness. There are 275 vaccines that are currently in the pipeline. These are under development right now. The machinery, the mechanism through which vaccines are going to keep being churned out is there. I know this is distressing to many people

who are doing what I'm doing to try to help people to think about this. I don't foresee change within that system for some time. Now, that doesn't mean –

JM: I think this is, in large part, a result of the collusion between the federal regulatory agencies, the government and the industry. I mean when you have individuals like Julie Gerberding, who is the head of the CDC, in charge of infectious disease recommendations in public health for seven years, I believe, and then when she quit, she turned around as the president of Merck Vaccines, which is one of the largest vaccine manufacturers in the world. This isn't one isolated case. There are dozens, probably hundreds of other examples of this revolving door.

NM: It's an absolute revolving door. The pharmaceutical industry and the medical industry are in bed with each other. We have a serious problem where top scientists in the country admit that they drop data points from studies, that they've been influenced by the people who are funding their studies to sometimes not publish the study because it didn't come up with the results that they wanted, etc. Yes, we have a serious problem with the pharmaceutical industry controlling which studies get published.

Also, there's a serious problem because the pharmaceutical companies are controlling the advertising dollars that go out to the major media, mainstream media. Mainstream media makes approximately 70 percent of their income from pharmaceutical ads. They do not want to publish or promote anything, even in their newscasts, that would be critical of vaccines because it could compromise their potential to keep bringing in these high dollars, these millions of dollars that they make every year annually from the pharmaceutical companies. There are huge problems.

JM: The other thing that I've always been amazed at [is] how they can get away with this, especially for flu vaccines. You basically go into almost any pharmacy, any airport, most grocery stores. When flu season comes around, you're going to be able to get those. I mean there are big ads up for them. I mean what other industry is able to get away with this type of propaganda?

NM: Yeah. Drive-by shots. I've seen them at the pharmacies now. They're trying to give shots at the school systems by school nurses. Absolutely, there's a huge problem right now. The main problem right now is to push to mandate the vaccines. There's a push by the pharmaceutical industry and by the CDC. It's a very organized effort to go state by state and to pick off the exemptions that people have.

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You see, states allow the children to go to public school without vaccines if they sign various types of exemptions, whether it's a religious exemption or a philosophical exemption. Medical exemptions are virtually worthless, okay? Although I do know some doctors are able to write some nice medical exemptions based on some potential problems that you could have if you get those vaccines. But the medical industry and the pharmaceutical companies are trying to influence the legislators state by state to withdraw the exemptions that are allowed to go to school. They did this in California.

Now in California, to go to school, you have to get the vaccines. You no longer can sign a philosophical exemption. You can no longer sign a religious exemption. This is a serious

problem. It's a human rights issue. We have to educate the legislators. We have to educate the medical doctors. We have to stop this onslaught.

JM: One of the ways we do that is we work with Barbara Loe Fisher, the cofounder of the National Vaccine Information Center, NVIC. They've established this vaccine portal. Although they did lose that philosophical medical exemption in California, there were a number of other states, I think well over 10, maybe even 20 states that they attempted to implement the same restrictions.

Thanks largely to the NVIC portal and their ability to communicate with locals in that state, we were able to, in fact, give an outrage to the legislations and they were not passed. Those changes were not passed. We can, by sticking to the guns, make a difference and not just throw up our hands and say, "Whoa. It's going to be like California." It's not. We can make a difference.

NM: Absolutely. That's the point I wanted to make. Even though I am not optimistic about changing the mechanisms through which the pharmaceutical companies are controlling things regarding vaccines and regarding the types of healthcare that we have access to, and things like that, I think there are very real things we can do to protect ourselves, to protect our rights and to move forward.

Making sort of incremental changes until we can make the major shift over, until everyone is absolutely free from this medical tyranny, this medical oppression that we're all under right now, so that we can do freely all the things that you promote for natural health, all the types of foods that we want to eat and not have to worry about whether they're being cut down and restricted and whether or not we want vitamins.

How many times have we had to fight? That the legislators have tried to take away our rights just to go and get the vitamins that we want? There is reason to be optimistic.

JM: Let's go back to the other study that you had. Maybe it was the one you published also that analyzed nearly 40,000 reports of infants who had adverse reactions after vaccines, that showed that the infants who had the most vaccines were significantly more likely to be hospitalized or die when compared to infants who never received vaccination. That was a separate study that you published?

NM: Yes. This is a second study that I coauthored with Dr. Gary Goldman. In this study, what we did is we accessed the vaccine adverse event reporting system database.

Just in summary, quickly, I just want to mention that when you buy a vaccine for your child, when you go to the doctor's office and buy a vaccine, a portion of the money that goes into that vaccine actually goes into a congressional fund. Congress in 1986 established a congressional fund to compensate parents when their children are damaged or killed by vaccines.

To date, as of this date today when we speak, more than 3.6 billion – that's with a capital B – 3.6 billion dollars has already been paid out to parents to compensate them for their children that have been permanently damaged or killed after receiving mandated vaccines.

JM: But you know what the real tragedy in that number is? It literally should be 10 to probably 100 times more, because almost all the cases are thrown out.

NM: Absolutely. Not just that, but the Vaccine Adverse Event Reporting System, VAERS, is a passive reporting system. I have a study in my *Vaccine Safety Manual* – that was the book that I had written before my most recent book. In that book, I document a study that actually came from a pharmaceutical company. It was an internal study that they did to look at passive reporting systems.

A passive reporting system, according to the pharmaceutical company's own internal investigation, underreports by 50 to 1. So that when you see a report in the Vaccine Adverse Event Reporting System for some child who's been hurt or killed from a vaccine, you have to multiply that by 50 to get something that's closer to reality, especially when parents aren't even warned about the Vaccine Adverse Event Reporting System. They're not warned to look for various types of conditions after they receive the vaccine.

JM: Neither are doctors. They don't even acknowledge it's a possibility. Most of them.

NM: Right. They have a legal obligation to report to the Vaccine Adverse Event Reporting System, but they don't do it.

JM: Well over 95 percent fail to do.

NM: Exactly. But now, I want to mention a study with that as a backdrop to the study of this database. The database today has over 500,000 reports of adverse reactions to vaccines. When you take your child for a vaccine and that child's been hurt by that vaccine, the doctor is obligated by law to report that reaction, even though most doctors won't do it. Now, parents can also make a report to the database.

Every year, more than 30,000 new reports are added to the database. Dr. Gary Goldman and I decided we were going to download. We got access to the database. We downloaded it. Then what we did is we created a program that was able to extract all the infants that were in there. We took out 38,000 infants who had received vaccines and had an adverse reaction. Then, with those 38,000, we created a program that was able to determine, did those children received two vaccines before they had an adverse reaction? Or did they receive three vaccines before they had an adverse reaction? Or did they receive four, five, six, seven or eight vaccines before they had that adverse reaction?

Because the industry, the CDC tells us, and Dr. Paul Offit tells us, that you can take multiple vaccines. Dr. Paul Offit said you could theoretically take 10,000 vaccines at one time, that an infant can be exposed to that many pathogens simultaneously without hurting the child. The CDC's immunization schedule requires that children receive eight vaccines at 2 months of age, eight vaccines at 4 months of age and eight vaccines at 6 months of age.

I ask parents, “When did you ever take 8 drugs at the same time? In your craziest college days, did you even take eight drugs at the same time? If you did take eight drugs at the same time, would you think it was more likely that you would or would not have an adverse reaction?” Because we know, toxicologists know that the more drugs that you take at the same time, the more potential for some kind of a synergistic or additive toxicity.

Now, we’ve got 38,000 infant reports of having had an adverse reaction after receiving vaccines. Now, we stratified it by whether these infants receive two vaccines, three vaccines, four vaccines, five, six, seven or eight vaccines simultaneously before the reaction took place. Then, we only wanted to look at whether they had serious adverse reactions.

We didn’t want to look at the kids that had some kind of pain at the injection site. We didn’t want to look at, “Did they get a fever after they had an adverse reaction?” We only wanted to look at, “Were they hospitalized after they had that reaction, or did they die?” Because these are considered serious adverse reactions. If a child has a reaction where he’s taken to the hospital, there’s something serious going on there.

Now, what we found was that children who receive three vaccines were statistically, significantly more likely to have been hospitalized or die after receiving their vaccines than children who received two vaccines at the same time.

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Children who received four vaccines simultaneously were statistically and significantly more likely to be hospitalized or die than children who received three or two vaccines, all the way up to eight vaccines. Children who received eight vaccines simultaneously were off-the-charts, statistically and significantly more likely to have been hospitalized or die after receiving those vaccines. What this study proves, what this study confirms is that it’s a dangerous practice to give multiple vaccines simultaneously, okay?

The CDC has put together a schedule that was based on convenience. They say give eight vaccines at 2 months, give eight more vaccines at 4 months, give eight more booster shots at 6 months because it’s convenient. They’re afraid that parents will not come to the pediatrician again and again and again if they have to keep coming back for more vaccines, so they get multiple.

JM: And cost too.

NM: And cost. They said, “We’re going to make this schedule based on convenience.” Not based on evidence. Not based on science. There’s nothing scientific about the CDC’s recommended immunization schedule. We’ve showed that. We’ve showed it with our study.

Not only did we show that, but one other finding that was significant in our study. We also showed that children who received vaccines at an earlier age are statistically significantly more likely to be hospitalized or die than children who receive it at a later age. We divided it up to children who receive their vaccines in the first 6 months of age versus children who receive their vaccines in the last six months of infancy. Again, off-the-charts, statistically significant, it’s

much more dangerous to give infants, younger infants, multiple vaccines than to give older infants multiple vaccines.

This only makes sense because they're giving the same dose to a baby that might be 6 or 7 pounds, a newborn or a baby that might be 8, 9, 10, 11 or 12 pounds at 2 months of age versus a child who might be 15 or 17 pounds who's actually receiving at a later age.

JM: Okay. Thank you for sharing that. I'd like to give you one final question. I think I know the answer to the first one. Actually it's two. The question is do you believe there's ever any indication, from your perspective as a diligent parent who has studied the literature for 30 years or more, to ever give a vaccine? The second after that would be do you think it's theoretically possible to construct or develop a safe vaccine that's also effective? Because obviously it doesn't matter if it's safe if it doesn't work.

NM: I'm in a forum. It's a private forum. It's where many medical doctors and scientists of the highest caliber [discuss]. We discuss different types of issues surrounding vaccines. Let me just say this, you can't get in to this forum if you want to green vaccines. This is a saying, a concept. There are many people who think that vaccines aren't the problem. It's just that we need to make them safer. We need to green them.

JM: That's why I asked you the question.

NM: Exactly. Now, I have another study that I wrote on the problems with aluminum. People can look that up.

JM: I'm sorry that we didn't get to that. But you're right. That's probably, from my perspective, one of the worst ingredients in vaccines.

NM: It may be worse than the mercury.

JM: I'm convinced that it is too. Yes.

NM: I'm actually convinced right now as well that the aluminum is more significant than the mercury. There are high contents of aluminum in the vaccines. We've got many, many studies. I document this in a paper that I wrote on this. The title of the paper is "Aluminum in Childhood Vaccines Is Unsafe." There are many studies that show that it causes neurological and immunological damage. But having said that, and you're getting multiple doses –

JM: Hold your thought too, because I don't want to get people too discouraged who've had children immunized already and say, "Oh. What am I going to do?" You can detox aluminum. There are strategies. Orthosilicic acid, a biosilicic example that can do that, taken with a binder, can effectively detox and remove it from your body.

NM: One of the problems that the new research is finding is that nanoparticles of aluminum may be worse than larger particles because they can pass the blood-brain barrier and cause significant

long-term damage. But I definitely always want to leave parents with hope that there are researchers out there that can detox you from heavy metals and can help you to regain.

JM: There are effective strategies, well beyond the scope of this interview. Just don't get discouraged. I'm interviewing a detox expert in July. We should be on the program maybe in September.

NM: Very good point. But that being said, I brought up aluminum because I wanted to point out that that's another problem with vaccines, but also because we're discussing this idea of, "Do I believe there's any safe vaccine?" Do I believe that you can green vaccines?

Now, let's imagine that they took aluminum out of the vaccines. Let's imagine they took thimerosal out of vaccines. Thimerosal was still in multi-dose vials of influenza vaccines given to infants. It's also in vaccines that are given to the babies in utero, to pregnant women. Pregnant women are getting mercury-laced influenza vaccine. They're also getting aluminum-laced pertussis vaccines. You're already assaulting the infant in utero, and then it gets more of these assaults with this toxic cocktail of vaccines that it gets at 2, 4 or 6 months of age.

I, personally, again – I'll go back to a statement I made earlier – I find it difficult to understand how anyone can believe that you can achieve health by injecting healthy children with toxic substances. That being said, once again, I am a big proponent of freedom of choice. I'm a big proponent of informed consent. If parents do their due diligence and they investigate vaccines and they still decide that they want to go ahead with the pharmaceutical and industry-recommended vaccines, that's their choice.

JM: Yeah. That they believe that benefits outweigh the risks. It sounds just like – to summarize your position – that you don't believe it's possible to create a green vaccine, a safe, effective vaccine.

NM: No. Not the way that current manufacturing process occurs. There are just too many toxic substances.

JM: I thought that was the case but I didn't want to put words in your mouth.

NM: Yeah.

JM: Listen, you've done a great – great is a pretty serious understatement – work and compiled this information, presenting it in a form that is digestible, understandable and easy to communicate. It's a resource that people can have. I think it works great with NVIC. It's educational and informational. NVIC has got the strategies to communicate to the public and their local communities to thwart this effort to impose mandatory vaccinations.

You've got your website, ThinkTwice, one word, no hyphens. ThinkTwice.com, which is where people can follow you. You've got multiple books. You've been writing for three decades. I remember reading your books in my practice in the '80s. It was just like wow. And you've come up with a new revision. Like on a regular basis, like every year, you do a new revision of it.

NM: I update the books.

JM: Yeah. You've been doing it for a long time. I just want to extend my deep gratitude for all the work you've been doing and efforts, and literally the many lives you've impacted favorably by sharing your wisdom and your experience on this and giving people the tools to become informed. That is the key, as we talked about earlier, because everyone's going to make a choice. The key is to make an informed choice. No one's going to – at least in our communities – no one's going to belittle you for believing that after you've made the informed choice, that there's more benefit than risk. If you come to that conclusion, that's your right. But do your homework first.

NM: Right. And don't try to force the vaccines on those of us who have elected not to vaccinate our children.

JM: Why? Because just as we feel you have the right to vaccinate, you should feel that we have the right not to vaccinate.

NM: That's right.

JM: Because we've looked at the evidence and we've come to a different conclusion than you. Unfortunately, those decisions are not catalyzed and facilitated by the massive propaganda campaign by the industry and the public health authorities. It's a sort of a one-sided argument, for the most part.

NM: Yeah.

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JM: But I really appreciate what you've done. I think everyone, if they're interested in this issue, needs to pick up a copy of your latest book because it's just loaded with [information]. Because, folks, we went into less than 5 percent of the book, less than 5 percent, probably closer to 2 percent. There is no question we could talk about this for eight or 24 hours and not even repeat any piece of information. There's so much information in there and you've done such a spectacular job of summarizing it. I want to thank you deeply for doing that.

NM: Thank you. Thank you very much. I appreciate you giving me this opportunity. I also want to extend a heartfelt thank you to you for all the work that you do. I really appreciate everything you do for the natural health community.

JM: Well, thanks. You know I'm deeply moved with vaccines. I'm still almost brought to tears to think about all of the children that I vaccinated.

NM: You move on. You move on. You live and you learn and you grow. Now, you're doing so much great work. It's amazing.

JM: Yeah. Alright. Thank you again. Pick up a copy of this book. It's great.

[END]