

Dissolving Illusions: Disease, Vaccines, and the Forgotten History

A Special Interview with Dr. Suzanne Humphries

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

SH: Dr. Suzanne Humphries

DM: Vaccines are one of the most controversial medical therapies, and it's impossible to make an informed decision unless you know both sides of the story. In the process of knowing those both sides, the historical context is critical. Hi, this is Dr. Mercola, helping you take control of your health. To help us discover and appreciate the historical context, we have with us today Dr. Suzanne Humphries, who is a nephrologist and who has committed a large portion of her medical career to expose this history of vaccinations that you need to be aware of. Welcome and thank you for joining us today, Dr. Humphries.

SH: Thank you, Dr. Mercola.

DM: It would be best I guess for our viewers if we started with you providing us a framework and a perspective of how you first became interested in this area.

SH: Well, it was in 2009 when there were several patients that came into the hospital where I was working. They volunteered to me that they were fine until they had that vaccine. Before that, I was pretty agnostic about vaccination. I had vaccinated my dialysis patients; I, myself, was vaccinated; and I pretty much believed what I was taught in medical school.

And then I started noticing that orders are being given to my patients on the first hospital day often when they had serious diseases – inflammatory diseases, heart attacks, congestive heart failure, and one patient with cancer on chemotherapy. My patients were getting vaccinated on their first hospital day before I even saw them and the order had my name on it. This kind of alerted me that there was something going on that I had not approved of. I complained to the hospital administration about it. It was from there, it was from the resistance that I was met with that kind of ironically led me into the path that I've come into.

I had to research vaccination in order to meet all the arguments that I was given – that vaccines are safe and effective; that they can't possibly be causing that much trouble; and that they have changed the face of disease in the world. Well, later, I ended up agreeing with that, but not for the same reasons that they were saying.

But it turned out that in the medical literature, there was absolutely nothing to support vaccinating an acutely ill person. At some point, they called in an expert to set me straight. The arguments that I got from the experts still were not lining up with science. They were not supporting the paradigm that they were saying. My patients were acutely ill, they had inflammatory diseases, and I didn't want them vaccinated. I was told that I was confusing the nursing staff by discontinuing vaccines in my patients. That was kind of how it all started.

DM: Thank you for that historical perspective. I'm wondering what motivated you to write your book, *Dissolving Illusions: Disease, Vaccines, and The Forgotten History*, which really exposes the vast amount of deceptive information that's really being given about vaccines.

SH: Well, it started with the hostility that I received simply by not agreeing that vaccines were safe and effective, and could be given to virtually anybody regardless of how sick they were. There were arguments tossed at me from on high – that smallpox was eradicated by vaccination, that, polio was eradicated at least in this hemisphere by vaccination, and that pretty much it was God’s gift to mankind. I actually did get that by diffusion through my medical training. I never critically thought about it. I really never had a reason to or I didn’t think I had the reason to.

That research, just to counter the arguments that I was being met with, to justify vaccinating sick patients on their first hospital day, was what got me to start researching smallpox and polio. Even that had actually nothing to do on what was happening in my sphere.

In my research, I was startled that it was completely counter, what I found was completely counter to what I have been told and fought my entire life. I now don’t believe that smallpox vaccines eradicated smallpox. I now don’t believe that polio vaccines eradicated polio. The stories are very twisted, long, and complicated, and the vaccines have changed over time. It’s really easy to kind of throw up smokescreens here and there and kind of make whatever argument one might want to, because people are so ignorant and because the story is so complicated.

DM: Before we go any further, those are some pretty startling accusations. Really, when I first read them in your article at Weston Price, I was really impressed with the arguments there. I’m wondering, for our viewers, if you could summarize them. Because as you mentioned, these are the two strongest arguments that are given to support vaccines – the historical evidence. If you defy or ignore this fact, you’re just a heretic, a lunatic, and an irrational person or professional who needs to be locked up with your license taken away.

Why don’t you at least... I mean, just spend as much time as you like because I think this is a really crucial point. If you could summarize it in a way that the average person can understand it and explain it to their friend or their neighbor, because this is so crucial.

SH: So, you’d like me to talk about smallpox and polio?

DM: Yes. Because I think that’s a foundational component of the arguments that are given for pro-vaccines. If you could really dent that argument or at least put a serious suspicion on it, then I think you have fairly good grounds for refuting more current vaccines, which have virtually none of that going for them, and in many cases, it’s only negatives.

SH: Okay. Well, one of the things that I can say for sure is that every vaccine has a story behind it. Every vaccine had its susceptibility, had its spreading factor. The diseases are all different and the stories behind the vaccines are all different. But when I started with smallpox, which is a disease I really knew nothing about, except that when I was in school, the way they decided if we were immune or not was they lined us all up to see if we had a scar, which was about as unscientific as one can get to look for immunity.

But smallpox vaccine was actually developed long before there was anything at all known about the immune system. Basically it was made by scraping pus off the belly of a cow. Sometimes there was some goat genetic disease in there. There was horsepox mixed in there. There was sometimes human pox mixed in and some glycerin. They would shake it up, they would take kind of a prong, and puncture the skin several times.

DM: Were these any old cows?

SH: In some cases, people were given four or five of these red, these circular vaccines on their body – sometimes the leg or sometimes the arm. What I didn’t realize was that there were many people who died after they were vaccinated. There were many people who developed serious smallpox disease and died

after they were vaccinated. The severity of disease was often worse in the vaccinated than the unvaccinated. There are statistics that show that the death rate was higher in the vaccinated than the unvaccinated.

You think of pox disease. Back then, imagine somebody has a breakout in pox. It was very difficult to distinguish whether it was chickenpox, monkeypox, or smallpox. Back then, any kind of pox was considered smallpox even though the vaccine never really had that particular virus in it. Once Edward Jenner, who developed the vaccine, developed it, it didn't have human smallpox in it; it was always animal pox virus that was put into it. It was the most contaminated vaccine that's ever been on the market, so contaminated that Dr. Paul Offit didn't even want to resurrect it during the time when there was a supposed bioterrorism risk.

If you look at a town like Leicester in England, that town was noticing that they had one of the highest vaccination rates in the vaccinated world and their smallpox breakout was higher than ever. The people in the town had a rally. The mayor was there and some of the health officials were there. They all agreed that they were going to stop vaccinating. Vaccination was no longer going to be forced upon the population. That's what was happening back then. You're basically put in jail, your furniture was confiscated, or you're fined if you are not willing to vaccinate your young baby and your family. People protested against this.

The result was quite different from what the predictions were. The predictions were that there was going to be a bonfire of disease set upon the planet and that these people in Leicester were risking the health of the world by not making vaccination mandatory. But what we showed in our book – and we showed the graphs of the disease rates and the death rates – was both of them went down precipitously after the vaccinations were stopped.

That story right there tells you that vaccines were not what made the disease go away; what made the disease go away was isolation and sanitation. In that town, when somebody developed small pox, they would be taken out of the population, asked to be kept at home in a room, and there will be people who will attend to them, usually people who have already had the disease and who were immune. Just simply by doing that was very successful in getting the disease rates to go down.

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There was a rumor amongst the dairy maids that when those dairy maids were infected with cowpox, which was a common infection on the udder of the cow, they were not susceptible to smallpox. And really all that was a rumor, because in fact, there were plenty of dairy maids who did develop smallpox after having cowpox. But because of this rumor, Edward Jenner took off with it. He started taking some pus from these cows, scraping it into the cow belly and waiting until there were eruptions. Once there was like a line of pustules, they would basically just kind of take sort of a scraper, take off the pus that would tend to develop there, put it into a tube, and that was your vaccine.

DM: So, he actually injected the cows with the smallpox pustules?

SH: Not smallpox; it was cowpox.

DM: The dairy maids who had the cowpox that got the infection from the cows. They scraped that pus onto the cows...

SH: Cowpox is a cow disease. If there was an uninfected cow, they would just infect the cow. But instead of on the udder, they would infect the belly because it was easier to get a bulk volume of pus off that way.

This is a skin vaccine. Most vaccines today are intramuscular vaccines. But this one in particular was a multipronged injection into the skin until there was an abscess that would form. That was how the person was deemed to have developed immunity. Even if you read the Centers for Disease Control (CDC) documents today, they don't really know how long. They estimate that a vaccine might keep you immune for about 10 years. But we really don't know for sure, because in any vaccine the take rate is going to vary among the population.

The theory was that you would develop some cellular and humoral immunity or antibody immunity. If you were exposed to the actual smallpox, because it was a relative virus of smallpox, the cowpox virus, that you would become immune. But if you look at the medical documents from back then, there were doctors who were very much against this, who started out for it and then they turned against it. That's what Roman and I looked at – the literature that showed the death rate, disease rate, and the doctors who were against the vaccination.

DM: When they had those vaccines though or at least when certainly Jenner, who developed it, had it, they didn't know about cellular and humoral immunity. But isn't the current thought, at least from my review and understanding, that these vaccines don't produce cellular immunity? And that's the problem: they produce humoral immunity, and they produce it in an imbalance, in a way that it really distorts your immune system and actually predisposes you to cancer.

SH: Right. Well, the answer to that really depends on what vaccine it is and on what age it's given. Giving an infant a vaccine, it's almost all going to be a T helper 2 (Th2)-slanted disposition that you're going to give them, which is really an unhealthy place to be. If you wait longer, you can generally get more of a Th1. But these are all the adaptive immune system. When you talk about the cellular immune system in general, we're talking about the immune system that's already there ready and able to fight disease. That's the innate immune system.

Vaccines really don't affect the innate immune system very much. They're more affecting the adaptive immune system. Some of them do ramp up the cellular immunity. But mostly it's in order to make the antibody, because cells have to make antibody. They usually do both, but depending on the age and the vaccine. Mostly they're going to give you the less desirable form of immunity, which is T helper 2 immunity. That's not always the case. The Bacille de Calmette et Guérin (BCG) vaccine will actually give you more of a Th1. The measles, mumps, and rubella (MMR) will actually make more of a Th1 than the other ones. It's really different, depending on which vaccines we're referring to.

DM: Okay. Thank you for explaining that. But that seems to be a challenge for many of the vaccines, this distortion of ratio of immunity between the systems leading to other things.

SH: Right. But the challenge is that it's too expensive to measure the cellular immune response. The cheap and ready way to do it is to look at antibody. But when it comes to a disease like measles, you can have agammaglobulinemia (which is a disease where you cannot make antibody), and guess what, if you get infected with measles, you'll respond perfectly and beautifully fine. You recover fine and you have 75 years of immunity that someone without agammaglobulinemia has. While they use antibodies to tell you whether you're immune or not, all that does is give you a picture of what happened. It doesn't really tell you that you are necessarily immune, because you don't need that antibody for measles in order to become immune.

DM: That's a very good point, because traditionally that's the way immunity is determined. If you want to have an exemption to a vaccine and prove that you already have immune status, you have to do a test that actually measures antibodies, which is the humoral immune system. But nothing is looking at the cellular immune system.

SH: Exactly.

DM: It's a really imprecise science at best.

SH: It's not only imprecise; sometimes it's downright inaccurate. You can have very high antibody levels like numerous case reports of people who have hugely high antibody levels for tetanus or normal antibodies and have gotten some of the worst cases of tetanus. I have papers that show that people without antibody for polio have actually been able to respond to the virus as if they were already immune. The antibody really is a real wrong roadmap to look at to tell what's really going on. Sometimes there's correlation, but it's certainly not a given.

DM: Okay, so we've addressed one of the prime arguments that are used to justify the use of the vaccine program. The other one, of course, is polio. I'm wondering if you could expand on that vaccine and some of the historical perspective that's used to justify the massive vaccinations.

SH: Yes, I can. In fact I spent much more time investigating polio because a) I found it much more interesting and b) it's something that's closer to our generation. Most people today are still being vaccinated for polio. And we're still hearing about disease outbreaks, whereas we have this idea that smallpox has gone away. But if you look at the picture of monkeypox, you'll see that we're not really sure that smallpox has really gone away.

But when we look at polio, the story behind polio is absolutely fascinating when you look at the politics that went on researching the vaccine and how scientists were fired if they disagree with the program going on through the National Foundation of Infantile Paralysis (NFIP) in the late 1940s and early 1950s. That was the vaccine that Jonas Salk developed.

At that time, you really only... Anybody could make a diagnosis of polio. If you went to the hospital, any doctor could make the diagnosis with the clinical diagnosis based upon having two physical examinations that had one or more muscle groups with paralysis within 24 hours. Okay, so, there are a lot of viruses that do that. But back then, anything that did that was called polio. Then the vaccine was developed. That's a whole different story. I wrote 70 pages on this whole polio history in the book.

But when the vaccine was developed, there was a little problem. There were some Swedish scientists that were trying to tell the US scientists that the formaldehyde inactivation wasn't going to work the way they had planned. Those scientists were ignored. It turned out that they were correct. That live poliovirus, which was put in an injectable vaccine, sometimes, could look like it was killed right after it was made, but sometimes it's resurrected actually in the vial while it was on the shelf.

What happened in essence is that the formaldehyde did not kill off all the polioviruses in these vaccines, and then they went and injected them. What we ended up with were more people who developed paralysis from the vaccine than would have developed it from a wild, normal natural poliovirus. Something had to be done. There were several adjustments that were made in order to give the idea that the vaccine was doing what the American public, who had invested enormous amounts of money and years into believing in this vaccine, [expect]. We had to make it look like it was working.

What they did is they changed the diagnostic criteria for diagnosing polio. It used to be two examinations within 24 hours. They changed that to two examinations within 60 days. Mind you that most people recovered within 60 days. All those people who were formerly called polio were no longer categorized as polio because they recovered from their paralysis within that time. It's things like that were done.

And then there was testing. Before, there was no testing done on the blood or on the stool. But after the vaccine came along, there was an epidemic in Michigan. I believe it was 1958. About 2,000 people were diagnosed with polio. They decided, because they were vaccinating and they couldn't believe that they

would have all this polio, to do some serologic testing. They found that it was actually the vast minority. I think it was about a quarter of those people, who actually had any evidence of infection with the poliovirus and interestingly, they found no virus at all – Coxsackie virus, ECHO (enteric cytopathic human orphan) virus, or other enteroviruses – that can cause the same syndrome.

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Just simply by doing the diagnostic testing and changing the diagnostic criteria, the rates of polio plummeted whether or not there was ever a vaccine. These were the kind of things that were going on back then.

One of the questions I had to answer myself was, well, if that's true, why aren't we seeing the shrunken and shriveled limbs anymore? Why do we see these older people walking around with this one leg shorter than the other? Because this was still one of my arguments, you know. I had to answer my own questions. It wasn't just that I was answering other people's, because I also believed in these vaccines at one point.

It turns out that if a child had come into the hospital with a limb that was contracted, which is what would often happen during this period of time, they would immediately be taken into surgery. They would go into surgery crying and they would come out of surgery crying, because it was a very painful disease. The limb would be put in a cast or splinted for somewhere between maybe 6 months and up to 2 years. Now, if you do that to anybody, especially somebody who's growing, you're going to cause limb atrophy. Between the barbaric surgeries and the tendon transplants and the way these acute issues were treated, that's why we saw a lot of these limbs turning out the way they did.

And then there was a nurse from Australia. Her name's Sister Elizabeth Kenny. That was a term for a nurse, "sister." She was one of the first physiotherapists out actually. She developed the method to treat these children that was highly successful. She hated the splinting. She said it was completely the wrong thing to do and she pretty much humiliated the orthopedic surgery population throughout the globe with what she was doing. She wasn't very nice about it all the time.

But she was actually invited to Minnesota. They started a clinic and she ran the clinic. She was very successful not only in turning around the disasters from the orthopedic surgeons, but in treating people acutely. They didn't end up with these shrunken and shriveled limbs. But today, anywhere you go where they're promoting polio vaccines, they'll always show you these kids who were in casts. But that shouldn't be done to a child who has polio. That's how you end up with some of the pathologies, by immobilizing that way.

DM: That's fascinating.

SH: There's more. I mean, I could go on, but...

DM: Well, I have a few questions first. One is just to point out that we call it vaccinations. It might be more appropriate to call it immunizations because that's what they're seeking to do. But the term vaccination has come from smallpox actually, which is the name for the virus, the vaccinia virus (VACV or VV). That was the first vaccine.

SH: That's right.

DM: And then the other point though is that there are some rumors, which I've read in the past, that suggested that a large part of the polio epidemic was related historically to increases in sugar consumption in the summer when people were eating ice cream and a lot of those. I'm wondering if your research has correlated any of that and found any validity to it.

SH: Yes. There was a Dr. Benjamin Sandler, who wrote an entire book about this. I referred to that in our book. Polio's an enterovirus. Just as today, the integrity and the flora population in the bowel is extremely important when it comes to dealing with any kind of bowel infection.

Taking a diet that's high in sugar is going 1) to impair your cell-mediated immune system and 2) it's going to trash your gut flora. That, in my opinion, you know. I wanted to know why this was because it certainly was shown that in populations who cut back on their sugar intake, the rates of polio plummeted. They showed this I believe either in North or South Carolina back then.

It was so unbelievable that nobody really listened to him. It was the same as when Dr. Frederick Klenner tried to say that he cured 100 percent of patients with intravenous vitamin C and people just kind of said, "Huh?" They just continued on with their discussion. They just didn't register. The same thing really happened with this low-sugar diet, which was very effective because of the effect it has on the immune system and on the bowel flora.

The same with dichlorodiphenyltrichloroethane (DDT). Now, DDT is something that really trashes the bowel, the intestinal walls, and the flora. That's another one of the reasons why not only can DDT give you all the symptoms of polio all by itself, but can also make the poliovirus much more virulent and active in the body for the same reason: it disturbs the normal function of the bowel.

DM: The contemporary equivalent of that is glyphosate.

SH: Exactly.

DM: I've interviewed Dr. Don Huber, an expert on that, and certainly Dr. Stephanie Seneff, who's done some studies. Their contention is that it decimates the microbiome. Huber is really adamant about glyphosate being far more toxic than DDT.

Fifty years from now, there'll be future people having interviews and discussing this issue. Because I suspect in our lifetime... In fact, I'm fairly convinced that this immunization dispute and controversy is not going to be one. It is just so firmly rooted in the medical paradigm that you're just irrational if you choose to even question it and discuss these facts, factual pieces of history that are just ignored, absolutely ignored. Thank you for allowing me to interject. Maybe you can continue on the expansion of other interesting historical aspects of the polio immunization program.

SH: Yes. Well, we had the phase where there was the injectable vaccine. We had 1955 where there were a lot of cases of paralysis after that vaccine was given and it was not properly inactivated. They blamed it all on one company, which was Cutter Laboratories. But later, it was determined, after the Freedom of Information Act, that Wyeth was also responsible for a lot of the release of the vaccine that was not inactivated properly.

Vaccine companies were so scared of producing this vaccine now because it was apparently very difficult to inactivate this virus. They started diluting. That's what Dr. Herbert Ratner started to write about. He was from Oak Park, Illinois. I was fortunate enough to get a lot of his records from before that he collected before he died. He was saying that it was very problematic. He had had this all documented, what was happening back then, the distribution of these vaccines that had live virus in them.

After there were many people who were paralyzed and the faith and the injectable vaccine was threatened by the public, there was the idea that we should switch the vaccine and that we should switch it over to the oral vaccine, because actually the injected vaccine does nothing to prevent transmission. You can swallow the vaccine. It can still populate in your bowel, come out the other end, and go on to the next person. The only thing that the injectable vaccine theoretically does is give you some blood immunity.

That's only just like tetanus. It's only going to be effective if the blood meets the virus before the virus meets the nervous system.

What they decided to do was to create this oral vaccine, because it was more similar to the natural infectious route. That's what's known as the solvent vaccine. The injectable vaccine stopped. Some of the controversy about that went down. The oral vaccine did interrupt transmission of the wild type virus, but it propagated transmission of the vaccine virus. The fact of the matter is that you can attenuate a virus all you want, which means that you pass it through different animals to make it mutate enough that it's not quite as lethal or virulent at some point. But once you put that vaccine or that virus back into its natural host, it mutates back to the way it was.

You can give a baby an oral polio vaccine and it can be attenuated. But even in the tube, even in the vial before you give it to that baby, those viruses are starting to revert back to their former problematic state. And then once the baby swallows that, the baby will generate some immunity in the intestine. But what's going to come out of that baby is going to be mutated vaccine virus. Oftentimes this is problematic, especially in people who are immunosuppressed.

For instance, we have a situation in Finland where they're still finding mutant virus in their sewer systems and they don't know where it came from. They've only used that vaccine for a short period of time fairly recently. I believe it was in 1980s. They don't know where it's coming from.

That's the risky run with the oral vaccine, and indeed that is why that vaccine was stopped in this country. It's because there were more cases being caused by the oral vaccine than there was from natural infections. That's when they switched back to the injected vaccine. They changed the formulation to a degree. They propagated it differently. They inactivated it slightly differently. Today we're seeing polio vaccines in different countries using different strains of the virus. They used to be three strains. In some countries they'll only use one strain or two strains.

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It's really hard to track and argue the problem because they keep shifting the goal posts. But it's just very easy to defeat the polio vaccine argument. We would have been better just to leave things alone because most of the polio went away just by redefining it.

DM: What year did they switch over to the injectable? Because the last polio vaccine or immunizations I administered were oral. Can you describe the statistics at that time? How many people were getting polio from the oral polio immunizations as opposed to getting it in the wild? I think there weren't anyone. The only reports that I remember were from the immunizations.

SH: Yeah. There came a time where the only diseases that we had in this country of polio were vaccine-related diseases. Even today, you can just go on to the CDC website and the Morbidity and Mortality Weekly Report (MMWR). You can see that cases of polio in this country by and large occur when people get the oral vaccine in another country and then come here. When they say that polio is only a plane ride away, the truth is that disease from polio vaccine is also a plane ride away.

DM: But that's the argument that's used. What year did they switch back to the injectable?

SH: Off the top of my head, I don't know exactly. I think it was in the 1990s.

DM: Okay. Yeah, because I thought... I think it might even be more recently than that because I just never remembered using the injectable. It was always the oral. Actually I'm surprised. I haven't been administering vaccines for quite a while. I wasn't aware that that was the current scenario. That's an

interesting set of arguments to provide someone. But to this day, even though there are no wild cases of polio being discovered, it's still a regular part of the vaccination program.

SH: That's right, in this country. The truth is that, like I said, the injected vaccines do not interrupt propagation of the virus. If somebody comes to this country who has recently had an oral polio vaccine and he's shedding a highly virulent strain, people in this country can start passing it around.

But theoretically, at least children who have been recently vaccinated with the injectable vaccine will have some form of immunity. The problem is that adults, we won't still be immune – you and I. I mean, assuming you haven't had a vaccine as long as I haven't. But I think my last vaccine was a polio vaccine, an oral vaccine. That would be long gone out of my system by now. These people with the injectable vaccine so-called immunity are not going to interrupt the passage of it.

It's only a matter of time before I think they will start testing the sewers in the United States; find that there's a virus, a polio virus; and consider reinstating the oral polio vaccine here just like they did in Israel last year. I think that was a real mistake that they did over there, because they had no cases of polio. They have a very highly vaccinated population with the injected vaccine, yet they insisted upon vaccinating all these children with only one dose of the vaccine, which is another thing to really question.

Because if you believe in the vaccine, one dose is not going to be enough to give you immunity to the two strains that they were administering. What's going to happen now is anyone who's immunosuppressed has the potential to reverse-attenuate that vaccine virus, and start shedding it and spreading it around the population, increasing the problems.

DM: This is a strategy that's used to increase or at least to scare people into getting these vaccines when clearly if you look at the historical evidence or even seek to institute some new trials, there's just no question that improving your innate immune system – through reducing the amounts of sugars, improving your gut flora, leading a healthy lifestyle, and having adequate vitamin D levels – will provide a far more effective immune response and virtually eliminate any risk of developing these infections.

What is your impression as to the variables or factors that don't allow this truth to be spread through the public health departments rather than relying on this artificial relatively recent human innovation, which didn't really address the epidemics they were seeking to control anyway?

SH: Well, we have a highly profitable, lucrative religion that involves the government, industry, and academia. That religion is vaccination. People believe in vaccines. They'll tell you, they believe in vaccines. You ask them what they know about vaccines and it will be almost nothing. In fact the people who argue the loudest usually know the least when it comes to trying to convince you to take the vaccine. That's been my experience.

I think that the medical schools and the teachings are bereft of information on the history of vaccination, on the contents of them, and the potential problems. We have the go-to doctors, like Dr. Paul Offit, teaching doctors how to talk to vaccine-refusing parents. We have doctors like Dr. Robert Jacobson putting out PowerPoint presentations to give to doctors, literally telling them to persuade the parents rather than to inform them and not to give them information. Doctors are really being brainwashed systematically brainwashed. Not only that but if doctors do start to see problems in front of their own eyes and wake up to it, do their own research, and buck the system, they risk being treated the way I was.

I had a very lucrative nephrology practice. I was well respected through the entire state of Maine. People were referring their patients to me. My colleagues would come to me with their medical problems, their high blood pressure. There was never any doubt about the integrity or my knowledge as a nephrologist. But once I started to argue against the practice of vaccination, I was automatically tossed into the category of a quack.

Anybody who wants to maintain their beautiful home, keep their family in the lifestyle that they're accustomed to, and keep their reputation clean will stay clear of arguing about vaccination. The question I have is when they start to see these problems in front of their own eyes, how do they sleep at night? How are they able to live with it and not start asking questions and start thinking critically on their own? That's what I hold doctors most responsible for. But the reason they're able to keep it the way it is what doctors are told and the golden handcuffs that they are put inside.

DM: Yeah. And in many cases, what they're being told is illegal. It violates the laws, which require informed consent. Not telling or informing patients about both sides of it is a clear violation, but they're never prosecuted.

SH: No. It seems that vaccination has long been outside of the law. There are just so many instances of that. You can talk to really knowledgeable attorneys like Mary Holland and Alan Phillips, and they'll tell you about the whole list of how the laws and the constitution are routinely violated with this practice of vaccination.

Also, I can't tell you how many parents call me and they say, "I went in to see my doctor, who I really used to like. They started yelling at me and told me that I had to vaccinate my child. I had to come into the back entrance. They wouldn't see me anymore." This is just so outrageous to me. Really, it's abandonment and it's abuse, and doctors are getting away with it.

The other problem is that doctors are rewarded for having high vaccination rates. I later found out what was a mystery to me before, why I was getting such arguments when I just said, "Please just wait until the patient's discharged from the hospital before you give them the vaccine. Why on the first day?" Well, it turns out that there are policies now that if a patient is not vaccinated within the 24 hours of their admission, the hospital can be not reimbursed with the entire admission unless there is a lengthy explanation as to why that's so. Now doctors and administrations are more beholden to policy than they are to the actual good patient care and thoughtful patient care.

DM: Thank you for sharing that and also the perspective that really helps us understand one of the reasons, the primary reasons, why this policy perpetuates. Because it's reinforced by the physicians, who for the most part, even if they have this concern refuse to address that because of being ostracized and essentially being banned in the community. I'm wondering if you could really comment on what happened to you personally, because you haven't mentioned that. But it sounds like you... Did you have to stop your practice? I mean, what happened directly as a result of your involvement in exposing this fraud?

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SH: Well, there were several conversations that went on between me and the hospital administration. It's mostly documented on paper. I still have copies of it all. There was a consultant that was brought in to set me straight. He gave me a list of studies that showed that human immunodeficiency virus (HIV) patients and dialysis patients will mount antibodies after they're vaccinated. That was the answer when I said I wasn't comfortable vaccinating my sick patient population, which of course, did not address the Guillain-Barre syndrome patient that was just admitted to the hospital, the congestive heart failure, the sepsis, the cancer, and the inflammatory kidney disease patient who was vaccinated on Day 1.

That's what started the ball rolling for me. But then they came along and they said to me, "Well, you know what, Dr. Humphries, you need to conduct your own study, because what you're saying is so outrageous, you have to prove it." At that point, I thought, "You know, I could spend the next few years of my life being bogged down in a study that nobody will pay attention to..."

DM: Or believe.

SH: I mean, think about it. Nobody listened to Dr. Bernice Eddy when she was showing beyond shadow of a doubt that injecting these polio vaccines was causing tumors in her laboratory animals. Nobody believed her when she published about that. Nobody believed her when she injected the vaccines into monkeys and caused paralysis. They wiped that completely gone. Nobody believed Dr. Anthony Morris in the 1970s when he said that these influenza vaccines were ineffective and dangerous. They went ahead and gave them. He had all the proof that he needed to show this. He went in front of the Senate to show it.

So, who's going to believe me, a nephrologist, who is now considered a quack and who was going to do a series? Basically a review of charts is what they recommended that I do, a retrospective analysis. I decided at that point that I was going to be much more useful to the world if I just left that situation, continued my research, and brought the information to the public. That indeed is what I have done. In the process, once we see one flaw, one major flaw like this in what we were taught and the things that we think, that usually spreads to other places because we started asking why and how.

I always had an alternatively minded viewpoint. I mean, for some reason thinking about vitamins as alternative kind of blows my mind. Really vitamins and nutrition should not be alternative medicine; that should be mainstream medicine. But I've always known because of my own health issues that conventional medicine as a first line [of defense] never did it for me. I always had to go to nutrition, boost vitamins, and things like that for my own health, which made a huge difference. So, I knew this about my own patients. But the more I researched I just found so much fascinating information about how the physiology that we were taught in medical school really applies on a daily basis.

One of the problems is we're taught all these beautiful physiology in medical school, but then we're turned into highly paid technicians for the pharmaceutical industry rather than actual healers, thinkers, and doctors. I decided to turn into a healer, a thinker, and a real doctor. I spent a lot of my time researching the physiology behind many of the diseases that faced me a long time ago, which I frustratingly threw drugs at to no avail, and the vaccination issue. I really love doing that and I feel that it's my calling. It's not even work to me anymore.

DM: Wow. That's quite a fascinating story and really a strong indication that you're a very courageous woman. I'm wondering, one of the other serious considerations that you referenced earlier is that the physicians aren't able to continue their lifestyle because they lose their income. It clearly happened to you. I'm wondering if you're able to comment on that, because you do not have a lucrative nephrology practice now. You're a researcher and really that is a very low-paying position from my previous experience.

SH: Yes. You could say that. I was once, like I said, a high-flying doctor. I was making 300,000 dollars a year. You know, I enjoyed the money when I had it. I won't make no bones about it. It's fun to have a lot of money. People say that I'm brave, but I think I would have been braver if I stayed in that situation – knowing what I knew, watching people's health deteriorate, and being paid for doing things that really didn't feel right to me. I think that I didn't have a choice at that point. I did leave. I spent several years with no income at all. I downsized my life and I've actually never been happier. I don't think anyone should feel sorry for me now.

The truth is if I wanted to there are plenty of doctors who have walked away from mainstream medicine, who hung out their shingle, who started working with nutrition and vitamins, and who are doing beautifully and economically. My choice was not to do that because I spend between 6 and 12 hours every day, 7 days a week, every week studying these issues.

DM: Wow.

SH: Because I just think it's that important. If you want to make these arguments, we have to have information and we have to have knowledge. We have to understand the history, the medical literature, the biology, the chemistry, the physiology, and the immunology. That is not easy stuff to do. You cannot dabble in the topic of vaccination. If you do, you're likely going to be toppled by the pro-vaccine because they're doing their homework.

I felt it was more important to do my homework and make these arguments that I wanted to make. That was my choice. I don't have to be in this economic position. I could have had a very lucrative medical practice, because many parents and people are looking for doctors who have walked the system and no better. That's why I always say to doctors, "Don't be afraid, because you can still earn a living outside of the system."

DM: Well, if were in a live audience, I would ask everyone to standup and give you a standing ovation. It takes a lot of courage to do that.

SH: I've never been happier honestly. I love my life. I love what I'm doing now. It feels good to my conscience, and it's fascinating really.

DM: So, you're creating a lot of information. What is the new information you're compiling? What are you learning and how are you sharing it?

SH: Well, I do lectures if people invite me. I have toured through Scandinavia. Our book has been translated into two different languages right now. It's actually doing quite well in English as well. People have me come do talks on various subjects. Right now I'm really immersed in the topic of infant immunity because there is so much information that has just come out in the past few years that, in my opinion, turns the vaccine paradigm for infants completely on its head.

Instead of arguing about any particular vaccine, if you understand the way the infant immune system is designed, if you really get that, you can automatically see that if you were going to toss any kind of a vaccine in there, you're going to be highly likely... You might not kill the baby. You might give them some short-term immunity, but you're also going to do more likely than not is change their immune systems, so that it can't function the way it was designed to function. That's really where I've been spending a lot of my time because I find immunology very interesting. The arguments against vaccine when you really understand the infant immune system I think are irrefutable.

DM: How are you compiling this information and sharing it currently?

SH: Well, I have a few lectures. One of them has been professionally taped. That will be released in the near future, on infant immunity. I'm starting the second book right now.

DM: Oh, terrific.

SH: So, we'll see what else comes of it. But epigenetics is really another field where biology is being turned on its head and all these old paradigms that we used to believe that our genes are our destiny so on and so forth. I mean, it's the same with the infant immune system. When you start epigenetically tinkering with an infant immune system, you are setting off little cluster bombs that will eventually explode into a big problem. I think epigenetics is really where we need to be looking right now.

When we look at vaccine epigenetics, it's outrageous. It's fascinating. There is one study by Nikolaj Orntoft, which was done in African girls, where they just injected tetanus vaccines into these girls just to see epigenetically what genes would be upregulated or downregulated. What they find is that there's really no predicting it.

Not only are we all going to respond differently the way we want people to respond to vaccines, but we're all predisposed to responding differently in the side effects, which means that having a vaccine compensation table for reimbursement or for compensation makes no sense, because epigenetically we're all going to have different genes upregulated after vaccines are given. We can have cancer genes upregulated or autoimmune diseases upregulated. This has been shown in this modern literature that used these highly sophisticated gene techniques to actually watch what happens after the vaccine is injected.

I think this is really powerful information to show that vaccines, when they started, knew nothing about the immune system. Then scientists knew something about the immune system, but now we know about the genetics of the immune system and the epigenetics of the immune system, and that's got to be taken into account.

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DM: Yeah. We continue to know more. It's likely within 5 or 10 years, you'll be able to do a complete sequencing of someone's DNA for a few dollars. I mean, it's a thousand dollars today, but it's heading down rapidly. Basically at birth, everyone's going to be sequenced.

SH: Right.

DM: And then you can have this massive database and make these incredible correlations.

SH: Well, they would do that. But what they're going to end up doing is creating a culture where we're going to have preemptive mastectomies and things like that, because it's still with the belief that our genes are our destiny.

DM: Right.

SH: But the truth is it's what we do to the outside of our cells, the epigenetic stimulation of those cells – giving the information to the nucleus and which genes get upregulated. That's something that you're not going to be able to measure with a test ever.

DM: No. There's no question. But you're right. Those epigenetic influences are the things that we know radically improve your immune system – avoiding sugar, improving your vitamin D levels, exercising, sleeping, and de-stressing. These are clearly the way to stay healthy.

SH: Absolutely.

DM: There's just no question about it. You've done a magnificent work. You've created a wonderful resource. You should be recommended for sainthood for what you've done. You're doing your passion. You love it, which is great. I'm wondering if you have any take-home messages for the book for our listeners.

SH: Well, what I want in my research is that a lot of the assumptions that I previously had as a doctor were completely off-base and that so much of our treatments, not only just with vaccinations. I mean, vaccinations are not a therapy. They're given to healthy people.

I think parents really need to sit and think long and hard about how much information they're given before their child is injected with the cocktail that it can have today. They can have tumorigenic kidney cells of a cocker spaniel in it. It can have fetal cells with retroviruses. [It can have] aluminum, which is one of the most horrible things to inject into any sort of life form, especially into a muscle. I don't have time to get into that. But if I did I could just go down the list of the horrible effects of aluminum in the body. There's nothing required in our body for aluminum.

Parents really need to know that their doctors are not informed and therefore they cannot give informed consent and that they really need to think about it because you cannot unvaccinate. The fear of, “Oh, what if my child gets a disease.” That’s where knowing the history is really important because what we really talk about is what conditions people were susceptible to. That’s really more important than transmission. Because yes, measles was transmitting very rapidly through the population, but it actually has a lot of benefits to the immune system so much so that they’re using it to treat cancer today.

We really need to understand each disease – what the risk of it is, how you get it, what the vaccine effectiveness is, and what the downside is. And know that the way nature is designed is actually perfect; that there is a system in place that our bodies can handle just about anything if our bodies are treated properly; and that babies who come into this world in a normal and natural way, who are breastfed for an appropriate amount of time, that’s the best protection you could ever give to your baby’s immune system or brain. Consider that when the fear starts to creep in. If you’re breastfeeding your baby, you’re already giving the most powerful thing on the planet that can be given to that baby.

DM: Terrific. Anyone who’s interested in this topic, I think you’d really be derelict not to own a copy of her book because it’s a tremendous resource. I’d highly recommend it.

SH: Thank you.

DM: Thank you for everything you’ve done, are doing, and will continue to do. You’re a real crusader out there and really a great role model for so many other physicians.

SH: Thank you, Dr. Mercola.

[END]