

Examining the History and Science of Vaccines Through 'Dissolving Illusions'

A Special Interview With Dr. Suzanne Humphries

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. It's Dr. Mercola, helping you take control of your health. And we are today joined again by Dr. Suzanne Humphries, who is here for a follow-up conversation about the release of her revised book, landmark new book, which is "Dissolving Illusions." And which, in my mind, is one of the best books ever written about vaccine concerns and safety. We're going to dive deep in that today and some of the things we didn't in our last conversation about the book. So, welcome and thank you for joining us today.

Dr. Suzanne Humphries:

Thank you, and thanks for having me back again. Yeah.

Dr. Joseph Mercola:

Yes. For those who don't remember, Dr. Humphries, this is the 10th anniversary edition of the book. It's going to be available very shortly, if not already, by the time this interview is posted. It's the 10th anniversary edition, and I was invited to write the foreword, and I delighted in that and took quite a bit of time compiling. I think I did a decent job on it, but you'd be the judge of that because I'm hoping you'll pick up a copy because this belongs in your home. Remember what they did in COVID, where they essentially eliminated much of the electronic access to materials that we know are valid and useful. They don't want you to have access to this.

So literally getting a print copy of this would be really good if you have a library. It's really one of the classics that should be in your library. Because for the most part, we're going to discuss in great detail, vaccines are fraud imposed in our society by individuals and entities that really don't care for us too much, and would rather see us sickened and die prematurely than help us. For the most part. There may be others administering that don't share that view, but the people behind this, I believe that's their attempt. So, that may be a challenging observation to consider, but I believe it's accurate. And so, Dr. Humphries, she was a practicing nephrologist, well-compensated in a – was it intercity? It was in a big hospital, wasn't it, that you were in?

Dr. Suzanne Humphries:

It was a few big hospitals, but yeah. I didn't really work in any small hospital.

Dr. Joseph Mercola:

It's a big hospital. Yeah, yeah. So, you were working there, and I'll let you share the story, but essentially, you made some pretty brave decisions to stop doing vaccines and you started to become almost a vaccine activist. And you paid the price for that, as most people do, who oppose

the system, especially because most people are working for the system. Imagine that. So, they have control over you. They're paying your salary. And when someone pays your salary, they have a pretty big influence of what you can and cannot do if you're going to continue their employment. And they regularly exercise that. That's what they did with you. So, it just catalyzed you into a different process in your life. But what I would really like to explore, maybe summarize the details of that, but what I was most impressed and remember really clearly when reading your book is the process you went through in trying to counter their arguments, which are really rational arguments because they're brainwashing propagandists just like everyone else.

This has been going on for decades, many decades, over a century. And the persistent argument that came up with smallpox – Smallpox and polio were the two ones. And you spent a fair amount of time debating those, or actually debunking might be more accurate. I would really like to explore that. So, I'll let you take it from there, and you can do most of the talking, but I really want to engage in that discussion because you did a magnificent job of highlighting that because that is the foundational basis that almost every vaccine advocate defaults to. Look at what it did for polio. Look what it did for smallpox. How could you want us to go back to these primitive, barbaric days? So, I think if you can destroy that argument, the others don't have a chance to stand up because there has never been a recorded case in history that they've had an authentic controlled trial of vaccines that showed safety or efficacy. It doesn't exist. It doesn't exist. They have no data to stand on. I'll let you take it from there.

Dr. Suzanne Humphries:

Yes, okay. That's a lot of information. I think most people have already heard the story of how I left the hospital. What I find really interesting today is that – So, I left the hospital in 2011, after about two and a half years of feeling like persona non grata. After 10 years – Actually, it would've been about eight years of being a highly respected kidney specialist who was treating the top-level people at the hospital. It was a big drop that I experienced as somebody who just simply started asking questions about vaccination based on what I saw with my own two eyes over and over again over a period of time. I was not a pediatrician, so I didn't come at this from an autism standpoint or from an allergy standpoint. It's a totally different thing. I didn't get to that until later.

But early on, it was more about watching my patients who already had kidney failure experience worsening kidney failure after they were vaccinated. Or watching them bleed out after a biopsy of the kidney after they were vaccinated, because vaccines change your coagulation profile. And that was shown as early as – I think it was the 1960s by an Italian researcher named Del Campo, where he did one of the few studies that really tracked biological indicators in children over days, weeks and months, and found acid production. He found inflammatory markers. He found coagulopathies. And in the end, he said vaccination is a trauma of considerable measure and it should be undertaken with great caution. And yet, what we've seen since then is the addition of more and more vaccines to all of us, not just children, the ones that can't argue back, infants, which is the one I find the most egregious.

But I was basically watching adults have malignant hypertension develop [and] proteinuria, protein in the urine, really nasty entities that are hard to deal with. That's pretty much the history of me being in the medical system, waking up, thinking that people around me would be

interested in the medical literature that I looked at, which they never had looked at. And instead, I was ostracized and pretty much became a pariah, and I just didn't want to be there anymore. So, I left, and that's another long story. But [the] best decision I ever made was getting free of those golden handcuffs where you leave with all the – You leave medical school with this huge debt, and then you don't really feel like you have a lot of options after that. So pretty much every penny I earned went towards paying off my loan so that I could be free again.

And fortunately, I didn't have a family who judged me and thought I was a big loser for walking away from what I had, and I was very much supported. There are a lot of good books out there about vaccines. Ours is somewhat unique. Not completely. We're not the only people to have ever talked about the aspects that we talk about. And like you say, what we decided to talk about was the history. Because everywhere I went talking about the flu shot that was damaging my kidney patients, I was met with, "Well, what about smallpox and what about polio?" So, because I had to go answering their questions, I learned a lot of things that I wouldn't have otherwise learned. And then I met Roman [Bystryanyk] who had gone through the world's databases, anywhere he could find data. He's a computer guy and he's real smart. And he put these graphs and charts together, and he sat there looking at them going, "Oh, well, that's really interesting."

The death rate for so many diseases was at least 96% decreased. Sometimes 99% decreased when vaccines and antibiotics came onto the scene. So, that was the beginning of "Dissolving Illusions," and we wrote the history around that. So, why would that be? Would it be that viruses and bacteria are killing people at really, really high rates? And then out of the middle, you watch the charts and they just come down, down, down like a big black diamond ski slope. Then at the bottom of the ski slope, in comes the vaccines and the antibiotics. And then they only show you the little tiny bit at the bottom. They don't show you the big ski slope. So, we wanted to know what happened on that slope there and what caused that. And when you read back – Basically, "Dissolving Illusions" is a history book, and we didn't market it as a history book. But that's what it's actually been labeled as since it's been written.

So, we took on those various aspects and what was going on in society to cause those changes. And then for the 10th anniversary – Look, we never thought it would be as successful as it was, honestly. We couldn't even get a publisher. That's why we went to Amazon, initially. So, it was very successful. And then 10 years have gone by, and in that 10 years, I've basically kept learning and kept digging deeper and deeper and deeper and traveling the world and talking to people about what I found and giving lectures. And that was pretty much my life, quite frankly. It's like I stopped being a doctor for several years in terms of practicality. And now I'm only back to now being a physician again, a real physician as far as I'm concerned. I don't want to put down the whole medical system because there are a lot of doctors that we do need out there, just like we need lawyers-

Dr. Joseph Mercola:

You should.

Dr. Suzanne Humphries:

We need governments. We just need them to be honest, forthright, upright, and stop lying to us and harming us. So, in the end, what I've come to now – So, since 2008 pretty much, when I woke up, that's about 16 years now that I've been pretty much knee-deep in this vaccination issue. And in the beginning, lectures that you hear me talking on, I was still on my own learning curve and we never finished learning. But what happens over time is we're able to sit back and look at everything that we have learned and then reweave it, and we see a bigger picture out of that. And just this past year, when I was invited to do the talk, I chose the topic 225 years of vaccination because after COVID – which, by the way, was probably no surprise to you and was no surprise to me, all the things that happened, because if you do know your history, you'll know what's going to come.

So, after that, after the whole COVID debacle and then reading about all the other vaccines, watching what happened with Gardasil, watching what happened with the flu vaccines, the new flu vaccines, the old flu vaccines, and the childhood vaccination schedule just ever-growing, I sat back and I thought, "This is just a repeating story." And in terms of vaccines, just for instance, vaccines most of the time, if not all of the time, are marketed to the public as one thing. And then later, the public discovers that they're a different thing. For instance, with COVID, the public was told it was just nice little particles of this virus put into saline and it would only stay in your arm. And then we have scientists that are now coming out, real bench scientists, real genetic scientists that have broken down the constituents of the vaccine and are saying that there's so much more in there than we were told.

While the same was true, the smallpox vaccine – The smallpox vaccine, it didn't have smallpox in it. It didn't only have cowpox in it. Sometimes it did, sometimes it didn't. Sometimes it had rabbit pus. Sometimes it had the pus from horses. Sometimes it had pus from goats and donkeys. And it was passaged back and forth between humans and animals because back then they thought that would strengthen the effectiveness of this so-called "pure lymph," which was anything but pure. Because for about a hundred years, as soon as the microscope was invented, doctors were looking at it going, "Wow, there's all kinds of particles in there." And then later they were able to define those particles that were bacteria, yeast, spirochetes, sometimes syphilis because of the way this supposed pure lymph had been passaged. And it didn't get much better into the 1950s. So, here the public was told one thing, then doctors start crying out saying, "Wait a minute. This disease was not bad enough to cause this problem with the vaccines."

And the same thing that we saw polio doctors that you wouldn't hear about because the mythology around polio was so, so insulated. But every vaccine that's come out, the public is told one thing, the effect is completely different. Doctors come out saying this isn't what it was supposed to be. The doctors are ostracized, the doctors become afraid. They don't want to give – This has been going on for 225 years. So, you think the frontline doctors are the first to be saying the things they're saying. I think some of them think they're the first to be saying the things that they're saying. But the fact of the matter is that there's been about 200 years of outcry from really upset doctors who were done in by the system for standing up for their patients and seeing the negative effects of vaccination.

And so, we added another 200 pages to our original book, "Dissolving Illusions," based on what we've discovered since the last round. So, people [who] have already bought the book won't be

disappointed because there'll be some new things. And people who have never read it will get a bigger, deeper picture of the history.

Dr. Joseph Mercola:

Thank you for that summary. I'm wondering if you could dovetail back to the time in the hospital and just summarize some of the arguments you presented to the physicians who attempted to dismiss your concerns by implying and suggesting that the eradication of smallpox and polio was some of the greatest advancements ever in the history of medicine. And how could you possibly consider anything other than that. It was essentially the crux of their argument, that you repeatedly countered what you were doing.

Dr. Suzanne Humphries:

That's right. I'm the kind of person that likes to stay on topic. And so, at the time, I was looking at the H1N1 flu shot and the effects on my patients' kidneys. I was dragged into the argument on smallpox and polio. But initially, I really did the deep dive and looked at flu shots because I wanted to know if flu shots could cause hematuria, proteinuria, high blood pressure, kidney failure, glomerulosclerosis, you name it. Can it cause these reactive problems in the kidneys? So, first you have to look at the ingredients. Most of my colleagues didn't know the ingredients of any vaccine. They didn't know what was in it. They didn't know that there could be formaldehyde in it. They didn't know that there could be aluminum in some other vaccines, in most other vaccines. They didn't know that there was still mercury in some. They thought it was all removed.

Then you have the antigen that's in the vaccine, but then you have things like cow proteins and egg proteins. And we know that people can react to those things. So, I was just looking at that and I wrote – I don't know. It was like a 16-page white paper with 45 medical references, and I gave it to the CEO of the hospital, the head of nursing, my colleagues. I was met with absolute silence, and I was really hurt and shocked by that because it was a lot of work on my part, and I just really thought that people would be interested in it. But like you say, they kept saying, "Well, what about smallpox and what about polio?" So, it really wasn't until near the end of my leaving the hospital that I garnered enough information to really give them a good talk about smallpox and polio.

But the horse was out of the barn, and I wasn't interested in talking to them anymore about smallpox and polio. Because I don't like to talk about things until I've got a really good handle on them. And back in the hospital, I had a really good handle on the flu shot. And you know what's interesting is that this happens so often in so many places where people want to nail us clinicians down to do the bench research, to talk about the genetics of a virus, to prove the existence of a virus. They want to nail us down to it. When what we are watching in front of our eyes is a timeline, a consistent repetitive timeline of somebody either marginally healthy or fully healthy, and then getting a jab and then within hours, days or weeks after that, developing horrible new medical problems. So, this is what we see with the boots on the ground, and that's considered irrelevant to people who want to discredit us, is that our clinical experience means nothing.

So, this is a way to just split us all into a million bits and say, “Only the bench researchers can prove that. You can’t, so you have to go do your own study.” And that’s what was told to me, that I should do my own, by the chief of medicine of the hospital, told me that he would support me if I wanted to do a research project on vaccine injuries after vaccines in the hospital and basically, “To prove that, you would need hundreds of patients.” He wasn’t really going to support me, he just wanted to divert me, and that’s really what they want to do. And in terms of do viruses exist or not, it’s the same thing. It’s like what we’re seeing is a consistent pattern when children get measles one time in their life and don’t get it again.

We see a consistent pattern when children get chickenpox one time in their life and then they don’t get it again. So, because I haven’t personally viewed a virus under an electron microscope, then my clinical experience means nothing. And so, this is how we’re dismantled and discredited by our critics, some of which are supposedly on our side and most of who aren’t. So, what I found is that if people don’t want to hear what I have to say, I just move on. I’m not going to get trapped in arguments with people, because there are so many individuals out there, parents and grandparents and colleagues and other people that know nothing. And when you say the truth to them, they’re just like me. Well, every cell in my body lined up when I started to discover this, so many things started to make sense. Those are the people that I focus on now.

I couldn’t care less about the brainwashed ignoramuses who are willfully ignorant. If they’re just innocently ignorant, then they’ll change and they’ll change pretty quickly. They’ll have questions and they’ll want to talk. But the people that are just like, “Well, what about this?” Okay, in the beginning, a little bit of that is okay. But when they just won’t relent, when the facts are just piled up in front of them by somebody who’s done the work as opposed to them who just have a theory that was imparted upon them during medical school, just like it was to me, sorry, I have no respect for that.

Dr. Joseph Mercola:

I agree. Yeah. That’s the challenge, for sure. So, you successfully navigated that route. But by the time you did, you were only out of the system because it took a while to have that information. But as you mentioned, in some ways, your book is like a history book because it documents these things. And you provide the information and the data to understand that the portrayal of the victory over smallpox and subsequently polio – which is what, 40 or 50 years later? Somewhere in that time range – but there really was no victory in polio. It was rather a change in the human condition, improvement in our environment that contributed to most of the benefit. And in fact, there’s fairly conclusive proof if you look at the literature that was published on that time, this is the 1900 or so, that there were many epidemics that happened that had very rigorous interventions on smallpox vaccines imposed, very similar to what we did with COVID. Almost identical in many ways.

Dr. Suzanne Humphries:

Yeah, yeah. There’s so much repetition.

Dr. Joseph Mercola:

Was that your conclusion?

Dr. Suzanne Humphries:

Yeah. Yeah. In terms of polio, when I left my job, I spent about a year and a half pretty much doing nothing but researching polio from morning till night. I was given a library from the daughter of a very prominent physician in Illinois who was one of the more outspoken people who basically – He was the Health Department chair. And he wanted to give the oral polio vaccine because he wanted to see what would happen because he had his doubts. His name is [Dr.] Herbert Ratner. He collected a lot of information. So, I have a lot to go through. I have a lot of public health reports to go through. I went through pretty much every book that was ever written about polio, both pro-vaccine and anti-vaccine and neutral and everything in between. And I just couldn't get enough of it. I find it really fascinating actually, and really enjoyed it.

But polio is different in that if you want to talk about gain of function and you want to talk about criminality, go ahead and let's talk about polio because poliomyelitis – I think I just described this in our last interviews, that poliomyelitis is a neurological entity. It can be caused by a lot of different things. So, in some ways it was really brilliant of them to grab onto that pathophysiology and give it a name and name it a virus. A virus that's actually a commensal in the human body, that's been shown to be a commensal, causing no harm in most people.

Dr. Joseph Mercola:

Yeah. Most people don't know what commensal means, so maybe you can explain that.

Dr. Suzanne Humphries:

Yeah. Kind of like we have staphylococcus on our skin and we have streptococcus on our skin, and we even – Fungus is actually part of our microbiome. So, things that are basically innocently living within us or on top of us or – Nothing in our body's actually sterile, contrary to popular belief. You can even find bacteria in the brain. But your immune system's always dealing with it, keeping it under control. And your mucus barriers are protecting you, from [the] mouth all the way through your digestive system, so that these things don't invade. But if you add a toxin to that, a toxin that increases permeability of the gastric mucosa, then all bets are off, and then these entities can gain access. And it's very controversial, this whole history of polio. But it was a really hard thing – The natural poliovirus was not a thing that was necessarily being pathologically passed around to people.

It was only when humans started tinkering around with it, like the gain-of-function experiment that happened at the Rockefeller Labs in 1916, which – Oh, funny enough, during that exact time period, there's the world's worst outbreak of polio with a 25% to 50% paralytic ratio. That's unheard of in 1916. So, what would that have done? That would've set the stage for terror among the masses, "We've got to get rid of this horrible disease that's crippling children, crippling adults." So that's when the movement to start developing a vaccine really began. And there were some pretty horrifying failures along the way. Then Jonas Salk comes along. He was pretty much recruited to do the job. And people that worked with him hated him. He was not a good person to work for. He wasn't very intelligent, according to senior doctors who've recently passed away

that I've had access to their writings and second-hand conversations. And then this big Francis trial. This was a whole new thing, "Okay, we're going to prove to you that this vaccine is the greatest since sliced bread."

And it really did set the stage to get everybody online, up to our generations now saying, "But what about polio? We all know about polio. That's the last disease we want our kids to get. And this is the best vaccine that's ever happened." So, there all that propaganda began around that trial in 1954. There were scientists that were disagreeing with the design of it. There were statisticians that were talking about how flawed it was. There were biochemists and biologists who were saying, "This is going to be a big problem because you are not killing that virus in that vaccine adequately enough. It's coming back to life, and you're going to be injecting people with live vaccines." And fortunately, most people did have immunity to it because it was a commensal, so it wasn't any worse than the Cutter incident and things like that that happened.

So, here are all these scientists arguing. Every last one of them that had an argument was replaced. And as Paul Meier, the famous statistician who was on the project said in the end, "We had some very good men, but they are all very agreeable men." And these men were given eight hours after this trial that took years to come to the conclusions, and the data generated took years and hundreds of thousands, millions of dollars for this trial. Huge, unprecedented. So, what do you think they were going to do in the end? Go "Oh, well, it didn't really work"? No, that was never going to be the outcome. So, when the data was available, it was not given to the doctors that were brought to Washington, D.C., to make a decision whether to license this product or not. It was not given to them. They were forced in a matter of eight hours to make a decision to license it or not.

And they were told that if they didn't license it on that day, that they would all have to stay over the weekend and come back for a whole other day's meeting. And because of practical reasons, they were like, "Well, okay, fine, then license it." But there were doctors that – I believe it was [Dr.] Shaughnessy, might've been one of them, might have that wrong, but it's in "Dissolving Illusions." We quoted him, what he had to say about that day and that meeting. And it wasn't until two years that doctors were actually given the full database from the Francis trials. And when [Dr.] Fred Klenner and people like that went through that database, they ripped it up, down and sideways. It was [an] absolutely terrible design. The interpretations were incorrect. But by then, the horse was already out of the barn. And isn't that how it always happens? Now we're able to talk about Kennedy's assassination and all this stuff behind it because so much time has gone by, and that's again history.

We're always allowed to talk about these things. We can talk about Tuskegee now. We can talk about all this and, "Well, we're so sorry," because it's easier to apologize later than it is to get permission up front. And this is no exception to that. So that's one side of the vaccine for polio. But the other side is that it was a very low incidence disease, if you look at it on the charts. And we have in one chart in "Dissolving Illusions," we have all the diseases and the deaths and the incidence, and polio, you can barely see it at the bottom. You could live in a city, if you ask somebody 80, 90 years old, [and] I like to do this, "Did you ever know anyone who had polio?" They'll go, "Oh, well, I knew somebody who knew somebody." And sometimes, somebody will know somebody who had polio, and then it's like, "Were they jabbed or not?" "Oh, yeah. Yeah, they were jabbed."

So, that's really what we have to get to, is because the vaccine itself was a cause of polio. Any vaccine could have been a cause of polio back in that time. Any surgery could have been a cause of polio because any breach of the neurologic barrier at that time could have potentially driven [the] virus into the central nervous system, causing devastation. So, with polio, it's more of an incidence rate that we're interested in, and not so much a death rate because it wasn't a highly deadly disease. I should say they associated it with paralysis. But most of the paralysis would resolve within 60 days. So, the definitions were changed, and a lot of people know this.

I'm just going to repeat it. Initially, all you had to do to diagnose polio was to have two physical exams within 24 hours apart. Boom, you get your funding, you get your diagnosis of polio. It goes on the register as polio. After the vaccine was released, you had to wait 60 days and observe the patient again. Well, the fact of the matter is that 90% of people would be resolved of any kind of numbness or paralysis they had within 60 days. So, just by doing that, they would've caused a miracle to happen if they just stick to the definition change, rather than brought out this vaccine, which had all kinds of problems. Which is why later Albert Sabin came on the scene and threw Salk under the bus, and then came out with the live vaccine.

So, they keep changing the goalposts. That's the other thing. Goalpost changing is a very old story. Guess what? Jenner came out saying, "Well, all you have to do is get one of my wonderful vaccines and you'll be protected for life. You'll never have to worry about a pox scarring up your pretty face." Well, then that became, "Well, we should probably do it every 10 years." Then it became every year. And then it became a few sequential ones upfront and then carrying on with more. You name the vaccine, it's the same story. Look at the COVID vaccine.

I've got patients now that have had five, six jabs of COVID. When did it become okay to accept the vaccine and then still get the disease multiple times? At least we didn't see that with measles. I'm not defending the measles vaccine, but if you can say anything about it, there was a market decline in incidence of measles after the vaccine was invented. Death, no. But incidence, yes. So, the variability and effectiveness are huge. And most vaccines fall into the category of just don't work, especially if they were to ever challenge them in a study, just don't do what they're supposed to do.

Dr. Joseph Mercola:

Another thing that I think would be interesting to explore – and it's not really commonly discussed, at least I don't see it in the media, certainly not the traditional media, but even the alternative media – is with respect to COVID's impact on all-cause mortality, which is an important variable. How long are you going to live? So, the average person in the U.S. before COVID was extending into the 80s. The females and the men were different. Females were typically a little bit longer. But they were close to 80, if not in front of it. And since then, since those four years, we've lost like four, five or six years. And it has never happened before. It went down significantly.

And the average person dying from COVID was over 80. So, you can't use that justification. COVID didn't take out a lot of people that increased the all-cause mortality because they were dying above their normal death rate. But the average death rate dropped like six years, maybe four or five. It is significant. It's never happened before in recording history. It's just ignored by

the media. They just choose to not look at that in any way, shape or form, that data. Which strongly suggests that it was really entirely problematic for many younger people. Many people die from it. And as a result, it caused a radical reduction in our lifespan, the average lifespan, which is pretty extraordinary, I think. What's your take on that?

Dr. Suzanne Humphries:

Are you talking about the infection or the vaccine?

Dr. Joseph Mercola:

The vaccine.

Dr. Suzanne Humphries:

Okay. Yeah.

Dr. Joseph Mercola:

It was clearly not due to the infection because the average person who died from the infection was over 80.

Dr. Suzanne Humphries:

Yeah.

Dr. Joseph Mercola:

It had no influence on all-cause mortality.

Dr. Suzanne Humphries:

I have a lot of personal experience with COVID. And again, I'm a clinician. So initially, when the big scare came out, I have to admit, I fell prey to it. I was like, "Oh, this sounds really serious. This could really be a problem." Then I waited and I learned a little bit more, and then I started seeing it in patients. It took me a while, and then I finally got it from one of our nurses. And then the day that I was really – I didn't know I was exposed to it until afterwards. I didn't know when. The timeframe was perfect. It takes about three days after exposure, is what my experience is anyway, at least with the one that we were dealing with. I was starting to feel a little bit just not right. And I saw a 90-year-old woman that day who has bronchiectasis, which it's not a nice disease of the lungs.

You would think that a 90-year-old woman who has this pretty moderate lung disease would be really low hanging fruit for COVID to kill, wouldn't you? So, after the visit, she's like, "Can I hug you?" And I was like, "Oh, probably –" And then before I could say anything, I'm getting hugged, and I thought, "Oh, no." The next day I was so sick. I waited a couple of days, waited three days, and I said I've got to call this woman's daughter. I've got to tell her what happened

and I've got to see how she's doing. So, I called and she was like, "Oh, yeah. Just today mom's feeling a little bit –" She didn't know. So, this wasn't fear or "I knew it, so I caught it" kind of thing. "Yeah, mom's not feeling so well today," and I was like, "Okay, well, I want to talk to you every day. I want to know what's going on."

So, then I go get sick. Because I was stressed out during that time. I go up and down on lifestyle and impurity, unlike you who eats well and treats your body well every day. I don't always. I was really stressed out and it hit me really hard. I was also studying the vaccine under a microscope. So, I was actually inhaling the vaccine for months on end, not really realizing that that was going to affect my health. And then somebody handed me a report that said that that's considered a toxic exposure, inhalation and contact, which I had done both with the vaccine when I was studying it. So, that also, I think, was a setup for me getting – So long and short of it, I was sick. I thought I would only be not working for a week, but it took me a week to not feel like I was going to die.

It took me another week to feel like I could get up and work. And I started working prematurely, quite frankly, but at least I was non-infective at that point and I could carry on. And through this whole time, I'm making contact with this woman's daughter, the 90-year-old woman. Well, she got better quicker than I did. And so, I phoned her after one week and I said, "How's this, say, Mrs. X doing?" And she goes, "Oh, she's out getting her hair done today." I was still in bed struggling, and here's the 90-year-old woman, and I thought, "Whoa, that's really interesting. That's not what's supposed to happen." She's supposed to be dead, and I'm supposed to be pretty much okay. So, you just see so much variability in people upon exposure. And the other thing I learned is that the PCR (polymerase chain reaction) test, the way they do it is wrong.

But I found the rapid antigen test to actually be quite accurate. If somebody wasn't feeling well – Look, pre-test probability is always really important, so you want to be sick to do the test. I don't think it should be done on people who don't have any symptoms at all. But if people are sick and you get a positive result, to me that was 100% consistent clinically. And then when they're starting to feel better, the test is negative. I happen to work with somebody who's quite elderly, another physician, and he has leukemia, and his test – Look, this is another guy that should have been dead, right? Absolutely. I mean, white blood count's super high, was on chemotherapy. He's still with us, but his test didn't turn negative for six weeks because it did take him a long time to throw it off and to really be –

Now, he wasn't sick for six weeks, but he was really sick for two weeks, I'd say, there. But again, he's still here. Look, we did a lot of stuff for him. We did a lot of conventional stuff and alternative stuff. But this stuff, that's the point, is that we have the availability of. We have the best of both worlds right now. So, why on earth are we injecting ourselves with this putrid concoction, with E. coli plasmids in it, when we could just use the technology that we have today, the good common sense that we have today, support the divine blueprint that we have instead of doing something diabolically against it and injecting people numerous times with something that misprograms their immune system? So that when they are back in contact with it later, they're going to have a worse time of it.

Original antigenic sin. And it's been shown with flu. It's been shown now with COVID. It's just a big mess. So, I can see how the death rates – You know what? 75% of my practice for the first

year were vaccine-injured people or people who had to go get the jab and didn't feel they could get out of it and wanted to be pre-treated or post-treated. And I was just sitting here [crosstalk 00:38:39]-

Dr. Joseph Mercola:

Was this in New Zealand?

Dr. Suzanne Humphries:

-what happened to all the other diseases? What did I used to do from day to day?

Dr. Joseph Mercola:

So, I'm wondering when you had that experience personally, that you came down with an infection, if you used some of the strategies that I had endorsed and recommended, and others too, not just me. But the oxidizing agents, the things that actually reduce some of the reductive stress. That would be nebulized peroxide, would be one. You could use certainly intravenous ozone or ozone insufflation. Basically, ozone is a therapeutic gas. But essentially an oxidizing strategy that reduces the reductive stress load, which seems to accelerate the immune response for a variety of different ways. And specifically, with peroxide, it actually destroys the viral particles that are getting embedded in the upper airways, the sinuses and the nasal passages. Especially if treated early on, in the first 12 to 24 hours.

Dr. Suzanne Humphries:

Sure. I did have access to all of that. I tried a lot of different things. Of course, I hammered away with the vitamin C. I had ivermectin. I had everything at my fingertips because I had actually consulted and done some work and was prepared. But I have to say that for me, the thing that made me feel like I was not going to make it was the pain. So much pain. I don't know anybody that had pain the way I had it. I had total body pain.

Dr. Joseph Mercola:

Where was your pain? [Inaudible 00:40:11]-

Dr. Suzanne Humphries:

Sorry? Yeah-

Dr. Joseph Mercola:

Total body pain.

Dr. Suzanne Humphries:

Total body pain and head pain. I don't get headaches. I don't even really, really understand what headaches were until COVID came along and I just had the most horrible headache. And for me, I believe in retrospect, it was the vascular aspect of it. My blood wasn't flowing properly, and the spike proteins' really rough on the endothelium. So, it wasn't until I discovered taking dissolvable aspirin. And, man, the day that I took just a quarter of a tablet of a dissolvable aspirin, my whole world changed. My pain went away, and I felt like I was going to be – So I think for some of us, we just really needed to get our blood flowing again properly, and that for me was key. I'm a big advocate of using very controlled, low-dose, as needed aspirin when people are having the effects of COVID. For me, that was better than any other thing that I tried. Because I can handle a virus. My immune system's okay with a virus. That wasn't really the problem. The problem is what that virus did inside of my blood vessels.

Dr. Joseph Mercola:

Yeah. I'm a big fan of low-dose aspirin too. In fact, I take it every day. I think it's [a] wise strategy. And it's vilified, and it's been discredited by big pharma because it's a massive competitor to their high-priced side effect NSAIDs (nonsteroidal anti-inflammatory drugs), which have killed many people. I wrote one of the first articles warning the public in 1999 of the dangers of Vioxx, which I'm sure you're familiar with, especially being a nephrologist. That wound up killing about 60,000 people. When Merck, who was the manufacturer of the drug, actually in subsequent depositions, they showed, they had evidence that this was what was likely going to happen. And there was speculation at the time that those 60,000 lawsuits would collectively destroy the company. It was like \$25, \$30 billion in damages. But they cleverly maneuvered out of it with just about \$3 or \$4 or \$5 billion. These companies still survive to today. And they made actually, I think, Paxlovid. Isn't that [inaudible 00:42:28]? I think that was a Merck product, which was worthless, didn't work. It did work, it caused you to have a relapse or recurrence of the disease.

Dr. Suzanne Humphries:

Right. Well, they've got a lot of products, so they can afford to have a few lawsuits and a few losses.

Dr. Joseph Mercola:

Well, this was, I think, bigger than their net worth back in [the] early 2000s. The company wasn't worth a hundred billion dollars. It was maybe \$30 or \$40 [billion]. And collectively, the suits exceeded that, but they navigated their way around it.

Dr. Suzanne Humphries:

Do you remember-

Dr. Joseph Mercola:

It's insane.

Dr. Suzanne Humphries:

-when you were a medical resident? When you're being called for a patient in the hospital as a young resident, you had a – We used to carry books in our pockets, little small books.

Dr. Joseph Mercola:

Yes. Yeah, we had lab coats. We had really long-

Dr. Suzanne Humphries:

Lab coats.

Dr. Joseph Mercola:

-lab coats and deep pockets.

Dr. Suzanne Humphries:

Books, right?

Dr. Joseph Mercola:

And that's where you carried all your equipment. Right.

Dr. Suzanne Humphries:

We didn't have this. So, we had the books.

Dr. Joseph Mercola:

Right, we didn't.

Dr. Suzanne Humphries:

And one of the books that was the most helpful book at the time was the Merck Manual. Remember that?

Dr. Joseph Mercola:

Yes, indeed. Yes. I remember. I actually have a Merck Manual from the 1800s.

Dr. Suzanne Humphries:

So again, it's a double-edged sword.

Dr. Joseph Mercola:

It's a delight [inaudible 00:43:50]-

Dr. Suzanne Humphries:

Sometimes it could be really helpful in terms of the pathophysiology, but it's always the solutions are where things fall apart.

Dr. Joseph Mercola:

Yeah. Yeah. Because the solutions hardly ever address the foundational cause of the disease.

Dr. Suzanne Humphries:

That's right.

Dr. Joseph Mercola:

They're symptomatic bandages at best that are designed to not cure a darn thing, because that would cut off the cash cow. Their ideal drug is a drug that just keeps you going along and having to pay for it every month. Otherwise, it's not worth it.

Dr. Suzanne Humphries:

Right.

Dr. Joseph Mercola:

The alternative that some biotech companies are using is the drug that costs \$300,000, \$400,000 a month. So, they make their killing what's upfront, which unfortunately no one could afford unless they have insurance, which drives up the cost of insurance for everyone else. So, it's just a viciously egregious series of cascading effects that all go downhill.

Dr. Suzanne Humphries:

Yeah. Well, I just find it amusing that we were so brainwashed and indoctrinated at that point that the Merck Manual was basically our bible. A lot of people never wake out of that. They're still there. The New England Journal of Medicine, the Merck Manual, the high-impact journals, that's the only thing we should be looking at, according to so many people.

Dr. Joseph Mercola:

Yeah, the same journals that publish flawed data that vilify and discredit ivermectin. Fraudulent data, just made it up. Real prestigious journals. They get away with it when they control that system. So, what's on your plans for now? Are you thinking of changing locations at all?

Dr. Suzanne Humphries:

No. No, I like my location.

Dr. Joseph Mercola:

[Inaudible 00:45:50].

Dr. Suzanne Humphries:

I thought I was done with vaccines. I was really burned out after the seven years of traveling and being – I won't say homeless, I say itinerant. And it was actually-

Dr. Joseph Mercola:

Yes. Wanderer.

Dr. Suzanne Humphries:

Yeah. "Dissolving Illusions" – It's really funny because when I left conventional medicine, I didn't know how I would survive. I didn't have any debt, but I didn't have any savings. And it was friends and family that helped me out. But when "Dissolving Illusions" was published, we earned a little bit of money. But over the 10 years, it's actually been what enabled me to not sink and to not go into huge amounts of debt. It kept me afloat. And so, it was actually dissolved – And I just feel like God looks after us when we do the right thing. I feel like God has been a hundred percent faithful to me, and that's really what kept me going.

So, I never imagined that 2024 would be here and we'd be publishing another version of the book. But Roman brought that up to me about a year and a half ago. And I was like, "Oh, Roman, I'm so done with vaccines. I just want to have a life now. I want to actually learn about the real physiology, how to really help people in front of me now with what they have going on. I want to start curing some of these diseases that all I did was manage for so many years." That's really what I wanted to focus on. But he really wanted to do this, and I can't say no to him, so that research began about a year and a half ago. And it's taken actually longer than we thought it would, as most things do. Because if we make a little mistake, believe me, we are nailed to the wall over it.

So, we were really careful about it, and now it'll be out – What did I say? It'll be out next week, I believe, finally. On the 29th, I think, is a safe note to say that the book will be out on the 29th. Basically, I've been doing my own thing medically, and I have been working on these two books that are coming out. So, I don't know what holds for the future, because I always like to bring – Every year or two, I like to bring a new project into my medical practice, to learn a new thing and to offer a new thing. And sometimes the new thing ends up being a nothingburger and I drop it. But I still like to explore new things because we're not at the end of the line in terms of what we can offer people. There are always things we haven't heard about before.

Dr. Joseph Mercola:

No, far from it. No question. A lot of times it's just the simple basics that make a big difference. Really simple basics. When you catalyze and activate the bio-syntrinsic healing mechanisms, magic occurs.

Dr. Suzanne Humphries:

Well, one of the funniest things is, and I can say this with great confidence today, that health is not made in a doctor's office. It's made in the kitchen. Or maybe it's made just staying out of the kitchen, if you want to be more precise. But when people see me today, I say, "If you're not willing to change what you're eating, forget about it. It's not going to work for you. I'm not going to be of any help to you. And if I'm working harder than you, then you're not going to get better." And it's still the primary focus for me, is what people are putting into their mouths. Funny enough, when I encountered the chief of medicine in the hallway back in 2009, 2010, and he started questioning me about the meningococcal vaccine and how wonderful that was for university students.

And I was like, "Okay, but what happens with university students? They leave their parents' homes where they're presumably getting a few good meals per day, and they have a stable place to sleep. Yeah, they're in high school, which is a little stressful, but not that stressful. And then they go off to uni, which is a whole new ball of wax. They're living in dormitories. They're very crowded, on top of each other, sharing toilets and sinks and everything else, and they're eating whatever they want." And he just scoffed at me and he goes, "Ha, so you think it's because of what they're eating?" And that's when I just was like, "What medical school did you go to?"

Even Temple University taught us the virtues of nutrition. You're going to completely dismiss the fact that these kids are pretty much eating McDonald's and dormitory food, or whatever the kitchens are called at universities, mess hall. It's not healthy stuff. Healthy options are often available, but that's not what – Look, I didn't choose that when I was at uni either. So yeah, that's a huge part of it back then. And it's always been a huge part of what changed human beings so that they weren't dying of diseases that were circulating. What they put in their mouth, whether it was sewage, because that was a big part of it. People don't realize that in the mid-1800s, that – I'm going off on a little tangent here, but it's a really good one.

In the mid-1800s, there was so much horse manure and horse urine in the streets in London and New York City that they had literally tons, tons of this stuff sitting in the street. And that people were living – This is some of the new stuff we added to the book. People were living in apartments and dwellings that literally had cesspools underneath them. It was part of the house. It was part of the basement. So, they would be tossing out there. You'd be walking through horse manure, horse urine, dead horses, because the average lifespan of a horse, guess what, was 3 years back then. We now know horses live into their thirties. That's a normal lifespan, sometimes longer. Three years was the average lifespan because even the horses were sick of what was going on around them. So of course, what's going to happen to human beings as a result of that?

So, it's what we put in our mouths. Fresh food. You think that there were fresh farmer's markets on that street? No, there weren't. In fact, some of the people were basically eating rotten meat mixed with sawdust as a sausage. I mean, that was the diet of the average people. Not the wealthy people that you saw in the beautiful story books, but the real people and the immigrants. And the average person was living in squalor on top of each other, and the disease and death rates were extremely high as a result of just – So basically, Henry Ford did a big favor to the world by experimenting and bringing on some motor cars so we could get these horses and the

horse dung and horse urine out of the street. And that was one of the beginnings. So, environmental cleanup was a huge deal.

And you can say what you want about our environment today, about the school lunches today, but if you were to compare that to what was going on in the 1800s, it was basically – And I know some people take offense to this, but look, I got thick skin now. It was white slavery was going on back then. If you look at how children were – Look, it wasn't as bad as the Black slaves that were brought over and whipped and ripped apart from their families. That was horrendous, okay? But we had a white slavery system in place then. And if you talk to someone like Catherine Austin Fitts, who I find absolutely fascinating, a financial expert who watches societal changes, and she says, "Slavery is the most profitable entity that has ever existed on the planet." And that was true in the mid-1800s. And the powers that be that are willing to enslave immigrants and enslave children and pregnant women.

Children with measles were basically working in coal mines and in bottle factories. They didn't care the kid had measles. It was about productivity. That was all that these owners cared about. So, we had that form of white slavery in that sense. Even though you got to go home to your own house and you got pittance of pay, but you couldn't make ends meet. You were totally stressed out, but you were a slave to the system in a sense. You weren't a slave to a plantation, but you were slave to a system. And in some ways, that's still going on to some degree, and of course all over the world. But even in our regular society, it's like one can argue that we're still not really a hundred percent free. But we're so much better off in terms of what our bodies can accomplish than those people were back in the 1700s, 1800s, and even the turn of the century.

Dr. Joseph Mercola:

I'm not sure if that's accurate. It sensibly looks like it, especially some of the disease rates from the infectious diseases, which were the main killers back then. Now it's heart disease and cancer, things that take you out typically later in life. But back then, I think the primary cause of death was infectious disease, right? 1900 or so.

Dr. Suzanne Humphries:

Well, yeah, there also would've been war. But cancer really is an entity that did start to increase after vaccination. Even the smallpox vaccines. You'll see in "Dissolving Illusions" stories and doctors that are talking about the tumors that would pop up at the site of the injections. I mean, there's one guy with the tumor that was so big, it was the size of four basketballs coming off of his arm. So, cancer rates now, of course they're going to be higher because how many jabs do we have now? And if you understand what these jabs do to the genetics and the epigenetics and the immune system, it's pretty much a no-brainer. But what's really interesting, like what you say, you would think that smallpox was a huge killer back then, and it was. People were dying of smallpox. But if you look at tuberculosis, and that's something that we did bring into the new book, tuberculosis deaths were, oh, I can't tell you how many times higher, I have to look at the chart.

But hugely higher, like magnitudes higher than smallpox deaths. Yet, they didn't have a solution to that back in 1798. The streptomycin and the antibiotics and the fallacious vaccine that was

brought in much, much later in the 1900s had almost no impact. It's another same story. Death rate gone down, disease rate gone down, health of humanity gone up. Sunshine, vitamin D, proper treatment. That's the same story with tuberculosis. But tuberculosis was a huge – Consumption, you hear about it. Consumption, tuberculosis, the white plague. It was a major killer of people.

But the smallpox vaccine itself was a major killer. And that's another point that we make. The death rate for smallpox was like say, 10 in, I don't know, a hundred thousand. And then after the vaccine was brought in, it went up by 50%. And that's all documented from the U.K., that when they brought the vaccine, the death rate from smallpox went up and cancer rates went up, tuberculosis rates went up after. That's what Jenner's subjects died from. They died from tuberculosis, consumption. So, imagine, here we are today.

Dr. Joseph Mercola:

[Inaudible 00:57:02].

Dr. Suzanne Humphries:

We don't have smallpox vaccines. The reason I think they got rid of it is because people were really analyzing it and showing what was actually in it. And we have scientists today like Thomas Mack, who is still alive, but was around during the days of smallpox and saying that the vaccine didn't get rid of smallpox. It was hygiene. It was cleanliness. And it's not as easy to spread as you think it was.

Dr. Joseph Mercola:

You know what got rid of tuberculosis? Do you know what got rid of tuberculosis?

Dr. Suzanne Humphries:

Sunshine, vitamin D? Tell me.

Dr. Joseph Mercola:

That's right. Yeah. Sunshine. That's what it is. Yeah. It makes what's called an AMP, an antimicrobial peptide, specifically cathelicidin, and it's very effective. They used to have clinics, sun clinics. And I think in 1904 or 1906, Niels Finsen got a Nobel Prize for that, [for] figuring that out.

Dr. Suzanne Humphries:

Yeah. When I grew up-

Dr. Joseph Mercola:

UV light.

Dr. Suzanne Humphries:

I grew up on a mountainside in Pennsylvania. And at the very top, there was an old retired sanatorium, is what it was called. And it was a place that would've had a lot of light.

Dr. Joseph Mercola:

Yeah, for tuberculosis. Right.

Dr. Suzanne Humphries:

Yeah, they were treating TB up there. But interestingly enough, if you go back to how tuberculosis was treated during the years where it was a very high mortality, the opposite was done. People were put into dark rooms. They closed all the curtains. They didn't want any ventilation in the room. They made people sweat. They gave them mercurials, and they vaccinated them. It's again, the same story. Wrong treatments, whether it's measles, which we can tell – We can go on a tangent about the wrong treatment of measles and how that makes measles more deadly. It's the same [with] COVID. Wrong treatment of COVID. Give them remdesivir and put them on a ventilator, goodbye. Then you're going to have your stats that are going to show this terrible deadly disease, whereas if it was treated properly – So, it's again, history repeating itself again.

Dr. Joseph Mercola:

Yes, indeed. So, just a matter of getting back to the basics and understanding it, and that's why I think your book is so useful and valuable. And if you haven't picked up a copy, I would strongly recommend it. It's "Dissolving Illusions." It's at a store near you, pretty much at the end of March, it should be available. And there's an expanded coffee table version, which has a lot of color photographs in it, doesn't it?

Dr. Suzanne Humphries:

Yep. I don't think that's out-

Dr. Joseph Mercola:

Illustrations.

Dr. Suzanne Humphries:

We have a private publisher. So, if you go to dissolvingillusions.com, you'll see all the options for purchasing and the two different books that will be available. And then the two different versions of the new "Dissolving Illusions" and then the one version of the companion book. So, that's all information and will be at dissolvingillusions.com where you can buy from the private publisher and where you can buy from Amazon, whatever you prefer.

Dr. Joseph Mercola:

Yeah. And when you do that, you support Suzanne's work. So, [I] strongly recommend you consider doing that because she's really an advocate out there seeking to help more people understand this and doing a lot of work on her own. People who do this work don't really get compensated very well, so your support for her work would be really appreciated.

Dr. Suzanne Humphries:

Thanks. Yeah. Well, it was an enormous amount of work. If I knew beforehand how much work it would've been, I wouldn't have done it. But more important is that when people do read it, and even if you just use it as a reference book, it gives you some kind of standpoint to start with when you're talking to other people. In fact, it's actually changed a lot of other people's minds who are pretty much dead set against the idea of no vaccines or limited vaccines. It's like they start to see it in a different way because it's – People that hate us still don't argue with the data. The data is the data. It's the world's vital statistics.

Dr. Joseph Mercola:

All right. Well, you've done a good job. I'm glad you're able to resurrect the book and make it available to more people in an updated format.

Dr. Suzanne Humphries:

And thank you for the foreword. That's amazing. You wrote a very long, very nice foreword. So, if for no other reason, get Dr. Mercola's foreword.

Dr. Joseph Mercola:

Yeah, there you go. I put some time and effort in it. I wrote that when I was in Mexico, on a bus. Five-hour bus ride.

Dr. Suzanne Humphries:

That's a good [inaudible 01:01:19] that-

Dr. Joseph Mercola:

Because they didn't have an internet connection, so I thought this is a perfect window to do it.

Dr. Suzanne Humphries:

Yeah.

Dr. Joseph Mercola:

It was good.

Dr. Suzanne Humphries:

Yeah. Cool.

Dr. Joseph Mercola:

Yeah. I enjoyed doing it.

Dr. Suzanne Humphries:

All right. Well, thank you for your support and doing [inaudible 01:01:31]-

Dr. Joseph Mercola:

All right. Well, you keep up the great work and hope to see you sometime soon.

Dr. Suzanne Humphries:

For sure. Okay.