# The Effects of Vaccines Adjuvants on Your Brain: A Special Interview with Lucija Tomljenovic

By Dr. Joseph Mercola

**DM: Dr. Joseph Mercola**

**LT: Lucija Tomljenovic**

**DM:** Vaccines, certainly a highly controversial topic at the beginning of 2015. Hi, this is Dr. Mercola, helping you to take control of your health. Today we are joined by Dr. Lucija Tomljenovic, who is going to talk to us about the effect of vaccines on your brain. Welcome and thank you for joining us today.

**LT:** Thank you, Dr. Mercola.

**DM:** Perhaps you can review with our viewers your specific training. I guess you're a post-doctoral fellow with a PhD in biochemistry. Perhaps discuss that a bit and how you got first interested into this area of research.

**LT:** Well, yes, I'm post-doctoral fellow at the University of British Columbia (UBC). I work in neurosciences and the Department of Medicine. The reason why I got interested into this area is there is a lack of research demonstrating safety. When one reviews most of the pharma-based trials on the safety of vaccines, you will see that they either use another vaccine as a placebo or the aluminum adjuvant, and neither of those constitutes a proper placebo. It's very easy to claim that the product is safe if you're using a comparator that inherently might be toxic.

There's a bigger reason behind why I started being skeptical about what's being reported in the peer-reviewed literature. It's because early in my career I had I wouldn't say the unfortunate experience, but I got confronted face to face with corruption in science. I was asked by my former boss to actually falsify data on an experiment we we're doing with statin drugs, the supposed cholesterol-lowering drug. We were testing the drugs in mice, and more mice were dying from the statin treatment than from the water treatment. That was the proper placebo in our case.

When the result came, my boss told me to ignore the dead mice from the statistics, because it wouldn't look good on the drug. I thought then to myself, "I didn't have to get a PhD degree to lie to earn money," so I quit my job. I started questioning what else have been sold in sciences. Truth about safety and efficacy of drugs are… This is how researches are driven. Because my boss was receiving money from the drug companies, and obviously they would have not given more money to a lab that published unfavorable reports about their drugs.

**DM:** Absolutely. Well, that's a whole story in itself. Congratulations for having integrity and really acting on that, probably a great sacrifice to yourself personally. That's a rarity also that we find in the sciences. You're certainly to be commended for that. I'm wondering if you have any speculation as to how the researchers and the peer-reviewed journals who review these studies could actually allow such an improper placebo when testing vaccines. Do you have any ideas or any speculations?

**LT:** I think money talks. I mean it's being used. The aluminum adjuvant has been used for about 90 years now. The fact is that when it was first approved to be used in vaccines, it was only approved because of

efficacy, but they never tested it for safety. They put this limit of I think it was 850 micrograms, total limit. But this was based on efficacy data. Because that amount was found to be stimulating the adaptive immune response that they wanted, they went for that, but they never really tested it for safety because they assumed it's safe.

Again, I have a document from 2002. This was from the US Food and Drug Administration (FDA). They were actually discussing the assessment of vaccine ingredients or like pre-clinical trials and testing specifically in animal models. This is a paper from, 2002 so it's not from the Middle Ages. Back then, they stated that the routine toxicity studies in animals with vaccine ingredients have not been conducted because it was assumed that these ingredients are safe. I mean, when I read that I was just kind of pulling my hairs out like, "So, this is your indisputable evidence of safety?"

**DM:** Yes.

**LT:** These papers, these documents never made it to mainstream media. It's just a lie perpetuated over and over again, that we've been using these things for over nine decades, and it's been proven safe. It's like no, it's been assumed safe.

**DM:** Yeah. Actually, that is the answer to my previous question, because there was a false assumption of the safety. If that were true, then it may be reasonable to use that as a placebo, but obviously it's not. It was only assumptions; it was never tested.

It's interesting. Let's get back to the reason why they used it to begin with. The aluminum is used as an adjuvant, and an adjuvant is something that is supposedly designed to increase the immune response. But if we go back a step further, the immune response is really subdivided into two immune responses: the humoral immune response and the cellular innate immune response. The adjuvant only increases the humoral immunity. It does nothing with the cellular innate immunity. The challenge is there is no really good testing system for the innate immune system, but they technically can measure antibody response.

That's what's being used. Aluminum is very effectively able to increase antibodies. But what it probably doesn't do well – and there's not many studies that look at this – is it doesn't increase the effectiveness and reduce long-term immune responses to infections and disease. I mean, it's just so infuriating to see the mass… Almost every single media just assumed that these things work, and they don't. They only work short-term for one aspect of the immune system, not the total immune system. When you get a wild, acquired infection, it does stimulate the innate immune system, and you have permanent life-long immunity, which never happens with a vaccine.

**LT:** That was actually a research of one of the Nobel laureates from Switzerland who made that exact point and published it. Rolf Zinkernagel I think is his name. He has published extensively, making this exact point that the reason or the fact that the vaccine adjuvants stimulate only the antibody immune response, antibody-based immune response, This fact is the reason why vaccines do not work long-term against many viruses, because it's the humoral immune response that comes with long-term immunity. And you don't get that with vaccinations.

**DM:** Well, it's actually the cellular innate immune response that does that.

**LT:** Yeah.

**DM:** The vaccines do not stimulate that aspect of the immune system. They failed to do. That's why we need to get tetanus, and tetanus, for example, is every 10 years. Now, measles was once initially, then twice, now three times. Now, it's going to be probably every five to six years before measles vaccine is, you know. They changed their recommendation because it does not work long-term. The people just don't get it. They just don't.

And even in that time period, there's a good percentage of people where it doesn't work at all. It just doesn't. You know, it's interesting, they make the assumption that the antibodies are responsible, but there are people genetically born without antibodies. I think it's called agammaglobulinemia. These people still resist infections if they get the natural infection. Well, that's kind of a clue that there's something else going on here that does not being fully appreciated.

**LT:** The problem is that people are being brainwashed into this idea that high antibody titers equal protection against diseases, and it's simply not true. A proof of that are so many cases where you get outbreaks of infectious diseases in fully vaccinated populations. Over 95 percent vaccinated, and they still get the disease. The other side will always say, "We need to increase the boosters." Does it ever occur to this people it's maybe because they're not doing what you think they should be doing.

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**DM:** Yes. Now, as I mentioned earlier, they really don't have a choice, because there are no good lab tests to determine cellular innate immunity. But you're in the trenches, you're there right now. I'm wondering – and obviously you're familiar with research tools that are available – is there anything on the horizon that you're aware of that will be able to measure this aspect of the immune system?

**LT:** Well, this is not really our area of expertise because we mainly deal with adverse effects rather than efficacy. And we are neurologists so…

**DM:** Okay. It's an unfair question. I'm sorry.

**LT:** But I know the basics because inadvertently if you get to discuss the issue of safety, people will come at you and say, "But what about all these benefits?" I say, "Well, prove to me that they're real benefits."

**DM:** Absolutely so. Maybe you can discuss more of what you are doing with your research on, the data that you've analyzed, and what you've found in your research.

**LT:** Yes, well, we have actually quite exciting new research data that actually confirms our ecological study, which has received much criticism from the Centers for Disease Control and Prevention (CDC) and lately from… We've been bombarded by the Canadian media who gathered some anonymous experts to criticize. Yes. Both Chis and I received yesterday a call from one Canadian news station. They said, "We have some experts who said that your study should have not been published because it's irresponsible to publish such research. We would like you to answer their criticism." I was like, "I'm sorry. I'm not answering anonymous criticism."

**DM:** Sure.

**LT:** It was terrible. But basically, what we did in the original study was we gathered data that's available from the US Department of Education about autism rates in the last couple of decades. We have done a similar analysis looking at autism rates in various other countries like UK and the Scandinavian countries. We found that the countries that have the heaviest vaccines schedule (the children are vaccinated with a great number of vaccines), these countries have higher autism rates compared to countries that do not vaccinate children with as many vaccines. If you look at the temporal trend in the US, you see a significant correlation over the last three decades between the number of vaccines and autism rates.

The autism numbers have been skyrocketing. They always say it's only because the diagnosis of autism is better. But that's, again, a bogus argument because just in the last five years, there's been about 70 percent increase in autism, over the last five years. This is not due to better diagnostic criteria, and it sure

isn't a genetic epidemic, because genes in a population do not change in a five-year span. These arguments are just silly.

But obviously correlation does not imply causation. If you have a theory, a plausible theory, you have to test it. The best way we can do this now is in animal model. They're not perfect obviously. But I don't think testing in humans on this scale is ethical. That should've been done by the regulatory agencies before they approved the vaccines. They should've tested vaccinated versus non-vaccinated, the population of vaccinated kids versus non-vaccinated kids, and assessed the health outcomes.

But that study has never been done because it has been claimed that it's unethical not to give children vaccines. Well, again, that's an assumption. If you claim that, don't call me a quack scientist, because your science is quack also, because you're putting assumptions. They're untested. The same goes for safety. So, what we have done is again what the FDA didn't do even with mice, which is let us inject mice with aluminum at the equivalent that's given to the kids in the US. I'm not putting a horse's dose aluminum in mouse; I'm scaling down to the mouse weight and I'm giving them exactly what has been given to children.

**DM:** The same concentration.

**LT:** The same concentration. And we have spaced it out based on mice developmental stages.

**DM:** This is a study that you did?

**LT:** Yeah. What we have found is that six months later – and mice at six months are adult mice – these mice have permanent behavioral impairments. There was an increase in anxiety, significant increase in anxiety, and a reduction in exploratory behavior. There was also a reduction in social interactions between the mice. That was a huge confirmation that our initial assumption or correlation might have something more than just correlation.

Then we went and did some gene-based studies. We looked at the expression of genes in mouse brain. We looked at the expression levels of these genes. We selected 17 candidate genes that are involved in neural function and also in immune response. We looked if there's any change in their expression both at the gene level and at the protein level. What we found was a significant increase in tumor necrosis factor-alpha (TNF-alpha) interferon gamma (IFN-gamma), and also a chemokine called macrophage chemoattractant protein-1 (MCP-1), which is macrophage-attracting factor. These are [inaudible 17:05] inflammatory response in the brain in mice that were now adults.

We also found a significant decrease in a neurotransmitter, acetylcholinesterase (AChEl), which is involved basically in many functions, but one of the functions is related to depression and anxiety. Again, there was reduction in this neurotransmitter. What we saw at the genome level and the behavioral level is consistent because we know from studies done on deceased autistic patients that they have chronic inflammation in the brain. And also autism is not obviously just a brain disorder; it's an immune system disorder. I call it an immune system brain disorder. They're connected. These two systems are connected.

The basis or the backbone of this research has been done 30 years ago. We already knew that there is a significant connection between the immune system and the central nervous system. They communicate. You cannot influence the immune system at the periphery without changing something in the brain. Most of us know that from experience. Because when you get the flu, your brain doesn't function very well. That mental fogginess and also chronic fatigue, they are also clear neurobehavioral changes.

Because again there is this what is called… It's a neuroendocrine axis. Basically, the immune system at the periphery and the central nervous system talk to each other. Again, if you increase an immune response artificially at the periphery, you are going to mess up the brain. They've done that artificially

using what they call viral and bacterial mimics. I was like, "Oh, that's spells antigens in vaccines," Because that's exactly what's being used.

**DM:** Sure.

**LT:** They also obviously add some strong adjuvants. They exaggerate the effect and they get (this was done in rats and mice) similar types of behaviors that we saw in our mice – increased in anxiety and reduction in exploratory behavior. Depending on how severe the intervention is, they might get increased propensity to developing seizures in these animals.

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Again, there is a huge body of research that shows that if you overstimulate the immune system at the periphery, especially in the critical stage of early development, you are going to influence the brain in a negative way, influence the brain development, and you can create irreversible damage. Again, this is a research that's rarely discussed, because it really shows that there is a reason to truly question the safety of the burden of vaccine given to infants.

**DM:** One of the reasons it's so rarely discussed is that the media essentially has captured the entire conversation basing it on the foundation that Andrew Wakefield did his research in the late 90s on measles, mumps, and rubella (MMR) and his supposition that it increased the incidence of vaccines and that it may be related to mercury. Well, they did this. Obviously, this distressed the vaccine makers, so they had all these studies and conclusively, scientifically "proved beyond any shadow of doubt" that it was not the case, yet we still have.

When I was in medical school, 35 years ago, the incidence of autism was one in 10,000 children. Today it's one in 15. That's conservative. And it's going up to one in 10 to one in two if things don't change. That's just insane. If you've seen an autistic child from across several gates down an airport, you know it's an autistic child. I mean, you do not need to be a rocket scientist to diagnose these children.

**LT:** Yeah.

**DM:** It is so easy to do. I mean the behavior is very characteristic. You don't need this intensive battery blood test or anything. It is just reprehensible that they could even insinuate that that's case. Now, your research, I have some questions for you: is it mostly pinning the blame on aluminum as an adjuvant? And the research you did, the technology that you incorporated to measure these neuroparameters, is that only something that was recently done? In other words, could they have not done it 10 years ago because of development and technology?

**LT:** Oh my goodness, they're such a basic research. They could've done it. They could've done it 20 or 30 years ago. This is not rocket-science research.

**DM:** Okay, all right. Sad to hear, but that's the truth.

**LT:** Back to your question. Again, the aluminum on its own is a neurotoxin. But the fact is it's not simply aluminum; it's the fact of this exaggerated immune response. If they replaced aluminum with another adjuvant, you would still get the problem.

**DM:** Okay.

**LT:** There is another aspect which we investigated in Israel last year, which is the cross-reactivity between the antibodies that are raised against vaccine antigens. Some of them cross-react with our own tissues. Because we know that many viruses and bacteria share genetically similarities with the… There

could be a peptide sequence, say, in the bacterial wall or in the wall of the virus that mimics the structure of a human protein. The antibody that's raised against the virus will then also recognize these epitopes in our own tissues that mimic the virus.

We have demonstrated this effect in human papillomavirus (HPV) vaccine because again we have done a test where we vaccinated young mice with the equivalent of what young girls are receiving: three doses of Gardasil. We vaccinated them with Gardasil, and they developed Gardasil antibodies or anti-HPV antibodies.

What we found is that if you coat a plate with HPV antibodies and if you apply the serum from the mice on this plate, the serum from the mice that have been vaccinated with Gardasil and have concentrated antibodies in serum, you get the binding between the antibody fraction and the HPV fraction that's on the plate. Now, if you apply a mouse brain protein extract, you get inhibition of binding of the anti-HPV antibodies to HPV. Why? Because they are preferentially binding to the mouse brain protein extract.

**DM:** Wow. Does that imply an increased risk for brain autoimmune disorders like multiple sclerosis (MS)?

**LT:** Exactly. It increases the rate of any immune-mediated nervous system disorders which incidentally appear to be the most commonly reported worldwide, following Gardasil. We have done this analysis. We published it in the *Annals of Medicine* where we took vaccines safety databases from various countries, and then we rated the adverse effects based on organ system. We found the most commonly reported are nervous system disorders of immune origin.

What was interesting is that in 2013, Japan Institute of Pharmacovigilance picked up our paper. I had an email from a doctor saying, "Can you send us the raw data, because we would like to add our Japanese data to your set and see if they match," and I said, "Yes, please do." And the match was perfect.

**DM:** Big surprise.

**LT:** The match was perfect, and after that, the Japan Institute of Pharmacovigilance held a government- and health authority-based hearing on their concerns about the safety of HPV vaccines. Because again, they were introduced in Japan and universally recommended, and there were many adverse effects. After the hearing – I was present in that hearing – last year, they decided to basically stop recommending the HPV vaccine.

**DM:** This is in Japan?

**LT:** In Japan, yeah. There are governments that are I guess not as corrupt and they are willing to engage in a rational dialogue.

**DM:** Yes. I was not aware that Japan had stopped recommending HPV, in large part, thanks to your research.

**LT:** The first kind of hope was made in 2013, and then last year, it was reinforced. The problem is that most of this news is in Japanese. Obviously, Western media is not going to cover it. But there were reports and Merck was very concerned. I found a report on FierceVaccines.com, which is the pharma-based… It's their website. They were very concerned because of the Japanese government and how it's going to affect their sales.

**DM:** Sure. What else would they be concerned about? They're not concerned about helping people; they're concerned about the bottom line.

**LT:** No. They have to send their experts to Japan to try to rationalize with Japan to introducing back the recommendation for HPV.

**DM:** But to this day, it's still not recommended?

**LT:** No, to this day, it's still not recommended.

**DM:** So, the use or the adoption of that I would imagine has radically decreased. It's probably still voluntary available if one is convinced with the pharma propaganda, but it's not mandated.

**LT:** Exactly. And there was a paper that recently came from Japan, again, trying to reverse the damage that's been done. There are petitions.

**DM:** Yeah, large kudos to you for making that happen. It sounds like yours is the research that triggered that whole process. Congratulations.

**LT:** There were more. I wouldn't take the credit. There were other scientists: our colleagues from France, also from the US, and many, many Japanese scientists who have openly raised their concerns. There was a physician there who treated over 20 cases of MS after Gardasil. His testimony was very important because the pharma people were saying, you know, their classical spiel on these issues that it's all psychogenic effect. It's like, "Really, huh? How can a psychogenic disorder cause an MS lesioning the brain?" They didn't have an answer to that.

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**DM:** Oh, geez.

**LT:** And we are talking about perfectly healthy girls. All these problems started in temporal association with the vaccine. Just out of precautionary principle, you would think that they would have the common sense to at least halt the use until more research is done. But no, they just want to force it, force it, and they parrot that it's safe. They do not have any proof other than manipulated research.

**DM:** Well, I can assure you that a large number of people, millions, will be exposed to this truth that Japan has stopped the mandating based on your research and the research of the other scientists, who really linked the connection between HPV vaccines, MS, and these autoimmune disorders. Now, I'm aware of some other research that suggests that the absorption of aluminum by injection, intramuscular injection, is close to 100 percent, whereas if you swallow it, it's only maybe one percent on average. It's a 100 times greater. Do you suspect that this has some influence on it or is it just because the fact that it's an adjuvant that's causing the problem?

**LT:** Yes, definitely. It's got the influence. When you mention the research, well, it was the team from France, from Créteil and the INSERM Institute in France. They were also present in Japan. They were presenting this data from animal experiment where they showed that if you inject the alum adjuvant, what happens is a portion of aluminum is engulfed by the macrophages. Some of these macrophages eventually find their way to the brains of the mice. The transport in the brain, it's dependent on the same chemokine, MCP-1, macrophage chemoattractant protein-, which we found increased in our animals that exposed to aluminum. Because if you have MCP-1-deficient mice, the transport to the brain does not occur.

The macrophages engulf aluminum and a portion of them ends in the brain. The problem is that it accumulates. These vaccines-derived, if you like, aluminum stays in the brains of mice up to one year after injection because there is just no way of getting it out of the brain that we know of. There's no recirculation. This is a common problem with aluminum, because it's got a strong charge, 3+.

What they found is that in Alzheimer's disease patients, the chromatin fractions in the nucleus of the cell where your genetic material is stored are basically… They accumulate aluminum. They bind aluminum. Because the DNA has a negative charge on the outside it binds to the positive aluminum. It disrupts the formation of chromatin and it also can… They found Alzheimer's disease patient that aluminum binds to selective promoter areas of genes that encode genes that are essential for neural function. It inhibits the expression of these genes.

Again, the problem is that once the aluminum gets into the nucleus of the cell, there is no way of getting it out. It just stays there. The finding by the French team is that even the aluminum you inject in the periphery can get into the brain is a concern.

**DM:** Absolutely.

**LT:** Because it adds. Obviously the vaccine-derived aluminum is not the only aluminum we get. We get through diet and inhalation. But it's exactly as you mentioned. The fact is that the aluminum we get from vaccines is not rapidly excreted, and most of it does remain in your body because it bypasses the gastrointestinal system. And if it was rapidly excreted, as they would like us to believe, then it would be a pretty lousy adjuvant.

**DM:** Right. So, even though the FDA and the vaccine researchers assume that it's safe, any credible scientist who has examined this knows it's a very potent neurotoxin. You have mentioned earlier that… If this fact becomes widely known in the community and there's a movement to remove aluminum as an adjuvant, your suspicion is that any other adjuvant, even though it's not a potent neurotoxin, may have a similar autoimmune response resulting in neuroautoimmune diseases.

**LT:** Simply by the virtue of over stimulating the immune system, you run the risk into breaking self-tolerance. This is another important research that was presented in Japan at this governmental hearing about the safety of HPV vaccines, which was an astounding research. I have had the honor to talk with the researcher. What they found is that the repeated stimulation with the same antigen overcomes the genetic resistance to autoimmunity.

What are we doing with these vaccinations schedule where we are boosting in short intervals? We're getting boosters to children every few or so months with the same antigen. Again, it shows if you just stimulate the system on a regular basis, you're going to break the tolerance to autoimmunity. What they've done is they… Because you have many strains of mice that have a genetic defect, they are genetically susceptible to develop autoimmune diseases. They don't need a strong stimulus. But what the research from Japan found is that in mice that are normal, if you drive the immune system too much, you get the same thing.

**DM:** I guess there's new 9-valent HPV vaccine?

**LT:** Yeah.

**DM:** I suspect it's going to generate, as opposed to 4-valent one, over twice as many. The concern there would be that it would generate an even stronger immune response.

**LT:** Yes, it's got the double dose of aluminum.

**DM:** Okay. Perfect. You've presented some very compelling information for avoiding this very dangerous vaccine. In my perspective, it's one of the more dangerous ones that could possibly be injected in anyone, let alone young girls. Now the recommendation, of course, is for young men to have this injected. It's just so irrational. Are there any common sense recommendations that you might have for

protecting ourselves? I suspect that avoiding the vaccines might be a good one, but there may be some other things that we can do.

**LT:** Avoiding unnecessary vaccine. Yes, it would be a good one, And everyone has to take responsibility of their own health and do the research, because I don't trust anything that comes from the FDA. I've just seen…

**DM:** I love it.

**LT:** People think that Vioxx is an isolated incident. How can you trust an agency who allowed close to 140,000 Americans to suffer heart attacks?

**DM:** Yeah, and 60,000 have died.

**LT:** And 60,000 died before they pulled the drug off the market. And it's only because…

**DM:** No. They didn't pull the drug; Merck pulled it voluntarily in 2004.

**LT:** Okay.

**DM:** And Merck, by the way, is the same company that makes HPV vaccines.

**LT:** Yes.

**DM:** The same criminals, set of criminals.

**LT:** Yes. And these are not isolated incidents. That's the problem. When I looked at what they approved and what testing has been done and the quality of testing, it's like, "I'm sorry, you're not injecting me with anything that the FDA approved, only over my dead body." You can call me a radical, but I've spent many hours researching this and I'm simply… The science tells me otherwise. The problem is that, as you've said, even in the 70s when I was born, they did not give us 30 doses of vaccines in the first year.

**DM:** No.

**LT:** I received some vaccines and most of my generations have, and that generation didn't have one in 50 autism rates. In those days, there were no big epidemics of so-called vaccine-preventable diseases. Even if they would have the common sense and say, "Let's go back to what we did 30 years ago and see if that solves the problem." But no, they want to push this policy of one size fits all. And you either have to adhere to the CDC mandated schedule or, well, now they want to force it on everyone.

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**DM:** Yeah, that's the big push, and they've been really effective. I've never ever seen a more aggressive campaign to vilify anyone, anyone, who opposes the vaccines schedule. I mean, at least, in America. I don't know how much you're exposed to the US media, but it's just been unbelievable. I'd never thought that we'd see this this soon.

**LT:** Yes, I have followed that. But what is so disturbing is that, because I have big network of people, the same propaganda is happening in Germany and also in my home country, Croatia.

**DM:** Wow, that is so sad.

**LT:** And it's like they're reading from the script. They told me that the Croatian representative to the European Parliament in Croatia said that vaccination is not an individual's choice; it's a public health issue, and everyone who refuses to be vaccinated is a danger to society.

**DM:** Yeah.

**LT:** This kind of propaganda is being spread everywhere.

**DM:** I'm not surprised, but I haven't realized that it has gone that far even to Europe. That's so sad. I mean, it's not surprising because so many of those countries follow the US media.

**LT:** Yup.

**DM:** It would make sense, but it's sad nevertheless. Oh, man, these are really powerful pieces of information you've provided us. You're such a credible researcher, who's really been able to document this subjectively and independently, and with your previous position of taking the high-integrity move and actually quitting your job because they asked you to falsify data, which is so prevalent. I forgot the rates, but we've done articles on that in the past. At least 10 to 20 percent of the studies that are published have falsified data.

**LT:** Yeah, because money drives research. And who's got the most money to fund research?

**DM:** Yeah. Usually, it's the drug companies or the government. And the government agencies, many of which are corrupted by corporate influences, they direct those funds.

**LT:** And there is so much hypocrisy, because the ones who criticize our research and will say, "You are sponsored by private donors, and they are anti-vaccers."

**DM:** Yes.

**LT:** And I'm like, "Well, you know, Merck is not going to give me money to derive this type of research." We tried to apply to governmental agencies, and they say that there is no use. It's a waste of funds because everything has been debunked by the Andrew Wakefield study. And I'm like, "We are not even researching MMR."

**DM:** Right.

**LT:** So, does MMR close the question on aluminum?

**DM:** And they never looked at aluminum; they only looked at mercury.

**LT:** They never looked at aluminum. The family that sponsors us, the Dwoskin Family Foundation, they're not anti-vaccers.

**DM:** No.

**LT:** They're not anti-vaccers. I know that for a fact because, well, I don't want to speak for clearing out. But they will make this statement and it's like, "Have you interviewed them? Have you bothered or is it just you don't like what they fund which is an independent research?" You have to put a label because you cannot make credible criticism to the study. But at the same time, you're being a hypocrite because you're not looking at all those studies that claim that vaccines are perfectly safe and effective. You're not looking in who's funding them. That's double standard.

**DM:** I've got a question, a personal question for you, because I've interviewed many other researchers who were part of a large university as you are. When they published findings that were conflicting with their research support grants, they lost their positions. You care to have independent funding, but I'm wondering if you received any push back from your university about these studies?

**LT:** Our university has actually been great. Because again there are people in our academia here… And UBC really stands for academic freedom. It was when Christopher Shaw, my boss, was interviewed several weeks ago by a station, a Canadian station. They didn't like what he has to say. They made these threats, "We're going to now call your university, and we're going to investigate about this anti-vaccer Dowskin Foundation that's sponsoring you." They really got a polite slap in the face by our department.

**DM:** That's terrific.

**LT:** Because they said, all the studies have been peer-reviewed. The funding has been disclosed. It's not that we are hiding. People can make an informed choice. The studies, we didn't publish them out of our sovereign power. They went under peer-review. They were not published in obscure journals. I mean, our HPV vaccine paper was published in the *Annals of Medicine*, for example.

**DM:** Wow.

**LT:** And I found a comment by those pharma-sponsored people that have nothing better to do in their lives than criticize other people's research on their books, saying how the standard of the *Annals of Medicine* has eroded because they allowed this blasphemy.

**DM:** Well, you're hitting the core. You're obviously in research and not a practicing physician. But as a physician for the last three decades, I can tell you that the last position that any physician will move on is the abandonment of vaccine as a primary intervention for preventive medicine. They held that at the core. It's the most foundational basic belief, and it was true for me personally. It was the last belief I gave up when I made the transition to natural medicine. It's not surprising to see that type of response because it's so central to the core of everything they believe and were taught. But are there any other examples you can give us, some of the criticisms that have been thrown at you for publishing this study?

**LT:** Well, it's just basically ad hominem. They say the latest one was, "It's irresponsible to publish this type of research because it's going to supposedly erode the confidence in vaccines." I'm thinking I think the opposite is true because if you're trying to enforce military measures, I think that erodes the confidence. Because a truly good product does not need military-type of enforcement.

**DM:** That's right. People will be flocking to get it if in fact it really does work and provides benefit without harm. But the big central issue is that essentially there are no safety studies done, properly performed safety studies. There are probably a number of safety studies, but they're corrupted and done improperly with placebos which are not placebos.

**LT:** Yes. And again, we're not saying stop vaccinating, but stop selling lies, that these things are absolutely safe and that serious adverse risks are so rare that you don't have to worry about them. It's a lie because the proper type of research to answer that question has never been done.

**DM:** Yeah, I couldn't agree more, especially when you take that realization or recognition, that fact, and you superimpose that on the historical record, which Dr. Suzanne Humphries – I'm not sure if you read her book *Dissolving Illusions* – magnificently does. I mean, most every one of these infectious diseases were reduced by 99 percent or more before the introduction of vaccines. These nutritional hygiene principles (which are far more important than preventing disease like breast feeding your child), giving them vitamin A and vitamin D, and avoiding sugar, the common basics that eventually eliminate any morbidity and mortality from infectious illness. Not only that but provides lifelong immunity.

**LT:** Yes. There is also a research that I have in my archive showing how exposure to certain childhood diseases like chicken pox actually has prevented certain types of gliomas.

**DM:** And that's a brain tumor.

**LT:** Brain tumor exactly. There are some others that decreased the risk of Parkinson's. Again, some of these diseases… Cancer is also in part a disease of the immune system because a healthy immune system will detect abnormal cell growth.

**DM:** Oh, absolutely.

**LT:** But if you mess up your immune system early in childhood, there goes your anti-cancer defense.

**DM:** Yeah, which is precisely what we're doing with this aggressive, inflated immune schedule that has just rapidly accelerated within the last 10 to 20 years, far relative than where it was before. I mean, it potentially had problems when it was first introduced, but it's only been magnified with the increase in the adoption of these vaccines. And new vaccines like HPV, which you've clearly documented, are not without risk.

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I really commend you for your diligence and your integrity in doing this research because there's not many people like you who are bringing these facts in science to the public. We'll do our best to make people aware of what you've been doing. But are there any other comments that you like to make or insights that you've done through your work?

**LT:** One can go to no end, but I think the message is out there. People need to do their own research on these things, because we have to make choices every day, and they should be informed choices. I'm thinking if I was to buy, I don't know, a new kitchen appliance I would spend some time researching, comparing prices, and looking at the quality. But when it comes to putting things into our children, we just blindly trust the medical authorities.

**DM:** Yes.

**LT:** Again, this is not a question you can answer in five minutes.

**DM:** No, no. You have to do diligent study, there's no question.

**LT:** You're children are worth it. Nothing can replace that child, and I'm sorry to be so blunt but…

**DM:** Even worse, severely neurologically compromised children for the rest of their lives who are handicapped and will generate millions of dollars in fees in taking care of them.

**LT:** Yeah. You cannot go back on some of these things. I get a lot of emails from parents. It must be the most horrible thing for a parent to live with that because they truly believe they did the best for their child. I know many mothers whose girls have died following HPV, and they said, "If I only haven't listened to that campaign, my daughter would still be alive."

**DM:** Yes. I couldn't agree more. It's one of my passions to inform people about this issue because it's a really serious challenge. My strong encouragement to anyone and everyone listening to this is to pass this interview along to anyone you know who is considering this. Have them carefully listen and do the diligent, independent research, and not to be snowballed by their pediatrician or their primary care physician into blindly accepting this without doing their own research. You just simply have to do your due diligence.

Again, I really commend you for your work and effort. You're born in the 70s, so you got many decades of great research coming ahead of you. I'm glad that you're doing the independent objective work that needs to be done to document the safety issued with these vaccines.

**LT:** Well, thank you. And yourself because you can certainly reach more audience than we can.

**DM:** Well, that has been my mission. I recognized there's valuable information out there that needs to be spread. That's what we've adopted as a platform to help share this information, and we've done it pretty effectively. We've got 10 million unique visitors a month that help spread the word out there and really challenge the propaganda that is being promulgated by the media and most of the public health authorities.

**LT:** And you put it in a way that's understandable without… The problem of scientists can be too much technical jargons.

**DM:** Oh sure. Yeah, I translate it for them, right. I'm a translator, a medical translator into typical, contemporary English language. The sad reality is that many professionals don't understand or realize that, but it's important role. Because if people cannot understand these complex terms, they're turned off and they'll stop reading or listening. You used a number of them in there and I understand what they are, but I we'll have to translate some, so that people can really get full end.

But I think anyone can understand that you're doing magnificent research and that you provided some of the core findings that led to the abandonment of the mandating of the HPV vaccine in Japan. I have not, until this interview, realized that we have that victory under our belt. That's great news, some of the best news in the vaccine front that I've ever heard. It helps balance out the media vilification of those who are opposed to blindly accepting the mandated vaccine schedule. All right.

**LT:** Yes, it's only unfortunate that it hasn't gone further in the media.

**DM:** Well, it will.

**LT:** I can provide you with the links that at least… There is an English-based Japan Institute of Pharmacovigilance website from Japan that had the links.

**DM:** Perfect. I will definitely put that in the article. Thanks so much for all your work.

**LT:** Thank you, Dr. Mercola.

*[END]*