

A Special Interview with Dr. Andrew Wakefield By Dr. Mercola

DW: Dr. Andrew Wakefield, MD

DM: Dr. Joseph Mercola, DO

INTRODUCTION:

DM: Hi, this is Dr. Mercola. Today, I'm here with Dr. Andrew Wakefield and we're just delighted and privileged to have him.

We're going to talk about some very exciting topics primarily related to the vaccines. There has been a progressive increase in the use of vaccines over the last 20 or 30 years and there is more on the way and the big issue of course is, first of all, do they work and then secondly and more importantly is, how safe are they?

And one of the most prominent researchers in answering that question with respect to the safety and the adverse effects that could be caused would be Dr. Wakefield. We're going to discuss some of the studies he has done.

He's really one of the pioneer and probably the most prominent researcher in this area that's why we're so excited to have him. This is literally a multi-billion dollar process of these vaccines and largely because of the patented drugs being decreased; the big focus of the drug companies is to be increasing these use of the vaccines. So this is really a central part of their role and they are mounting massive efforts at discrediting anyone especially a prominent researcher who is attempting to counter the benefits, the supposed benefits of vaccines.

While we start, I think probably the most important...because many people may not know who you are, if you can discuss what your academic credentials are and let's start from there.

DW: Certainly, it's very nice to be here Joe. I'm a physician. I trained at Saint Mary's Hospital in London, qualifying in 1981. I went into surgery, became a gastrointestinal surgeon with an interest in small bowel transplantation and experimental interest.

DM: How long is that residency?

DW: That residency is about eight years; eight, nine years.

DM: That's after you graduated medical school which is four years after college.

DW: That's correct. Well in fact in the UK you go straight to medical schools. You do a five year medical school program whereas in this country, you go to college then you go on to medical school. So, we get thrown into the deep end at an earlier stage.

DM: It's a little bit different. And the training was at one of -- because many of our listeners certainly in the United States -- was one of the most prominent hospitals in Europe. Isn't that correct?

DW: Its part of the University of London which is the biggest medical school in Europe, yes. And then I went to Canada, I did a period on a welcome trust travelling scholarship to look at small bowel transplantation. I went to the world's leading center which was Toronto at the time.

And then, we may made some discoveries, some observations there that led into a research career when I came back to the UK and started working initially on the liver transplant program at the Royal Free Hospital and then joined in with the gastroenterology team and continued from that point.

DM: What year was that?

DW: That must have been the end of the 80's so that was sort of '87, '88.

And my big interest at that time were Crohn's disease, ulcerative colitis and we have made some interesting observations, published a great deal in those diseases. I have now published about a hundred thirty, one hundred forty peer-reviewed papers looking at the mechanism and cause of inflammatory bowel disease and then of course lately, looking at how the brain and the bowel interact in the context of children with developmental disorders such as autism.

DM: What stimulated or triggered your interest in studying the area of developmental disorders and bowel disease because it isn't necessarily intuitively obvious connection?

DW: I had an interest in measles virus and we'd published on the possible role of measles virus in Crohn's disease, in a subset of patients with Crohn's disease.

We've been exposed to measles under unusual circumstances and this work came from our group, it came from the Mayo Clinic and it came from Sweden, from Dr. Eichbaum in Sweden showing that children who have been exposed to measles under unusual circumstances were at greater risk of Crohn's.

What I mean by that? I mean, kids who were exposed very early in life, in utero exposure. So they've been exposed in the womb then went on to develop Crohn's disease.

So was it possible that for a common virus an unusual pattern of exposure increased the risk? Now one unusual pattern of exposure to measles is clearly vaccination.

You changed the route, the dose, the age of exposure, and the strain of the virus. So it's very unusual. Was that, in part of the problem?

So we published a paper in The Lancet suggesting a possible link between the measles vaccine in later inflammatory bowel disease, and on the back of that, a paper came out in 1995 in The Lancet...

DM: And the research was done in the early '90s because it takes awhile to compile the data, write the paper and go through the peer reviewed process.

DW: And then we got a steady trickle of calls starting in May 1995 from parents saying my child was normal, they had their vaccine, the MMR, they regressed, they lost skills, they became autistic.

I stopped them there, I said, I no nothing about autism at all, you must have got the wrong department and they said, but my child has got terrible bowel problems. They've got diarrhea 12 times a day. They're failing to thrive. They're falling off their growth charts. They got a bloated abdomen. I know they're in pain but they've lost the ability to speak and so I have to infer that they're in pain but they're banging their head against the wall, there are screaming episodes, they're waking at night.

DM: It's a clue.

DW: These kids were sick. And so we said, well, we need to look at this and we did and it turned out that the parents were right.

DM: So when you looked at it that you evaluated this study and you published the results of that study, those findings?

DW: That's right. The way we went about this was, in a nutshell, we got a group of people, the best people in the world. In fact, Professor John Walker-Smith and his team, pediatric gastroenterologists who were then at the Royal Free group of child psychiatrists, neurologists, pathologists, and we got this team of people together and said, how should we investigate these very complex children?

They come to us where their stories are so complex. They're clearly unwell. Child psychiatry/psychology has been unable to unravel this mystery. They just labeled them with this behavioral disorder and yet these children are physically, medically unwell. How are we going to resolve that?

So we put this multi-disciplinary team together, we went through a process of determining which tests should be decided. The clinicians decided on the clinical tests. I was more involved in the research side to setting up the research test.

We then went through a process of investigating a large number of children by the time I left the Royal Free in 2001; we looked at over 170 children. And what was remarkably consistent about them is they had a subtle but definite inflammatory bowel disease.

When the clinicians treated the inflammatory bowel disease, then the bowel symptoms got better. But also the behavioral symptoms got better and that was fascinating.

Some children would start speaking. They would start speaking where they left off many years ago. They would smile. They would sleep at night. I think sleep was the first thing that came back. They started sleeping at night. When we first did this that didn't happen, didn't happen. We did it again, happened again. Did it again and happened again. It kept happening and so we thought there is really something in this.

DM: What was the treatment that you used to address the bowel disease?

DW: Well initially, it was just a simple sort of antiinflammatory medication that we would use for Crohn's or colitis. So a sulfasalazine-like drug or a 5-aminosalicylate.

DM: So not really a natural therapy by any means.

DW: No. Well, I suppose you could argue that aminosalicylates are natural. I mean, they're produced by plants to reduce...

DM: But traditionally viewed natural...

DW: Absolutely and the other thing that we found that was most effective was the gluten casein free diet. This is something that the parents had instituted rather than us but it was dramatic in many cases.

DM: (inaudible 8:01) variable in your analysis.

DW: Absolutely. So we became very, very interested in this whole process. And when we presented it to psychiatrists, they said, I just don't get it. I don't get this gut-brain thing. This is a brain problem; don't talk to me about the intestine.

But as gastroenterologists, we saw this all the time.

I worked in a liver transplant program when patients became jaundiced, they became encephalopathic. Their brain stopped working. It started with the inability to join up dots on a page. Then they became more and more confused. Then they went into coma then they died.

And the way you treated that, the way you prevented that was to treat the gut. You treat it with antibiotics to get rid of the gut bacteria, or a special diet, or you put them on a regimen that cleans out the gut. And when you do that then the encephalopathy goes away. They wake up again.

So we'd seen this before in a different setting; jaundice. We had seen it in celiac disease, allergic sensitivity or an immunological intolerance of gluten. One of the presenting features of celiac disease can be dementia. It can be neuritis, inflammation of the nerves. It can be seizures.

So these neurological complications of celiac or primary bowel disease were not new to us. So, when we saw these children responding to a treatment for the gut in terms of getting better cognitively, then that was very, very interesting but not alien.

DM: Yeah, I'm not surprised. Now, most of your research was done in the '90s, a good portion of the initial research.

This actually preceded the development of the explosion knowledge about vitamin D but now with vitamin D, there seems to be a very potent connection to inflammatory bowel disease and improvement of the immune system because it stimulates the production of 200 to 300 antimicrobial peptides. So I'm wondering if...my guess is you did not look at vitamin D or maybe you looked at it later on. Is that something you studied at all?

DW: No we didn't. It's very interesting. This has emerged, as you say, since that time but there has been a big, big emphasis on really a very much underestimated vitamin over the years.

DM: Yes, something as simple as exposure to sunshine, the basics. So, it sounds like a massive undertaking. You have loads of clinicians, large numbers of patients at a major university. It would have seemed funding would be an issue, who funded that project?

DW: Initially, this was just the National Health Service. So these children were being seen according to clinical need, they were being referred by their doctors and they were being treated according to the findings. So it was just a standard...there was nothing complicated about this Joe.

This is the thing: why have these kids been missed in the past? This isn't rocket science. This is just the application of standard classical medicine.

Listen to the parent, examine the child, do the appropriate investigations and lo and behold, the answer is there.

These children have an inflammatory bowel disease. Does it get to the root of their autism, no, not yet. Is it a start? Yes. Is it a good grounding in terms of understanding the biological basis of their complex disorder? Absolutely.

And it all comes from listening to the parents' story and not dismissing it by saying, "Well, your kid is autistic. They are bound to have to diarrhea 12 times a day." That doesn't make sense at all but that's what these parents were experiencing or one from

America saying that they went to the doctor and the doctor said, “Don’t tell me about bowel symptoms, I trained at Harvard.”

Well what does that mean? What does that mean? That is an absolute nonsense.

So listen to the parents, act upon what they are telling you and you will start to uncover the clues to this disorder.

DW: That’s a good strategy and it’s shockingly lacking, in my experience, in most of the physicians in this country especially in the surgical profession, which is, you know, you’re a surgeon as your primary training. I’m not sure why it is and certainly not true of all but there tends to be a greater percentage of surgeons who have this arrogant attitude, who has got a god syndrome. They tend to follow that path and avoid listening to the patients and sort of impose their views without applying this.

It’s really delightful to see that wasn’t applied over on your side of the ocean -- and refreshing.

DW: Well, I’m afraid, Joe, it does. You know, it’s pervasive. I’ve never met so many experts as I have in autism, experts about a disease about which we know nothing.

We know nothing and yet we’re surrounded by experts and that paradox needs to be resolved.

DM: I would like to discuss one of the reasons you’re here today because of your appearance in the media recently as a result of these studies that you just mentioned.

The original study, which really highlighted you as one of the most prominent academic researcher in this area in the world. I mean, I don’t know personally of anyone who has more prominence than you. Largely a result of your credentials and your training and working at one of the leading hospitals in the world and then publishing one of the leading respected journals.

I mean, both of us strongly believe in the scientific method that there is value in doing a piece of research under very specific criteria and then having it reviewed by peers objectively and then analyzing to see if its true or not. I mean, that system works. And really forms the basis for much of what we apply and discuss. Unfortunately, it can be perverted.

We’ll discuss that in a moment by a number of different strategies and specifically, we’ll discuss what happened in this case. But, ultimately, that process is designed to ferret out the truth which is one of the reasons why you rose to prominence because you had published in a peer-reviewed journal, Lancet, one of the top leading medical journals in the world and they published your findings and then you did additional findings and you have 130 other papers that have been published in peer-reviewed journals.

So, you're one of the leading experts out there.

So, there are literally billions and billions, tens, if not hundreds of billions of dollars involved here with the vaccine industry. That's a lot of money. So there are forces and pressure that would result, I mean, it's not surprising that we're going to counter any evidence or suggestion that there is something wrong with this system.

That appears to be what's happened here.

So, recently, in the last few months, you have been criticized and bashed about in the media and you really haven't shared your side of the story, and this is the first time you're really publicly doing that for reasons that you may discuss with us today.

But I'd like you to address, sort of summarize what's happened so the viewers can understand that, and then counter some of the arguments that have been thrown against you and criticism. Because it looks like, it looks pretty bad if you just read the media report, but like every story, there are always two sides and your side has never been told.

DW: Well thanks Joe for the opportunity to tell it.

The reason I have not been able to tell it is because I've been going through legal proceedings at the General Medical Council (GMC) which is our regulatory body for doctors in the UK and so I have been chomping it a bit but unable to say anything, so it's a great time now to have the opportunity to say something.

There had been a lot of criticisms and I'm very happy to address any of those as we go through this conversation.

But in a nutshell, what we did was to publish a case series.

Now, a case series is an observational study. It's taking a look at a group of children or patients who have got a constellation of signs and symptoms and findings that bracket them together. There are similarities that mean they need publication. They are sufficiently novel and sufficiently interesting but they need publication in their own right.

Its not a controlled study, it's simply a case series. So it tells the story, the clinical story of those children.

Part of that clinical story was the bowel symptoms and that lead to the discovery of a novel bowel disease and you would think that that would be some course for some small celebration but oh no.

Why not?

DM: Maybe even a Nobel Prize down the road.

DW: I don't think so, but nonetheless. You know, there was something that was treatable for the first time in this disorder. You had something tangible, treatable that you could really do something about as a doctor.

It should have been a cause for celebration but no because part of the parents' story in the majority of children was regression after a vaccine.

Now, if those children had regressed after natural chickenpox, you and I would not be sitting here now but they didn't. They regressed after a vaccine. Their parents weren't anti-vaccine. They took them to be vaccinated according to the schedule and they said to their doctor, well...

DM: Everything appropriately.

DW: Yeah, after my child was vaccinated, they weren't well. They had a high fever for a week. They then became delirious. They then started losing their speech and language, those kinds of things.

So it wasn't just coincidence. It wasn't just that the child, at around the time, children were diagnosed with autism or first present with autism had had their MMR, it wasn't that. There were medical events associated with the exposure that then subsequently led to the child's decline.

And so we had to take that very seriously. The parents were right about the bowel disease. Were they right about the vaccine?

And when we published in The Lancet the story, we wondered about the sense of the story, [inaudible] going to take out the bit about the vaccine. Then, things went very badly wrong. The other thing, when I decided that I was going to get involved in this--, now, I wasn't going to back away from it.

DM: Well, when you said they went wrong can you describe the sequence of what happened and what specifically went wrong?

DW: Sure, well I decided that I was going to review all of the safety studies about measles and measles containing vaccines because if I was going to get into a fight, I needed to know what I was talking about.

If I was going to challenge the status quo and say things that might have an adverse effect on vaccine uptake, I had to know what I was talking about. So I read all the papers and I was appalled.

I was absolutely appalled that the quality of the safety studies of the single and combined MMR vaccine in particular and then I wrote to my colleagues in advance of the paper coming out and I said this is going attract a lot of attention in the media and I

have to tell you, that I have now read all these studies. I have written a 250-page report which I'm very happy for you to read [it], and I cannot support the continued use of the MMR vaccine. I will continue vigorously to support the use of the single vaccine but I cannot support the use of the MMR.

Now at that stage, the dean of the medical school, Arie Zuckerman, had decided that he was going to have a press briefing, a press conference. Get people together, tell them about the findings of the study.

And, I wrote to him, I copied this letter to him so he had an opportunity at this stage to say no press briefing. "We don't want to get into the vaccine issue. Wakefield doesn't attend the press briefing, or if the question is raised at the press briefing, it doesn't go to Wakefield."

He had three opportunities to diffuse this, [but] he didn't.

As soon as the question came up at the press briefing, which inevitably it was going to do, he directed it straight to me. And I responded in exactly the same way that I said I would respond in advance of that press briefing.

Now, it wasn't based upon the observations in 12 children, it was based upon reading all of the safety studies and producing a 250-page safety report on those studies which I'd offered to my colleagues to read. And that was the basis for my recommendation that parents be allowed to use the option of the single vaccines.

DM: And when did that press briefing occur?

DW: That was in February 1998.

Now, what happened then is, at that time, single vaccines were still available in the UK. Otherwise, I would not have made that recommendation.

In the September of that year [editors note: 1998], the government withdrew the importation license for the single vaccines.

So here was the demand that it's maximum for the single vaccines, parents that still wanted to get their children were vaccinated. I was encouraging the use of the single vaccine but the government took away the option of single vaccines on the NHS from parents.

DM: Its an important point too for our listeners and viewers is that you weren't advocating not to vaccinate, you were encouraging people to vaccinate, you just said, lets get them singly because from your review, exhaustive review, there appeared to be some complications when you combined them all together.

DW: Yeah. We got a problem here and until that problem is resolved, children need to be protected but give parents the option of the single vaccine. And they, the government, at the height of the requirement, the need, the demand for the single vaccine, withdrew that option.

In other words, to protect the policy, MMR, and not protect the children.

DM: So specifically, a response to the concern you brought up.

DW: Yeah. So here they are, the government or the Department of Health putting the concerns for the protection of the policy before concerns for the protection of children.

So, I'm afraid it's my opinion that it is entirely their responsibility that there has been a declining vaccine uptake in the UK because they removed the option of the single vaccines and there have been outbreaks of infectious disease as a consequence.

DM: Interesting. So what happened after that because there is this whole series of events that really have gotten you to the media recently?

DW: Well then what happened is we went on and saw more children, published more papers. We published a total of about 19 papers on this disorder in total.

DM: And they were all in peer-reviewed scientific literature?

DW: All peer reviewed. Strangely, these have never been discussed when it comes down to the public relations exercise of the other side to discredit the only paper that is discussed is that Lancet paper.

DM: And which Lancet paper was that?

DW: That was the first. That was the 1989.

DM: The very first one. The original one.

DW: They don't talk about the detailed characterization of the bowel disease that we went through. The look that we challenged.

What happened to kids who had not one shot but two shots of MMR? Where they worse than the kids who had one shot? All those sorts of things never get discussed.

DM: So thousands, if not tens of thousands of additional research that was done afterwards to document the original findings.

DW: Absolutely.

DM: Just absolutely not even addressed.

DW: To extend them and then they don't talk about the replication of the studies elsewhere around the world.

DM: Not even your researchers but other researchers.

DW: Yeah, so its (inaudible 22:26) and replicated in Canada, in the U.S., in Venezuela, in Italy, they never get it mentioned. All you ever hear is that no one else has ever been able to replicate the findings.

I'm afraid that is false.

DM: But they can get away with that. It's amazing. They can say a false statement and get away with it.

DW: Well, they've been doing that for a long time I'm afraid and their past masters.

DM: So, continue along the path to get us up to date where we are now and then we'll kind of go backtracking to address some of the other issues.

DW: Well, in the background, so this is the foreground. This is naively, here we are as academic researchers doing this work thinking this is useful and yes, it's contentious but nonetheless, it's very important.

In the background, things were going on the behind the scenes that we didn't know about. And what had happened is that the Department of Health had contacted my medical school, the dean in particular, and had tried to close this research down; had tried to close down the clinical care of children with autism at the Royal Free, expressing concerns that it was unethical that all these children had autism. It wasn't fair on them to go through these procedures.

Were they justified?

Well, here you had the world's leading pediatric gastroenterologist and his colleagues saying, "yes, they are justified and here are the findings. We're happy to show you the findings at any stage, in any venue that you like."

But nonetheless, there was a concerted effort behind the scenes to stop the work.

And it was particularly the concern of the Department of Health that there was pending litigation that I had agreed to act as an expert in the litigation giving access to these children, to the process of justice. Not trying to prove that it was right or wrong but giving them...doing my best as an expert to determine whether there is a case in law against the vaccine manufacturers.

DM: What year was that?

DW: Again, this was 1996-97.

DM: Okay, so still about 15 years ago.

DW: I hope I'm getting the dates right here but its in 1996-97. So, I had agreed to do that and I wrote to my colleagues in '97 saying why I agreed to do it. Saying that I felt there was a professional and moral obligation because these children, when their parents die or become infirmed, they are on the street, no one cares, and no one is going to look after them. And if society does not fulfill its absolute moral and professional and social obligation to look after these children, they're going to die on the street and that's a fact and it's already happened.

So I felt very, very strongly that as a doctor looking at this, I had a duty to get involved in litigation.

Now what I thought at the time, what the lawyers thought is that it was the drug companies that were going to be sued. It wasn't.

What had happened when the MMR was introduced in the UK is that somehow the Department of Health or the government had done a deal with the manufacturers of one of the vaccines, SmithKline Beecham to indemnify them against litigation.

Now, why would they do that? What was the purpose of that?

Well, it turns out, that the vaccine that they had at the time contained a strain of the mumps virus, Urabe AM9, which was dangerous. It caused meningitis.

It was first introduced, it was produced in Japan. It was introduced into Canada and very quickly in Canada, when it came into use as MMR; they found that it caused meningitis. Rapidly after that, it was withdrawn.

It was then withdrawn in Canada and it was still introduced in the UK, and it's my opinion that SmithKline Beecham did not want to introduce it because they knew of these problems. They had a potential liability, a real liability. And the government therefore, in order to give the contract to the home team, to a British company, indemnified them.

DM: In the U.S. it requires passage of legislation through our elected officials. Did they require a similar process in the UK?

DW: Well, I think a lot of that process was circumvented. For example, the relied on safety studies of the Merck vaccine that is M-M-R II which does not contain this dangerous mumps strain. So it's a much safer vaccine.

DM: So there are two other options that they have?

DW: Absolutely.

DM: But they weren't British.

DW: They weren't British. One was French, one was American. They didn't want to give it to that company for some reason. So rather than introduce--, what they did is take those safety studies from America using a different vaccine and say, "oh it looks pretty good to us therefore we can introduce this vaccine in the UK."

You can't do that. You can't take one antihypertensive brand from one company and one and another and say well, that's fine so we're going to give that one a license -- and that's what happened.

DM: Well, you potentially could because there is a lot more standardization into the structure of a drug but for a vaccine, many of our viewers may not understand, it's a far different complex process involving biology and growing these cultures on tissues, tissue cultures and extracting and contamination. There are so many other variables that it's preposterous to even consider that.

DW: Good, and particularly where you've got a brand of the vaccine where there have already been problems.

So the vaccine with this dangerous Urabe AM9 strain came in the UK and lo and behold, it had to be withdrawn four years later overnight because it was causing meningitis.

It was causing the complication that had been seen in Canada; that had been seen in Japan and had been seen in Australia. And the vaccine was withdrawn.

Was it taken off the market? No.

What happened to it next?

It was put into storage and then it was sent to Third World countries like Brazil to be used in mass vaccination campaigns. So here you have a vaccine that has been taken away from different countries, First World countries but has not been discarded and is then sold on to Brazil.

What happens when they do a mass vaccination campaign in Brazil?

They have an outbreak, an epidemic of meningitis.

DM: So were there any legal options that the individuals that were vaccinated over that four year period while it was still in the market. Did they have any recourse at all?

DW: Well, you would have thought they would have done that and that was part of what I was involved in but that litigation was abandoned some years later in 2004 when it was quite clear to me that there had been problems.

And what really provoked me into getting more and more involved in this is that a member of the Scottish Department of Health, a whistleblower met me on Newcastle station in the north of England, met with me and with the lawyers and exposed this process.

He said, "I came from Canada to advise the UK government on the introduction of MMR. I said do not use this vaccine. They ignored me." I said, "You have to have active surveillance for adverse events. You got to go out and look for these adverse events because they are real in Canada and they may well be real in the UK. So you have to look for them." They ignored me. And they went ahead and they introduced this vaccine and lo and behold, it had to be withdrawn.

And so he felt very bad about this and he knew in his opinion that children have been damaged and he felt the need to expose this process.

DM: That was in 2004. So six years later, still nothing has resolved, no compensation or I guess reprimand or any other process that was directed at those responsible for making that decision.

DW: That's correct and it seems ludicrous to me and it's now therefore time for this to be exposed. It's time to get this out there because I'm no longer under this legal stricture that prevents me from doing so and so, it's coming out.

DM: And there is going to be a few other surprises as we go out and continue with the conversation. So we're up to 2004, so why don't we continue on the journey until we get to present day.

DW: Between then and 2004, between the publication of the paper in 2004, I lost my job at the Royal Free and there was a great deal of pressure to stop this work and the new professor of medicine sat down with me and the secretary of the medical school and he said, "You no longer form part of my plans for this department, the future of this department."

He said, "Your science is not good."

I said, "Its interesting you should say that. Have you ever read any of the papers that we have ever published?"

And he paused and he said, "I don't need to." There was some (inaudible 31:00) natural wisdom that he had been given from God that he didn't need to read the papers. So we got into a little discussion about who was the bad scientist and our relationship didn't improve from that point on. So I left the Royal Free.

DM: What year was that?

DW: I left in 2001, November of 2001.

DM: You stayed in the UK.

DW: I was in the UK at that time, travelling backwards and forwards to the States where the story was exactly the same as I had heard in the UK, as I heard in Canada, or as I have heard in Europe, exactly the same story. And I had been introduced to the DAN (Defeat Autism Now) community at that stage and talk for the first time and met Bernie Rimland and realized how pervasive this problem was and how rapidly it was growing.

DM: DAN is short of Defeat Autism Now.

DW: Defeat Autism Now, that's right. One of the pioneers in the medical field of autism in other words, taking autism from the psychological and behavioral and putting it firmly in the, this is a medical disorder camp was Bernie Rimland, the late Bernie Rimland. So he was a fine man and someone who had a big influence upon where I went and what I do with my career. So, I initially looked at helping setup a center in Florida and then finally settled on Austin, Texas which has a tremendous community spirit.

DM: So that's where you live now in Austin.

DW: In Austin, yeah.

DM: And then you came over to the United States in what year; to live here permanently?

DW: I started to live here in about 2005.

DM: So you've been here for five years now in the United States. Is there anything else that happened in that time frame that occurred prior to what...the recent media attention you have received?

DW: Well, that was the beginning of the media attention. In 2004, I suddenly got this contact from a freelance journalist Brian Deer working on behalf of the Sunday Times making a whole series of allegations against my colleagues and I.

In his opinion, these children did not need investigation, in his opinion, these children did not need a colonoscopy or a lumbar puncture or these other investigations that my clinical colleagues had deemed, they most certainly did need.

DM: And he had no formal medical training.

DW: None at all.

DM: He's just a journalist.

DW: None at all but it was his opinion. He believed that I had got together with a lawyer, had rounded up these children for the purpose of creating a legal case against the manufacturers of the vaccine in order to bring about the downfall of the vaccine in order to launch my own vaccine onto the market. It was a great story.

DM: If he had done his homework, he would have found that it was impossible because the manufacturers were indemnified.

DW: Well, it was just so fanciful. Where do you start to unpick a story like that?

But the bizarre thing is that what mutated from that original story none of which really made any sense.

The children were not involved in litigation when they were referred to the Royal Free. They were nothing to do with litigation until afterwards. They were not herded, rounded up by lawyers. They didn't come from lawyers.

These were parents who heard about the work or read about the work or had been talking to friends at child groups who made spontaneous contact with me because in the newspapers they had seen the work on Crohn's disease. That's how they came.

So he made so many factual errors but he nonetheless managed to persuade the General Medical Council to initiate a process of investigation against us.

And by that stage, this had become such a political hot potato, the Minister of Health, that a number of people from the department had put their all in and decided this needed to be investigated but they construed this case against us. And we, that are my colleagues and I, had recently been found guilty of some of the most ludicrous charges.

For example, experimenting on children in the absence of ethical approval...

So they determined that the world's leading pediatric gastroenterologist was not fit to determine whether these children needed a colonoscopy or not for clinical indications. They determined it was researched.

DM: Was this a physician council that made that determination?

DW: There were three physicians and two lay members.

DM: And is that the recent?

DW: That's right.

DM: Okay, so maybe you can get us up to the details that lead to that and summarize what the process was and that was sort of part of the conclusion or rebuttal but I think there is probably a bit more to the story.

DW: Joe, it's huge. It's absolutely huge. Let me characterize it by one example. In medicine, as you know, communication is essential. Communication is the key.

DM: Absolutely.

DW: Doctors to doctor, doctor to patient, patient to doctor.

DM: Well, it is this tangent aside that most physicians are trained, they should be trained. The primary reason for most malpractices is lack of communication. That is the reason why most all physicians are sued.

DW: Right. So what happened is when the parents called me with this highly complex story, I couldn't help them but I knew someone who could and that was John Walker-Smith. So I said, "you need to get a referral from your doctor, your family doctor to Professor Walker-Smith."

DM: Is he a physician?

DW: He's a physician. He is the professor of pediatric gastroenterology. In fact, he is probably the founding father of the discipline of pediatric gastroenterology worldwide.

DM: Is he still alive?

DW: He's still alive. A very eminent doctor who was a co-defendant at the GMC.

So I recommended that the parents seek a referral to him. That is my communication to them, sign posting them to a doctor who might help their child. I also offered because of the complexity of the whole story to talk to their doctor, the family doctor if it would help to communicate what we were thinking in terms of how the gut and the brain might be linked and what we might be able to do in terms of professor Walker-Smith's clinical input, my research input to help this child. And that offer was on the table.

So some doctors contacted me, some parents put me in contact with the doctors and I spoke to them. I communicated to them and the referrals were made accordingly or not.

At the GMC, I was found guilty of causing children to have, for example, lumbar punctures, spinal taps because of this communication.

Now, that's got to be a completely new charge causing children to have these tests. I didn't do the test. I wasn't there when the tests were done. I didn't prescribe the tests.

But I caused the children to have them because the parents called me and I suggested getting a referral to Walker-Smith.

That is how complex and how bizarre and tortuous this process has become.

DM: And these were the findings that came out this year?

DW: That's right.

DM: Just a few months ago actually. So what are some of the other results of that? Can you discuss some of the charges, other charges that were...

DW: Certainly, well the principal charge, the principal finding against us is that we had investigated these children without ethics committee approval. We had undertaken and a series of investigations had been undertaken on these children without ethics committee approval.

Now, first, let me make it absolutely clear that tests that are clinically indicated are not researched and they do not require the approval of a hospital ethics committee. They are just like you going to the doctor, the doctor saying, "Wow, you got a bad throat. I'm going to take a blood sample to see if you got strep titers." That is a clinical test.

And my clinical colleagues were perfectly capable of making the decision about those clinical tests but the GMC argued that those were research tests. They weren't.

They also argued that the research tests were not covered under an ethical approval. That also was false.

What they had failed to identify in their due diligence was that there was an existing ethical approval for the research elements that were undertaken in The Lancet paper and that was work that I did and that was related to a detailed microscopic examination of the tissues in the children.

So, they were wrong on both counts.

They had called clinical tests "research tests," wrong, and they had said there was no ethical approval for the research tests that formed part of The Lancet paper, wrong also.

So the major conviction against me, against my two colleagues was that there were tests being done that were researched that didn't have ethical approval and they were wrong on both counts.

DM: Well, it's somewhat shocking to believe that they could come to that conclusion. I mean, surely an opportunity to provide this information to them and they can listen to the three physicians, two lay people. I mean, how could any rational logical individual come to that conclusion? It doesn't make sense. It's just an irrational response.

Do you have any theories or understanding as to why this conclusion was reached or this verdict?

DW: I think there are two possibilities, two (inaudible 40:05) they didn't understand. They rarely get confronted with research issues and they were unable to distinguish between research and clinical. It was beyond their remit. They did not get it.

Alternatively, there was pressure on them to find us guilty. Now, I don't like to believe that that's the case. I don't like to believe that they acquiesce to any kind of external pressure from the government to find us guilty. I really hope that that's not the case.

I like to believe that there is still justice and there is still fair mindedness. I will never know I suspect.

DM: At least in the peer review process. That's an interesting tangent to this peer reviewed part because part of this conviction, your paper, your initial original paper that's published in The Lancet in '89 that started this whole process was actually removed. I don't even know if that has been done before but it was removed.

You've explained to me earlier today some very interesting details that I don't think anyone knows about. So, why don't we go into some of these details because I think it will be enlightening for the world to hear this.

DW: Well the paper was originally, underwent a partial retraction in 2004.

What does that mean?

It meant that the editor of The Lancet, Richard Horton asked that we issue a partial retraction of the interpretation that MMR vaccine causes autism.

Well, we had never provided that interpretation. Is it a possibility? Yes. Can you retract the possibility? No. It's totally illogical.

So, many of my colleagues, who I think were quite frightened by this whole process decided to issue a partial retraction. Three of us said, no.

DM: How many colleagues were involved in it?

DW: There were 13, and 10 retracted and three said no. This doesn't make any sense scientifically. You can't retract the possibility.

We did not come to the conclusion that the vaccine causes autism but quite the opposite. So, no we're not going to get involved in this.

When the final decision came at the GMC, principally that there wasn't ethical committee approval for this study then, Dr. Horton decided to completely retract the

paper even though it was a clinical case series that did not need ethical approval for the test that were done clinically.

Again, totally illogical but allowed Dr. Horton to put further clear blue water between him and this paper and there is no doubt by his own admission in his various books he had been the subject of severe criticism for publishing this paper in the first place. So he was able to gain some redemption by removing the paper from the written record.

So, what we were left with then is a situation where this paper, these children, the reality of the bowel disease, the existence of these children, their demise after the MMR vaccine was effectively removed from the record.

Does that make any difference? Absolutely not. That's just political posturing.

Does it actually mean these children didn't exist, that their problem weren't real, that they didn't regress after the vaccine? No.

In fact, I think what has happened is it's alienated a great number of the scientific and medical community because it's just a piece of big brother. It's just censorship trying to deal with dissent against the possibility that vaccines are not as safe as they have been purported to be.

And so, it's interesting therefore when you look at The Lancet, it's owned by Elsevier, the publisher is Elsevier and there has been a very interesting article on (inaudible 44:05) autism which looks at the links between Elsevier, its chairman and his board position on Glaxo SmithKline.

DM: And Elsevier is a massive publisher. Perhaps the largest publisher of medical journals in the world. I mean, they have hundreds of hundreds of different journals that they publish, The Lancet being one of them.

DW: Which brings us to the next point which we were also discussing earlier is we subsequently published a paper in another Elsevier journal that is Neurotoxicology. And this was part of a long, long study.

It's interesting and I'll just go into the background very briefly, it's a study that should have been done years ago. When you do vaccine safety studies, they are very often done in primates, non-human primates before they go into children. The rhesus macaque, an old world monkey is one of those primates and so we decided some years ago, eight or so years ago, to do the study that had never been done.

To take the vaccine schedule, what happens in the real world if we expose these infant primates to what kids get between the age of day one and preschool boosters, the vaccine schedule in the 1990's with thimerosal in it. What's the outcome?

What's the outcome in terms of their development, in terms of their cognition, in terms of their intestinal function, in terms of their immune function, brain imaging, all those kinds of things a very, very detailed study.

It should have been done. It was never done. It had never been done, extraordinary.

Parents might expect that the total vaccine schedule that their children are going to get has been looked at for safety in total, it has not. The individual vaccines are looked at but the schedule is not.

So we decided we do the study.

The first paper just looked at the effect of the thimerosal, the mercury containing hepatitis B vaccine on day one and looking at the acquisition of essential reflexes like feeding reflexes. And we compared with unvaccinated animals; animals that have been given saline as a control.

And what we found is there was a significant delay in the acquisition of these basic life saving reflexes in the recipients of the vaccine. As early as the first few days of life, very, very worrying.

We published that paper, it went through rigorous peer review. It was published online in Neurotoxicology and then lo and behold, after the GMC decision, they decided not to proceed to publication in the paper itself.

The paper was withdrawn. Not based upon its clinical and scientific merits, they have been through the process of peer review that you and I talked about, a process that we recognize as absolutely essential to the conduct of science. It had been through that. It had been published and then it was withdrawn.

We all have our own opinions but the fact is that when a colleague of mine contacted the journal's editor to say "why has this happened?" the journal editor directed that person to Elsevier.

This is extraordinary.

Had it been withdrawn for a scientific reason, the editor would have been able to deal with it but it was not withdrawn for a scientific reason. The contact was directed by the editor to Elsevier itself; the publishing house. Well, the publishing house shouldn't be telling the journal what they should and shouldn't publish.

DM: The owner of the journal.

DW: That's right. It's absolutely an extraordinary situation. So this was a decision that had come from the top, from the publishers.

And as I've said before, we not know that Elsevier and Glaxo SmithKline have this common denominator this link and the chairman of Elsevier. So one can speculate about whether that is involved or not, I don't know.

Huge potential for conflict of interest. It should be disclosed and something which shouldn't and one hopes it didn't influence the decision to withdraw that paper. But the important factor is that it was a decision taken by the publishing company and not by the editor, the scientific editor of the journal itself.

DM: And this is the drug company that actually manufactured the vaccine that was removed from the UK after four years of causing these increased incidences of meningitis as a result of the contamination.

DW: That's correct.

DM: So an interesting point of information that has really not been exposed prior to now. So, one of your biggest critics in the United States is Dr. Paul Offit who is recognized as one of the leading advocates for vaccine, actually not just vaccinations but mandatory vaccinations, compulsory vaccinations which essentially eliminates the freedom of choice of a parent to decide for themselves whether or not they chose to give their children this vaccine.

And this is actually the same physician, Dr. Offit who has huge potential for conflict of interest because he has generated millions of dollars from developing his own vaccine, a rotavirus vaccine.

And interestingly, one of the other rotavirus vaccines was just recently found to be contaminated with pig virus. That's another side issue, but Dr. Offit has been noted to say that it is safe and to not expect any side effects from giving an innocent infant or child 10,000 vaccines on one day... vaccinations.

It is just profoundly absurd to think that anyone could say this, let alone someone who is purported to be an expert in vaccines.

So I'm wondering if you could comment on that; on his comment I guess. You may want to think about it for a bit but...

DW: No, I'm very happy to talk about it. [It's] something that has given me cause for concern.

So let's just put Dr. Offit in the frame, in saying what I'm going to say, I have offered on several occasions by recorded delivery and mail to debate Dr. Offit in public at any time in any place of his choosing, and that he has never taken me up on. And I don't suppose that he is going to.

Let's just characterize Dr. Offit's sense of proportion and due diligence in what he says.

For example, in his book about false prophets, *Autism and False Prophets*, he claimed that I had made the recommendation to use single vaccines in the UK in February 1998 when the single vaccines were not available.

They were. I would not have made the recommendation had they not been.

If you Google that, if you put in 'withdrawal single vaccines UK' into Google, the first website that comes up gives you the precise date on which they were withdrawn in the fall of that year; six months beyond what I had said.

That is all Dr. Offit had to do to check his facts. That was all he had to do.

DM: Use Google.

DW: He did not do it.

Instead, he decided to go into his book, go into print and defame me by suggesting that I would make a recommendation which was in effect unethical.

So that is a measure if you like of Dr. Offit's application to the task at hand.

Now we come to your specific question about the use of 10,000 [vaccinations] which I think he's now revised to a 100,000 vaccine antigens on one day.

This is based upon a theoretical study that he did looking at the sort of genetic variability of the genes responsible for antibody production and saying, well, based upon the number that we have available; we should be able to produce this number of antibodies.

That is an entirely theoretical mathematical piece of jiggery pokery.

It has absolutely nothing whatsoever to do with the real world and it's bizarre that he would go out there and say that. That really, really worries me from a safety standpoint.

If you just take for example, MMR and you add in the varicella vaccine, the chickenpox vaccine, MMRV as ProQuad, what happens is you double the rate of convulsions as an adverse reaction.

So just adding one and not 999,000 but just one extra vaccine in, you double the rate of an adverse, a potentially serious adverse reaction -- to the extent that that ProQuad vaccine had to be withdrawn.

So the notion that you could give a child 100,000 vaccine antigens on one day is utter nonsense.

And what is extraordinary, what is telling, I suppose, is that no other immunologist or vaccinologist or any other person with any credible standing has stood behind Dr. Offit and said yes, you can go for it.

The thing that really worries me, Joe, is that there is a tendency and it's a public relations exercise to separate this into pro and antivaccine.

It's much easier for Paul Offit to call us anti-vaccine than it is to engage in the debate.

I am not anti-vaccine at all. In fact, ironically, it is people who are putting the safety first agenda, a safety first vaccine agenda, not profit or policy but safety first vaccine agenda who will ultimately be the saviors of vaccine policy in this country and around the world because vaccine policy, as you know, depends upon public confidence.

And if the public lose confidence in people like Dr. Offit, which is a real risk, then they will withdraw from vaccines altogether across the board and that will lead to the resurgence of infectious disease and problems.

Now, vaccines are imperfect and there needs to be a safety first agenda that optimizes the safety of those vaccines above any other issue that puts the health of children first.

And so, you have this situation where those who are driving the safety first agenda are in fact the ones who will preserve public confidence in the long run rather than destroy it by making extraordinary statements like you can give a child 100,000 vaccine antigens on the same day.

That in the end will be the downfall of this program.

DM: And one of the major organizations in the United States is the NVIC (National Vaccine Information Center) run by Barbara Loe Fisher. She has been promoting this for over 25 years, is essentially a volunteer organization run on a shoestring budget and really been preaching the message of vaccine safety first, they're not anti-vaccine by any way, shape or form.

Yet, interestingly, The Lancet just wrote an editorial or an article about the anti-vaccine people or movement and characterized her as one of the leading organizations in this movement.

One of the arguments that they gave against this and essentially a proof that they are making some negative results of the public listening to them is that there has been an increase or relative increase in measles and mumps as a result of people listening to this message and choosing not to vaccinate.

So the results, the incidence of vaccinations has gone down, the incidence of these diseases have gone up.

I'm wondering if you can...that seems to be their central argument as a justification that the organizations that are proponents of vaccine safety are having a negative public health impact and eventually, they're going to use this as some type of justification to implement mandatory vaccinations. So I'm wondering if you can address that because that seems to be their main argument.

DW: It's a very important issue. Let's just break that argument down.

Let's take measles first. Has there been a resurgence of measles in the UK, yes there have been some more cases. How might that have come about?

You'll remember that I recommended the use of single vaccines. In February 1998, I recommended the urge the use of single vaccines. Six months, seven months later, the government withdrew the importation license therefore that option was taken away from parents.

So parents who were not anti-vaccine were having a major option taken away from them for how to protect their children when they had genuine safety concerns about MMR; concerns which were engendered in the fact that a few years earlier one had to have to withdrawn for safety reasons.

So they were perfectly justified in being concerned.

So the government removes the option and lo and behold, what happens, measles comes back.

So, who is to blame for the resurgence of measles? They're putting protection of the policy before protection of children.

Let's come to mumps now.

Mumps is extremely interesting. Mumps in this country, in the U.S. the CDC did a study. When Maurice Hillerman went from Merck, the head of vaccines at Merck went to the CDC...

DM: Who since passed away.

DW: I have a mumps vaccine; I would like you to use it. They did a study and they said "there is no need. Mumps is a trivial disease in children; we do not need this vaccine."

Exactly the same happened in the UK. The Department of Health, the Medicines Control Agency, the regulators in the UK said, "this is a trivial disease in children. We do not need a mumps vaccine."

But it got in. It got in and there is a story behind this that will be published in a book by Patrick Tearney that will be coming out sometime later, hopefully this year. What they did is they got the vaccine into the program.

Now, the problem has been that the mumps vaccine does not work. It does not protect enough people in the first instance and those that it does protect, the protection does not last. Now, they foresaw this problem. They said one of the big problems with the mumps vaccine...

DM: And today is Merck.

DW: This is Merck in this country and this was SmithKline in the UK.

The mumps vaccine, the antibody levels, the protection levels fall off very quickly and they had anticipated this. They said, here is the problem, if the vaccine does not work, its called secondary failure, the antibody levels falling off the protection diminishing over time, then we are turning a trivial disease in children into a potentially more dangerous disease in adults because you and I know and people out there know that mumps in adult males can cause testicular inflammation and sterility. It can cause other problems.

DM: Orchitis.

DW: Orchitis. So there was the risk.

If they introduced this vaccine, is there going to be a long term problem because they're taking a trivial disease and turning it into a more dangerous disease.

That is exactly what's happened. So we're now seeing outbreaks of mumps in highly vaccinated populations; populations of people who have received not one but two doses and more because reboosting them with another vaccine doesn't work.

DM: That's a very important point. I wonder if you could just review that again.

So your suggestion is that if you have a population that is not vaccinated, their likelihood of getting mumps as an adult is much lower than a population that was?

DW: That's right because if they caught it as children, if they caught it as infants, they've had a mild trivial dose of mumps, they developed lifelong immunity and therefore they are immune.

DM: So the natural immunity that they would typically get in a community that hadn't been vaccinated is going to be far superior and prevent essentially eliminate the only known dangerous complication of mumps which is this testicular inflammation and swelling which is going to lead to infertility.

DW: I mean there are other problems as well, we have pancreatitis...

DM: Well, that's the major one.

DW: Absolutely, that's the major one.

So you have effectively taken a trivial disease and by vaccinating, you have turned it into a more dangerous disease.

Now, they are in a real mess. They are in a real mess because one dose of MMR doesn't prevent it. Two doses of MMR don't prevent it; three doses...

You are creating a population that is dependent upon reboosting with vaccines for the rest of their lives to avoid this complication, a man-made complication.

DM: And isn't that convenient and isn't that perhaps the model that they're using to have this, create a problem with a very solution that they're proposing that requires continuous use of that solution, which massively and exponentially increases their profits because the demand for the solution goes to the roof.

This is just one disease, mumps. This hasn't even been studied for the other diseases and the all the ones that are in the pipeline.

DW: Was there a conspiracy to anticipate that? I don't know.

You never substitute conspiracy for incompetence. I think they made a huge error.

DM: That's a good point.

DW: There was incompetence. They were incompetent. They were so zealous. So urgently needed to get this vaccine into the market that they ignored the potential problems and now we have a big, big problem.

Mumps vaccine is a dangerous vaccine. It does not work.

DM: It's hard to imagine there was incompetence on the drug companies. Certainly, in the regulatory agencies, they may not have looked at it carefully or thought it through but the drug companies are the ones that are going to benefit from the increased use of this. Maybe they didn't know at the time.

I guess you give them a benefit of the doubt but they are certainly that ones that are benefitting.

DW: I think there is no doubt that if you create a population that's dependent upon boosting and boosting and boosting on a regular basis with vaccines, your volume of sales is going go up dramatically. So there is benefit.

My concern is that this madness has to be curtailed. It has to be stopped.

There has to be an injection of common sense into the whole regulatory process. It's not there at the moment. It's not there. And we're seeing mumps epidemics occurring all around the developed world as a consequence of this.

So blaming it on Barbara Loe Fisher and NVIC is utter nonsense.

DM: Are there any other diseases that are similar to mumps that you can see or predict or project that maybe an issue coming down the road?

DW: I think the one that concerns me most in that respect is chickenpox. I have real concerns about a chickenpox vaccine that may produce the same effects because chickenpox, for the great majority of children, is a mild disease.

DM: Similar to mumps.

DW: Similar to mumps.

Chickenpox in adults is not.

Chickenpox in adults can be an extremely severe disease producing inflammation of the brain, a major problem. So if you are again displacing the age of susceptibility to an older age because you vaccinated and the vaccine does not work over a long period then you've got major problems.

And there are other issues with chickenpox vaccine that go beyond that.

We're now seeing shingles in children. We're seeing shingles in adults because they're not getting the natural reexposure in the community to children who are infected with chickenpox, that natural boosting of immunity over time.

So, if I were to single out a vaccine that I would be particularly concerned about and certainly deserves long term study, it would be the chickenpox vaccine.

DM: So another concern certainly one of my significant concerns is the absolute ludicrous insanity of recommending that a child, a newborn, harmless, innocent child be given hepatitis B vaccine on the day they were born.

This is a disease that is really only blood borne so it has to be get in by getting a transfusion or through having sexual intercourse. There are really no other known routes of exposure except from getting it from the mother that is easily.

If they were that concerned about it, they could just do a blood test and find out if the mother has it and then, if she does, then you can give the child a vaccine. But that's not being done.

Its being done... most of the newborns in this country even unknown to the parents are...well the child is taken away in the nursery and is given a shot, they're not even asked.

So, to me this is insanity and actually, if you're vigilant about it you can refuse it but you have to be very, very careful and know that before. So I'm wondering if you could comment on hepatitis B.

DW: This is a huge issue. I mean, quite apart from the fact you could make a very good case for hepatitis B immunization given the endemic nature of this disease and the high mortality and morbidity worldwide, coming down to the specific issue...

DM: I mean, you're trained as a gastroenterologist, you're particular qualified to address this.

DW: Coming down to the issue of giving it on day one of life, there are several issues that surround that. The first is when we did this primate study giving that hepatitis B vaccine on day one.

We looked for the safety studies of that policy. What had been done to establish the safety of giving it on day one? Not just giving it on day one but giving it on day one to every infant whether they were born at 24 weeks or 30 weeks or 36 weeks or 40 weeks, whatever their gestational...their birth weight was, whether they were 10 lbs or 3 lbs or 2 lbs, they were getting the same shot at day one as a matter of policy. Safety studies...

DM: Nonexistent.

DW: We couldn't find them.

And that was really shocking, really shocking. How could this be?

If you're going to make a case for it, if you're going to do it, you're going to make it a matter of policy for every kid in the country then you've got to be absolutely certain that you got the safety set that is right because if not, you may produce insidious problems, minor degrees of damage which you don't pick up straight away but are catastrophic later on. So you better make sure you've done the homework, and they hadn't.

DM: And they still haven't.

DW: And so this is a real source of concern for me. Then you come to the other issues that you raised and that is it's the hospital policy.

So here is a mother who has just been through 24, 48 hours of labor, who is absolutely exhausted, is not in a position to give informed consent, is simply not in a position to do it.

They're not even asked in many cases. As you say, the child is just taken away because its policy.

Now this has got to stop. That is criminal assault and that has got to stop.

There has got to be some degree of legal control over that process because that mother is not in a position to give fully informed consent and as often, as you point out, never asked.

So there are separate issues here; one about the safety profiling of this whole process and the other is about the policy issue that surrounds how it's done.

DM: Informed consent really is a central right that we all have. That has been taken away from us. Not even told that we've lost it, we're not even aware.

DW: The word informed consent is an oxymoron. To be able to give informed consent, you have to have the information to give [consent]. If the safety information does not exist, you're not in a position to give [consent to] that information. So the process of informed consent never gets out of the starting blocks.

DM: It's a good way to look at it, as an oxymoron. If the data is not there, how can you possibly...how can any parent possibly know the potential complications, they can't. It's just not known. That's really been NVIC's primary position is to push the vaccine safety first. We got to do the safety studies.

I appreciate your comments on informed consent and interestingly, if you can call it a benefit but one of the benefits that had come out of World War II is that we have the Nuremberg trials where the atrocities in Germany were addressed and we developed the Nuremberg Code which really had this whole aspect on informed consent to give because that was one of the atrocities that occurred, they were performing these experiments on humans.

And what the code essentially developed was that it's unethical to perform these trials without informed voluntary consent.

Interestingly, Dr. Offit, as mentioned earlier, is really a very strong proponent of mandatory vaccinations for the benefit of the public health because the benefits outweigh the risk which is really preposterous in light of the information you've just shared because we just don't even know what the risks are because the studies haven't even been done. So I'm wondering if you can comment on that.

DW: Sure, just as a sort of reflection on the General Medical Council, I was called unethical, and I just wanted to make the point that as you say, ethics is about fully informed consent, truly informed consent, and I have never done anything without informed consent.

So I adhered to the ethical codes throughout.

It's particularly alarming to here talk about mandatory vaccination. Mandatory vaccination itself is a reflection of the failure of the process.

If you have to mandate a vaccination, if you have not got the will of the people, if you have not got the confidence of the people in your vaccination policy and therefore you have to mandate it, you have to coerce people, you have to threaten them with not going to school or no social welfare. Then you have failed.

You have completely failed in your aim to gain the confidence of the public in your public health policy.

So it's a reflection ironically of the failure of the system, the need to mandate the process.

I am completely and utterly against the idea that you can take the rights of the parent away for the care of their child, for the decisions made in the context of what their child should and shouldn't have and hand them over to the State.

One of the most telling cases I ever came across was a mother at a meeting, a mother of an autistic child and her job had been as a nurse to take the children who had been made wards of court because their parents wouldn't vaccinate them and vaccinate those children; to forcibly vaccinate those children. To take them from their parents and give them the shot because their parents had voluntarily decided not to and the government had intervened and determined that it had the right.

And what had happened to her in the cruelest of ironies is that her child had regressed after a vaccine and become profoundly autistic.

She has to live with that knowledge for the rest of her life. That she did that -- that she was part of the that system that encouraged, that endorsed that process which is more reminiscent of Stalinist Russia than it is of latter day America.

DM: I think that also brings up the point of really the challenge we have in this country where you have probably one of the best disciplines, pediatricians and literally one of the lowest paid. Really incredibly motivated dedicated individuals.

I mean, there is just no question but that is reflective of the majority of these pediatricians. And yet, they are so firmly committed to this process to the point where they almost become violent if someone opposes them.

And yet, for them to seriously reflect on the possibility that they might be causing harm is so massively abhorring to them that they can't even consider it. It's just not something they can objectively review. It's the same issue. And really one of the challenges that we have is to have them overcome that because they would be admitting that the bulk of what they're doing is actually potentially causing more harm than good.

DW: Yes, I feel extremely sorry and then concerned for pediatricians as a group in as much that they have been driven down a path largely by the insurance industry where they'll be remunerated for five minutes, or 10 minutes or a brief consult and within that time, you've almost got your pen in your hand to write the script or to give the vaccine.

So, you are dependent in order to make an adequate living on getting information from the CDC, from the AAP, from all of these people and believing in that information and acting on that information but not being in a position to go away and assimilate it yourself.

Now, I don't believe that. I think that if people were really concerned, they would actually go and read these papers and come to their own determination of what was right and what was wrong and what to believe and what not to believe.

An example of this was we wrote a paper recently in response to Dr. Ari Brown who is a proponent of vaccines and a spokesman for the Immunization Action Coalition which was utter nonsense.

It was written for the people. It was to explain why vaccines are safe but it was, I'm afraid, factually, totally inaccurate and scientifically bereft of any common sense at all.

And when we wrote a response to this--, does that get out to the pediatricians?

Do they see that? Is that the leaflet the parents pick out when they go into the doctors?

No.

But it should be because that is truly the essence of informed consent is to look at the pros and cons.

DM: Well that is one of the missions of our site is to provide this information because clearly, the media is not.

I think we have an example of what we've done last year or we were one of the primary reasons why there was such a massive refusal at least in the United States and worldwide of this swine flu vaccine that was purported to be the solution for this massive pandemic which was actually one of the mildest flu seasons in history.

So the central issue is that and I think really the point to take home is that we can make a difference. Is that if we know this information, if we can share this with their friends and families and that they know that there is a valid scientific justification for making these choices, then that word can get out.

I mean, that's what they wrote this article was written in The Lancet because they're afraid of what we're doing. That we are educating the masses. That there is an option;

that there is a valid scientific reason to be concerned because the appropriate studies have not been done.

So the more information we get out, the more we can spread the word, the likelier we are to have a change in policy that is rational and makes sense.

Its not that we're opposed to vaccines, we just need to do these safely and soundly and make sense.

It's not going to hurt us in the long term. I think it's something to be encouraged about. That we are making a difference and through really the work of pioneers like yourself who have really, you've gotten a lot of arrows on your back and we are so grateful for the all the work that you've been doing that really, you've taken a hit for so many of us.

You really have been personally challenged to the point where they're discrediting you publicly, you're humiliated, you had to move to this country and leave your position which is a prestigious position. I mean, you've really taken a hit for the lies and there are going to be millions of people who are going to benefit from what you've done.

So our mission is really to take what you've done and spread and share that so more people will know that there is really some truth here that they are not being informed about.

DW: Well, Joe I really appreciate that. I had this kind of--, couple of things in closing... and that is that it doesn't matter what happens to me. It's irrelevant.

You know I decided this. When you go down this path, you decide this a long time ago, is that this story was written before you and I were ever born. This is the history of medicine.

If you look at thalidomide, the first doctor, an obstetrician in Australia, McBride who described thalidomide in The Lancet interestingly was struck off. He was struck off. The drug companies went after him and his research was criticized and the details don't matter but the process is there.

In Australia too, when the Merck Vioxx trials were going on recently, there was a disclosure of internal memos and how to deal with doctors who dissented from the safety of Vioxx and it was about isolating, discrediting, and the last one said, "we may have to seek them out and destroy them where they live."

So this what medicine has in store for it if it calls into question the safety of a company's drugs.

When I was interviewed on NBC, although this didn't make it off the cutting room floor, I was asked if I was just into conspiracy theory, and I said, "this is not conspiracy theory, this is more like corporate policy."

So, the other thing to say is this pro and anti-vaccine argument, its interesting there was a recall of Toyota cars recently because there were safety concerns about jamming of the gas pedal. Were the people who called for the withdrawal of those cars “anti-cars”?

I don't think so. They weren't anti-car at all. They were concerned about people crashing and dying on the freeway.

So that doesn't make them anti-car and so dichotomizing this argument into pro and anti-vaccine makes no sense at all, absolutely none.

DM: That's a very good analogy and one that's really obvious for anyone to see.

DW: And finally, you would think that this community that's been beaten up and impoverished and is surrounded by all these experts who are telling them that they are wrong would go away. They're not going to go away.

These parents aren't going to go away. The children aren't going to go away.

And there was a recent study, I think it was from the University of Michigan after everything that had happened all the millions that have been spent on public relations, all the kicking and brutalizing of physicians who get involved in this, all of the discrediting; one in four parents believe that vaccines cause autism.

In other words, Joe, they've lost. They've lost the public relations war.

We've done nothing. From our side, this is the first time I've spoken about it. You and I are sitting here for the first time. We have done nothing. Our expenditure on public relation is zero.

One in four parents in this country. Why? The answer is very simple, because it's real.

DM: It's the truth.

DW: That's the truth and no amount of public relations, coercion, and vilification is going to change that.

DM: Or Presidential mandates.

DW: So I'm afraid that they either take notice of the fact that one in four parents believes vaccines cause autism. This isn't a cross section of the population. Those one in four tend to be the intelligencia, the educated, the professional, and the people who listen and talk and read.

So this is not a reflection, this is a real problem for the system. And if the system does not acknowledge that and take notice of it then it is going to be in real trouble because now, the fight back begins. And what is that one in four going to become?

DM: Well that's a challenge. I mean we are dealing with a progressively increasing epidemic. The future of our culture, of the children. You know, someone has got to stand up for these defenseless and innocent kids.

DW: Absolutely.

DM: And I really thank you again for just making a stand and making a difference. I'm not sure that I agree with your statement that we've done absolutely nothing. Now, you committed your whole life's work to this.

DW: In public relations terms I think...

DM: Yeah, public relations term is true but we're going to definitely spread this word out to as many people as we can. This is a story that needs to be heard.

This story needs to be spread and ultimately, get that one in four up to two in four and three in four. At one in four, you are reaching a tipping point.

At 50% that's the majority of the people.

So we're making a difference. I don't think we're far away that we've got them running. They don't have really a choice except to change. So thank you for everything you've done.

DM: So, at this point, you are through the General Medical Council and the massive media exposure and you are living in Austin. I'm just wondering if you can tell our viewers, what are you doing at this point?

Are you conducting research? Do you have any books in process? What's your next step at this point?

DW: Well, I've got the opportunity now to get the story out there. So there is a book.

I've written a book. At the GMC I was accused of callous disregard for children suffering which rather extraordinary even to me, having experienced what I've experienced, to be accused of callous disregard for children is a stretch.

So the book is called *Callous Disregard*. There is just tinge of irony in that.

And it's really about the circumstances that surrounded The Lancet paper and everything that flowed from it, but also the whistle blower in the background, and that

behind the scenes action that I wasn't aware of at the time but was forced into the open by the disclosures at the General Medical Council.

So it's a story that hasn't been told that needs to be told. The second part of it which I'm writing at the moment will focus largely on the American experience and my involvement with Congressional testimony and that kind of thing and all the behind the scenes jiggery pokery that went on there.

So that book will be coming out hopefully in time for Autism One here in Chicago in late May.

DM: So you expect to have your book published before May of this year?

DW: Yes, that the plan. It's just to get the story out there and put the other side. If people want to involve themselves in this debate and to discuss this, then read that book, understand it and if you're not interested don't but if you're interested in this. If you're really genuinely interested in the background to this whole issue and the role of vaccines in this problem then get informed.

DM: At this point, you're still conducting research in Austin?

DW: Yes, I've just been offered a new position which allows me to integrate the research efforts of a variety of autism organizations around the world and to focus on those issues that the Interagency Coordinating Committee (IACC) with all its money and all its power seems to loathe to do and that is to look directly at environmental causes included within that of course is vaccines.

So, the IACC seems to be moving around that issue, but the elephant in the room is clearly the vaccine.

I don't want to look at it now. My concern is to rule it in or rule it out. If they're fine they're fine, if they're not, they're not.

We need to know. The public need to know. The medical profession needs to know. So that we can make informed choices and give informed consent.

DM: Terrific. So at this point, I'm assuming the offer to Dr. Offit to publicly debate in any way, shape or form is still open and hopefully, he'll take you up on that because it would be a delight to see and I can assure you, we would widely publicize that because we have nothing and you have nothing to hide here.

I just don't think he's going to do that any time soon. Hopefully, that offer is still open and I want to thank you for the time for this interview.

Thank you for all you that you have been doing and your life's work and will continue to do and for really making a dent, making a difference for all the people who really don't

have the opportunity and your skill sets and training to really expose the truth on this really important topic.

DW: Thank you very much Joe.

DM: Thank you.