

## CORRESPONDENCE WITH DORIT REISS

By Ricardo Beas

On August 15, 2016, while attending the Moxley/Turner vaccine hearing I coincidentally stood in line next to Dorit Reiss, a law professor from UC Hastings, who is a fervent promoter of vaccine safety and who has multiple websites encouraging vaccination and discrediting those against it, and who also believes vaccines should be mandatory, with very limited medical exemptions. She also promotes the idea that the unvaccinated should compensate for all costs associated with disease outbreaks that could have allegedly been avoided if such persons were vaccinated, as if only the unvaccinated were responsible for outbreaks.



We exchanged thoughts on our opposite positions on vaccine safety and related facts and we agreed to communicate. I did and invited her to debate our beliefs, science and facts. Here is the correspondence.

### AUG 13, 2016 – RB

Hi Dorit,

It was a pleasure meeting you yesterday. Although I have been anti-vaccine for many years, I have not gotten fully educated or involved on this issue until a couple of months before SB 277 was voted on by the initial committees.

I am just beginning to meet people that have been involved for years in this, as you might have noticed, many of them claiming their children were vaccine injured, which whether it was vaccine-related or not, must be very disheartening for the parents, to live with such a child and all the circumstances one needs to adopt to in such situations. I saw your children's photos on FBook (I did not have my reading glasses yesterday), they are very beautiful. Attached is a photo I took with my son Adrian.

I also had never heard of you until about a month ago when someone forward me several of your writings, including the one recommending that unvaxxed children pay for outbreaks. We will probably be discussing this in the future.

You are like me, very passionate and completely dedicated to our activism, pro and anti vaccine, although our motivations seem to vary substantially. Until you prove or show me otherwise, I will assume you do this because you feel vaccines are safe and that they are the best way to avoid these diseases, contrary to many person's opinion of your motivation.

The person that gave me your papers recommended I not engage you, but I think that an exchange regarding our views will be helpful to both of us, either to change the other person's mind as to what is better, or to sharpen our pencils as we present our position to others, a right we both have (so long as not done in bad faith) - it is the obligation of the public to decide which information and conclusions are more in sync with reality.

So with that said, I will take you up on your offer and would appreciate it if you can share with me the emails/letters you sent to Pan (and Allen if not identical) regarding your position on SB 277 and why it was to be supported by them.

Also, and this is funny in a way, we were both very active mentally in the hearing yesterday. In some instances I felt you wanted to shout or telepathically convey some argument or case law to the Defendants; and I felt the same way towards the Plaintiffs. Luckily it seems that both parties presented what we hoped for. It gave me the impression that you also wrote something for the defendants in presenting their case. If this is correct and it is OK with you, I would like you to share that as well.

So if you agree, let's give it our best shot! As a thought, it should be OK for us to share our exchange with others, after all we are supposed to be expressing our sincere beliefs for the benefit of humanity; but let's maintain it adversarial and avoid any insults, I think that will reflect better on both of us.

One final thing. As we advance in our exchange, I only ask you to do one thing (as I will try to do as well), use Critical Thinking. The problem is, no one ever tells you what the rules of CT are. I was fortunate, a friend figured it out and share this secret before his death. There are only two rules to CT:

First Rule: Question Authority

Second First Rule: Question yourself, as you are your biggest authority

May God protect all our children (if you don't believe in God, that is another topic I would be glad to debate - but obviously first, we would need to define what the term "God" means or implies).

Have a great and safe weekend.

**AUGUST 15, 2016 – DORIT**

Hello Ricardo,

Thanks for reaching out. It was a pleasure to meet you too. Your son Adrian is beautiful. And I agree that the hearing on Friday was very, very interesting.

I will forward my emails to Senators Allen and Pan - which were basically emails to the entire committees - separately. And I am glad to be in touch, and understand that you want to treat the emails as public - I have no problem with that.

And yes, I understand that a family that sincerely believes a child was vaccine injured will find SB277 extremely distressing, whether or not the evidence support the belief in the vaccine injury. I understand why they object. That doesn't change the risk from promoting anti-vaccine misinformation. However sincere these families are, they are acting in ways that put others at risk.

I look forward to being in touch,

best,

**AUGUST 15, 2016 – RB**

Thank you Dorit. I do have a 9-5 (I've worked for over 25 years in the environmental health and safety fields, presently a safety [OSHA Regs] consultant for another company), that together with my family and activist commitments, it keeps me pretty busy, but I will try to give preference to our correspondence. I am sure you are as busy, too.

Although I did post my letter to you and your reply in one of my groups, I have advised that I will not be doing any more comments until you and I conclude our correspondence, whenever that may be.

Thank you for the other emails. Once I review that and time allows I will contact you, most likely later today or tomorrow.

THX

**August 16, 2016 – RB**

Good Afternoon Dorit,

I reviewed your emails to Pan and the Committee, as well as the email concerning Dr. Wakefield. I briefly saw one of the cases you cited. I will need more time to review these in detail. I think this is all I need for now for our discussion, as your emails pretty much summarize your overall position on vaccination and your foundation for its recommendation, as well as your opposition to allow others to opt out and arguments you have presented separately regarding unvaccinated families' financial responsibility when outbreaks occur.

Instead of simply replying to each statement in your arguments, I believe it is important for us to set a sort of foundation for our correspondence and our views, what we agree on and where

we don't, so we can understand where we are both coming from. Once we do that then we can address each issue you raised appropriately and come to our own individual findings of fact and conclusions of law. To what extent such individual conclusions match is to be seen.

Let's start with motivation. We have two groups, people in favor of vaccines which I will refer to as Pro-Vaxx, and Anti-Vaxx, people against vaccination, or at least not in agreement with the CDC's schedule and all recommended vaccines, and includes their children. Instead of posing the question directly, what motivates each, I will present it from another perspective. Let's say both groups have it wrong/the other side is correct, then what were the probable/possible things that influence each group in insisting in their position. Here are some of my conclusions if that were the case:

#### ANTI-VAXX PERSONS

- (1) Based their beliefs on erroneous and misleading information;
- (2) Believed they were doing what is best for their children;
- (3) Did not believe they were putting the general public in danger (i.e., if my kid is safe without vaccines he cannot therefore infect others);
- (4) They thought they were correct.

#### PRO-VAXX PERSONS

- (1) Based their beliefs on erroneous and misleading information;
- (2) Believed they were doing what is best for their children;
- (3) Did not believe they were putting the general public in danger (i.e., if my kid is safe with vaccines he cannot therefore infect others);
- (4) They thought they were correct;
- (5) They knew they were wrong, but had a vested interest in promoting vaccines. These interest can include any or all of the following,
  - a. Financial Reward (whether vaxx manufacturer, doctor giving vaccines, vaccination services, research grants, awards, job promotion, job opportunities [leave the CDC and go work with the vaccine manufacturers], etc.)
  - b. Recognition from Pro-Vaxx institutions
  - c. Failure to promote vaccines could affect them (for example, a pediatrician who is Anti-Vaxx but feels compelled to give and recommend vaccines or risking losing his/her license).
  - d. Other: If a Government and the shadow powers that control all of them (for good or bad), there may be other reasons that apply, but that is something for a separate discussion, if necessary).

Please advise what you agree or disagree on from the above and let me know what other things you would include in either group. Also, let me know if you have any questions or observations.

Ricardo

### **AUGUST 16, 2016 - DORIT**

I think your discussion below already shows a bias - probably a natural one. In other words, you have four points that are equivalent and I think are fair if we assumed both sides were wrong, but then you only suggest ulterior motives for the pro-vaccine people. That's just untrue. Accepting that there can be exterior motives for people who speak up for vaccines, that's just or more true for the other side.

Anti-Vaccine people can be speaking because:

#### **Financial Motives:**

- A. They are alternative practitioners and their business model depends on scaring people about vaccines, so that they will turn more to alternative treatments.
- B. They are researchers who turn to anti-vaccine organizations like the Dvoskin foundation for funding.
- C. They have a pending case in front of NVICP and want to win.
- D. They are doctors who cater to parents who are anti-vaccine.

#### **Emotional/prestige motives:**

- I. The only community that supports their belief and fosters them is the anti-vaccine community. That was, or has become, their frame of reference, and they will not believe otherwise.
- II. That's the only community that offers financial or other support for their children - I think in early days after broadening the diagnosis that was true for parents of children with autism: medicine offered little hope, and the biomed community - which blamed vaccine - offered more.
- III. They have failed to make an impact in mainstream science/medicine and are building a name in the alternative communities, and seek the adoration of the anti-vaccine community.

I would also think that psychologically, if you once believe your child was vaccine injured it's hard to give that up, regardless of evidence. Not many people can rethink what has become their frame of reference.

Thoughts?

### **AUGUST 19, 2016 – RB**

Thanks for your reply Dorit; I finally have some time to respond.

While I tried to be objective, yes I agree, I guess we all have inherent biases based on our existing beliefs. Truthfully, no negative reasons crossed my mind as to why someone would put

themselves through the pain and agony of confronting the strong pro-vaxx community, including government and their potential actions against anti-vaxxers. In any event, that was the idea of course for asking you to tell me what you agreed or disagreed on and to add anything else. So going to your observations and comments:

Financial motives:

- A. Alternative Practitioners. I would agree with your statement, it could be possible. I would not necessarily agree though that their business model depends on “scaring” people about vaccines. As with orthodox medicine, each side simply defends their position because, one would think (and hope for), that is what they sincerely believe to be better for a patient’s health. This reminds me of the cancer chemo vs. natural medicine treatments controversy. In these cases I guess the results of such treatments speak for themselves as far as claiming one’s “system” is better than the other.
- B. Researchers that want funding - income. This I find highly unlikely. Your implication here is that we are talking about a greedy person. I’ve never heard of Swoskin so I just looked at their webpage. If someone is a researcher and only will research things where he/she can make the biggest profit, being anti-vaxx is not where they would focus; all government research grants go to the pro-vaxx researchers/universities, etc., and to make it worse (and this is speculation on my part, as I don’t know of any particular case regarding vaccines, but have seen this in other areas), if someone is pro-vaxx and are receiving grants, if they happen to find something that makes them start questioning vaccination, their funding would immediately dry up, as government represent the pro-vaxx agenda.

Question: Would you agree with my last statement above?

- C. Pending case at NVICP. I would disagree with this statement simply from the perspective that a person would go to the NVICP “only after” an injury happens that in their mind appears to be related to the vaccination. Also, it is extremely difficult to win in such court, even more difficult to have them pay out a reasonable award based on the claimed injuries and the expenses of dealing with an autistic and/or completely disable child for life. By what I have read, you would almost need to be a masochist to confront this court, taking many years to litigate, with a likelihood of wining being close to none.

Question: Do you know what percentage of people bringing actions (how many cases) in the NVICP court actually result in an award?

- D. Doctor’s that cater to Anti-Vaxxers. I would disagree with your statement. This again implies greed, and anti-vaxxers being a very, very small minority, such doctors would lose money if that was their strategy – the money seems to be with the pro-vaxx doctors. This brings me to two questions for you:

- I’ve heard that a pediatrician’s practice makes about 80% of its profits from vaccination or vaccine related practices (this could include, if a vaccinated child suffers a strong reaction to the vaccine [assuming true], that the pediatrician would most likely deny is vaccine related, he

would still perform all sorts of treatments to such injured child to deal with such reaction, which would be additional income for the physician).

Question: would you agree with the above (80% profit)? If not, what percentage do you think would be appropriate, how much income do you think these pediatricians make when promoting and administering vaccines?

- I've heard that if a doctor ensures that his/her child patient gets all required vaccines up to a certain age (let's say up to the end of high school), that they get a monetary bonus from the vaccine manufactures, their representative or some other related organization.

Question: Do you know of any such type of bonuses, awards or payouts? If so, do you know what that amount is?

Emotional/Prestige motives:

- I. I will assume that by "their" you mean the parents that claim that their children were injured by vaccines. I don't think this is applicable. We are trying to figure out why a person insists that vaccines are unsafe when the evidence shows otherwise. Your comment here simply points to what that person would be looking for as far as support for their beliefs. But even assuming your comment is to be considered, this would fall under the category of being misinformed: being wrong that vaccines cause injury and relying on the wrong information.
- II. Anti-Vaxx community being the only one that offers financial support. I would answer as in "I" above. Additionally I would add that that these autistic/injured children typically get their medication from orthodox medical practitioners and therefore the parents would turn to them for their "supposedly needed" medication under their insurance policy (ex., Prozac, Luvox, Zoloft, etc.), so they would not depend on such anti-vaxx community for medical help once the alleged injury happens. I will not address here your claim that a "broadening of diagnosis" is the only reason why we seem to have more autistic children now than 25 years ago. We will discuss this later in our correspondence.
- III. Wanting Adoration. I think this would be part of the "Israeli blunt" you referred to in a prior email. Your use of that word does seem to imply a hatred and/or lack of sympathy on your part for parents who have seen autism and related injuries to their children soon after vaccination. If I were to ask myself, what do you prefer, to have you child in good health or to be adored by the anti-vaxx community, I guess both of us would have the same response. Also, in what appears to be a losing proposition, I don't think being anti-vaxx would be were someone "looking for attention and adoration" would focus their efforts, especially when having such parents describe in tears their ordeal, which I have personally witnessed. Obviously this means I disagree with this statement.

To your final comment: What is "evidence"? Is it a study directed by William Thompson at the CDC (which apparently he later said he falsified and destroyed evidence to hide the truth), or do you mean the verbal evidence provided by a mother with a 100% healthy child of 2-3 years of age, that went to the pediatrician's office to get a vaccine, then went home, has gone nowhere

since and has not eaten anything different in his diet and has not fallen or physically hurt himself in any way, and then “seeing the child” (nobody told them, it’s not a movie on channel 10, it happened right before their eyes), regress within hours or days after vaccination to the point where communication with the child disappears soon thereafter? It implies that all parents that claim vaccine injury are wrong, and of course the NVICP awards would prove otherwise. This without considering reports from Mexico, Columbia and El Salvador, where “multiple children” at the same time getting the HPV vaccine at school had immediate reactions shortly thereafter.

So I cannot comment as to what your interpretation is of what the “evidence” is at this time, but we will come back to this in our final conclusion.

In your pictures and videos with your children, especially the oldest, it shows the great bond you have with them. It would be almost impossible for me to argue that anyone on earth would know or understand your children better than you.

A couple of days ago Adrian was playing with a couple of neighbors. I was in the patio reading and I saw him going into the house, barely saw him turn a corner, but when I did I saw an expression that made me feel something was wrong, so I asked him several times what was wrong. The answer? “Nothing,” followed by “nothing,” followed by a more upset tone saying “nothing;” so then I went to his room only to find him crying, and that’s when he told me the problem. Yes, we know our children very well. Nobody knows our children better than the parents, especially the mother.

Please go ahead and reply with any comments, I’ll reply if I have any comments and then we can jump to the next thing. Please don’t forget to address the four questions presented above.

Have a great and safe weekend. Being that you liked the song/video I shared earlier, I will share another one with you, a love song for my wife so you can meet my family, “Johnny’s Song.” <https://www.youtube.com/watch?v=4xJl7376LP8>

Best wishes to you and your family.

**AUGUST 26, 2016 – RB**

Hi Dorit,

Congratulations, your side won and was able to quash the Plaintiff's request for an injunction today. I see you already posted such victory in your personal FBook page.

As to our correspondence and agreed intent to present our positions on the vaccine issue for each opponent's consideration, I have not heard from you since I replied to your email. Please advise if you will be responding and will want to continue our conversation, or if you prefer not to at this time.



Best wishes,

**AUGUST 26, 2016 – DORIT**

Hi Ricardo,

Apologies, semester started this week and the lead up and this week was intense. Your response requires more than a quick answer, and I just didn't get to it. I hoped to do it today - which is why I delayed sending a response to your reminder - but the events interrupted.

I am sure this is a hard day for your friends. I know it's distressing. I will respond as soon as I can.

Best,

**SEPTEMBER 5, 2016 – RB**

Hi Dorit,

I am impressed on how much you post in your personal Facebook page (I can only imagine the others sites you are connected with and administer). It seems like it is almost daily, 4, 5, +6 articles, minutes apart, morning and evening. I hope you can make more room to allow our project to proceed and conclude within the next couple of weeks.

Last week you mentioned in your email that you needed more time to reply to my comments of August 19, but might reply that day. The only pending things are (a) for you to respond to any of my observations on your comments, if you wish to, and (b) that you reply to the following 4 questions:

- (1) Would you agree that anyone funded by government for vaccine research would lose such funding if they were to oppose vaccination due to health issues found and attempted to make them public?
- (2) Do you know what percentage of people bringing actions (how many cases) in the NVICP court actually result in an award?
- (3) Question: would you agree with the above (pediatricians' 80% profit in their practice)? If not, what percentage do you think would be appropriate, what percentage of income do you think these pediatricians make when promoting and administering vaccines?
- (4) Question: Do you know of any such type of bonuses, awards or payouts to pediatricians by the vaccine manufacturers (including their representatives or any government agency or corporate entity) for getting their patients fully vaccinated based on the CDC schedule? If so, do you know what that amount is?

Please reply to the above when you have an opportunity.

## VACCINE TOXICITY CONSIDERATIONS

Meanwhile, I would like to proceed with discussing the area of possible Vaccine Toxicity to see where each of us stands. Below I will present several questions that will begin with the words "Do you agree that." I am not using these words to influence your reply; rather, it is my way of telling you that such is my opinion, so I am basically asking you to tell me if you agree with me or not, and I would prefer a straight forward response like that: yes/no, followed by any comments you may want to add or explain further when the answer is not a simple yes/no.

So let's start with this observation. Let's take three persons, (1) a 33 pound 3 year old child, (2) a 165 pound, 5'7 feet tall 19 year old, and (3) a 300 pound 6'3 foot tall 40 year old adult. Let us give them each 4 shots (or similar amount +/-) of Tequila at one time. Probably within an hour the child will be vomiting and passing out, the adult would feel a happy-high going towards being drunk and feeling drowsy, and the heavy adult will probably be asking where the Tequila bottle is.

In this example all three persons took the same amount of Tequila, but their bodies responded differently based on their physical, biological, mental, or other state of being at the time, etc.

The only difference between the effects of alcohol as noted above and the effects of vaccines is that, regardless of how these people were affected by the shots of Tequila, by 24-48 hours all three bodies would have consumed/eliminated the alcohol, so it is no longer present in the body; whereas with vaccines, some of the ingredients including heavy metals, will accumulate in the body and will not be eliminated.

So here are my questions:

1. Do you agree that the size and amount of the annual Flu vaccine is the same for a 6 month old as it is for a 300 pound adult as the one described above?

Note: I am reading from the CDC website on the Flu vaccine and it states that some 6 month olds might require two vaccines. <http://www.cdc.gov/flu/protect/children.htm> Thus if the 300 pound adult walks in with his 6 month old child to the doctor's office for a vaccine for both, the child may get twice the amount of the parent.

2. Without consideration of vaccine's safety or dangers, do you agree that any of the following chemical substances are, by themselves and individually, toxic to human life? Please specify for each one:
  - a. Thimerosal
  - b. Mercury
  - c. Aluminum
  - d. Lead
  - e. Formaldehyde
  - f. Lead

3. Do you agree that the combination of mercury with aluminum may have a synergistic effect that might make either or both substances more toxic?
4. Recent laboratory analysis of many vaccines made accessible by Anthony Samsel and Stephanie Seneff show that some or many vaccines contain glyphosate (<http://www.tonu.org/2016/08/31/vaccine-glyphosate-link/>). In California glyphosate was classified as a carcinogen in 2015 (<http://www.ecowatch.com/california-becomes-first-state-to-label-monsantos-roundup-as-a-carcino-1882095396.html>).

Do you agree that if vaccines contain glyphosate, that just by that mere fact, the vaccine can be considered to potentially cause cancer?

5. Do you agree that the combination of glyphosate with aluminum may have a synergistic effect that might make either or both substances more toxic?
6. I did a study of all mandatory child vaccines (<http://www.cafepeyote.com/files/Vaccines - Insert Analysis.pdf>) and found in the vaccine's package inserts that such vaccines had not been evaluated for their "carcinogenic or mutagenic potential, or its potential to impair fertility."

Do you agree that child mandatory vaccines have never been tested for carcinogenic or mutagenic potential, or its potential to impair fertility?

7. I have read in several of your writings and posts that vaccines have been proven safe and effective going back to the 19<sup>th</sup> century. What do you think justifies vaccines never being tested to see if they can cause cancer, when it is routinely typical to test all hazardous substances to see if they are carcinogenic? Note: Such information is always published in those products' material Safety Data Sheet. See 29 CFR 1910.1200, Hazard Communication.
8. A "Placebo" is defined as "a substance having no pharmacological effect but given merely to satisfy a patient who supposes it to be a medicine." Common placebos include inert (chemically inactive) tablets, like sugar pills.

Do you agree that in present day vaccine study tests instead of using real placebo inert substances, they are replacing the placebo substance with exactly or similar ingredients (like mercury, aluminum, preservatives) as those found in the tested vaccine, with the exemption of only the live and/or dead virus the vaccine is supposed to protect against? If you do not agree, please advise what the vaccine placebos contain.

9. Many of your Facebook posts promote the HPV vaccine. Do you agree that the placebo used in the HPV vaccine studies actually contain the same or similar amount of mercury as did the vaccine itself?

10. Do you agree that the HPV vaccine has never actually been proven to cure HPV?
11. Do you agree that all vaccine studies are always limited to a short period of time and that there are no long term studies on vaccination? If there are long term studies, please advise what period of time it covers.
12. Do you agree that there are no studies comparing the health of vaccinated children versus unvaccinated children? If you know of any, please provide links.
13. There are thousands of parents that claim that their children have been injured by a vaccine shortly after its/their administration (when multiple vaccines are given at once or within a short period of time). When confronted with such allegations, these parents' doctors/pediatricians always almost universally claim that the vaccine could not have been the cause of such child injury; that the child had a pre-existing condition that either manifested on its own around the time of vaccination, or that was triggered by the vaccine.

Do you believe that vaccines can cause harm to the recipient, from nervous tics to death? If your answer is yes, please advise what types of side effects and injury you believe can occur.

14. Do you believe that any of the following ingredients can be found in vaccines:
  - a. Fetal tissue and/or cells in any form, whether new or from existing prior fetal tissue/cell lines
  - b. Insect cells
  - c. Silkworm DNA
  - d. Human derived proteins
  - e. Animal derived proteins
15. Recently I read an article about a vaccination campaign in Columbia ([http://www.naturalnews.com/047211 HPV vaccine Colombia mass hysteria.html](http://www.naturalnews.com/047211_HPV_vaccine_Colombia_mass_hysteria.html)) where over 200 children suffered mild to severe reactions from the HPV vaccines given in some young girls, all of which happened almost simultaneously and shortly after the vaccination. Government authorities claimed that such serious effects were not actually caused by the vaccines, but that instead it was a result of "mass hysteria" that affected all those children.

Do you believe that it is possible to have an incident as the one described above, to the point where so many children (let's say 9-14 years old) are actually convulsing and becoming paralyzed all as a result of psychosomatic suggestion and mass hysteria?

16. Do you agree that toxic metals can accumulate in the body once they enter them?
17. Do you agree that toxic metals are harmful to the human neurological system?
18. Do you agree that a person can die from the reaction to a vaccine?
19. Do you agree that some or all cases of “sudden infant death syndrome” can be attributed to vaccine administration?
20. According to the vaccine insert for Tripedia, that vaccine causes autism. See insert, page 11, last paragraph under “Additional Adverse Reactions”: *“Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, AUTISM, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea.”*

Do you believe any vaccine at all has the potential of causing autism?

21. Depending when a child may visit a pediatrician or how behind the child may be on their vaccines schedule, often children receive multiple vaccines on the same doctor appointment.

Do you agree that no child vaccines have ever been tested or studied to see what the possible effects would be of taken such vaccines at the same time?

22. It has been reported that many plaintiff litigants in the so-called Vaccine Court start with claims of autism injury, but that the opposing party and the Court refuse to agree to any claim of autistic damage and will only settle if the resulting injury is classified as encephalitis or some other serious neurological disorder.

Do you agree that the statement in 22 above is true?

I appreciate you time an effort in corresponding with me. Please reply to simply confirm receipt and I would appreciate it if you can respond to this email by next weekend.

Best wishes,

**SEPTEMBER 6, 2016 – DORIT**

Hi Ricardo,

Apologies again for taking so long. As I said, semester just started. While I can tweet, post Facebook articles, or respond to comments I have heard many, many times from anti-vaccine

activists without taking any serious time to do that - while I give my son his evening milk or sit next to either of them as they fall asleep, during bathroom breaks, meal times, waiting for a train or other dead minutes of the day - responding seriously to a thoughtful conversation that tries to examine issues in good faith requires, in my view, more than those few minutes, and that time was hard to find in these first weeks of the semester - and I'm always very tired in this time, too. But I will try not to let it happen again.

Thanks for that thoughtful, detailed answer. I agree in part, but disagree with much. First, in terms of alternative practices: I think you are completely right to point out that these practitioners probably do believe - at least most - in what they do, and presenting it as a financial motive only does them an injustice. While - like you - I still see a financial motive, I agree it's mixed, and it was unfair to present it otherwise.

However, for both researchers and doctors, I disagree with your analysis. While you are right that in theory there is more funding for research from government, there is also a lot more competition - while the researchers that establish relationship with anti-vaccine organization have a niche with access to funding that is not given as broadly, with a lot less researchers vying to get it. After all, it's the same names that get this funding. The same, I think, is true for doctors that cater to anti-vaccine activists: they too have a niche, and though there may be less people in it, I think they can count on the loyalty of their clientele more.

Two your questions:

A. Researchers that find problems with vaccines do not lose their funding, no. It's not even a question. For example, studies showing the acellular pertussis vaccine is not sufficiently effective came from the pro-vaccine vaccine side. This one is a good example: <http://pediatrics.aappublications.org/content/137/3/e20153326?download=true>

So did studies that found the rotavirus vaccine cause intussusception, if rarely, and studies about narcolepsy from the H1N1 in vaccines.

Vaccine problems are not found by anti-vaccine researchers, but by mainstream researchers. Those researchers do not lose funding or status.

Researchers that do lose it because of other problems. Such as ethical violations.

And no, the pediatricians I talk to point out that vaccines are not a profitable endeavor. In fact, because buying and storing vaccines costs money, vaccinating on schedule can be a loss leader - see this NYtimes article: <http://www.nytimes.com/2014/07/03/health/Vaccine-Costs-Soaring-Paying-Till-It-Hurts.html? r=0>

I would point out that doctors who encourage alternative schedules - spacing out vaccines - and that are often seen by anti-vaccine activists as more friendly make more money off vaccine visits than doctors who give vaccines together, per schedule.

On the other hand, you are right that insurance companies offer incentives for vaccinating on time. They also offer such incentives, by the way, for weight loss and stopping smoking. They do so because healthier people cost less. I don't know the amounts. I have seen claims in anti-vaccine sources, but my experience is to be cautious of those. I can prove a link to a pro-vaccine blog that covered this, but I have not checked on her numbers, so don't know if they're good. I usually try to check on blogs before sharing them.

And the fact that hard-headed insurance companies support vaccines - when their interest is to cut costs - is, in my view, more evidence that vaccines reduce health costs for them. Covering measles hospitalization, now, that costs money.

NVICP: I disagree with you there, too. Well, to some degree. I don't think parents go to NVICP unless they, as you point out, believe an injury is from vaccines. I don't think they go there for a windfall or out of greed. I agree they want to cover real costs and are in a tough position.

But once they go there, they do want to win, and I think it's not realistic to think that that's not a conflict of interest. As you point out, they face high costs, and our system is bad at helping - another important issue that needs work: regardless of vaccines, we need to improve funding for families with special needs. So they do have a real financial motive. And they may be more inclined to make arguments that help their need than those that go the other way. It's a source of bias, for good or bad.

Emotional motives:

Let me start with the wanting adoration. That, for me, refers more to the leaders than the parents. To someone like, say, Del Bigtree. So it was not referring to the parents, actually.

I still think you underestimate the power of the community. If I understand correctly, in the 1990s, after the diagnosis was broadened, what parents were hearing from their doctors was "there's no hope, institutionalize them" for the kids, or at least "there's no hope", and some doctors still blamed the parents. The vaccines-cause-autism community gave a counter to that in two ways: by shifting blame, and by offering biomed treatments. Activists repeatedly emphasize the support they get from that group - and parents who leave the anti-vaccine camp also talk about the power of the community.

So I disagree on that, and think it's an important motivation. That said, I will acknowledge that it's an important motivation on the pro-vaccine side, too: most people vaccinate, and often being anti-vaccine does get in the way of the community. So maybe it's a two-way motive.

As to evidence, I'd say many studies, looking at millions of children, are evidence. And I'm sorry, but no, the beliefs of one parent, or a small group of parents, are not. Let me qualify this in two ways:

A. No one study is ever evidence. Science is always a combination of things, a collection of studies, and the question is how one study fits with the others - partly because one study can be wrong, and partly because each study has limits. In other words, even if what Wakefield, Hooker et al said about the Thompson study was true - and I admit I had doubts in August 2014, but I have read the Thompson documents, I followed it since, and now I have no doubts that it's not - it wouldn't change the general picture of many, many studies that looked at MMR and autism and found no link.

B. Parental observations can generate important questions. For example, asking the vaccines and autism question was important, and I don't think it would have happened without the parents. But they can't answer them. Because parents don't have a big enough sample to know what is and isn't a coincidence, and parents usually don't have the training to know what is or isn't biologically plausible. So we need studies to examine the questions parents raise - and here the studies show the parents' beliefs were mistaken: vaccines don't cause autism. And really, with millions of children studied, in studies costing millions of dollars, countless research hours of teams around the globe, it just doesn't work to claim parents' claims were ignored. They were not. They were taken very, very seriously. They were just found wrong.

Parents know their children better. They may be able to know something changed, something is wrong. They are not better than experts at pinning down why, or even what. For example, you did not know what was wrong until Adrian told you - and if he couldn't tell you, like my 14 months old can't when he's upset (though he's getting better at communicating when he's not), you may well not have known. If it was a medical problem, you may well have needed an expert to know what and why.

I hope you had a good labor day weekend. We went to see trains.

Best,

**SEPTEMBER 6, 2016 – RB**

Thanks, I just reviewed your reply. I have nothing to add at this time.

I'll review your second email and will reply within the next couple of days.

Weekend was great as well, went to visit family in Mexico.

Best wishes,



**SEPTEMBER 6, 2016 – DORIT**

Hello Ricardo,

I just sent a long answer, but I see I skipped your NVICP question. The percentage of awards in NVICP varied by time and vaccine. Last time I calculated, it was 26% of the total, which is higher than product liability claims in the courts for cases that are not asbestos, but likely seems low to you.

But looking at the HRSA site, it seems higher in recent years -

<http://www.hrsa.gov/vaccinecompensation/data/statisticsreport.pdf>:

"

1. According to the CDC, from 2006 to 2014 over 2.5 billion doses of covered vaccines were distributed in the U.S. For petitions filed in this time period, 3,521 petitions were adjudicated by the Court, and of those 2,248 were compensated. This means for every 1 million doses of vaccine that were distributed, 1 individual was compensated."

That's close to 2/3 compensated in 2006-2014. I'd point out that the autism cases - rejected in very careful, thorough decisions - probably affect the general total, so that percentage might be misleading.

The questions below are a lot of questions and they are, in spite of your heading, on many different topics. I'm sorry, but they're a little more than I intend to answer in one email - and are really too many for a serious dialogue. Would you like to pick a few and ask them, and go back to others later? The value I see here is only if this discussion is more in depth than just the usual back and forth. Otherwise, the comment threads are a better use of time.

I will start by laying out several general basic points and misconceptions that seem to underlie the thinking of at least the first questions and are important to any discussion of ingredients. These will inform my answers,

I. What vaccines do: when a person takes medicine, usually that medicine needs to work on a person's entire body. That means weight matters. That's not true of vaccines. A vaccine needs to trigger an immune response. Enough of an immune response for the body to create defenses against a germ so that when the germ comes for real, the body can react immediately and prevent it from establishing itself in your system - normally, it takes the body a while to respond to a germ it has not seen before. Vaccines are an advance training mechanism. That means that you just need enough vaccine to get the immune system to react: an adult does not need a dose that corresponds to body weight, and neither does an infant.

So neither dose is calculated based on weight. Both are calculated to trigger an immune response. When vaccines differ - and some vaccines differ for adults and kids, some do not - it's because of that, not in relation to body weight. And anything beyond the active ingredient - the antigen - is also geared to that purpose: getting enough of an immune response to allow for defense, without triggering actual disease.

II. Basic chemical principles: whether a substance is toxic depends heavily on form and dose. The toxicity of table salt - NaCl - is not the same as the toxicity of chlorine gas. And amount matters. Take your reference to formaldehyde - since our bodies make formaldehyde as part of our metabolism, talking about it as toxic in abstract doesn't work: clearly in some amounts it's both useful and needed, or we wouldn't be producing it. So answering about toxicity in abstract doesn't work.

III. Our body's mechanisms: it's important to remember our bodies are equipped with systems to rid ourselves of things we do not need and could be harmful. So the corollary to the above is that toxicity also depends heavily on rates of absorption.

I would add that it's important, if you want to discuss vaccine ingredients, to do so realistically. That means you should focus on ingredients that are actually there. Lead isn't, and frankly, a YouTube with Dr. Seneff is not a credible source for claiming glyphosate is.

Anyway, I look forward to any follow up.

Best,

**September 7, 2016 – RB**

Good evening Dorit,

This is in reply to your second email regarding my new questions, under Possible Vaccine Toxicity.

But first, as to your comment regarding the NVICP (from my Motivation email), that out of every million doses of vaccines, one individual was compensated and the implication that this reflects the only children/persons affected by vaccines; of course that does not mean that only that one individual out of a million was seriously affected by vaccines, but rather, that only one out of a certain amount of claimants was compensated. And this of course is without counting many that were not reported (which could be discouraged by or not reported by their physician, something many parents can apparently attest to).

As an example, it appears that former FDA Commissioner David Kessler wrote in the Journal of the American Medical association that “only about 1% of serious adverse events are reported

to the FDA,” so that would take two zeros off the one million number you mentioned, making it more like one in every 10,000 (if my math is correct). And if we look at his statement, he is referring to “serious adverse effects,” which means we may (and I contend do) also have thousands of other “less serious” but harmful effects (even if it is something less serious as nervous tics that these recipients will have for life) that are not included.

As a note, the CDC studies have confirmed such nervous tics and said they would study that (I have a copy of a newspaper article identifying such tics, available at your request), but I don’t recall seeing anything to that effect. So the “average” number you quoted may not be based on actual facts, but on mere NVICP award compensation compared to the number of vaccines administered. Thus the implications of your statement would not be accurate as to reality.

Now to your other responses:

- I. You address the antigen’s response that may need to be triggered, but you do not address the toxicity of such individual additional chemical compounds, which I would suggest accumulate in the body, to its detriment. Thus, in such circumstances, toxicity of the chemical would have different impact on a 6 month year old compared to the 300 pound adult. This of course, is without consideration of the actual live/dead/semi-dead viruses that can trigger the disease it was intended to fight. As an example, my late mother died at age 89 and my sisters used to take her to get the flu shot every year and in the last (more or less) 6 years of her life that I can recall, every time she got the flu shot, shortly thereafter she would actually get the flu and all its horrible effects.
- II. I don’t think we are talking “abstract” on the toxicity of the substances I mentioned. You clearly state that the toxicity is based on “form and dose.” We know for a fact that formaldehyde is toxic. If the body creates any “natural form” of formaldehyde as part of the metabolism that is one thing, but the vaccines would add “additional” formaldehyde, bringing the “dose” above body healthy tolerance. Not only that, we’re are not talking about ingesting formaldehyde and allowing the body’s defense mechanisms to minimize its effects; we are talking about injecting it directly into the body, going around and evading the body’s immune defense systems of the different filtering detoxifying human organs.
- III. This answer assumes that whatever we put in our bodies, even 1 pound of cyanide, will be eliminated by the body. First, I don’t believe that it always does and secondly that does not mean it cannot have serious effects. This is clearly shown by all the people that get poisoned by chemicals and even viruses every year. If your answer

were correct, we would never have such emergency room visits, or related reported deaths.

As to your last comment, I try to be as realistic as I can. So if I believe what you said, that lead is not even in vaccines, I would ask this question:

Have you read all vaccine manufacturers' literature on all vaccines and are you 100% sure none of them contain lead?

Now assuming you are correct, what about all the other chemicals I mentioned, Thimerosal, mercury, aluminum, etc., are you also claiming those are not in the vaccines? If so, then specifically say that and answer questions # 2 and 14 of my Toxicity email, tell me for each (a) if it is contained in the vaccine, and (b) are they considered toxic based on NIOSH and OSHA MSDS/SDS required guidelines.

As to Dr. Seneff, to claim she is not credible because I saw her in YouTube or read her reports on the net, then this would also discredit you because I too saw you in YouTube and read your antivax arguments on the net. And to be frank, without disrespect for you, Dr. Seneff credentials seem to be more inclined towards scientific studies and analysis than yours. Although you are a professor of law, if I remember correctly, you told me your academic field was in finance or some related business field. Therefore, I cannot discard Seneff's statements by you simply stating that she "is not a credible source."

Taking this a step further, it was not specifically her, but Mr. Anthony Samsel who had the vaccines tested and provided the documented lab results showing glyphosate as being contained in many vaccines. Please refer to the link provided if you did not view it. If you need to see the actual documents let me know and I will do my best to contact him and get copies. So with this said, please answer questions # 4 and 5 on the Toxicity email.

So for now, at your request, I have narrowed my inquiry to 4 questions on the original Toxicity email, and one more regarding lead content in vaccines, making it only 5 questions to address. So I will only ask you to answer three more of the original questions in the email, questions # 8, regarding the content of placebos used in vaccine trials; # 9, that the HPV placebo also contained mercury, and # 7 as to what justification exists for vaccines never been studied for "carcinogenic or mutagenic potential, or its potential to impair fertility."

We will leave the other questions, as may be necessary, for the next communication.

Best wishes,

**September 9, 2016 – DORIT**

Hi Ricardo,

A. NVICP: You are right that the compensation number is not a good measure of vaccine injury - in two ways. First, over 80% of compensations are in settlements, which means parties don't have to show causation and many for things vaccines almost certainly don't cause. In other words, the number of compensation is likely higher than claims filed that are actually vaccine injuries. Second, there are no doubt parents who miss the statute of limitations or don't file. So those numbers alone would not be the measure of vaccine injury - to remind you, I gave you that paragraph to address rate of compensation, not rate of vaccine injury. Though the small number of compensations does reinforce what science shows: that serious harms from vaccines are extremely rare.

B. Your later discussion confuses, I think, NVICP with VAERS reports, two different things. The premise behind what you are provided there is the claim made on anti-vaccine sites that VAERS reports extensively understate the number of vaccine injuries - and frankly, that claim is badly supported, as I hope I will show you. You quoted Kessler's article from 1993, which is a real article. Here is the link to that. <http://www.fda.gov/downloads/Safety/MedWatch/UCM201419.pdf>

If you read what he actually says, Dr. Kessler is complaining about the lack of a system to report adverse events. He says that 1% of serious adverse events are reported to the FDA because of a lack of such a system. And here is what he says about vaccines: "Aside from adverse events associated with specified vaccines (listed in the National Childhood Vaccine Injury Act9) , most reporting by health providers is voluntary."

In other words, the 1% refers to providers dealing with not vaccines, but drugs and devices, for which there is no reporting system. Vaccines are different because there is a reporting system - the 1% doesn't refer to them at all.

Using that article to claim that VAERS only reflects 1% is using it in contradiction of its meaning.

While VAERS, like other passive system, suffers from underreporting, it also suffers from extensive over reporting - reporting of events not caused by vaccines. Basically, all you can say is that VAERS numbers do not tell you anything about the rate of vaccine injuries without investigation, and you need to turn to other sources for that. That's what studies are for. Studies based on VAERS actually check if an issue really happened, and work to control for problems of causation from vaccines. More well founded studies use other databases, like the Vaccine Safety Datalink.

I. For the amount of vaccines: What you missed from my first point is that neither adults nor infants need to get an amount of vaccines that needs to get to their entire body. That's why the vaccines can be limited to tenth of a teaspoon - mostly liquid, usually distilled water: they just need to get to a lymph node. So no, they're not a large amount. And no, generally vaccine ingredients don't stay.

As to your mother, and I am sorry for that loss, to remind you, the flu shot has an inactivated virus. It cannot cause the flu. On the other hand, elderly people do not react as well to influenza vaccines, so they are less protected and more likely to get the flu in spite of being vaccinated - even while it's more important to protect them with the vaccines, because the disease is very dangerous for them. That's one reason we now have high-dose vaccines that can get a stronger immune response.

Influenza vaccines are, of course, also our least effective vaccines, because it's such a tricky virus. I hope scientists crack the universal vaccine puzzle.

II. Sigh. No, we don't know for a fact that formaldehyde is toxic. Whether it is toxic depends on the amount. You assume vaccines bring the body above tolerable dose. With no real basis for that assumption. This post gives you the numbers of formaldehyde in our metabolism compared to the formaldehyde in vaccines, with the sources it uses. <http://justthevax.blogspot.com/2009/05/toxin-gambit-part-1-formaldehyde.html>

The numbers don't support the claims. And these are numbers from our body creating formaldehyde itself, and putting it into our blood stream. Not from ingestion. You are right that we also ingest a lot of formaldehyde.

Again, toxicity is not an abstract concept. The dose makes the poison. The dose in vaccine is minuscule. It's not toxic. For anything. That's part of why studies show, repeatedly, that serious harms from the whole vaccines are very, very rare.

III. No, my answer does not assume that everything will be completely eliminated. On the other hand, you seem to assume no elimination. You can't assume that. For each ingredient in vaccines, there is quite a bit of elimination. Here is a study that addresses what happens to aluminum from vaccines, showing most is eliminated from the body: <http://www.ncbi.nlm.nih.gov/pubmed/9302736> In case you don't have full access, here is a blog post that quotes the relevant parts:

<https://mainstreamparenting.wordpress.com/2008/09/07/so-whats-the-deal-with-aluminum-in-vaccines-anyway-part-ii/>

Yes, I'm sure lead is not in vaccines, and no, none of the ingredients in vaccines is there in large enough amounts to be toxic.

As to Seneff, I don't try to make new scientific claims: my points are based on existing science, and to remind you, they are within the scientific consensus. I just repeat it.

Seneff I s trying to break new scientific ground. And she's doing it in a YouTube, without subjecting it to peer review. You really should be asking yourself why. And approach with caution. As to credentials, to remind you, Seneff's field is computer science. I'm not qualified to make new discoveries in vaccinology, and I wouldn't try. Neither is she. If she thinks she can, she needs to put them through peer review. If she doesn't, there's a reason.

Placebos: I addressed that

here: <http://www.skepticalraptor.com/skepticalraptorblog.php/debunking-myths-about-vaccine-testing-and-safety/> Some vaccines use clear placebos in trials. Like

here: <http://www.nejm.org/doi/full/10.1056/nejmoa052664>

Some use familiar, well known ingredients. I understand that it troubles you, but it's a valid and accepted control.

HPV vaccine: neither the actual vaccine nor the placebo used contain mercury or thimerosal.

Why aren't vaccines tested for carcinogenicity etc'? Because there's no biologic basis to think they cause any of those. When there is a biologic basis for concern, studies are done. For example, studies examined the SV40 contamination, to see if it led to human cancers; and when there was concern that vaccines cause leukemia, studies were done for that, too. See:

But without a biologic basis, studies are not separately done for those things, and there isn't one. There just isn't.

Groves FD, Gridley G, et. al. Infant vaccinations and risk of childhood acute lymphoblastic leukaemia in the USA. Br J Cancer. 1999 Sep;81(1):175-8. <http://www.ncbi.nlm.nih.gov/pubmed/10487630>

Ma X, Does MB, et. al. Vaccination history and risk of childhood leukaemia. Int J Epidemiol. 2005 Oct;34(5):1100-9. Epub 2005 Jun

10. <http://ije.oxfordjournals.org/content/34/5/1100.long>

best,

**September 13, 2016 – RB**

Good evening Señorita Dorit,

I reviewed your response. Again, thank you for your time in providing backup details for your answers. I am sure you can provide much more documented/orthodox literature to support your position than me contradicting it. I can also for the most part do the same, to a lesser degree (i.e., he who has the gold rules; he who controls the gold and the rules, writes history) ; that is why I always try to address things in the most basic form, in a more parsimonious way, both questions and answers on either side.

I read the link you provided regarding Kessler's statement, and if the info there is genuine, you are correct, he did not refer to vaccines, but to devices.

With that said, one can only imagine (at least me) that if a parents sees a negative reaction (minor or serious) to their child and reports it to their doctor, we know the doctor will deny such injury is vaccine related and will discard it as simply a coincidence in timing; so one can conclude (human survival/financial instincts being what they are) that the last thing the doctor would do in such circumstances would be to say to the parent, "No, you are wrong, but if you think I promoted and gave a vaccine to your child and he is seriously injured as a result of that (therefore any injury is my fault), why don't you go ahead and report it. Let me tell you about this system that you can use ... etc."

The ordinary parent knows little about vaccine injury, possible side effect, reporting requirements or the ability to do so, what their doctors say compared to what many parents have experienced, etc. Therefore, personally, I would again go back to concluding that a larger percentage of incidents related to vaccine injury are not reported in the system. Of course, this is speculation on my side, but I think it would be logical to conclude.

You claim that "VAERS ... suffers from extensive over reporting," but you give no data to support such a claim. If my child suffers an injury and I don't proceed with any claim in the Vaxx Court, why would I bother reporting it to VAERS? You follow this by saying "reporting of events not caused by vaccines," but that is also a mere personal opinion statement (ex., you claim vaxx don't cause autism, I say they do). Remember, you mentioned you are not a medical expert, you just report what others (that is to say, specific others that you believe their claim are correct) report, you do not have personal proof of it (which would take us back to my rules of critical thinking).

Dorit, and to have to "turn to other sources for that ... studies" to conclude if vaccines are safe or not is not the answer. A "study" is a written document that states what some group of persons concludes is correct not only based on evidence, but on their analysis and conclusions on that evidence, and like anything else and for whatever purpose, that can be tainted by our beliefs, opinions and inclinations. Thus, a study conclusively proves nothing, only solid evidence does that. An example? The document I gave you the day of the San Diego court hearing, which I saw you leave there as opposed to placing it in your backpack (that is why I just simply took it back before entering the court room. Here is the link to that document. [http://www.cafepeyote.com/files/Vaccinated\\_Children\\_Outbreaks\\_Flyer.pdf](http://www.cafepeyote.com/files/Vaccinated_Children_Outbreaks_Flyer.pdf).

This document shows six outbreaks, three in San Diego in 2010 and three in 2016. In total there were +80 infected individuals, out of which ZERO were unvaxxed children or adults. These are not studies, but actual reports submitted by the local health departments to the media. So here are the next questions:



1A. How would you explain that in the above news reports only vaccinated persons were involved?

Note 1: My conclusion after seeing this evidence is that,

1. Vaccines don't work
2. Unvaccinated Children do not cause outbreaks
3. People that get vaccinated are more prone to be the ones getting infected, which means that
4. Vaccinated people ARE THE ONES CAUSING THE OUTBREAKS

These articles are not unique. The San Diego Plaintiffs provided additional ones, and here are some more, [http://www.cafepeyote.com/files/Vaccinated\\_Children\\_Cause\\_Outbreaks.pdf](http://www.cafepeyote.com/files/Vaccinated_Children_Cause_Outbreaks.pdf)

Note 2: In responding to a similar question I made you in the courthouse, you got your phone/calculator and started calculating what appeared to be the percentage of vaxxed persons vs. unvaxxed to present your theory as to why unvaxxed persons were still responsible for the outbreaks. I have to apologize as I was unable to understand the specifics of your reply, the numbers you used. etc. But when responding to 1A above, please keep in mind - there were zero unvaxxed persons involved.

You did not answer the second question, for the second time, so here it is (again, please focus of the basic question):

2A. For each of the following substances, please advise specifically (a) if it is contained in any and/or all vaccines, and (b) are these substances considered toxic based by NIOSH and OSHA MSDS/SDS required guidelines.

- a. Thimerosal
- b. Mercury
- c. Aluminum
- d. Lead
- e. Formaldehyde
- f. Lead
- g. Fetal tissue and/or cells in any form, whether new or from existing prior fetal tissue/cell lines
- h. Insect cells
- i. Silkworm DNA
- j. Human derived proteins
- k. Animal derived proteins

While you gave me your opinion on Dr. Seneff, you did not answer the questions presented, so here they are again:

3A. Do you agree that if vaccines contain glyphosate, that just by that mere fact, the vaccine can be considered to potentially cause cancer?

4A. Do you agree that the combination of glyphosate with aluminum may have a synergistic effect that might make either or both substances more toxic?

You mention that the HPV vaccines and study placebos did not contain mercury/thimerosal. Thank you. Now, I apologized, I meant aluminum, so let me pose the revised questions:

5A. Does the HPV vaccine contain aluminum?

6A. Did ANY of the HPV study placebos contain aluminum in any amount? If so, to what percentage compared to the actual amount of aluminum in the HPV vaccine?

As to your comment that there is "no biologic basis" for testing vaccines to see if they can cause cancer, I will leave this to future consideration or will address it in my conclusion.

Best wishes,

**SEPTEMBER 21, 2016 – RB**

Hope things have normalized for you. Once we finish with the issue of possible vaccine toxicity I would like to discuss religious rights specifically, then common law and constitutional right in general to conclude our correspondence. We can present our positions thereafter.

**SEPTEMBER 26, 2016 – DORIT**

Hi Ricardo,

I have to start with a comment regarding vaccine injury: first, if the injury is actually from vaccine, the assumption that the doctors will deny it is really unconvincing: doctors have no liability under the act, to remind you, and assuming a large percentage are consistently lying to their patients requires assuming a wide spread conspiracy and wide spread evil intent. You really think most of the people who dedicated their lives to treating others - and especially pediatricians, who devoted them to children - are evil, willing to lie for, what, no gain, because they're protected from liability? Sorry, just unconvincing. I hope you know some doctors who

are good people. If the evidence shows the injury is not from vaccine, why should the doctor say it is?

Again, our knowledge of vaccine injury doesn't depend on reporting - and VAERS numbers mean little, because of both under reporting and over reporting. Here are some sources on over reporting:

<http://pediatrics.aappublications.org/content/117/2/387.full.pdf>

<http://www.ncbi.nlm.nih.gov/pubmed/23063829>

(over reporting means reporting of things not caused by the vaccine. For example, we see reports of autism after vaccines; and no, that's not opinion. It's a matter of data, and the data on this is very, very clear. No link. And doctors are legally required to report things on the table of injuries if they happen after the vaccines. The two articles above address that).

Studies are not what a group concluded. They involve looking at extensive data using careful methods - and have to go through quality control. One study can be wrong. When you have many on the same issue, and they find the same, that trumps opinion. That's the case with vaccine safety. Literally tens of thousands of them. Name an issue, and I will offer studies. Rejecting the many studies from all around the world that show that vaccines are safe and effective is simply rejecting what the evidence shows, ignoring the data. There's no way around it.

1. Vaccine effectiveness: Your link didn't work, but I found it myself. Here it is: [http://www.cafepeyote.com/files/Vaccinated\\_Children\\_Outbreaks\\_Flyer.pdf](http://www.cafepeyote.com/files/Vaccinated_Children_Outbreaks_Flyer.pdf)

You have seven children with whooping cough, and ten children with chicken pox, three of whom are unimmunized, and from those tiny numbers you draw a pretty extreme conclusion that is not well founded. There are two part to the explanation:

I. The immunized protect the non immunized by stopping the disease from getting to them. II. Absolute numbers are misleading, and rates show the unvaccinated are more at risk - and there are multiple examples of outbreaks starting from unvaccinated children.

Most of the population today is immunized. Rates of MMR and DTaP among children stand at over 90%. While in some areas we have dangerously low rates, most of the population is vaccinated. What this means is that if an outbreak starts, you will see most absolute numbers among the vaccinated - but the rates are still going to be higher, every time, among the unvaccinated. Let's take your chicken pox example. California stops collecting its data at seventh grade, but the San Diego county had less than 3% exemptions at seventh

grade: <https://www.cdph.ca.gov/programs/immunize/Documents/2015-16CA7thGradeReport.pdf>

So it would be fair to guess at about 95% vaccination rate. So 5% only unvaccinated. Why do you think it's surprising that the 95% offered enough of a cushion to protect the 5% from the disease? Basically, the reason the disease didn't get to the unvaccinated is because they were protected. The reason it didn't spread besides 3 children out of a school of over 2,000 is because vaccines work. Really, before the vaccine, everyone got chicken pox - the entire birth cohort. Seeing an outbreak of three cases in a high school of over 2,000 as evidence that vaccines don't work misses the point: the reason it didn't spread further is because vaccines do work.

Second, you will see that the numbers are consistently higher in the vaccinated for most disease - except measles, for which we have a very effective vaccine and it's highly contagious. The reason is that small percentages out of large numbers are big numbers. It's what is called the vaccination paradox. Let me give you an example. Let's use Escondido high school again, with 2,338 students in 2015-2016. Assuming 95% are immunized against chicken pox - a reasonable assumption - 2221 are immunized, and 117 are not. I'm rounding. There's an outbreak where all the school is exposed (not very realistic, but okay). Assume the vaccine is 90% effective. It's estimated at 70-90% at preventing any disease, 90-100% at preventing severe chicken pox. At 90% effectiveness you'd see 222 vaccinated cases. Assume 90% of unvaccinated kids get it if exposed. Even with that high rate, you would only see 105 cases in the unvaccinated. The vaccinated have more cases; but the chances of your vaccinated child getting the disease are 10%, and of your unvaccinated 90%.

That's what studies with a reasonable number show: the unvaccinated minority is consistently over represented in outbreaks and have dramatically higher rates. Again and again.

See: <http://www.immunize.org/catg.d/p2069.pdf>

It also has example of outbreaks clearly started by unvaccinated kids.

2. Substances: No, I'm not going to calculate the amount of each substance in vaccines. I don't have time for it, and your list contains things not present in vaccines. There is no lead in vaccines. Insect cells are used to grow viruses of one vaccine, a flu vaccine, but the cells are not in the vaccine. There is no elemental mercury in vaccines, and thimerosal is taken out of all vaccines except multi dose influenza, and if the data showing the amounts in vaccines is not an issue doesn't reassure you, you can protect yourself against flu with a single dose vaccine that is thimerosal free.

Again: the amounts are tiny. The whole vaccine is tested for safety. And there is plenty of evidence on safety. If you wish to read more on vaccine ingredients, I recommend the VEC's materials, here: <http://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients#.V-nqMDtWgf4>

3A. No, I don't consider that just the presence of glyphosate would show the vaccine can cause cancer. That would depend on amount, and require some support. Right now, as addressed here, those claims don't have any good basis. <https://vaxopedia.org/2016/09/14/glyphosate-in-vaccines/>

4A. If you want to claim synergistic effects for any two substances, evidence from a reliable expert - i.e., a chemist with knowledge of some biology or toxicologist - can substitute for the lack of studies supporting your views. I'm afraid that you do require a basis to make that claim. A scientific basis.

5A. Yes, HPV vaccines contain aluminum salts (not elemental aluminum; again, form matters. Let me remind you of the example of table salt, which is not chlorine gas).

6A. Some of the HPV groups used an AAHS solution that included the other ingredients in the vaccine, without the antigen. That was not an issue, since aluminum salts are a well known quantity, used in vaccines since the 1930s.

Best,  
Dorit

**SEPTEMBER 30, 2016 – RB**

Good evening Dorit,

Finally, been busy and also needed a break.

Let me start with the issue about the doctors and vaccine injuries. Your statements on my comments imply that pediatricians “are consistently lying to their patients requires assuming a wide spread conspiracy and wide spread evil intent.” Let me address this in two ways.

Yes, there is an actual Conspiracy, no theory (whether you and I believe it or not, and I do), and it is very well documented. You can go back for such detailed information to the sixties with Gary Allen’s book, “None Dare Call It Conspiracy;” then in the 70’s with Professor Carrol Quigley’s works, in the 80’s Professor Anthony C Sutton works, and more recently with Noam Chomsky’s work, in particular his book “Profit Over People,” where he calls the perpetrators of this Conspiracy the “**De Facto World Government**,” quoting from the prestigious London

business newspaper “Financial Times” (the words “*de facto*” being correctly applied). Of these writers and many others doing similar work, the best summary I have seen was by Chomsky, in a 1990’s speech at the Massachusetts Institute of Technology, which I viewed several times and in part wrote down (I was in correspondence with Chomsky at the time), where he said the following:

***“We have a de facto world government ... that it operates in secret ... that they determine the basic things that happen in life ... that it has its own institutions such as the IMF, the World Bank, the World Trade Organization, as well as the executive branches of the seven rich countries ... that the major institutions are under totalitarian control ... and that the people who count own the oil stocks.”***

If we take Chomsky’s words at face value that this Conspiracy (let’s call it that for the sake of simplicity, meaning the persons behind such a *de facto* world government), controls the executive branches of the seven rich countries, then it must include the United States executive branch, and if they control the executive branch, then they control all of its agencies, included the CDC, FDA, US District Attorneys, etc.

I contend that such is the case, that such Conspiracy controls the CDC, and that “*the people who count own the oil stocks*” that Chomsky referred to are the same persons that own the primary medical (big Pharma), genetic agricultural, petrochemical and pharmaceutical industries. With that said, this was only a general comment on my overall view, intended to address the word “conspiracy” as used by you. This is a separate issue that we can discuss in the future. So narrowing it down to our theme, Yes, I do believe that Big Pharma and the CDC conspire to hide the dangers of vaccines and that they also use federal, state, county and local authorities to force the vaccines upon the unsuspecting majority of Americans, all to every vaccinated person’s detriment.

Why would I say “everyone’s detriment”? Remember the example of the new born vs. the 300 pound man and the tequila, one is knocked out and the other may ask for more? Well, if I am correct and all these ingredients I have mentioned are harmful to the brain and immune system, considering that all of us have the same elemental biology, and having both children and adults seriously injured by vaccines, that means that we all get the toxic effect, each one to his/her tolerance, like the tequila. That would explain why some victims only show tics, and others have died (see applicable vaccine inserts, link below).

As to your implied comments that I believe that pediatricians are purposefully involved in such a conspiracy to cover up vaccine injury, my statements were misinterpreted, so let me expand to make it more specific.

The majority of us think of a future career primarily as a way to be financially independent, to be able to survive, preferably with good income, to be successful (unfortunately in our culture

successful is synonymous with making millions). Our secondary objective, where economically possible, is to find a career in a field of interest to us, hoping such career will meet our primary needs and be within our financial capabilities.

For those with medical inclinations, there are many fields, from general practitioners to specialties. We can only assume that whatever their reasons for choosing any particular field, let's say pediatrics, I am sure none of them thought of being involved in such field if they knew they would cause injury to their patients. That is the last thing I would think.

But then the medical students go to the universities, with their university curriculums, heavily funded and/or controlled by Big Pharma investment and government grants, which are the focus of the orthodox medical school. There is no denying that there is no focus on nutrition, that there is no emphasis on organic and mineral (etc.) nutrition being the most important thing in fortifying the natural human immune system. The emphasis is on synthetic drugs, patentable drugs. As a simple example, I saw a commercial recently where they said some sort of marine plant contained a substance that was good for X; but instead of saying they were going to extract it, they said they would try to duplicate it (make it unique, patentable) in their labs. It reminded me of the CBS 60 Minutes documentary on DMSO, where the FDA head admits no pharmaceutical company will invest in something they are not able to control/patent/profit from. See the following link at minutes 2:35 – 3:40  
<https://www.youtube.com/watch?v=gvHNN2XbkqU&list=PL557FE6FD0033B580&index=3>

I guess that is understandable, they are a business, and the main focus of business is profit, above all. This drives such pharma educational curriculum. The doctors will prescribe all future pharma medications, which mostly will only help with the symptoms, which create a dependency in chronic diseases. Again, pretty rounded healthy business, but not for the consumer, like in the case of the tobacco industry.

So the good doctor starts with the best intentions. He believes his mentors from the university that tell him that the CDC is the ultimate authority on what is good and bad. The CDC says vaccines are the best, and they do not cause autism or any serious injury. What is a doctor to do? If this doctor doesn't use critical thinking and does not do his own investigation he will accept it. But if he concludes otherwise, he can't oppose the CDC, else he risks losing his medical license. To prove this, ask any doctor who has written medical exemptions base on his doubts about vaccines and how they are attacked, like Dr. Bob Sears. In fact, look at the scrutiny being done by the California CDPH staff on doctors simply issuing medical exemptions for vaccines.

To what extend will a doctor go to accept the orthodox views, fight against, take advantage of, negate or simply follow the CDC along regarding any possible injuries from vaccines, that is an individual choice that I could only judge individually, based on the facts.

How these doctors interpret the reaction they have witnessed and with what certainty they believe the vaccination was or was not the culprit, again I would have to judge individually. The universal thing we do know is that in either case, such involved doctors will not admit it was the vaccine, and if you ask them how they know, they will simply point to the CDC and like Pontius Pilate will simply wash their hands of all responsibility, even when they are immune to legal liability, as you pointed out.

But one thing is for sure, if these doctors believe and use the CDC as a way to conclusively say that vaccines are safe, then they would have no problem taking responsibility for any injury that may be caused by vaccines, because – it won't happen! I wrote my daughter Annette's pediatrician and asked that she sign a release saying she would take financial responsibility if Annette would get injured by the vaccines I might need to give her (given SB 277), but she and the hospital refused to do so. This is what the representative of her hospital advised:

"There are no Pediatricians or Family Practice Physicians that will 'absorb all liability for your daughter if vaccinated'. It is up to the parents to decide if contraindications outweigh vaccine benefits. I don't think there are any physicians that would accept such liability... (as to what vaccines they want to give Annette) ***We would follow the CDC and American Academy of Pediatrics recommendations... The vaccines that we administer have been thoroughly studied and approved by the Centers for Disease Control (CDC).***"

Let's turn it around, if only 1 or 2 cases of GBS happen in every million vaccines, then only 1 or 2 doctors in a million patients will get sued if they lose their liability, so what is the big deal of removing such immunity?

Here is the document I requested the doctor to sign, which would prove to me she has done the adequate research on the issue of vaccines and actually has an informed opinion on the matter:

[http://www.cafepeyote.com/files/Warranty\\_of\\_Vaccine\\_Safety.pdf](http://www.cafepeyote.com/files/Warranty_of_Vaccine_Safety.pdf)

I even gave them an optional document to fill to advise why they would not issue such warranty, but they refused to sign it as well:

[http://www.cafepeyote.com/files/Warranty\\_of\\_Vaccine\\_Safety\\_-\\_REFUSAL.pdf](http://www.cafepeyote.com/files/Warranty_of_Vaccine_Safety_-_REFUSAL.pdf)

As to your comments that as far as autism, "It's a matter of data, and the data on this is very, very clear. No link," such a general statement is not convincing to me. One interesting statement I have heard from provaxx medical authorities goes something like this:

"We don't know what causes autism, but one thing we know for sure is that vaccines don't cause autism."



Your comment seems to fall in this category, and I believe it is absurd on at least two levels. First, if you were to say, I know that the blue ink did not kill the fish in the fishbowl because I did not add blue ink in the fishbowl that would be one thing, but when you have hundreds if not thousands of parent confirming by their experience with a child that they were fine until they got the vaccines (hours or days later, after the doctor told them, prior to the vaccine, that the child was healthy), then you cannot discard that possibility as an absolute.

Secondly, there is at least one vaccine that confirms that the vaccine caused autism (or could have cause it, because inserts/manufacturers always add statements with disclaimers) and even Sudden Infant Death Syndrome. See the following FDA link for Tripedia, where it states in page 11 the following:

“Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, **SIDS**, anaphylactic reaction, cellulitis, **autism**, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea.”

Of course, you can argue that this vaccine was taken out of the market, but that does not change the fact that vaccines have the potential of causing autism, to whatever degree.

See Tripedia insert at

<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM101580.pdf>

Vaccine manufacturers will always deny that their vaccines are causing any harm, as you can see in Exhibit 8 to my letter to Governor Brown asking he veto SB 277. In this news report from January 2011 it states that 36 children, ages 6 months to 2 years, developed fever-related seizures within one day of getting the flu shot. The manufacturer stated the following regarding this incident:

“The maker of the flu shot says there's **no clear link** between the vaccine and seizures, and they **may have been coincidental.**”

A typical denial – no, it was not the vaccine, BUT IT COULD HAVE BEEN – as it is obvious by the carefully worded statement, and of course the statement itself proves that it could have been the vaccine. See <http://www.cafepeyote.com/files/Vaccines - No On SB 277 - Exhibits to Letter to Gov Brown.pdf>.

In the same document Exhibit 6 shows the document that a mobile vaccine clinic had employees at my employer's company sign in order to get the flu vaccine. In the Adverse Reactions section it says that although serious injuries have happened soon after vaccination, they are not vaccine related. But in the Consent section, where one is to sign as a condition to vaccination it states in part the following:

***“I voluntarily assume full responsibility for any reactions that may result... I, for myself, my heirs, executors, personal representatives and assigns, hereby release Maxim, any retail site, grocery store, pharmacy, corporation, school, school district, physician and/or medical director and their respective affiliates, subsidiaries, divisions, directors, contractors, agents and employees, from any and all claims arising out of, in connection with or in any way related to my receipt of this or these immunization(s). Maxim and the other aforementioned parties shall not at any time or to any extent whatsoever be liable, responsible, or in any way accountable for any loss, injury, DEATH or damage suffered or sustained by any person at any time in connection with or as a result of this vaccine program or the administration of the vaccines described above.”***

This is not the wording you would include in a product that has been proven by your studies to be completely safe. Notice how the word “death” somehow did not make it to the Adverse Reactions section.

In the Adverse Reaction section it also mentions that a flu vaccine in 1976 (which included ingredients for the Swine Flu) was associated with Guillain-Barré Syndrome (GBS), but that since then no clear link has been associated – but that if it was, it was only 1 or 2 cases in a million. This is an obvious contradiction. (As a side note, about 26 years ago a friend’s sister who was 25 years old developed GBS shortly after vaccination and it took her one year to recover, plus 2 years of therapy because her legs were left weak.)

The interesting thing about the above language on GBS is that in the poster they placed in our work areas (Exhibit 5) it stated in part:

*“To receive a flu shot you must ... (1) Not have an allergy to Thimerosal (used as a preservative in vaccines), and (2) **Not have a history of GBS.**”*

This is further proof that both Thimerosal can be dangerous and that vaccines may cause GBS.

As to the news reports I provided you on outbreaks (the link you noted) apparently you did not count the 6 particular cases cited specifically, so let me break it down for you:

<b>Exhibit 1</b> San Diego, CA 8/5/2010	Whooping Cough	<b>Total Cases</b> <b>4</b> Fully Vaccinated 2 Vaccinated, missed booster 2 <b>Unvaccinated</b> <b>0</b>
<b>Exhibit 2</b> San Diego, CA 8/26/2010	Whooping Cough	<b>Total Cases</b> <b>3</b> Vaccinated 2 Vaccinated, missed booster 1 <b>Unvaccinated</b> <b>0</b>
<b>Exhibit 3</b> San Diego, CA	Chickenpox	<b>Total Cases</b> <b>10</b> Fully Vaccinated 8

10/7/2010		Vaccinated, missed booster	1
		Unidentified	1
		<b>Unvaccinated</b>	<b>0</b>
<b>Exhibit 11</b> Lexington, KY 2/22/2016	Mumps	<b>Total Cases</b>	<b>3</b>
		Fully Vaccinated	3
		<b>Unvaccinated</b>	<b>0</b>
<b>Exhibit 12</b> Montgomery County, PA 4/11/2016	Whooping Cough	<b>Total Cases</b>	<b>56</b>
		Fully Vaccinated	56
		<b>Unvaccinated</b>	<b>0</b>
<b>Exhibit 13</b> Chicago, IL 2/23/2016	Whooping Cough	<b>Total Cases</b>	<b>5</b>
		Fully Vaccinated	5
		<b>Unvaccinated</b>	<b>0</b>

Of the 81 persons infected, none of them were unvaccinated (contrary to your count of 3 unvaccinated). And if we are to believe that in each case the outbreak starts with one person and then spreads, it means that vaccinated children contaminated other vaccinated children, but did not contaminate any unvaccinated child. This may also be proof that unvaccinated children are healthier and have better immune systems to fight off such diseases; in other words, that such unvaccinated children have not had their immune system compromised by vaccine toxicity. As noted in my prior email, these were only 6 of about 12 reports I provided you and I have and have seen some more.

Yes, you are right, maybe these are only a few reports, but if we take it to its ultimate conclusion, I can only conclude that even if it was one report (let's say from Exhibit 12, were 56 vaccinated persons were the only ones involved), it is sufficient to prove at a minimum that vaccines don't work (or at least not always), and that both vaccinated or unvaccinated can get infected, making the herd immunity argument null and void, and therefore making it unnecessary to go to an extreme by making vaccines mandatory for all children.

Your statement that *"the immunized protect the non immunized by stopping the disease from getting to them"* really has no weight and makes no sense to me, being that as noted above, the vaccinated can't even protect themselves from getting the disease. This is a conclusion not supported by the actual outbreak reports, even if there were unvaccinated children involved in an outbreak. It would be like the ridiculous argument that second-hand-smoke is worse for non-smokers than smoking is to the smoker, when the smoker breathes both from his cigarette and the second-hand-smoke in the room.

This brings us also to something we have not included in our discussion, and that is vaccine viral shedding. Some vaccine inserts confirm that people that receive certain if not all vaccines tend to shed the virus to others and are even warn to stay away from immune-compromised persons for weeks. These inserts also shows that some vaccines have the live virus they are supposed to protect against, and this is without counting other additional viruses that are alive and may

have been introduced within those vaccines, as has been pointed out by other vaccine experts, including Dr. Maurice Hilleman, a leading vaccine expert. As an example see [https://www.youtube.com/watch?v=13QiSV\\_IrDQ](https://www.youtube.com/watch?v=13QiSV_IrDQ).

Your argument using supposed vaccine effective rates 90-100% is disputable, as these are generalized estimates that assume the vaccines work, and several vaccine manufacturers are already being challenged as to the numbers they use to come to such conclusion and how they come out with those estimates. Even assuming for the sake of argument that your statement *“the vaccinated have more cases; but the chances of your vaccinated child getting the disease are 10%, and of your unvaccinated 90%”* is correct, it would still prove that you can get the disease either way, again making mandatory vaccines and all the risks that come with them unnecessary and dangerous. Remember, the antivaxx movement is not against you vaccinating your child; it is simply against forced vaccination on them or their children.

The whole orthodox medical system associated with vaccines (or for that matter cancer cures) is based on the wrong approach. Big Pharma wants to make a medicine for each individual type of disease as if our primary concern should be each individual disease, when in fact the focus should be on making sure that the body’s immune system is working fine and doing what is necessary to make it stronger to defend itself from all diseases. Like Louis Pasteur admitted in his deathbed, ***“(Claude) Bernard is right. The microbe is nothing; (human) terrain is everything.”***

As to question 2A, I did not ask you to “calculate the amount of each substance in vaccines,” I only asked you to confirm if it contained such substances and if they were considered individually toxic by NIOSH. So being that in three occasions you did not answer the full question, let’s forget it. I’m going to simplify the question to make it easier for you to answer:

2A.1 – Do any vaccines presently used contain and/or will any future vaccines that you know of contain any sort of fetal tissue and/or cells, fetal matter or substances in any form, whether actual or derived, new or from existing prior fetal tissue/cell lines, regardless of amount, even in the most diminutive amount possible?

Here is one link to that effect. <https://www.ncbi.nlm.nih.gov/m/pubmed/25803132/>

I also want to add to your response to 2A that all the substances that I mentioned in the question may be in “tiny” amounts in the vaccines, but the vaccines are injected directly into the blood stream, so they don’t go through all the necessary human organs that help with our natural immune system, making them more dangerous by giving them direct access to the body, in particular to the brain.

As to question 3A, your answer admits that glyphosate can cause cancer (“that would depend on amount”), and therefore if for no other reasons, this would justify studying if vaccines can be carcinogens, whether from glyphosate or any of its other adjuvants. This also takes us to one of

your prior comments, that vaccines are not tested to see if they can be carcinogens because there is no proof of them causing cancer. If the manufacturers have not tested them, how can you give a definite negative answer? I see this as another contradiction. Aside from that, why would vaccines have a pass on such testing that is common in the pharmaceutical and chemical industries? They make billions of dollars annually so they surely have the resources to do so.

Your generalized claim that vaccines don't cause cancer is also contradicted by existing literature, including the comments in Dr. Hilleman's statements in the above video. See minute 7:10 – 8:06. This gives a historical perspective as to why vaccines should be tested to see if they are carcinogens.

Of course the other side of the coin is, if the vaccine manufacturers know or fear vaccines cause cancer and they would like to avoid making it known, all they would have to do is not test for it. As to why they would do something like that is for each of us to conclude individually, but if nothing else, such cancer-potential/reality disclosure affecting vaccine sales and promotion would be a plausible reason to avoid such testing, deceitful as it may be.

And please don't tell me they would never do that, as there have been many cases of medications (including vaccines, if I remember correctly) that have been approved by the FDA (or chemicals considered safe by the EPA) that have been used in the US, then some harmful effect is identified, then it is banned in the US, and then the manufacturers go and sell the same product, proven unsafe and harmful, to other countries.

As to question 4A, if some chemical combinations can have synergistic effects, and these substances were included in vaccines (both when taken individually and then when given in multiple doses, 6-10 vaccines at a time), it would only make sense to do studies if that is the case. This will lead us to ask the question, why are they not studied for synergistic effects? You appear to have no studies to that effect, I will offer Dr. Seneff's presentation, even though you discard her as not having any authority on the subject:

<https://www.youtube.com/watch?v=a52vAx9HaCl>.

Yet regardless, if vaccine manufacturers are not doing the testing, then we have to conclude that they are experimenting on the vaccinated population, as noted by Professor Dr. Mark Geier (MD and PhD in genetics, 150 peer reviewed papers). See minutes 6:20 – 6:37 at <https://www.youtube.com/watch?v=aFPVviqOJ6Q>. This would also be in violation of California Civil Code, sections 24170 to 24179.5.

Further, it is the manufacturers' responsibility to do such studies, as it is the responsibility of the CDC to request such studies before the vaccine formula is approved.

As to question 5A, I agree, table salt is not the same as chlorine gas, just like chlorine dioxide is not the same as chlorine. But we are not talking about salt; we are talking about aluminum compounds. I'll come back to aluminum later.

As to question 6A, I am not exactly sure what you meant by “since aluminum salts are a well **known quantity**, used in vaccines since the 1930’s.” One thing I would ask myself is, if vaccines contained aluminum in the 30’s, which type of aluminum compound and what quantities per vaccine were contained then as compared to the Gardasil vaccine?

Your answer also does not explain why the placebos would contain all the adjuvants, it makes no sense and it would completely nullify the idea of what a “placebo” is or should be. It is supposed to be used to compare SOMETHING with NOTHING, not SOMETHING with the majority of that same SOMETHING.

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So, aside from any additional comments you want to make on the above, here are my question for this correspondence.

2A.1 – Do any vaccines presently used contain and/or will any future vaccines that you know of contain any sort of fetal tissue and/or cells, fetal matter or substances in any form, whether actual or derived, new or from existing prior fetal tissue/cell lines, regardless of amount, even in the most diminutive amount possible?

I am modifying and expanding on question 6A as follows:

6A.1 – What is the justification to have the Gardasil placebos contain all the ingredients in the vaccines except for the antigen?

6A.2 – What was the amount of aluminum salts in any particular vaccine in the 1930? Please state specifically what aluminum salts are being reference and in what amounts.

6A.3 – What is the amount of aluminum salts in the Gardasil vaccine? Please state specifically what aluminum salts are being reference and in what amounts.

And here are some additional questions you had not answered from my email of September 5:

7A - Do you agree that the size and amount of the annual Flu vaccine is the same for a 6 month old as it is for a 300 pound adult as the one described in that email?

8A - Do you agree that child mandatory vaccines have never been tested for mutagenic potential, or its potential to impair fertility?

9A - Do you agree that the HPV vaccine has never actually been proven to cure HPV?

10A - Do you agree that all manufacturers’ vaccine studies are always limited to a short period of time and that there are no long term studies on vaccination? If there are long term studies, please advise what period of time it covers; and advice what would be the justification not to do long term studies.

11A - Do you agree that there are no studies by vaccine manufacturers comparing the health of vaccinated children versus unvaccinated children? If you know of any, please provide links and advise what would be the justification to not to do such comparable studies.

12A – And just one new question: Do you agree that some vaccines can cause nervous tics, as well as severe allergic reactions, seizure; febrile seizure, anaphylactic/anaphylactoid reactions, multiple sclerosis, systemic lupus erythematosus (SLE), lupus-like syndrome, arthritis pain in extremity, GBS, Encephalitis, other serious diseases and death?

For your convenience here is the link of a study I made of all child vaccines, comparing the CDC flyers with the actual vaccine inserts. This document has a link to all the original inserts covered. <http://www.cafepeyote.com/files/Vaccines - Insert Analysis.pdf>

The questions are pretty straight forward, so I hope you can answer them all.

Have a great and safe weekend.

Ricardo

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**OCTOBER 25, 2016 – RB**

*Dorit has not replied, other than to advise she is busy and would reply as soon as she could. That was two weeks ago, over three weeks from my last response and questions. I am assuming she will reply.*

**OCTOBER 26, 2016 – RB**

While you reply, I want to share this comment from an Emergency Room nurse, which goes to our comments regarding how under reported the VAERS system is:

**“As an E.R. nurse, I have seen** the cover up. Where do you think kids go when they have a vaccine reaction? They go to the E.R. They come to me. I cannot even begin to guess how many times over the years I have seen vaccine reactions come through my E.R. Without any exaggeration, it has to be counted in hundreds. Sometimes it seemed like it was one or two cases in a single shift, every shift, for weeks. Then I would get a **lull, and I wouldn’t catch one for a week or two, then I’d catch another case per night for** a couple weeks. This was common.

**“Once, I was training** a nursing student, about to graduate, on their E.R. experience rotation in nursing school. This student and I floated up to triage to cover the triage nurse for a break. I was quizzing them on what to ask and look for as a triage nurse on pediatric kids that came through. I made a point about asking about immunizations right out the gates. The student was puzzled, and asked why, and I told the student because

we see vaccine reactions every day and its their job to catch it, alert the doctor and the parents, and report it to VAERS [Vaccine Adverse Event Reporting System]. Some higher power apparently smiled on my attempt to open the eyes of another nurse I guess, because not even ten minutes later, a woman brought her child up to the counter. Sudden onset super high fever and lethargy. I asked if the child was up to date on vaccination. The mother replied he had them just a few hours ago. I glanced at the student, who looked shocked and looked back at me in disbelief. I nodded, told them to remember this, and then took the mom and her child to finish the triage in back. When I was done I came back and sat down with the student, and asked what he learned that night so far. The first response: **“What I was told about vaccines wasn’t true”**. I couldn’t have said it better. That student is going to go on to be like me, advocating for his patients with his eyes wide open.

**“The cases almost always presented similarly, and often no one else connected it. The child comes in with either a fever approaching 105, or seizures, or lethargy/can’t wake up, or sudden overwhelming sickness, screaming that won’t stop, spasms, GI inclusion, etc. And one of the first questions I would ask as triage nurse, was, are they current on their vaccinations? It’s a safe question that nobody sees coming, and nobody understands the true impact of. Parents (and co-workers) usually just think I’m trying to rule out the vaccine preventable diseases, when in fact, I am looking to see how recently they were vaccinated to determine if this is a vaccine reaction. Too often I heard a parent say something akin to “Yes they are current, the pediatrician caught up their vaccines this morning during their check up, and the pediatrician said they were in perfect health!” If I had a dollar for every time I’d heard that, I could fly to Europe for free.**

**“But here’s the more disturbing part. For all the cases I’ve seen, I have NEVER seen any medical provider report them to VAERS. I have filed VAERS reports. But I am the ONLY nurse I have EVER met that files VAERS reports. I also have NEVER met a doctor that filed a VAERS report. Mind you, I have served in multiple hospitals across multiple states, alongside probably well over a hundred doctors and probably 300–400+ nurses. I’ve worked in big hospitals (San Francisco Bay Area Metro 40 bed ER, Las Vegas NV Metro 44 bed ER) and small hospitals (Rural access 2 bed ER, remote community 4 bed ER) and everything in between. When I say NEVER, I mean NEVER. I have even made a point of sitting in the most prominent spot at the nurses station filling out a VAERS report to make sure as many people saw me doing it as possible to generate the expected “what are you doing” responses to get that dialog going with people. And in every case, if a nurse approached me, their response was “I’ve never done that” or “i didn’t know we could do that” or, worse “What is VAERS?” which was actually the most common response.**

The response from doctors? Silence. Absolute total refusal to engage in discussion or to even acknowledge what I was doing or what VAERS was.

**“The big take away from that? VAERS is WOEFULLY under reported.** I am PROOF of that. The number one place parents bring their kids in the event of a vaccine reaction is the E.R., and as an E.R. staffer, I have NEVER met anyone who filed one, in spite of seeing hundreds of cases of obvious vaccine associated harm come through. What does that say about reported numbers? The CDC/HHS admits that VAERS is under-



reported, and probably only representative of 1/10th the actual number of injuries. I contest that, and from personal experience, I would say the numbers in VAERS are more like 1/1000th the actual numbers, not 1/10th.

**“And the final part of that, is that I have, first hand, seen blatant** cover ups from doctors. I have seen falsification of medical records and documentation via intentional omission. I have challenged doctors who refused to put in the chart that the child was vaccinated 4 hours ago and was in perfect health, and now suddenly they are non-responsive, seizing, febrile at 105, and that labs, LP, and imaging confirms cerebral edema/encephalitis. I reminded the doctor as they are writing their report that the child was vaccinated mere hours before. And at the end, there is total omission of this fact, and the physician pass-off notes state encephalitis of unknown origin. I ask the doctor if they will file a VAERS report, and they argue that this has nothing to do with it, its purely coincidental, and nothing should be filed, they are safe and effective. I remind them that VAERS is a reporting body for ANY symptoms that are contemporaneous to vaccination, whether causation is believed to be associated or not, and I get the dismissal that they are not filing it because it has nothing to do with it.

**“No one brings it up to the parents. It’s this giant rug-sweep** that happens, and any mention of the vaccination is systematically removed or withheld from the record. A perfect example of this, was an ambulance crew that came in with a pass-off report that included the fact the child had been vaccinated only hours prior to onset of symptoms. The physician made sure this pass-off sheet disappeared mysteriously and could not get filed with the patient medical record. So yes, I have seen the vaccine damage cover up first hand. I know that it is intentional and active in the medical community. I know that it is happening. And on top of total denial of any association, and total cover up, they also refuse to report to VAERS which is supposed to be reported to for ANYTHING that is even in NO WAY SUSPECTED to be associated with the vaccine. This is a systemic suppression of information and statistics.

**“And yes, in the cases described above, I did approach the parents,** and I did tell them about VAERS, and I did start a case for them and file a report. I did force the issue through my charting, although it will most likely be buried and overlooked. I have experienced the corruption and suppression of the truth in the medical community about vaccines first-hand from the provider perspective. It does happen. **Every day.”**

#### **OCTOBER 26, 2016 – DORIT**

Frankly, this reads like someone who seeks to blame vaccines for any problems she sees, regardless of the evidence, and report anything to VAERS. This is one reason VAERS reports are unreliable: people like this, who believe any bad things is due to vaccine, post reports that are not related. That’s why research shows most reports are not because of vaccines.

I don't think her bias is evidence of anything except her bias.

Dorit Rubinstein Reiss

**OCTOBER 26, 2016 – RB**

Thanks. When will you be replying?

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... Continues below

**NOVEMBER 20, 2016 - RB**

Hi Dorit,

On the one hand I am disappointed that you have decided not to continue our discourse; on the other, I feel you don't want to admit certain realities, truths and obvious concerns with vaccination, which I feel give credence to my position, at least as far as I can conclude.

(RB Note: The rest of the email was my Nov 18 Vaccine Fight post on the religious exemption)

**NOVEMBER 20, 2016 – DORIT (3 MINUTE LATER)**

Hi Ricardo,

I'm sorry, I just don't have time right now for a lengthy discussion that, honestly, feels a little pointless, simply because there is so much else going on. That certainly doesn't change the data supporting vaccines or make conspiracy theories into reality.

As to governor Brown:

A. He didn't have the authority to create a religious exemption at the time, as I've said then: <http://www.immunizeca.org/wp-content/uploads/2012/02/UCHastings-Signing-Statement-not-law.pdf>

B. SB277 completely removed even that. That form was drawn pursuant the language of the personal belief exemption put in place by AB2109. That language isn't the law anymore. There just isn't any basis for it.

Best,

Dorit.

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FACEBOOK CORRESPONDENCE ON A POST ON PAN'S PAGE:

Nov 24, 2017

RB: Dorit noted in an interview that her family had financial interests in the vaccine industry. She also admitted to me that glyphosate can cause cancer and that vaccines contained such substance. Dorit, do you care to expand?

DORIT: Yes, my family owns stock in GSK, among a diverse portfolio. I did not make the other statements. I'm not sure where you came up with them. The only thing I would add about our stock is that, as Skeptical Raptor calculated, in the unlikely chance that my advocacy affect stock prices it would net us about \$90 a year. I donate more than that to pro-vaccine non-profits each year.

RB: You and I corresponded by email for months arguing our position and you noted that in one of your replies. Check the emails.

DORIT: I do not remember saying that, and do not believe I did. You are welcome to provide proof. I do not need to go hunting for something to prove your claim. You made it, you prove it.