

An Interview with Dr. Lawrence Palevsky

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

PL: Dr. Lawrence Palevsky

Introduction:

DM: Welcome, everyone. This is Dr. Mercola. Today I'm joined by Dr. Lawrence Palevsky, who is a board-certified pediatrician and who uses a holistic approach to children, wellness, and illness by incorporating nutritional science, environmental medicine, chiropractic, osteopathy, and other natural healing modalities in his pediatric office in New York.

He has also worked in pediatric emergency, intensive medicine, and in neonatal and newborn care. He is one of the leading pediatricians in the United States that advocates a more conservative approach to using vaccines.

So, welcome and thank you for joining us today, Dr. Palevsky.

PL: It's a pleasure to be here.

DM: As a former fellow of the American Academy of Pediatrics, could you give us some background on how you came to choose a more holistic way of practicing medicine with children?

PL: Well, I graduated of NYU School of Medicine in 1987 and did a full residency in pediatrics at Mount Sinai School of Medicine in New York. By 1990, after finishing medical school and residency, I became an ER physician. I just accepted what it was that I was taught – went into practice, did ER medicine, and then went to become an ICU doctor, working in neonatal intensive care.

But what I started to see was there were questions that I didn't have answers to. My medical education just gave me certain amount of answers, but I was curious and wanted to know more. And in wanting to know more, I realized that the answers weren't in conventional medicine. I wanted to understand what brought kids to develop their fevers, why mucus was increased in certain illnesses, why autoimmune diseases occurred, and why chronic inflammatory conditions occurred. I want to understand the contributing factors.

I also wanted to understand what it was about the body that was incapable of healing, because all I was trained to do was to find the right medicine, the right tool, or the right surgeon to fix somebody's problem. But I became interested in understanding how to redirect someone's illness toward a path of greater wellness.

Conventional medicine didn't provide that information for me, so I started to seek those answers in Chinese medicine, Ayurvedic medicine, chiropractic, naturopathy, osteopathy, herbology, and homeopathy. I tried to learn the philosophies of those medicines, only to realize that Western science contains those philosophies if we apply them in clinical practice. We usually don't.

DM: It sounds somewhat similar to my own transition from conventional medicine to a more natural approach. In that transition from myself and that I've seen occur in many other physicians, I've noticed that one of the last bastions of conventional medicine that one abandons is really the use of vaccines in the practice.

PL: Right.

DM: I remember when I first started out, I thought that Dr....

PL: Mendelsohn.

DM: Dr. Mendelsohn out of the University of Illinois who was a big promoter at the time – in the late 70s or early 80s – of the concern about vaccines. I thought he was just a raving lunatic. Unfortunately, by the time I realized he wasn't, he had already passed away. But he's certainly one of the great people who've made a difference there.

I'm wondering if you could describe your own journey, and how you transitioned out of vaccines. Describe your journey with vaccines, and then what your current position is.

PL: Well, in 1991, New York State (this was after I finished a fellowship in outpatient medicine at Bellevue Hospital in New York) passed a law mandating that every newborn got to have a Hepatitis-B vaccine. It was the first time that I saw vaccines being used for a disease that really wasn't present in the newborn or infant population. All the other vaccines that I had learned about came on the heels of a massive wipeout of disease of different populations. The vaccine was developed after the disease had occurred, but this was one of those preemptive strikes.

It made no sense to me that we were vaccinating a population that really had little to no risk of having a disease. I started to wonder what was really going on, but I didn't do much about it. I was an ER doc, so it really wasn't that pertinent to my practice. But then about the late 90s, 1997 or 1998, a mother came to me and said, "Did you know that there's mercury in vaccines?" The standard comment from the general medical population was, "Oh, that's nothing to worry about. Don't worry, it's just minimal. It really isn't much." And I said, "Well, I'm concerned."

I started medical school in 1983. I'm now learning 14 or 15 years later that there's mercury in vaccines. How come I didn't know this? My question was, "Well, what else is in there?" I just started to explore more of the package inserts, more of the manufacturing processes, more of the adverse effects, and started reading the literature that doesn't get near medical schools and residency programs. I started to realize that there was more information to learn than what I was originally taught.

DM: Yeah. In addition to the mercury, of course, there are even potentially more toxic ingredients.

PL: Sure.

DM: Of course, like aluminum and other ones.

PL: Right.

DM: Other than the vaccine itself. I'm wondering if you could share how you've evolved from there, and what your current position is on the use of vaccines in your practice.

PL: I was taught in medical school and residency that vaccines are safe, they were effective, and that there's absolutely no reason to question it because we've done all the studies. What I've realized is that the safety that I would want for kids, having taken the Hippocratic Oath of "First do no harm," is not happening.

The vaccines are not safe the way we're told that they're safe. The injection of these materials has never really been evaluated in different age groups – in pediatrics or in adults. We don't know where vaccine materials travel. We don't know if they go into the brain. We don't know if they go into the liver. We don't if they go into the limb system. We don't know if they get intracellularly and destroy mitochondria and nuclei. All we know is that they give you an IgG antibody, and the disease seems to disappear.

But we're not really looking to see if there's an adverse outcome greater than the actual disease process itself. I've come to a position where there's not enough information to say that vaccines are sufficiently safe to warrant the kind of usage of these vaccines the way we're implementing these policies. In fact, in many cases, some of the adverse effects of vaccines may have been greater than the adverse effects of the actual diseases. I'm concerned, because I took that oath of "First do no harm," and I see firsthand what's going on with the vaccines and how it's affecting children's health.

I did not turn my back when I heard parent after parent – in the dozens, in the hundreds, and then in the thousands – start to say that their children were fine, then they got vaccinated, and then something really bad happened to them acutely or within days, weeks, or even months. Those parents were told 100 percent of the time by the conventional medical system, "It's a coincidence. It couldn't possibly be related to the vaccine." As a person who's curious about science and questioning, it became obvious to me that there may not be a coincidence here and that something more may be going on.

The literature is pretty supportive of the fact that vaccines have much greater adverse outcomes on the genotype of the body, the immune system of the body, the brain of the body, and the intracellular functions of the body than we are willing to tell the public about.

DM: Yeah, it's really quite surprising and shocking that all these anecdotal evidence for the hundreds and thousands of patients that you've seen and that certainly I and many other physicians have seen can be just so easily dismissed as just a coincidence.

Interestingly, recently Dr. Offit, who is – I think – widely recognized as one of the biggest proponents of vaccines, had commented that there were over 20,000 studies that prove the safety of vaccines. I would think that both you and I agree that it's a beyond-ludicrous statement. I'm wondering if you could expand and comment on the reason why it's such an outrageous statement.

PL: For the ideology that he supports and that supports him, he's correct. There are 20,000 studies that show vaccine safety and efficacy. But in order for us to really delve into those studies, we have to look at who supported the studies. What was the study design? What were the control groups? How big was the actual number of kids or adults that was used in those studies? I think we will see that in most of those studies, the actual safety has never really been proven.

One of the reasons that I think we can fairly say that is that the vaccine manufacturers and the conventional medical organizations have not done studies that compare vaccinated to unvaccinated children. In order for us to really know if children who were vaccinated are having an adverse effect from a vaccine, we have to use a placebo group that's given an injection of maybe normal saline to evaluate whether or not they developed the same symptoms that children who were vaccinated may develop after they're injected with the vaccine.

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Those studies are not done. They're not done because the conventional medical system says it's unethical to leave kids unvaccinated for any length of time. But most of the vaccine safety studies that are being done last anywhere between one and four weeks anyway. The kids are followed within those one to four weeks. Then they're not followed in a very detailed way to recognize whether any of their health outcomes could be related to the vaccine that they got one to four weeks ago.

What ends up happening is they compare the incidence rates of these vaccine reactions or these symptoms that kids get after they're vaccinated to how often those symptoms are seen in the general population, to check and to see if this vaccinated group is in any way getting an increased incidence of these symptoms than the general population would get. But the fact of the matter is that the general population is vaccinated, so they're comparing a vaccinated group with a vaccinated group.

They always say that the study group that they're using is not having these symptoms related to the vaccine. Therefore the vaccine is safe, because it's no greater a flag of incidence rates of these symptoms than what you would see in the general population. That's unfortunate, because they're comparing the group to itself, and they're not designing the studies looking properly at vaccinated kids with unvaccinated children.

The other problem is that they are not following children long enough to know whether in three months, six months, three years, six years, or 10 years, there could be some autoimmune antibody or some immune challenge that happens to the body that lingers or that just sits there as a genotypic effect. There's a change in the genetics, there's a change in the DNA, that doesn't necessarily manifests itself until years later because of other stressors, perhaps even another vaccine that comes years later.

None of those studies have been done, so I don't know how you can say that vaccines are safe. Some of the people that you mentioned will say that, "We know vaccines are safe, because we've been doing them for so many years." But that doesn't mean they're safe. That doesn't show the molecular, immunological, and neurological markers that are being measured when we vaccinate children. None of those markers are actually looked at.

We're not looking at the micro-molecular levels to see, "Okay, was there an autoimmune antibody produced? Were there other inflammatory markers produced? Where did those markers manifest? Did they stay in the body? Did they stay in the body? Did they manifest into clinical symptoms? How are they relevant?" None of that science is being done. But we're just saying that vaccines are safe, because we've been doing it for so long. And anyone with a good scientific mind would say that's not adequate.

DM: Well, thank you for that great explanation, because that really addresses the crux of the problem, which is the vaccine safety. And that is one of the things that you, I, and Barbara Loe-Fisher of NVIC are just adamant about, because that is really the central core of the issue: safety. The argument that they're putting up is that the 20,000 studies have been done, but you've just really provided a really great and detailed rebuttal to that assertion.

For any professional looking at this, I would encourage – if any professional is watching this – to follow the journey that you went on, to be somewhat skeptical, to investigate, and to evaluate this yourself and to do it with a critical mind.

Through whatever reason (primarily time constraints, I would imagine), the vast majority and the bulk of the physicians have not done that exploration and that journey of fact-finding like you have. They've come to accept this hook, line, and sinker, so much so that they believe this is really one of the foundations and tenets of preventive medicine.

It has presented a social challenge at this point, because there's a number of pediatricians and even family physicians who are actually now firing patients who refuse to have vaccines. I'm wondering if you can comment on that scenario, because it's becoming even more common.

PL: Right. Well, I think it reeks of a tremendous amount of coercion and paternalism. It reeks of a superior arrogance of a knowledge base. If anything, the parents have shown me that they are way ahead of the curve on the knowledge base of what's going on in the literature and in the vaccine science. They're seeing it firsthand. It's not because they're reading the Internet, they're reading the garbage on the Internet, or they're reading accusative reading; it's because they're actually noticing that there's more information than the physicians are aware of.

It is extremely difficult – I know as a pediatrician who took the oath of "First do no harm." And most of the people who go into the pediatrics are truly altruistic and loving of children and would never ever willingly say or willingly state that they want to do harm to kids. I mean, it's one of the most altruistic and loving professions in medicine.

DM: And one of the least paid.

PL: Besides the point. It's a position of tremendous love and care. There's a tremendous adherence to an ideology that really, really truly believes that vaccines are the greatest thing to come in the 19th and 20th centuries, and now the 21st. But I think it's hard for any physician who is so invested in the love of the children and the love of their practice to actually step back and say, "Am I doing something that's hurting the children in my practice?" Because the foundation that's broken after they may realize that there's more that they knew, that they were actually wrong, you know.

Telling a physician that they're wrong is not an easy thing to do, let alone to have the physician actually admit that the physician is wrong. It took me years to say, "I don't know" or "Maybe I was wrong." In such a litigious society, it's very hard for physicians to actually say, "I don't know," "Maybe I was wrong," or "Maybe I did something that I didn't know was harmful."

You have this real adherence. It's an ideology that is so strong that the parents who choose either to stagger their vaccines or to not vaccinate at all are considered heretics, that they're actually leaving the church, leaving the mosque, or leaving the synagogue. They're out of the fold of the dogmatic teaching, and that's where we're in trouble. When it becomes dogmatic, it's no longer science. It no longer has room for inquiry, curiosity, contemplation, and self-awareness.

The physicians have to adhere to this one party line voice that says, "Vaccines are safe. They're effective, and you must get them." There's no room for disagreement. To disagree with that means that you're disagreeing with the one party line, the paternalistic body that says, "You must listen to me." Then we're no longer dealing with actual medicine. We're dealing with something very different.

And I would go so far as to say that the people who hold true to the "Vaccines are completely safe. They're completely effective. Oh, well, maybe there are a couple of side effects that happen occasionally." But the adherence who says, "Vaccines are safe. They're effective. You must get vaccinated, or else your child will die. If you don't vaccinate, you're the one that's going to infect everybody else," because somehow vaccines eliminate the presence of organisms in those who are vaccinated, which is another myth that people propagate.

But these adherents are the same people that said that the world was flat. This is the big problem, because the world isn't flat. Science evolves. What parents are finding, some physicians are finding, what a lot of scientists are finding is that the science is changing, that science is growing. It's growing to actually show things that we thought we knew are no longer as valid. "The world was flat" was a very hard concept to accept, until "The world was round." I think that's the same thing that we're having here.

That's why parents are being fired from their pediatrician's office: because the world is flat, and there is no possibility that the world could be round. I feel for these families, especially in areas where there are very few physicians for them to go to and to have care for their children. There are some physicians who will actually say, "Why do you even need to go to a pediatrician? If you're not going to vaccinate, why go?"

I think that it's really important for families to feel that they have a relationship with either a family doctor or a pediatrician who can nurture them, teach them, and support them, which is what the definition of "physician" is: teacher.

I think we've gotten away from that role as physicians – as teachers – and more into the physician as coercion, as domineering, as paternalistic, and as "If you don't listen to it, you're either with us, or you're against us." There's no gray zone.

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And I feel badly for those families. But I also realize that many other families who choose not to vaccinate for the reasons that they choose, they often will see that if they're following a proper

diet, if they're following a proper lifestyle, if they're following a middle-of-the-road sleep and care of their families and parenting, they rarely need the doctor, because they're more well than they are sick. I feel for those families.

There are pediatricians and family docs scattered around the world and in the United States who are open. They may not agree with the families, but they're at least open. Those are the pediatricians and the family docs that I advise parents to find. The only way you're going to really find those doctors is by speaking to other parents who have gone to those doctors.

DM: That's so terrific. I couldn't agree with you more, at least from my experience and observations of the typical pediatrician who as a group are some of the most committed and compassionate individuals. It is somewhat tragic that they've had this limited viewpoint it seems. But one of the strategies that I would recommend to people watching this, as patients or parents of children who are seeing a pediatrician is to... Especially, if this relationship – obviously, that's not true for all cases. Sometimes they're no more than a number.

But when they do have this relationship, especially over years, it's with that individual that you can make a difference by having this type of conversation maybe outside of the office visit. But I know, in my case specifically and in your case I believe also, it was a patient. It was the patient's experience that convinced me that there was something else going on here.

PL: Right.

DM: To at least open myself up to the possibility that we could be wrong, to look at it, and to be more careful. Then I made the transition. But without that patient interaction, it would have never happened.

PL: Right. But you know how entrenched an ideology can be.

DM: Uh-huh.

PL: That there is such a stuckness to a belief system. Then the emotional and psychological breakdown that has to happen in that physician to realize that they may have been wrong, that they may actually fall from the pedestal, and they may actually have harmed children, it's nearly impossible for that to happen. There's a very strong adherence to the ideology. It has to stay that way for a lot of people, until you hit that critical mass.

DM: Uh-huh.

PL: I don't know if we're at or near that critical mass.

DM: What do you mean by critical mass? Critical mass of physicians or patients coming to their physicians, imploring them to evaluate this more carefully?

PL: Until you have enough of a groundswell from the population to teach the physicians. Because I don't think that the teaching of the physicians is going to come from the scientific community.

DM: No.

PL: Or from the medical community.

DM: No.

PL: I think it's going to come from the groundswell of parents who are seeing the literature, reading the literature, deciphering the literature, and ahead of the literature, which again attacks the physician, "How do you think you know more than I do?" The zealots who are the ideologues will say, "Oh, parents don't know this stuff. They couldn't possibly read this material to understand it. We, the doctors, know better."

I think parents are waking up to the fact that, "We can't trust you when you say stuff like that. In fact, we are repulsed by your authority when we hear you say things like that. What we need is a little humility, because I trusted, and this is what happened to my kid. You can't tell me it's a coincidence, because I know, my friends know, and my relatives know, because we have all these autoimmune diseases and chronic inflammatory diseases that we didn't have. Now we have all these vaccines, and we're seeing things happen. We know, and you're not listening. If you're not listening, we're going to find the people who will."

Really, the people who are listening are the parents. What you need is a critical mass of parents who are going to be able to go into the legislatures. The legislatures are parroting the ideology, because they're not as scientifically based as the physicians or as the parents. They're just following the lobbyists from the manufacturers, medical organizations, and from whatever other lobbyists are there who tell them that vaccines are completely safe and effective, and this is what they do.

But the parents are getting in there, and they're fighting. They need to keep fighting and educating, because they're the ones who are home with the kids, they're the ones who are seeing the changes, they're the ones who are reading the literature, and seeing that there are tremendous numbers of scientific studies that are proving that vaccines may not be as safe and effective as we thought they were.

The only way to create this dialogue is for those parents to bring it out, because the media won't report it, because they're part of the lobbyists that are making sure that this information doesn't get out.

I hate to say that, but it really feels like there's a concerted effort to stop a dialogue, to completely disallow any disagreement, and to not allow for public discussion or discourse. You either do it my way, or you go. I mean, what kind of relationship is that? There's no healing in that. It's only dogma. It's coercion. And parents are not going to stand for it. More and more parents are starting to wake up.

DM: Well, I think it is about the relationship. Occasionally, there will be a parent who has that relationship with a physician, where they're able to break that barrier and to go over the most insurmountable challenges that you alluded to earlier. But it seems to make sense, from what you're describing, that a better strategy may be that parents connect with other parents who they do have bonded relationship, where there's respect, trust, and belief that they're not some type of crackpot to look at this more carefully, especially if their objective is rationally, scientifically based to look at the evidence and to make a decision themselves.

Because really, the only way to change someone's belief system on this is to have them come to the conclusion. They can never be told.

PL: Correct.

DM: They have to come to that conclusion themselves. But they'll never reach that conclusion, unless they carefully look at this.

PL: Right.

DM: If we can start that process by having people – everyone watching this – to connect with other parents, then we can get this critical mass. I think it's one of the tools that we can use for that, because it's difficult to do this by yourself.

PL: Right.

DM: I mean, it really is helpful to have supportive groups. I believe the National Vaccine Information Center (NVIC) has portals on their site, which allows them to connect with other groups locally in their area, so they can start to spread the message and so that we can obtain this critical mass and to start to make a difference in this really important issue.

PL: Right. Well, the website actually is NVICAdvocacy.org. What it does is it alerts parents to what's happening in each of the states regarding philosophical exemptions, religious exemptions, and medical exemptions, so that parents can join and find out: what are my rights? What are my options? What is going on in my state? How can I join other parents who are wanting to learn more and advocate for their rights as citizens for informed consent? I think, at least what I've seen as a physician, is that the parents are the driving vehicle for the information to come out.

What you have here in our current system is you have physicians who are paternalistic and coercive and say, "You must vaccinate." And you have a growing number of physicians who are equally coercive and paternalistic and say, "Don't dare vaccinate." Each system doesn't actually entitle the parent to think and learn. Again, both systems will say that they're not smart enough to know, or they don't have the tools to learn the science or understand the science. It's not rocket science. It actually is very simple.

DM: It looks like it.

PL: It looks like it.

DM: It may appear superficially to be rocket science.

PL: Well, again, if you, as the authority, look down on the people and say, "It's too hard for you to understand," then many people will say, "Yeah, you're right. It's too hard to understand." But I have parents who can cite and explain the information just as well as I do and have the tools. The middle ground, which I think is most important as you said, is that parents need to come to an understanding of what the risks and benefits are – what the risks are to disease and what the benefits are to disease.

That leads to another issue. It's that many of the children have illnesses that we vaccinated against are actually important illnesses for children so that their immune systems, nervous

systems, and brains mature. I learned this back in the 1980s when I was a medical student being taught by physicians who practiced pediatrics in New York since the 1940s. What they said was that the kids in their practice who would get their measles, mumps, chicken pox, rubella, and flu illnesses, if they were left to their own devices, not medicated, and just left to be supported through their illness, after the illness was over, the physician always saw a developmental growth spurt.

What it speaks to is an understanding of virology, why viruses actually exist, and what they actually do in the body. They're meant to actually help protect the host, to clean the body out of waste, and to remove obstacles for optimal cellular function. This is what we're supposed to learn in medical school, but don't necessarily.

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There are so many ways to support a child through many of these childhood viral illnesses. They don't have to have the small number of cases of meningitis or encephalitis with these viral illnesses. Many of them or most of them are actually pretty benign. They may not be benign in areas of the world where there's poverty, poor nutrition, poor sanitation, and war, which means that the conditions are not viable for optimal healing. But in a community of the United States where optimal healing is pretty reachable and pretty obtainable, most of these diseases are pretty benign.

When it was said that the reason the measles vaccine was implemented in 1963 was to prevent against the massive cases of encephalitis that occurred as a result of slow viral re-ignition of a measles infection months or years later, I went into CDC. I looked it up to see what was the incidence of subacute sclerosing panencephalitis or SSPE. It showed that it was .0061 percent. There was .0061 percent incidence rate of encephalitis after measles infection. Well, that's not a massive number of cases of measles encephalitis.

But now, we have one in 88 children with autism, and it is pretty well-documented in the literature that one of the hallmark pathologies in autism is brain encephalitis or brain inflammation. One in 88 is 1.14 percent brain inflammation or 1.14 percent encephalitis. We've now gone from a .0061 percent encephalitis after measles infection to a 1.14 percent encephalitis rate in children.

Now, I don't know how much measles vaccine plays a role in that, but we have more cases of brain encephalitis after vaccination than we had before we started the measles vaccine. So, how successful are we in reducing some of the bad side effects of the diseases?

I think if we really look in the literature, we'll see that many of the diseases do not give us the adverse effects that we are taught and that the medical doctors put pictures up of kids dying in hospital beds of these diseases. I mean, it's a good propaganda for supporting their position. But you know, polio illness is rarely ever paralysis. I had two kids in my practice recently who were 15 and 12 and who had positive antibodies to polio. They've never been vaccinated. They never had polio paralysis. More than 98 percent of the time it's just stomach flu. Most people don't know that.

"I don't want my kid to get polio." Well, chances are, your kid will get polio, because it's an endemic virus to the intestinal lining of the human gastrointestinal tract. It's probably going to

give them an illness one day sometime in their lives. It's rare that it's a paralytic illness. But again, most people don't know that it's not the severe illness that we say it is, unless, of course, we're in a poverty-stricken, war-stricken, you know, poor nutritional and sanitational environment.

DM: Yeah, fear can be a very motivating factor.

PL: Yeah.

DM: It's interesting those numbers that you cited. If my math is correct, I think that's about a 500-fold increase from the numbers with the vaccines – 500-fold more cases of encephalitis rather than the last.

PL: Right.

DM: As a practicing physician who focuses on natural therapies (a whole variety of them as you mentioned earlier), I'm wondering if you can give your best recommendations to provide to parents as how to most optimally address their child who is sick and who may or may not be vaccinated, but is encountering a viral illness, perhaps with a high fever or where most of the concern or risk comes from.

PL: Right.

DM: I'm wondering if you can best advise them on how to address that situation.

PL: First of all, there's a checklist that I ask parents to go through when their child is sick to know whether or not that child is sick enough to need to go to the emergency room or to the physician's office. Those are checklists. Having been an ER doc and an ICU doc, I'm very, very solidly aligned with my medical training, which is: is the child alert, awake, and active? Is the child interactive? What's the mental status of the child? Is the child urinating and responsive? If the child is sleeping, is the child arousable? Can the child walk if the child is ambulatory?

These are all things that are very important things to look at on a checklist. If the parent can say that the child fits an adequate checklist that says, "Okay, they don't need to go to the emergency room." Then I recommend the following: number one...

DM: Because there is benefit. I mean clearly, if a child does have some of the symptoms you mentioned, they would best be evaluated by a trip to the emergency room.

PL: Absolutely. If a child's not alert, if there's any change in mental status, if the child's not responsive or interactive, or the urine output has gone down next to nothing, these are signs that something more serious may be going on. If a child can't breathe, if the color change has gone more to gray or to blue, these are things that parents need to be aware of. If the child's arm is limp when you lift it up, that's lethargic.

These are things that I teach parents. And I put information like these on my website, so that parents can know what to look for.

But then once the parent understands that "Whew, things are okay," then one of the most important things that a parent can do is to stay with the child, so that they can monitor the

progression. This is because things can change immediately. If I have a child who's less than three months of age with a fever, that child needs to be seen by a physician. There's just no way around that. Conventional medicine has some really valuable guidelines to help us monitor the health of children.

But again, above three months, you're following the checklist, stay with the child. If the child is breastfeeding, breastfeed the child. If the child is not breast feeding, hydrate. The best thing you can do for a child who's sick is to hydrate with either room temperature water or broths. If they eat chicken, a chicken broth. Again, nothing that's too strenuous. I believe in what's called a starvation diet for kids when they're sick. Mostly because they're in such a state of stress that blood flow to the gut is diminished during a state of stress. Therefore, digestion is less efficient in their bodies.

Really keeping the food to a minimum – almost starvation. Really keeping it to broths, teas, soups, clear liquids, and observe. You want to keep the hydration going, open up the kidneys, allow for the flushing of fluids, and put them in warm baths, which will help to relax them and which will encourage bowel movements, which again is another way to get rid of wastes. Most of the reason that kids get sick is to move or get rid of wastes anyway.

The idea is to not put more wastes in. You don't want to overfeed them. You don't want to overstimulate them. You want to keep them in a room that's darker, that has less noise, less sound, and less visual input. You want to really lower the amount of information and activity that's feeding the nervous system and that's feeding the digestive system. And you watch. You continue to watch. You stay with the child. Studies will show that if the parent actually holds the child and breathes with the child, the child's breathing pattern will synchronize with the parent, and healing will occur faster.

I don't recommend over-the-counter medicines for any of the febrile illnesses. There are easy ways to support the child.

DM: Neither does the American Academy of Pediatrics, I believe also. Even conservative physicians don't recommend.

PL: Well, they recommend cautious use of over-the-counter medicines. But still, you know, many parents who go to the emergency room when the kids have fever, they get the over-the-counter medicine right away. There are just no questions. Many parents who are told that the kids are going to get vaccinated are told to give them the over-the-counter medicines for fever before and after. It's still widely used as a therapy. I don't find that the literature supports their safety either.

It's really a matter of supportive care, and this is old school. I mean, this is back in the way in which the pediatricians who taught me took care of their families in the 40s and 50s. They would sit next to the bedside of kids in their homes when the kids were sick. Obviously, physicians can't do that as much, but the parents can. And there are ways to stay in touch with the physician to make sure that things are going properly.

But families in my practice will see shorter durations of fever, shorter durations of illness, if they don't interfere with the body's physiology to get rid of the wastes from that illness, and if they don't overfeed the children and keep things quiet.

[----- 40:00 -----]

DM: Thank you for those guidelines.

PL: Yeah.

DM: It would seem interesting that you mentioned that physicians from previous generation used to spend more time with patients in their home setting. It would seem that technology would almost allow us to emulate that somewhat with FaceTime and Skype.

PL: Sure.

DM: To at least have the physicians see the patient. I mean, you can't feel or do any other assessment, but you can at least visually observe them. I'm wondering if you have any recommendations for parents who encounter a physician or pediatrician who's resistant to the vaccines and just basically fires them from their practice.

PL: Right.

DM: How can they find a clinician who's more open to this and allows them to exercise their own choice.

PL: Right. Well, before the physician fires the parent, I do recommend that the parent tries to engage in a calm, quiet dialogue. I mean, the appeal that I recommend that parents bring to their physicians is, "I like you. I like the way you care for my family. I respect your clinical judgment. I don't expect that we're going to have 100 percent agreement in the way in which I practice medicine with my family, and the way you, as a physician, practice medicine in your office. But this is an issue that I'm asking you, if you would respect my wishes, because I'd really like you to continue taking care of my child."

And if the physician at that point says "No," then the parent has been given a blessing. Because you really want to work with a physician who you respect and who respects most of your opinions. The way in which parents would then find a physician is asking other parents in the community, because most physicians who are open are not advertising that they're open.

There are some physicians who do have resources for parents. I think Dr. Bob Sears has one. He has a list of physicians who are open to either a staggered vaccine schedule or to not vaccinating. But I don't know if that list is complete and I don't know the people on the list, so I can't vouch for them. But I do understand that there are physicians, and the best way to find those physicians is through NVIC.org, because they do know some physicians.

There are other allied health professionals who are aware of physicians. You might find some in Chinese medicine, chiropractic, naturopathy, osteopathy, and homeopathy that know physicians in the area who are open. But rarely would you be able to find it out from any medical organizations.

DM: Yeah. Another resource one might consider is the local health food store, because these are usually committed individuals who are really networked into the community. They may not know of a physician who has an open policy, but they may know other clinicians and call those clinicians' offices – again to extend the network – to find out if there's anyone locally.

PL: Right.

DM: There should be someone pretty much reasonably local to most anyone watching this. It's not an impossible task, but it's going to require time, effort, and energy.

PL: Right.

DM: So, a large number of children are injured from vaccines. There's just no question. I think that's indisputable. What can be done with respect to obtaining an exemption for that injured child from future vaccines? And then, even the broader question is: what can be done for obtaining objection for individuals who live in states where conscientious objection isn't available?

PL: Okay. Well, the difficult part about the medical exemption is you have to have a physician who actually believes that a child's ensuing symptoms were related to the actual vaccine. That is becoming more and more difficult for parents to find. The degree of adverse effects that children are having doesn't necessarily fit the description of what is acceptable and understood as adverse effects from vaccines.

Every state in the United States has a medical exemption on the books, but the physician actually has to be willing to admit that what the child developed was related to the actual vaccination. If the physician writes that medical exemption, it may not exempt the child from other vaccines, because the physician may not be willing or capable of extrapolating that other vaccines might have similar effects being that that one vaccine or that set of vaccines had those effects.

It can be very difficult. I know in New York State it's gotten extremely difficult. Unless there's extreme support in the literature for the child's development of that reaction, then it's really hard to write a medical exemption. Those are becoming more and more difficult, because physicians are becoming less and less willing. Many times those exemptions are being rejected, because somebody in the state – who never saw the kid, who only has an opinion, and may not even know the literature completely – is going to reject it. And often lately is...

There are about 19 or 20 states in the United States that have a philosophical exemption. What that philosophical exemption means is that the family has a conscientious belief that this is not a safe injection for my child, regardless of what the 20,000 studies show. Then there's the religious exemption. The religious exemption is on the books in 48 states. West Virginia and Mississippi are the two states in the union that do not have a religious exemption as well as the philosophical exemption.

But the religious exemption is coming under increasing attack in different states around the country, because people are being challenged about their religious exemption. They're being challenged about the sincerity and the genuineness of their personal religious beliefs. The parents in this country are not necessarily made aware that they have a philosophical exemption in 19 or 20 states and a religious exemption in 48 states to not get their kids vaccinated.

Then what happens when people are told that they have this option, they'll often say, "But I'm not religious." The thing is that the religious exemption – as I understand it – is not about belonging to a specific religion. It's more about your beliefs between you and your higher power – God, Buddha, Allah, you know, whatever higher power each person has. It's a way for people

to come to their spiritual beliefs that the injection of these materials would be a desecration of what their higher power has created. And it is against their spiritual or religious belief to desecrate that which their higher power has created.

That's really the lines upon which the religious exemption should be used. Again, I've had families who actually came to their religious exemption through an understanding of the problems and the literature. They did their soul searching and their spiritual searching and found that, in fact, they now have this new belief that they didn't have before. That's what's available for parents in this country.

DM: Yeah, well, thank you. I've done a previous interview with Barbara Loe-Fisher, who actually did a marvelous job on detailing the specifics of how one can construct a personalized medical exemption. We'll seek to have a link to that – if not the video itself – below this one.

PL: Sure.

DM: With respect to vaccine injury, I'm wondering if you can share your experience with how many patients you're seeing in your practice now (a month or a year), and where these individuals have a clear case of vaccine injury.

PL: Well, my first answer is too many. Right now I'm working a part-time schedule of two clinical days a week. I would say that I see at least one on each of those days. At least, two a week of children whose parents have this inner belief that their children succumb to an injury from the vaccination. It's sad, because I look at many of these families and I say, "I wish I never had to see you for these reasons."

[----- 50:00 -----]

Many parents will ask, "Well, how do I get my kids better?" The question is a good one, but the question on top of that is really I don't know.

You know, you have a lot of people who say, "I can get those kids better. I have this treatment and that treatment." I think we really don't understand the depths to which the vaccine materials get into the nuclei, the mitochondria, through the cell membranes, across the blood-brain barrier, into the brain, or into the immune cells. We don't have any understanding of what those materials are, the depths to which those materials get in, and whether or not those contaminants actually become a regular part of protein synthesis and enzymes, or just hijacking the optimal cellular DNA and RNA of that cell. We have no idea.

When parents say to me, "How do I get my kids better?" the first thing that I say to them (after I've said this) is, "We have to try to stop feeding any other toxins into the body, because the body can heal itself if given the right tools." Now, each child is different. We have to see how much diet changes, you know. I've had some kids who do well with the whole foods diet, even though you're eating grains. I have other kids who can't eat grains at all, so that their intestinal bacteria can shift and they can start removing toxins.

I have other kids who can't have any dairy at all. Regardless of whether it's raw or fermented, they can't. I have kids who can't have gluten and dairy. Some can have gluten. Some can have gluten, but can't have wheat. Again, other kids with other allergies: eggs, peanuts, and soy. The

goal is to stop putting the things into the body that continue to create an inflammatory reaction, in hopes that you can then support the body to remove whatever inflammation is circulating, so that a new function can happen.

Each kid is different, so there's no across-the-board "This is the remedy that I would use for every kid." Then I work with a lot of other practitioners who can support the body's innate capacity to heal, so that the kids can get better. Not everybody can get better, because we don't know the depths of their injury. We also don't know the depths of what's in their bodies after they've been injected with things that we don't even know are in there.

DM: I couldn't agree more. I mean, there's much more that we don't know than we know at this point.

PL: Correct.

DM: But I strongly also believe that the dietary interventions can be profoundly beneficial.

PL: Uh-huh.

DM: At least that's been my experience. When I was practicing, I had treated hundreds, many hundreds of children with vaccine injury. The foundational basis of that treatment was primarily dietary. My new refinement if I were still in practice would be applying the work of Dr. Natasha Campbell-McBride.

PL: Uh-huh, the GAPS diet.

DM: The GAPS program. Thankfully, one doesn't have to fly to England. She's a Russian neurologist who has an autistic child herself (for those who aren't aware of it). But she is starting to train GAPS practitioners. There are several hundred around the country that can be seen in conjunction with a clinician, that can really go through the phases of not only healing the gut, because frequently there's significant gut pathology. This leaky gut syndrome, it needs...

PL: Right.

DM: To be healed and sealed. There's a very specific intervention process and strategy that can be implemented to achieve that benefit.

PL: Right.

DM: Then, of course, improving the gut flora with either probiotics or, more potently, fermented foods.

PL: Right.

DM: Typically, fermented vegetables.

PL: Yeah. I've worked with so many kids with chronic illness – not just autism, but chronic illness across the board. I've just offered the families the information that I've learned over the years, supported with the scientific literature. The families would notice that their kids would get better. It was diet. It was supplements. It was referrals to different practitioners. It was different

lifestyle changes, different parenting techniques, and understanding development better. The parents would then go back to the pediatricians that they also see on a regular basis.

And almost 100 percent of the time, these pediatricians did not want to know how the kids got better. There was no curiosity. There was no interest. They were just happy that the children were better, but none of them were even going to the place of having a discussion with the parents. Of course, it left the parents a little bit upset and dejected. You know, “You’ve been taking care of my kid for 10 years and I go to this other physician, and look what happened. I’m not dealing with this problem anymore, it’s less severe, or it only happens once in a while. And you don’t...”

They’re upset. They’re upset, because they have such respect for their physicians. The thing is what I’m implementing is not rocket science. It’s based on good nutritional and physiological science. But it’s not the science that adheres to the ideology, and therefore it doesn’t exist. This is again what parents are finding out. It’s that if they don’t know it, if the ideologues don’t know it, then it doesn’t exist. Therefore, it couldn’t be something that’s helpful, so they discard it.

You see this a lot with parents whose children have autism: when they put their kids on a gluten-free and casein-free diet, they see their kids get better. When they go to their physician and say, “What do you think about this diet?” the physician say, “It’s not going to work. I’ve seen a couple of kids on it, and it doesn’t work,” even though the physicians don’t understand who those kids were and why it didn’t work. The families may have been on other foods that were still injuring the child.

Again, it’s a multi-layered approach that we’re not taught in Western medicine, and we’re not implementing in Western practice. But it’s there in the Western science. It’s there in the physiology. It’s there in the immunology, biochemistry, and neurology. It’s all right there. It’s just a matter of who’s looking at it, and who’s willing to accept the information that they don’t know.

DM: Yes, it is rather shocking when you look at it superficially like that, that the physician would ignore and not have this intrinsic curiosity, which you are led to believe to be one of the major factors that drove men to the profession. But I guess it’s not too surprising, with a lot of the information shared earlier, how this is a real challenge. Because if they seriously evaluate it, they’re going to have to really abandon some of their most firmly held tenets, and face the reality that they may have injured many kids.

PL: Right.

DM: That’s just... It outweighs that.

PL: Or they may not know enough.

DM: Yeah.

PL: How do I not know enough?

DM: Yeah.

PL: I thought I knew everything there was to know.

DM: Sure.

PL: That's very challenging.

DM: Those are significant realities leading to that shocking behavior. I'm wondering if you have any other areas that you'd like to discuss at this point that you have found interesting in your research and in your clinical practice.

PL: I just think that there are a lot of questions about vaccines for which we have no answers. My biggest concern is the relative absorption of vaccine materials across the blood-brain barrier into the brain. When we have one in six children in this country with some form of neurodevelopmental disorder, we have to wonder what is happening on a neurological basis. What is happening in the neurons of the brain? Because we know that the blood-brain barrier is supposed to protect the brain from most things that are in the blood. It's its own guard. It's sort of a moat for the castle of the brain.

If we're seeing so many children and adults... I mean, the number of neurodegenerative disorders in adults is skyrocketing. I have to ask the question: what materials in the vaccines get into the brain? We don't know. We've never studied it. What materials in the vaccines need to get into the brain? None. Even on a good day, none. And if any of those materials do get into the brain, what effects do they have on the brain, and how does that impact further ability of materials from the blood to get into the brain?

We know that there's old literature that shows that radiation to the head was used to break down the blood-brain barrier. We know we're using much more radiation to the brain, because of cellphones and other wireless exposures. There's that potential for increasing the openness of the blood-brain barrier.

We also know that animal experiments used high amounts of sugar injected into the carotid artery to shrink the blood-brain barrier, to open it up, so that material from the blood can go into the brain. We know that people are walking around with very high blood sugars. We know that there's even sugar in some of the vaccines, but we don't know what concentration, and we don't know how much of an effect it might have locally on the blood-brain barrier.

We're seeing all these neurodegenerative disorders. We're also seeing all these intracellular disorders, these mitochondrial disorders, and these, you know, DNA and RNA disorders.

[----- 1:00:00 -----]

The big question that – I think – we all need to ask is: what materials get into the brain? What materials need to get into the brain (which is none)? What materials get inside the cells of the body (which we don't know, because we have not studied it)? What materials get inside the cells that belong in the cell? And the answer to that is no vaccine materials belong in the cell. Even if they do get in, what does the cell do with it? Is the cell able to utilize it? Is the cell able to get rid of it?

There are many people who will say, "Oh, the aluminum is excreted easily, and the mercury is excreted easily. We did a urine test and saw that there was not much mercury or aluminum in the urine, in the stool, or in the hair." Well, is it because those metals were tightly bound to the

actual cellular structures that didn't allow them to be found through excretion or elimination? We have a lot of studies that need to be done to evaluate why we're having all these autoimmune diseases and neurodegenerative disorders. Before we can say that vaccines are safe, we have to have these studies done.

DM: I couldn't agree more. Research is what needs to be done to come up with a profoundly ludicrous statement at this point.

PL: Right.

DM: That the vaccines are safe and effective.

PL: I gave a talk recently, and there was a physician in the audience. One of the studies that I showed was comparing health outcomes of vaccinated, partially vaccinated, and non-vaccinated children. Just with that study, the conclusions from that study were that parents who had children who are fully vaccinated reported higher incidences of atopic disease. And parents who had children who are not vaccinated reported the least number of children with atopic disease. That was a statistically significant finding.

The doctor who heard that study started getting belligerent, getting angry with me, and yelling at me that he could find studies that showed that vaccines do not contribute to atopic illness, allergies, or asthma. I said, "Well, who does those studies?" And he started to get more ornery with me. He accused me of cherry-picking the literature.

What I tried to say – and had a little difficulty saying – was that "If you show me the studies that show that there's no relationship between vaccines and atopic disease, were you comparing vaccinated kids to non-vaccinated kids?" Because those studies have not been done; you won't find those studies.

I'm not cherry-picking the literature. I'm finding the only study that I could find that actually compares vaccinated to unvaccinated children that doesn't necessarily conclude that vaccines cause atopic disease. All that study shows is that in that population, there was a statistically significant finding between vaccinated and unvaccinated children. What I said to the group was, "This study should be a peek into the potential for other studies to see if it's replicable, if it actually has truth in it, and let's do the science."

Again, the ideology was so strong in him that he attacked me, he was belligerent, and he couldn't accept the fact that I wasn't cherry-picking the literature. I was actually finding the only piece of literature that supported what I thought and what others think is good scientific standards, using good scientific standards. Let's do more studies.

DM: Apply the scientific method in a sound rational way it was designed to be.

PL: Right.

DM: I'm wondering if you could mention your resources, any books, websites, or clinic that you have if people wanted to find out more information about what you're doing or see you professionally.

PL: I have a website, www.DrPalevsky.com. I also have a Facebook page, where I post updated articles and my comments on some of those articles. That's at Lawrence B. Palevsky, M.D. There's a lot of resources on my website for my philosophy, how to get in touch with me if I see patients and where. That's about it.

DM: Terrific. Well, thank you for joining us and for contributing to our important information on this topic that you really can't get too much of, because there's just so much that's not known. I appreciate you and all that you're doing to help advance the science.

PL: Thank you.

[END]