



Special Solari Report

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Vaccine Mandates with Mary Holland, J.D.



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Guest: Mary Holland

Bio: Mary Holland is the Vice Chairman and General Counsel of [Children's Health Defense](#), one of the finest organizations protecting health freedoms in the United States.

Mary is a former Research Scholar and Director of the Graduate Lawyering Program at NYU School of Law. She has written several law review articles and blog posts on vaccine law and policy and is the co-author and co-editor of the books *Vaccine Epidemic* (subtitled "How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children") and *HPV Vaccine on Trial: Seeking Justice for a Generation Betrayed*. She has testified to retain or expand vaccination exemptions in the California, West Virginia, Maine, and Vermont legislatures. She is chair of the advisory board of Health Choice and a member of the advisory boards for the Elizabeth Birt Center for Autism Law and Advocacy, the Otto Specht School, and Actionplay. Educated at Harvard and Columbia Universities, Mary has worked in international public and private law. Prior to joining NYU, Holland worked for six years at major U.S. law firms, with three years based in Moscow, Russia. She also worked at a U.S. human rights organization as Director of its European Program. After graduating law school, she clerked for a federal district court judge in the Southern District of New York. She has taught courses at Columbia Law School and has served as a consultant to the Aspen Institute Justice and Society Program.

Summary: Thanks to an introduction by a wonderful doctor and Solari Report subscriber, Mary joins me for this special report to discuss vaccine and related mandates and what we need to do to prevent them.

Topics we discuss include:

- What are vaccine exemptions and vaccine mandates?
- What has been implemented to date? What happened in California, New York, and New Jersey?
- Where is the political support for mandates coming from—who is doing this?
- Why is the opposition so fierce and growing?
- Who and what has been successful in stopping such mandates and why?
- Is the current effort a violation of basic principles—from the Constitution to the Nuremberg Code?
- Why is this a critical aspect of our health freedoms and an issue of concern to everyone?
- What can we do?

C. Austin Fitts: Ladies and gentlemen, it is a real pleasure to welcome to *The Solari Report* Mary Holland, who is the Vice Chairman and General Counsel of the Children's Health Defense. She has a very impressive resume. She is a former faculty member and director at the graduate lawyering program at the NYU School of Law. She taught at Columbia Law, and worked in international public and private law after clerking for a Federal district judge in the southern district of New York.

She has written extensively on vaccine law and policy, and is the coauthor and co-editor of two books, *Vaccine Epidemic* and *The HPV Vaccine On Trial: Seeking Justice for a Generation Betrayed*.

She has testified to retain or expand vaccine exemptions in California, Washington, Oregon, West Virginia, Maine, New York, Virginia, and Vermont legislatures. She has appeared in several documentaries and programs on vaccine issues. She is chair of the advisory board of Health Choice and a member of the advisory board for the Elizabeth Birt Center for Autism Law & Advocacy, and the Otto Specht School.

I want to give special thanks to a very special subscriber who is knowledgeable in this area and made it possible for us to arrange this *Solari Report*. If you look at what Children Health Defense is doing, they are the 'diamond drill bit' of trying to make things go right in this area.

Before I talk to Mary, I would like to read a quote that I found from her recently that I just love. She says, "Once I learned about the extreme liability protection that industry and healthcare providers enjoy and the suppression of accurate science and information about vaccine risks and injury, I understood the need for immediate, radical, systemic change. I have been devoted to that change ever since."

Mary Holland, thank you so much for joining us on *The Solari Report*.

Mary Holland: Thank you for having me. It's an honor.

Fitts: It's perfect: "Immediate, radical, systemic change." I couldn't agree with you more.

Holland: I had forgotten that quote, but I still wholeheartedly endorse that. It's possible that I said that as far back as 20 years ago. This is a serious problem that is only getting worse. I have been involved in this area for about 20 years.

Frankly, there has been a movement around no mandates and individual choice around vaccines since they were first introduced in the United Kingdom, if not before, when Edward Jenner came up with the cowpox solution for smallpox. There were riots in the UK, and that is where the word ‘conscientious objection’ comes from – it was from the smallpox mandates for children.

This is not a new issue, but because the vaccine schedule globally – particularly in the United States it has become so frequent and such a burden on infants and young children, although there are plans to expand it to all adults – has become so burdensome, this issue has become much, much more intense.

Fitts: Tell us the **history of vaccine exemptions** in the United States. What is the history, and then talk about the mandates and why it is under assault.

Holland: Smallpox was a very serious infectious disease in the 1700’s and 1800’s in the United States. When it would go through as a wave, it was a respiratory illness, and people would die. Not every other person, but it was a significant death toll and a permanent disability toll. So already in the 1700’s, there were questions about mandates.

The law could go in either direction, and it was more or less handled at local levels. However, the landmark case for mandates is a 1905 case called *Jacobson vs. Massachusetts*. The US Supreme Court decided – there was no written dissent, although there was one dissenter – that yes, a state in the context of imminent harm from infectious disease that has gone through the legislature by law, and that does not discriminate against any particular group without basis, can be upheld so long as there are medical exemptions where vaccinating someone would be cruel to the ultimate extent, i.e., would likely cause severe injury or death.

So, in 1905 they said that mandates were okay. Then a little more troubling was in 1923, without any real rationalization, a case came back to the US Supreme Court that said, “Could we have a preemptive mandate for children in school against smallpox?”

Without much reasoning, the court said, “Based on *Jacobson*, no problem. We are going to let you have preemptive mandates for schools for smallpox.”

So, that was somewhat where things rested. But then in the 1950's and the 1960's, we started to see a major ramp up of vaccines. We started to see, not only a polio vaccine in the 1950's, but then measles, mumps, rubella, diphtheria, tetanus, and pertussis, and by the 1960's, and they were widespread. By then, the legal infrastructure was in place that states could mandate this and require it. So, 48 states starting in the 1960's, said, "You know, that goes too far. It's a bridge too far. There are religions that overtly say no vaccinations like Christian Science and Jehovah's Witness. They don't allow any intervention with the blood or the body, but there are other people who say that they just don't believe that is the way to prevent disease."

So, 48 states until very recently, had religious exemptions, and at its 'heyday', about 20 states had what were called, 'philosophical exemptions' meaning you could say no for any reason; it didn't have to be a religious reason.

During the last 10 years as this issue has become hotter, more and more people have been **asserting exemptions**. I think that the pharmaceutical industry saw the 'writing on the wall', so starting around 2015 – maybe a little before that – the seed was planted in California to get rid of religious and philosophical exemptions. There has been a concerted, massive effort since 2015 by the pharmaceutical industry and by the medical associations and medical institutions and front groups for the vaccine program like Vaccinate Your Family and the Immunization Action Coalition to take away what they call, 'nonmedical exemptions' throughout the country.

That has already happened in California, it has happened in Maine – although it hasn't taken effect yet – and it has already happened in New York. That means that religious and philosophical exemptions are taken away. But the most frightening thing is when they say they are taking away 'non-medical exemptions', which is what is happening in California and Maine, but what they really mean is de facto that they are taking away medical exemptions, too.

What they have put in place in New York – and I am in New York so I know New York best – is there were some **emergency guidelines** that the Department of Health adopted in August 2019 that became permanent on December 31, 2019. Those guidelines say the only basis for a medical exemption is if children have anaphylaxis, i.e., they can't breathe and they nearly die, or they have a documented brain injury. Even in those cases, that would be an exemption for that specific vaccine – let's say for a DPT vaccine. It would not exempt you from a meningitis vaccine.

Medical exemptions by treating physicians in New York are now reviewable by the Department of Health, and the Department of Health through a bureaucrat who has never examined a particular child, can say, “No, I disagree with the neurologist who says that this child is at risk of brain injury from the next vaccine. I deny the child’s exemption.”

So, we have hundreds of children in New York State whose treating physicians have said there is a medical necessity that they not be vaccinated, and yet the state has said, “No, we have to vaccinate.”

There is no normal, loving, responsible parent who will put their child in **harm’s way** in that manner. I believe – and we are thankfully seeing some evidence of this – that is not even what the precedent says. *Jacobson vs. Massachusetts* was over 100 years ago, but it says that you cannot vaccinate an individual where it would be cruel to the ultimate extent to do so.

So, we have gotten three wins so far in New York State of children with special needs who were being denied their medical exemptions. In all three cases, judges have reinstated the exemptions, and there will be future cases around this issue.

Interestingly, there is also a bill in New York to take away this notion that non-treating physicians can review a medical exemption and deny it. There is a bill that has been introduced in the Senate in New York. I expect a companion bill in the Assembly, and we are hopeful that this year in this session we will go back to the precedent that says that you must have a medical exemption for people who are at a real risk of being injured.

After World War II when the world adopted a standard that said, “There can be no experimentation on humans without prior, free, and informed consent.” That means you have to have legal custody, there could be no duress, no fraud, and no coercion. That should have **ended mandates** globally – for vaccines and for everything else.

But since that time in 1945, there has been an expansion from only experimentation to treatment. So, the UNESCO (Universal Bioethics and Human Rights) Declaration of 2005 says that you have to have **informed consent** for preventive medical interventions. That means that you have the right to say no; consent means that you have the right to say no.

Many advanced countries with excellent health metrics – Japan, Scandinavia, Germany until recently, Spain, and other countries – have no mandates. The U.K. has recommendations, but they have no mandates. What we are starting to see now, not only in the United States but globally, is this trend towards mandates, this greater level of **coercion**.

My reading of human rights law and US law is that this is unlawful because we have adopted as the hallmark of modern medicine, **prior, free, and informed consent**. That means that you have to have legal capacity and the right to say no.

We are seeing erosion of both of those things, and we can talk more about that.

Fitts: I remember in high school having the Nuremberg Code ‘beaten’ into us, and we were taught to believe that a society that would violate those was abhorrent, shocking, and appalling. What has most amazed me about some of the vaccination policies and the mandates is the extent to which we seem to have ‘sailed across that line’ without thought or discussion. It is hard for me to fathom that.

Holland: I’m with you; it’s hard to fathom. It is very clear to anybody with a moment’s thought in reading about this that these are extremely **serious medical interventions** – all of which carry the potential risk of death.

They like to say that the risk of death is one in a million, but there is no evidence for that. The risks are far higher than that.

All you have to do is look up a product on the internet. Look up an insert for the polio vaccine or the diphtheria/tetanus/pertussis vaccine. There are 50 different medical conditions, typically including death, that are listed on the product insert. So the propaganda rolls on, “Vaccines are safe and effective. Vaccines are safe and effective,” but when you look for evidence of this, it’s just not true.

All you have to do is look at what the manufacturers say to ensure that they continue to be liability-free—we should talk about that. They list the things that people report to them are **adverse events** after vaccination with this vaccine.

They go to great lengths to say, “This isn’t proven,” and, “We never go back and test,” and, “This is a sample size of unknown numbers,” but these are reported adverse events from this vaccine. I don’t know how you can say that somebody shouldn’t have the right to say, “No, I’ll take my risks. I would really rather get the mumps than die.”

It's just silly. This whole debate, on a certain level, is so silly because obviously, the reason that in 1986 Congress passed the **National Childhood Vaccine Injury Act** to protect manufacturers from liability was that people were severely injured, and some of them were winning large judgments against manufacturers. So common sense would tell you, "Gee, we really need to make vaccines safer," rather than, "Gee, we really need to give manufacturers liability protection so that they can keep making dangerous vaccines."

So, there is language in the 1986 Act: We are going to give liability protection to the doctors, we are going to give liability protection to the manufacturers, but they must make vaccines safer, and they must report to Congress every two years about how they are making vaccines safer.

Guess what? Have they ever went to Congress to tell them how they are making vaccines safer? Not once. We have a judicial decision showing that the manufacturers have never come to Congress to report how they have made vaccines safer. Indeed, I think there is some very good empirical work. There is a wonderful economist/statistician, Gayle DeLong, who has done a study called '**Delitigation**'. She shows, based on the available data, that those vaccines that have been added to the federally recommended schedules for children since 1986 have a higher reported injury rate than those vaccines that were adopted before delitigation.

Fitts: Did you watch the vaccine summit that was in Switzerland in December?

Holland: I watched significant parts, but not the whole thing.

Fitts: I only watched excerpts for maybe an hour. I'm sure that you saw more, but what I saw was that, not only was the pushback coming from the medical practitioners and the parents, but you had people with program responsibilities in different countries pointing out that there were no safety studies. I think there was a person from Nigeria, who basically said that there were no safety studies to say that once you put all these different vaccines in one small little body, **this cocktail is safe**.

Holland: Correct; it was an extraordinary summit. If you go to the World Health Organization's Global Advisory Committee on Vaccine Safety and you watch their Vaccine Safety Summit from early in December, it is truly shocking; it is truly, truly shocking.

Behind closed doors, although there was a camera in the room, they say exactly what parents are saying the world over: There is no proof that these vaccines in combination are safe. They have not tested the ingredients individually. They admit that they don't want to put adjuvants in vaccines, but they don't work if they don't put this 'booster' in them. It used to be mercury, but it's now aluminum. It's a known neurotoxin.

I thought they essentially admitted that **Sudden Infant Death Syndrome** is often a vaccine reaction, but not so-called. They admit that when people study on the internet about what to do about vaccines, overwhelmingly 500% more people decide not to vaccinate than to vaccinate.

They said that the label '**anti-vaxxer**', which has been used now for at least 20 years, is pejorative and they have to stop using it because people don't appreciate it. They said they are losing the physicians, and they can't afford that. The physician front line is 'wobbly', and they can't afford that level of distrust in the program. In essence, they admitted that the program is in trouble and for good reason.

One of my favorites is Dr. Heidi Larson, the social policy person, who saying to the group, "We need more science. We can't keep rolling out the same old retreads. We have to show them that it's safe."

Unfortunately, you sit back and you say, "Good luck with that."

Fitts: There is **no science**.

Holland: There is not, and the science that they haven't done – the study that we have been asking them to do for at least 20 years if not longer – is show us the prospective cohort study of unvaccinated children versus vaccinated children. Show us that those vaccinated children are wildly healthier than the unvaccinated children.

They have never produced that data. And you know what? It is likely they have looked at that, and they know they can't show that the vaccinated children are healthier. On the contrary, the vaccinated children have all these side effects that you would predict from hyper-vaccination. They have auto-immune issues, and they have neurological issues. So, they can't produce that science.

That is really what is now becoming evident. They can't produce the real science because it doesn't exist. So, they keep **doctoring studies**. Even the editors in chief of the *New England Journal* and the *Journal of the American Medical Association* say that half of the information in their journal isn't true. They say that there is **undue influence by the pharmaceutical industry**. But even they can't doctor studies sufficiently to make the case that vaccines are what they claim them to be – safe and effective.

So, then we see these extraordinary efforts at **suppression**. I was reading an article recently: There is serious discussion in the United Kingdom about criminalizing speech that is in print that is considered 'anti-vaccine'. These are the kinds of things that are now being discussed. In a place like New York, since June, children who had religious exemptions have been thrown out of school, they have been stigmatized remarkably as if they were disease-ridden, which is an absolute fabrication, and this is crazy. This is now a **new form of segregation**, and it is based on nothing. It is the same kind of pseudo-science as eugenics, and there is actually a link there, but it is pseudo-science. There is no evidence that these children are 'bringing disease' and somehow 'infecting the vaccinated' who are supposed to be protected anyway because, "Vaccines are safe and effective."

Fitts: So, unvaccinated children can infect them? They clearly don't believe in the efficacy of their own vaccinations.

Holland: Clearly, it's such a crazy notion. It's as if all these children have shields. Then you bring in a child with no shield, and that is the child that is somehow the aggressor. It's crazy!

Fitts: Let me ask a question because about 10 or 20 years ago, I would have said that if you met a very well-educated, intelligent person, they wouldn't be able to believe that the reality of vaccinations was so different than what they had been led to believe.

You have an official story, and they couldn't believe that the gap between reality and official reality was that huge.

Now what I see, because of the explosion of the epidemic of chronic disease in American children, is thousands of highly educated and intelligent people who have come to the logical conclusion that the **gap between reality and official reality** is as extensive as it is.

That is a real change. It's almost as though we've hit a tipping point. Is that your impression?

Holland: I think we are approaching the **tipping point**. I think what we see globally is a level of protest that we haven't seen in the last 100 years concerning vaccines. In the United States in the 1800's, there were riots about compulsory smallpox vaccines because they were super-dangerous. Some people said, "No, I'm going to take my chances. I am not going to take your dirty, contaminated smallpox vaccine." So, we are reaching that tipping point now.

I was in New Jersey in December and in January where crowds of thousands of people – many with their children and some with their grandchildren – from all walks of life and all racial backgrounds and all religions, were gathered outside the legislative buildings and were chanting and making noise and protesting and giving cover to those legislators who would not sign on to a repeal of the religious exemption in New Jersey. It is particularly significant because New Jersey is the US state that has the highest concentration of the pharmaceutical industry.

There is a huge rally planned for Munich, Germany. Germany is the homeland of the Nuremberg Code and the homeland of what were atrocious medical experiments on human subjects during the war. They masterminded them. Germany has just introduced its first mandate since World War II, and that was a mandate for measles. The mandate is due to take effect in March. There will be thousands and thousands of people congregating in Munich on March 21st and March 22nd to protest that. (This was cancelled due to the coronavirus panic)

I don't think that we have hit the tipping point yet. Sadly, I think that propaganda works, and that is why industry and government do it.

I think that many highly educated people, particularly people in the medical establishment, really believe in the safety and efficacy.

Once you start to take it apart for people – Why is there this liability shield? How is it that unvaccinated children are the vectors of disease? – you can make headway. But this is a long-embedded idea. The notion of protecting children from discomfort and disease is not a bad idea; it's not a bad idea at all. It's just the way that we are going about it, in my mind, is clearly causing more harm than good.

The **chronic health epidemic** in American children is horrifying. 54% of American children have some kind of chronic disability; one in five has some kind of learning disability or neurological issue; one in about 40 – and it may be even more than that – has autism. These are really serious health conditions.

Pertaining to money and costs, in essence, what we see is that vaccines make money twice: first with the injections but second, for all the medical problems thereafter. Whether this is the intent or not, we don't know. We do that vaccines cause autoimmune and neurological disorders disproportionately. These chronic childhood epidemics make lifelong customers for pharma. They create autoimmune and neurological conditions. So, this vaccine program – whether intentional or not – is leading to, not just the profits on the vaccines, but also to profits indefinitely, which are ten times greater or 20 times greater than whatever money they made on the vaccines themselves.

Fitts: I remember I was working with a reporter in the 1990's. We did a fabulous chart because I was encountering in Tennessee teachers who were being put under tremendous pressure to say that a child had ADHD so that they could put the child on drugs when, in fact, the teacher didn't feel that way. They were working hard to get as many children on Ritalin and these other drugs.

I worked with this reporter to do a chart to show how much the pharmaceutical company's stock would go up for every child they put on Ritalin, and it was astonishing. You are talking about major improvements in the market capitalization for that company for these programs to dramatically increase the number of children on Ritalin because it's an annuity. You get them on it, and then it's for life. And that's not even counting what later gets added.

When you were talking with legislators in the different states who you have been working with, when they argue against your position, and they come out for the pharmaceutical company position, what do they say? What are they most concerned about?

Holland: Their first response is, “We **believe the doctors**. Doctors and scientists are trained in this area, and there are legions of physicians who are telling us that these products are safe and effective for all children. They are telling us that this is the best way to prevent infectious disease.”

Then, almost a bit at odds with that, they say, “But we know that there are some **immune-compromised children**. We know that there are some children who are on chemotherapy because they are being treated for childhood cancer, and those children can’t be vaccinated while they are on chemo. So, we have to have everybody be immune from getting these diseases because of those immune-compromised children.”

Their third major argument is the theory of **herd immunity**, and the theory that if everybody is vaccinated – even though they will admit that not every person who gets a vaccine will, in fact, become immune – then ‘we have our best shot at protecting the community from having an outbreak of measles or mumps or pertussis or whatever it is’. They call it a ‘community immunity’.

Those are the primary arguments they use.

Fitts: We see more and more parents and more and more practitioners **objecting**. Their voice is very, very strong. So why is their voice not effective?

Holland: It’s becoming more effective. In New Jersey in pharma’s home territory, twice now, families have been able to push back and keep the repeal of the religious exemption from happening. Connecticut’s legislature is starting its session soon, and I think there is a lot of activity that is planned in Connecticut, and there were hearings scheduled on February 19th. There is a referendum in Maine that is going to take place in March to decide whether or not the repeal of the religious exemption should go through. It’s like a plebiscite; they have that law in Maine.

There is a lot of activity in California, and there is litigation occurring in California. There is also litigation going on in New York.

I think that what we have seen is that the states where these repeals have had most traction or have gone through, are states with a ‘trifecta’. They have one party control of the entire state. Basically, in states where there have been two parties, the bills to restrict vaccine rights have passed.

Fitts: Has there been any interest or concern in the bar or the legal community that you have a **basic violation** of the Constitution or the Nuremberg Code? They may not be particularly interested in vaccination, but a violation that is this extraordinary threatens many different areas.

Holland: Right. I think that we are starting to see civil rights lawyers understand the issues more. For instance, in New York a civil rights lawyer who had worked on segregation in housing and had worked on criminal defendants' rights for many years, understood that the repeal of the religious exemption was an affront to any concept of civil rights. This is to some extent, a **new form of segregation** against healthy children.

So, we have seen lawyers starting to step up, but it's surprising. I think that over time, there has been this 'carve-out' around vaccines, which is extraordinary to you and me. Somehow, it has been a creeping concept that, "This is a carve-out, and it's okay to have coercion for vaccines. It's no problem."

I don't know where that idea comes from, but that has been somehow accepted with the rhetoric that, "They are safe and effective for everybody."

When you think about it, is there any ingestible or any medication that is **safe and effective for everybody**? I don't know of any. It's not milk; it's not wheat; it not penicillin; it's not aspirin. I don't know any drug or any food, for that matter, that is safe and effective for everyone, and yet that is the rhetoric that still 'flies' when it comes to vaccines.

Fitts: If you consider the **money** for a moment; if you look at decades the extraordinary amount of the profits that are being generated by the healthcare industry and by pharmaceutical companies and how much of that rolls into what I would call, a 'kickback scheme' for political contributions and other forms of income to people in government and politics. It was your colleague, Mr. Kennedy (**Robert F. Kennedy Jr.**), who educated me to the fact that the CDC has the ultimate conflict of interest. They are making money from their patents and their own financial interest in these vaccinations.

So, you have an extraordinary compromising of government politicians, doctors, and in addition, if you look at the extent to which pharmaceutical and drug ads support the media industry, the conflicts of interest are very, very significant and have been going on for a long time.

When everybody is 'on the dole', if you are running a **kickback scheme** that is this extraordinary and this corrupt, at some point you don't want to admit what you have been doing. It is very hard to roll it back.

Holland: I agree. I spent a great deal of time in the Soviet Union, and I came to understand in some ways how it worked for a long time, but how after 70 years, it collapsed. The Communist Party was everywhere. The party was in the institutions; it was in the schools; it was in industry, and it was the government. The Communist Party had to be everywhere. Ironically, although the pharmaceutical industry is not the only dominant industry in the Western world, it is a very dominant one, and it has unique access to the government.

Through departments of health and national immunization programs, it has unique access to governments. And you are right, the media is 70% funded by the pharmaceutical industry. It's not only the CDC that holds patents; the National Institute of Health also holds patents.

I did a deep dive with colleagues on the Gardasil vaccine, and NIH holds a patent for the Gardasil vaccine. We know that Gardasil is the second-highest earner for the US government from its patent royalties, and yet, it is under the same umbrella at Health and Human Services where they are supposed to decide who has been injured by Gardasil.

It is an extraordinary **conflict of interest**, and the head of the Autism Inter-Agency Coordinating Committee, earlier, had authorized a tiny amount of money for Federal research - \$5 million – to investigate whether vaccines caused autism. At that time, he was the head of the National Institute of Mental Health. He defunded the research grant saying, “This would be a conflict of interest for us. We recommend all these products. It would be a conflict for us to fund science that might be helpful to plaintiffs in the injury compensation program.”

So, there are explicit conflicts of interest here.

Fitts: In our *2019 Annual Wrap Up*, I put up the speech that Robert Kennedy gave coming out of the California legislature after he essentially lost, and at the time I said, “I think that this is one of the greatest political speeches of the decade.”

One of the things that he said – and I thought that this was absolutely chilling – was that one of the legislators had said to him, “If you keep this up, Bobby, you won't have any friends.”

He said in front of the crowd, “I have a lot of friends.”

I thought that was very effective because one of the things that you would hear in Washington and Wall Street all the time was that ‘if you buck us on this one, you won’t have any friends’. I can’t tell you what a great, effective threat that always was to ‘corral and herd’ the troops. I thought the way that he ‘teed’ that up and killed it was beautiful, but you could feel the chilling coercion that comes with these efforts.

Holland: Yes, I think that Robert F. Kennedy, Jr., the chair of Children’s Health Defense, has been an extraordinary gift to the parental community that wants to have informed consent over what goes into their children’s bodies. He has been outspoken, and he doesn’t hold punches. He has been really explicit in the fraud that is involved in this and in essence, the heist of health and money from families around this vaccine program.

I think the friend’s issue is fascinating. What we saw in New Jersey, for instance, is that there is a very dominant president of the senate. We watched twice – in December and January – as he tried to ‘browbeat’ junior Democrats and threaten to punish them if they voted against the party’s decision to repeal the religious exemption. After it didn’t pass the second time, he in fact, took away the chairmanship of the judiciary committee from Senator Lagana who voted against him as a Democrat. They tried to enforce other penalties against their party members who did not ‘toe the line’.

So much for legislators being able to vote their conscience! They are not allowed to when it comes to a party priority, and they are punished if they vote their conscience or they vote the way that their constituents require them to vote.

What was very interesting in New Jersey was that the Democratic legislators who voted against the bill – the Democrats with a few exceptions – were African-American. What we are seeing now is that African-American legislators have a better understanding of this than the mainstream or Caucasian legislators. The **African-Americans** understand that if you are going to start throwing children out of school and segregating them on this basis, where is that going to stop? And isn’t this the same rhetoric that they used against Jews and African-Americans? “They are dirty; they are diseased; they are vermin.” We see all of that stigmatization occurring.

I was with a mother recently whose children were thrown out of a religious school – a Catholic school. The school administrators are saying that they would have to fumigate the school if the children come to school. They are really treating these people as if they are walking disease-spreaders, which is so ironic. In truth, the unvaccinated are the healthiest among us. They have fully intact immune systems that work the way our Creator made them.

Fitts: I want to talk a little about **money** now. I have worked with numerous families through the cost of having anywhere from a mildly autistic to a heavily autistic child. It's not only the economics of what it is going to cost them in time and money, but, in fact, what it costs the other siblings, and what it costs in terms of divorce and impact on the family.

So, the financial expense to the family is extraordinary – to everybody in the family and often the extended family – and yet, there seems to be a complete disinterest from the companies and the legislators promoting this.

In other words, the pharmaceutical companies get the profits; the government gets the profits, but the families and the neighbors and the extended family get the expenses.

Holland: I think that the state governments are 'saddling' the costs. So, there is a Federal injury compensation program that Congress created in 1986. In theory, it is going to cover the expenses of people who are injured by vaccines, but there is a very short statute of limitations, and it is very limited as to what they will actually compensate. Two-thirds of the cases lose. There is an extraordinary range of things that are wrong with that program.

But then the states, through Medicaid, are saddled with these expenses. If you read about what is going on with schools and special education now, it is unbelievable; there are padded rooms and special classes.

I was reading about the school district where I went. When I was there, maybe there was one special needs classroom out of 1,600 children. There are now six, and they say that they need 13. 13 special needs classrooms are an extraordinary expense to the educational system. Then the tidal wave that is coming, the states are completely unprepared for.

Since 1989 when the vaccine program really started to ramp up after the liability protection was put in place, those people are now hitting adulthood. As you point out, their life care plans are millions of dollars, and states and families are hit. The families are in the first instance, and charities also, but beyond that, it is the state's responsibility.

Honestly, I don't know what is going to happen because many of these young adults are now severely, severely injured; they are nonverbal. Many of them are not 'potty-trained'; many of them are violent. That is part of the neurological injury, and many of them require 24/7 care.

Unless we **stop this craziness and stop injuring people**, I don't know what is going to happen. I do lose sleep over it. How is this society going to cope? It is a very frightening thought. When you see that we are violating Nuremberg, then you remember that where the holocaust really started was killing special needs children; German children is where it started-they started by killing special needs German children. It is a very chilling thought. There are some very uncomfortable parallels now between what is happening in the US around medicine and what happened in Germany when the Nazis were taking over. The medical community collaborated.

I am very frightened because we have a much higher percentage of adults coming of age who will not be able to support themselves or contribute to the society in a financial way.

Fitts: I think it's not only children who are heavily autistic and can't be productive in the workplace, but when you look at the numbers of 60% or more children with a chronic disease, you are talking about a highly unproductive group of people with tremendous **stress on the healthcare system.**

We cost more per person – almost double – than the next most expensive country, which I think is Switzerland. And that is before this barrage of injured young adults moves to this age group.

Holland: Exactly, it's truly frightening.

One of the people who is now consulting with Children's Health Defense is Toby Rogers. He just completed a PhD in Australia on the political economy of autism. He was on Del Bigtree's *HighWire* (CEO of Informed Consent Action Network) reviewing the actual cost of autism. But, of course, vaccine injury is so much broader than only autism. That is literally the 'tip of the iceberg'. It is the ADHD, the juvenile arthritis, the juvenile diabetes, and the asthma. There are many things that are likely connected to vaccines where the connection has been obscured.

Fitts: Right, and then all the opportunity costs to the family when those things occur within it.

So, let's talk about **what people can do to help**. There are many different actions that someone can take. The first, I think, is to keep the revenues flowing. I am always quoting Roger Penske, "Speed costs money. How fast do you want to go?"

If you look at the extent to which we are all financing the lobbyists and law firms and companies and governments that are doing this, I think that part of it is that we need to start switching our cash flows to the people who are truly representing us.

One thing they can do is to support you. We regularly give little donations and publicize them on the blog. Your group is always at the top of the list.

Holland: Thank you.

Fitts: I would encourage everybody to go to www.ChildrensHealthDefense.org and sign up and make a donation. What else can they do to support?

Holland: We are an educational institution, and we don't officially take positions on any bills. We support people to make informed health choices. We provide a great deal of information about vaccines. We are getting more generally involved in other threats to childhood and human health, including the wireless industry and health effects of that, and glyphosate pesticides in food. We are getting involved more broadly. The vaccines have really been our focus, in part because other institutions aren't willing to take that on.

The other thing that people can do is sign up with the health choice organization in your state; every state at this point, has one. Scour Facebook, look on the internet, and you will find that there is a group in your state.

We are starting to form **state chapters**, but we only have a few. There are some called 'Health Choice' state chapters, and you can look for that. There is a National Vaccine Information Center that also has state chapters and leaders. National Vaccine Information Center has a legislative portal which is very useful. You go into the portal, and find out what the pending bills are in your state that have implications for vaccines, and it tells you whether they recommend that you support it or oppose it as somebody who is concerned about **informed consent for vaccines**.

You want to **give some 'love' to the politicians** who are taking your position. We are seeing that now more and more. It is very important that if you see a politician who is standing up to say, "I support informed consent. I support parental rights. I support bodily integrity around these issues," we need to support those people because it does take effort and encouragement for them to stand up against the pharmaceutical industry. Basically, they are not going to get funded, and their own party may be up against them.

Other things that people can do is support what happened in New Jersey, where thousands of parents converged, and they made it clear, "We won't accept this. We will vote you out."

Fitts: This is a campaign and an election year, so many politicians will campaign this year. I find that showing up at the town hall meeting and making your voice heard about this and making it clear that you will not tolerate violations of the Nuremberg Code is very important.

Holland: It is very important, and letting legislators know in general that you are not a one-issue voter, but on this you are a one-issue voter. "You may not separate me from my child. You may not deprive me and my child of our independent healthcare decision-making."

It's so fundamental. If they can force you to inject aluminum into your body to go to school, how are you going to know what is in that particular vial? You are not going to know. It is really an extraordinary governmental overreach.

Fitts: I will be even stronger: It is not health freedom, but it is **freedom**.

Holland: It is freedom. I agree with you.

Fitts: Is my body my own? Is my house my own? If my body is not mine, then there are no property rights.

Holland: If your body is not yours, then what is? I completely agree.

One of the legislators in New Jersey is a criminal defense lawyer, and he made the point, "If there is an accident, and potentially a drunk driver kills somebody else on the road, it is called vehicular homicide. In that circumstance, to get a blood test from that person – to pierce the skin –

– requires a warrant from a judge. That requires real due process to get that. And yet our children are lined up as if this was Kool-Aid.” It’s not Kool-Aid.

I agree with you. **If you don’t control your own body, you don’t control anything.**

Fitts: Especially if somebody is putting in things which have been proven beyond the shadow of a doubt to be very dangerous.

Holland: They have been proven to be toxic and dangerous.

Fitts: One last thing is that I know from reading and understanding your history, you know that ‘shriek-o-meter’ (whether it’s the lobbyists or the media). This a bullying culture and the mentality in this country when people are politically trying to force something that is contradictory to our basic principles exists. You have to go up against quite a machinery of lies and spin, and yet you have done this for decades very, very effectively, and you seem ‘not the worse for wear’.

How do we deal with that kind of bullying?

Holland: Honestly, one of the ways that I deal with it is that I don’t go out of my way to make myself aware of all the bullying. If somebody writes a nasty piece about me, my friends will tell me, and maybe I will read the really nasty piece. But the day-to-day harassment that happens on Twitter and the internet, I don’t read. I find that they are drivel; it’s only talking points from the industry, and I don’t waste my time on it.

Candidly, that protects me. I don’t really need to know what Orac has to say or what Gorski has to say on a regular basis or what Dorit Reiss or Art Caplan says. Sometimes I think that they have interesting points, but I see those people as spokespeople for industry, and I know what their talking points are. I am not going to envelop myself in vitriol and toxicity. I do avoid it personally, and I do have many friends.

It is an **extraordinary movement**, I do have to say. It is a really profound movement to me because I can disagree with many, many people in this movement on many, many issues, but on this issue, there is such solidarity.

Our species is named after the relationship between a mother and a child; we are ‘mammals’; it’s the act of breastfeeding that defines our species. If you cast asunder the relationship between a parent and a child, it’s all over. That is what this species is about.

On this issue, I don't care if I disagree with people about 1,000 other issues, but I am so delighted to stand in solidarity with that parent on this issue. There is something so beautiful about people protecting their children. That is what this is really about.

Fitts: Here is the thing: It gets back to every value that you have ever been taught was representative of Western values. If we are going to have vaccine mandates throughout the United States, then there is no such thing as 'Western values'; we have taken all of them and deleted them.

Holland: I think the only thing that made the vaccine mandates arguably legitimate for the last 50 years was the **existence of religious exemptions**. Taking them away makes these mandates absolutely uncontroversibly an abusive power.

Fitts: Right, and it's a change of your entire governance structure and system; you're not a Constitutional republic.

Holland: I agree, this is not freedom. If you don't control what goes into your bloodstream, you are not free. It is far broader than health freedom; it is freedom itself.

Fitts: Right, and as you said, we are talking about heavy metals that go straight to the brain. We are not talking about Kool-Aid.

Holland: We know there are things in the vaccines that **cross the blood-brain barrier**, and we know from autopsies that people who are severely autistic, for example, have high concentrations of aluminum in the brain. We know so much now, and this is not 150 years ago. We have so many other ways to deal with measles with vitamin A, or to get through a rash with the mumps. This is just so 'crazy'. These are essentially mild childhood illnesses. There is so much evidence that those who are vaccinated with pertussis who are transmitting and causing the outbreaks. We have the evidence that the mumps component doesn't work. That is why we are seeing outbreaks in fully-vaccinated populations.

We know that the measles vaccine is not entirely effective. We know that some people aren't going to get immunity. We know that there is asymptomatic transmission.

We know so much more than we ever knew in the past. This is an unsustainable program, and the question in my mind is: **How long is it going to take for us to end it?** That is really the question.

The ‘writing is on the wall’. I lived through the end of the Soviet Union and the collapse of the Berlin Wall. This is a system that doesn’t work; it is going to fall apart. The only question is: How long is it going to take?

Fitts: I agree with you.

I did a book review about a year ago of a book called *The Autism Vaccine: The Story of Modern Medicine’s Greatest Tragedy* by Forrest Maready. It is quite extraordinary because it was the only vaccine book I have ever read that had no anger in it. It was very peacefully done, and it was beautifully written – just extraordinary.

Holland: He is super.

Fitts: It’s a beautiful, beautiful book.

Holland: Good, I will read it.

Fitts: What it makes clear at the end is it’s almost as though it took forever to start the storm, but now you have this storm of parents and practitioners who cannot be stopped. He says the same thing that you say, “It’s only a matter of time. This will not last.”

Holland: This will not blow over.

Fitts: Have you ever heard the story of the map of the island of California?

Holland: No.

Fitts: You can look it up on the internet. In the 1500’s, someone made a map of the West Coast of the United States, and they made California an island that you could sail around. Clearly, the map was wrong.

It essentially became the official map of the Spanish explorers, and everybody insisted that they had sailed around the isle of California. Of course, they were lying, but you had all these famous explorers who were then committed to the lie.

Holland: That is fascinating. There are **many people caught up in these lies.**

Fitts: If there is anything that *The Solari Report* or the Solari team or our subscribers or I can do to help, we definitely would love to do it – especially state by state. I will tell people to look at where you have chapters.

The other organization that has chapters is called **Health Choice**.

Holland: Health Choice has many state chapters. They are an excellent group, and I am on their advisory board.

I will be happy to stay in touch with you. Right now, the state that is really under the microscope is Connecticut. The festivities start in Connecticut soon, so that is the state now to watch. Although New Jersey and New York are still very much in play. Then there is a referendum in Maine, which is coming up. Those are some of the key things that are forthcoming legislatively right now.

Fitts: Mary, you are doing great things. We look forward to keeping up with you and supporting you, and I just want to say thank you. You are doing something that is important to every person. This is health freedom, and this is freedom.

Holland: Thank you, and this is about freedom.

May I ask a question? Will I be able to get a link to this? Is that possible? Can we publicize the interview, or not?

Fitts: Normally, our interviews are subscriber only, but if we think that there is some important public purpose, then we will make it public. If you would like, I will make this public right away.

Holland: We would love that, and we will attract people. If you give us a ‘blurb’ about how people can join to be a subscriber, I will ask my media team to see if we can at least give you credit for it.

Fitts: Don’t worry about that, we will make it public.

Holland: That would be super. Thank you so much, and I am grateful to have had the chance to speak.

Fitts: You are right – I bet you do have a lot of friends!

Holland: We do!

Fitts: You have a great day.

Holland: Thank you, you too.

MODIFICATION

Transcripts are not always verbatim. Modifications are sometimes made to improve clarity, usefulness and readability, while staying true to the original intent.

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