

An eye-opening interview with a pharmaceutical/vaccine company insider in 2002.

Bron: Thinktwice Global Vaccine Institute

On January 9, 2002, Jon Rappoport interviewed Dr. Mark Randall [not his real name], a vaccine researcher who worked for many years in the labs of major pharmaceutical houses and the U.S. government's National Institutes of Health. Mark retired during the last decade. He says he was "disgusted" with what he discovered about vaccines.

Since the beginning of "nomorefakenews," Jon Rappoport has been launching an attack against non-scientific and dangerous assertions about the safety and efficacy of vaccines. Dr. Randall has been one of his sources.

Dr. Randall was a little reluctant to speak out, even under the cover of anonymity, but with the recent push to make vaccines mandatory -- with penalties like quarantine lurking in the wings -- he has decided to break his silence. He lives comfortably in retirement, but has developed a conscience about his former work. According to Jon Rappoport, Dr. Randall is well aware of the scope of the medical cartel and its goals of depopulation, mind control, and general debilitation of populations.

Q: You were once certain that vaccines were the hallmark of good medicine.

A: Yes I was. I helped develop a few vaccines. I won't say which ones.

Q: Why not?

A: I want to preserve my privacy.

Q: So you think you could have problems if you came out into the open?

A: I believe I could lose my pension.

Q: On what grounds?

A: The grounds don't matter. These people have ways of causing you problems, when you were once part of the Club. I know one or two people who were put under surveillance, who were harassed.

Q: Harassed by whom?

A: The FBI.

Q: Really?

A: Sure. The FBI used other pretexts. And the IRS can come calling too.

Q: So much for free speech.

A: I was "part of the inner circle." If now I began to name names and make specific accusations against researchers, I could be in a world of trouble.

Q: What is at the bottom of these efforts at harassment?

A: Vaccines are the last defense of modern medicine. Vaccines are the ultimate justification for the overall "brilliance" of modern medicine.

Q: Do you believe that people should be allowed to choose whether they should get vaccines?

A: On a political level, yes. On a scientific level, people need information, so that they can choose well. It's one thing to say choice is good. But if the atmosphere is full of lies, how can you choose? Also, if

the FDA were run by honorable people, these vaccines would not be granted licenses. They would be investigated to within an inch of their lives.

Q: There are medical historians who state that the overall decline of illnesses was not due to vaccines.

A: I know. For a long time, I ignored their work.

Q: Why?

A: Because I was afraid of what I would find out. I was in the business of developing vaccines. My livelihood depended on continuing that work.

Q: And then?

A: I did my own investigation.

Q: What conclusions did you come to?

A: The decline of disease is due to improved living conditions.

Q: What conditions?

A: Cleaner water. Advanced sewage systems. Nutrition. Fresher food. A decrease in poverty. Germs may be everywhere, but when you are healthy, you don't contract the diseases as easily.

Q: What did you feel when you completed your own investigation?

A: Despair. I realized I was working a sector based on a collection of lies.

Q: Are some vaccines more dangerous than others?

A: Yes. The DPT shot, for example. The MMR. But some lots of a vaccine are more dangerous than other lots of the same vaccine. As far as I'm concerned, all vaccines are dangerous.

Q: Why?

A: Several reasons. They involve the human immune system in a process that tends to compromise immunity. They can actually cause the disease they are supposed to prevent. They can cause other diseases than the ones they are supposed to prevent.

Q: Why are we quoted statistics which seem to prove that vaccines have been tremendously successful at wiping out diseases?

A: Why? To give the illusion that these vaccines are useful. If a vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a success. But, under the surface, the vaccine can harm the immune system itself. And if it causes other diseases -- say, meningitis -- that fact is masked, because no one believes that the vaccine can do that. The connection is overlooked.

Q: It is said that the smallpox vaccine wiped out smallpox in England.

A: Yes. But when you study the available statistics, you get another picture.

Q: Which is?

A: There were cities in England where people who were not vaccinated did not get smallpox. There were places where people who were vaccinated experienced smallpox epidemics. And smallpox was already on the decline before the vaccine was introduced.

Q: So you're saying that we have been treated to a false history.

A: Yes. That's exactly what I'm saying. This is a history that has been cooked up to convince people that vaccines are invariably safe and effective.

Q: Now, you worked in labs. Where purity was an issue.

A: The public believes that these labs, these manufacturing facilities are the cleanest places in the world. That is not true. Contamination occurs all the time. You get all sorts of debris introduced into vaccines.

Q: For example, the SV40 monkey virus slips into the polio vaccine.

A: Well yes, that happened. But that's not what I mean. The SV40 got into the polio vaccine because the vaccine was made by using monkey kidneys. But I'm talking about something else. The actual lab conditions. The mistakes. The careless errors. SV40, which was later found in cancer tumors -- that was what I would call a structural problem. It was an accepted part of the manufacturing process. If you use monkey kidneys, you open the door to germs which you don't know are in those kidneys.

Q: Okay, but let's ignore that distinction between different types of contaminants for a moment. What contaminants did you find in your many years of work with vaccines?

A: All right. I'll give you some of what I came across, and I'll also give you what colleagues of mine found. Here's a partial list. In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called "brain-eating" amoeba. Simian cytomegalovirus in polio vaccine. Simian foamy virus in the rotavirus vaccine. Bird-cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I've found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog, and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine.

Q: Let me get this straight. These are all contaminants which don't belong in the vaccines.

A: That's right. And if you try to calculate what damage these contaminants can cause, well, we don't really know, because no testing has been done, or very little testing. It's a game of roulette. You take your chances. Also, most people don't know that some polio vaccines, adenovirus vaccines, rubella and hep A and measles vaccines have been made with aborted human fetal tissue. I have found what I believed were bacterial fragments and poliovirus in these vaccines from time to time -- which may have come from that fetal tissue. When you look for contaminants in vaccines, you can come up with material that IS puzzling. You know it shouldn't be there, but you don't know exactly what you've got. I have found what I believed was a very small "fragment" of human hair and also human mucus. I have found what can only be called "foreign protein," which could mean almost anything. It could mean protein from viruses.

Q: Alarm bells are ringing all over the place.

A: How do you think I felt? Remember, this material is going into the bloodstream without passing through some of the ordinary immune defenses.

Q: How were your findings received?

A: Basically, it was, don't worry, this can't be helped. In making vaccines, you use various animals' tissue, and that's where this kind of contamination enters in. Of course, I'm not even mentioning the standard chemicals like formaldehyde, mercury, and aluminum which are purposely put into vaccines.

Q: This information is pretty staggering.

A: Yes. And I'm just mentioning some of the biological contaminants. Who knows how many others there are? Others we don't find because we don't think to look for them. If tissue from, say, a bird is used to make a vaccine, how many possible germs can be in that tissue? We

have no idea. We have no idea what they might be, or what effects they could have on humans.

Q: And beyond the purity issue?

A: You are dealing with the basic faulty premise about vaccines. That they intricately stimulate the immune system to create the conditions for immunity from disease. That is the bad premise. It doesn't work that way. A vaccine is supposed to "create" antibodies which, indirectly, offer protection against disease. However, the immune system is much larger and more involved than antibodies and their related "killer cells."

Q: The immune system is?

A: The entire body, really. Plus the mind. It's all immune system, you might say. That is why you can have, in the middle of an epidemic, those individuals who remain healthy.

Q: So the level of general health is important.

A: More than important. Vital.

Q: How are vaccine statistics falsely presented?

A: There are many ways. For example, suppose that 25 people who have received the hepatitis B vaccine come down with hepatitis. Well, hep B is a liver disease. But you can call liver disease many things. You can change the diagnosis. Then, you've concealed the root cause of the problem.

Q: And that happens?

A: All the time. It HAS to happen, if the doctors automatically assume that people who get vaccines DO NOT come down with the diseases they are now supposed to be protected from. And that is exactly what

doctors assume. You see, it's circular reasoning. It's a closed system. It admits no fault. No possible fault. If a person who gets a vaccine against hepatitis gets hepatitis, or gets some other disease, the automatic assumption is, this had nothing to do with the disease.

Q: In your years working in the vaccine establishment, how many doctors did you encounter who admitted that vaccines were a problem?

A: None. There were a few who privately questioned what they were doing. But they would never go public, even within their companies.

Q: What was the turning point for you?

A: I had a friend whose baby died after a DPT shot.

Q: Did you investigate?

A: Yes, informally. I found that this baby was completely healthy before the vaccination. There was no reason for his death, except the vaccine. That started my doubts. Of course, I wanted to believe that the baby had gotten a bad shot from a bad lot. But as I looked into this further, I found that was not the case in this instance. I was being drawn into a spiral of doubt that increased over time. I continued to investigate. I found that, contrary to what I thought, vaccines are not tested in a scientific way.

Q: What do you mean?

A: For example, no long-term studies are done on any vaccines. Long-term follow-up is not done in any careful way. Why? Because, again, the assumption is made that vaccines do not cause problems. So why should anyone check? On top of that, a vaccine reaction is defined so that all bad reactions are said to occur very soon after the shot is given. But that does not make sense.

Q: Why doesn't it make sense?

A: Because the vaccine obviously acts in the body for a long period of time after it is given. A reaction can be gradual. Deterioration can be gradual. Neurological problems can develop over time. They do in various conditions, even according to a conventional analysis. So why couldn't that be the case with vaccines? If chemical poisoning can occur gradually, why couldn't that be the case with a vaccine which contains mercury?

Q: And that is what you found?

A: Yes. You are dealing with correlations, most of the time. Correlations are not perfect. But if you get 500 parents whose children have suffered neurological damage during a one-year period after having a vaccine, this should be sufficient to spark off an intense investigation.

Q: Has it been enough?

A: No. Never. This tells you something right away.

Q: Which is?

A: The people doing the investigation are not really interested in looking at the facts. They assume that the vaccines are safe. So, when they do investigate, they invariably come up with exonerations of the vaccines. They say, "This vaccine is safe." But what do they base those judgments on? They base them on definitions and ideas which automatically rule out a condemnation of the vaccine.

Q: There are numerous cases where a vaccine campaign has failed. Where people have come down with the disease against which they were vaccinated.

A: Yes, there are many such instances. And there the evidence is simply ignored. It's discounted. The experts say, if they say anything at all, that this is just an isolated situation, but overall the vaccine has been shown to be safe. But if you add up all the vaccine campaigns where damage and disease have occurred, you realize that these are NOT

isolated situations.

Q: Did you ever discuss what we are talking about here with colleagues, when you were still working in the vaccine establishment?

A: Yes I did.

Q: What happened?

A: Several times I was told to keep quiet. It was made clear that I should go back to work and forget my misgivings. On a few occasions, I encountered fear. Colleagues tried to avoid me. They felt they could be labeled with "guilt by association." All in all, though, I behaved myself. I made sure I didn't create problems for myself.

Q: If vaccines actually do harm, why are they given?

A: First of all, there is no "if." They do harm. It becomes a more difficult question to decide whether they do harm in those people who seem to show no harm. Then you are dealing with the kind of research which should be done, but isn't. Researchers should be probing to discover a kind of map, or flow chart, which shows exactly what vaccines do in the body from the moment they enter. This research has not been done. As to why they are given, we could sit here for two days and discuss all the reasons. As you've said many times, at different layers of the system people have their motives. Money, fear of losing a job, the desire to win brownie points, prestige, awards, promotion, misguided idealism, unthinking habit, and so on. But, at the highest levels of the medical cartel, vaccines are a top priority because they cause a weakening of the immune system. I know that may be hard to accept, but it's true. The medical cartel, at the highest level, is not out to help people, it is out to harm them, to weaken them. To kill them. At one point in my career, I had a long conversation with a man who occupied a high government position in an African nation. He told me that he was well aware of this. He told me that WHO is a front for these depopulation interests. There is an underground, shall we say, in Africa, made up of various officials who are earnestly trying to change the lot of the poor. This network of people knows what is going on. They know that vaccines have been used, and are being used, to destroy their

countries, to make them ripe for takeover by globalist powers. I have had the opportunity to speak with several of these people from this network.

Q: Is Thabo Mbeki, the president of South Africa, aware of the situation?

A: I would say he is partially aware. Perhaps he is not utterly convinced, but he is on the way to realizing the whole truth. He already knows that HIV is a hoax. He knows that the AIDS drugs are poisons which destroy the immune system. He also knows that if he speaks out, in any way, about the vaccine issue, he will be branded a lunatic. He has enough trouble after his stand on the AIDS issue.

Q: This network you speak of.

A: It has accumulated a huge amount of information about vaccines. The question is, how is a successful strategy going to be mounted? For these people, that is a difficult issue.

Q: And in the industrialized nations?

A: The medical cartel has a stranglehold, but it is diminishing. Mainly because people have the freedom to question medicines. However, if the choice issue [the right to take or reject any medicine] does not gather steam, these coming mandates about vaccines against biowarefare germs are going to win out. This is an important time.

Q: The furor over the hepatitis B vaccine seems one good avenue.

A: I think so, yes. To say that babies must have the vaccine-and then in the next breath, admitting that a person gets hep B from sexual contacts and shared needles -- is a ridiculous juxtaposition. Medical authorities try to cover themselves by saying that 20,000 or so children in the US get hep B every year from "unknown causes," and that's why every baby must have the vaccine. I dispute that 20,000 figure and the so-called studies that back it up.

Q: Andrew Wakefield, the British MD who uncovered the link between the MMR vaccine and autism, has just been fired from his job in a London hospital.

A: Yes. Wakefield performed a great service. His correlations between the vaccine and autism are stunning. Perhaps you know that Tony Blair's wife is involved with alternative health. There is the possibility that their child has not been given the MMR. Blair recently side-stepped the question in press interviews, and made it seem that he was simply objecting to invasive questioning of his "personal and family life." In any event, I believe his wife has been muzzled. I think, if given the chance, she would at least say she is sympathetic to all the families who have come forward and stated that their children were severely damaged by the MMR.

Q: British reporters should try to get through to her.

A: They have been trying. But I think she has made a deal with her husband to keep quiet, no matter what. She could do a great deal of good if she breaks her promise. I have been told she is under pressure, and not just from her husband. At the level she occupies, MI6 and British health authorities get into the act. It is thought of as a matter of national security.

Q: Well, it is national security, once you understand the medical cartel.

A: It is global security. The cartel operates in every nation. It zealously guards the sanctity of vaccines. Questioning these vaccines is on the same level as a Vatican bishop questioning the sanctity of the sacrament of the Eucharist in the Catholic Church.

Q: I know that a Hollywood celebrity stating publicly that he will not take a vaccine is committing career suicide.

A: Hollywood is linked very powerfully to the medical cartel. There are several reasons, but one of them is simply that an actor who is famous can draw a huge amount of publicity if he says ANYTHING. In 1992, I was present at your demonstration against the FDA in downtown Los

Angeles. One or two actors spoke against the FDA. Since that time, you would be hard pressed to find an actor who has spoken out in any way against the medical cartel.

Q: Within the National Institutes of Health, what is the mood, what is the basic frame of mind?

A: People are competing for research monies. The last thing they think about is challenging the status quo. They are already in an intramural war for that money. They don't need more trouble. This is a very insulated system. It depends on the idea that, by and large, modern medicine is very successful on every frontier. To admit systemic problems in any area is to cast doubt on the whole enterprise. You might therefore think that NIH is the last place one should think about holding demonstrations. But just the reverse is true. If five thousand people showed up there demanding an accounting of the actual benefits of that research system, demanding to know what real health benefits have been conferred on the public from the billions of wasted dollars funneled to that facility, something might start. A spark might go off. You might get, with further demonstrations, all sorts of fall-out. Researchers -- a few -- might start leaking information.

Q: A good idea.

A: People in suits standing as close to the buildings as the police will allow. People in business suits, in jogging suits, mothers and babies. Well-off people. Poor people. All sorts of people.

Q: What about the combined destructive power of a number of vaccines given to babies these days?

A: It is a travesty and a crime. There are no real studies of any depth which have been done on that. Again, the assumption is made that vaccines are safe, and therefore any number of vaccines given together are safe as well. But the truth is, vaccines are not safe. Therefore the potential damage increases when you give many of them in a short time period.

Q: Then we have the fall flu season.

A: Yes. As if only in the autumn do these germs float in to the US from Asia. The public swallows that premise. If it happens in April, it is a bad cold. If it happens in October, it is the flu.

Q: Do you regret having worked all those years in the vaccine field?

A: Yes. But after this interview, I'll regret it a little less. And I work in other ways. I give out information to certain people, when I think they will use it well.

Q: What is one thing you want the public to understand?

A: That the burden of proof in establishing the safety and efficacy of vaccines is on the people who manufacture and license them for public use. Just that. The burden of proof is not on you or me. And for proof you need well-designed long-term studies. You need extensive follow-up. You need to interview mothers and pay attention to what mothers say about their babies and what happens to them after vaccination. You need all these things. The things that are not there.

Q: The things that are not there.

A: Yes.

Q: To avoid any confusion, I'd like you to review, once more, the disease problems that vaccines can cause. Which diseases, how that happens.

A: We are basically talking about two potential harmful outcomes. One, the person gets the disease from the vaccine. He gets the disease which the vaccine is supposed to protect him from. Because, some version of the disease is in the vaccine to begin with. Or two, he doesn't get THAT disease, but at some later time, maybe right away, maybe not, he develops another condition which is caused by the vaccine. That

condition could be autism, what's called autism, or it could be some other disease like meningitis. He could become mentally disabled.

Q: Is there any way to compare the relative frequency of these different outcomes?

A: No. Because the follow-up is poor. We can only guess. If you ask, out of a population of a hundred thousand children who get a measles vaccine, how many get the measles, and how many develop other problems from the vaccine, there is a no reliable answer. That is what I'm saying. Vaccines are superstitions. And with superstitions, you don't get facts you can use. You only get stories, most of which are designed to enforce the superstition. But, from many vaccine campaigns, we can piece together a narrative that does reveal some very disturbing things. People have been harmed. The harm is real, and it can be deep and it can mean death. The harm is NOT limited to a few cases, as we have been led to believe. In the US, there are groups of mothers who are testifying about autism and childhood vaccines. They are coming forward and standing up at meetings. They are essentially trying to fill in the gap that has been created by the researchers and doctors who turn their backs on the whole thing.

Q: Let me ask you this. If you took a child in, say, Boston and you raised that child with good nutritious food and he exercised every day and he was loved by his parents, and he didn't get the measles vaccine, what would be his health status compared with the average child in Boston who eats poorly and watches five hours of TV a day and gets the measles vaccine?

A: Of course there are many factors involved, but I would bet on the better health status for the first child. If he gets measles, if he gets it when he is nine, the chances are it will be much lighter than the measles the second child might get. I would bet on the first child every time.

Q: How long did you work with vaccines?

A: A long time. Longer than ten years.

Q: Looking back now, can you recall any good reason to say that vaccines are successful?

A: No, I can't. If I had a child now, the last thing I would allow is vaccination. I would move out of the state if I had to. I would change the family name. I would disappear. With my family. I'm not saying it would come to that. There are ways to sidestep the system with grace, if you know how to act. There are exemptions you can declare, in every state, based on religious and/or philosophic views. But if push came to shove, I would go on the move.

Q: And yet there are children everywhere who do get vaccines and appear to be healthy.

A: The operative word is "appear." What about all the children who can't focus on their studies? What about the children who have tantrums from time to time? What about the children who are not quite in possession of all their mental faculties? I know there are many causes for these things, but vaccines are one cause. I would not take the chance. I see no reason to take the chance. And frankly, I see no reason to allow the government to have the last word. Government medicine is, from my experience, often a contradiction in terms. You get one or the other, but not both.

Q: So we come to the level playing field.

A: Yes. Allow those who want the vaccines to take them. Allow the dissidents to decline to take them. But, as I said earlier, there is no level playing field if the field is strewn with lies. And when babies are involved, you have parents making all the decisions. Those parents need a heavy dose of truth. What about the child I spoke of who died from the DPT shot? What information did his parents act on? I can tell you it was heavily weighted. It was not real information.

Q: Medical PR people, in concert with the press, scare the hell out of parents with dire scenarios about what will happen if their kids don't get shots.

A: They make it seem a crime to refuse the vaccine. They equate it with bad parenting. You fight that with better information. It is always a challenge to buck the authorities. And only you can decide whether to do it. It is every person's responsibility to make up his mind. The medical cartel likes that bet. It is betting that the fear will win