



The Solari Report

September 9, 2009

**Swine Flu Doubleheader
with Dr. Laura Thompson**



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C. Austin Fitts: Good evening. Welcome to The Solari Report. Today is September 9, 2009. I'm Catherine Austin Fitts, and I'm delighted you could join me this evening.

We have an outstanding doubleheader tonight, all on Swine Flu. First we have Dr. Laura Thompson on health issues. Then we have attorney Alan Phillips returning to talk about the legal issues. It's really a terrific team on the issues and the ones that impact you and yours and the actions you can take. That is always what it comes down to: What is the action, and what can we do?

We recorded Dr. Thompson on Monday, so we're going to be playing her recording. I have a Solari Circle that meets by bridge call on Mondays. It's people coming from all over the country: Oregon, California, North Carolina, and everywhere. They help me develop the questions they wanted to get most answered for themselves and their families.

I was so amazed at the quality and specifics of her advice that we typed up an outline presentation and put it there. You can link to it from your control panel and may wish to download it. It will help you take notes, and we thought it might save you time so that you could listen and not worry that you weren't going to get it all down or you would have to go back and listen again.

Because we have two guests, tonight's Solari Report is going to be an hour and a half. We should end at about 10:30 Eastern Time. The topic is important, and I really just wanted to take the time.

My theme tonight is: Get ready, get ready, get ready. We are in what in the economy and markets are a protracted period. The last week of August into Labor Day, particularly in the United States because of the holiday, is always a time when people are at the beach. It's vacation time, and people are not ready to address the issues that all get packed into Washington and Wall Street in



September and October.

September is traditionally not a good time for the stock market. Usually it's a very good time for precious metals.

If you look at the charts we've posted today, you've seen that the action in gold has been quite interesting the last couple of days.

There is significant money moving into gold ETFs.

There is tremendous action in the precious metals market, so we're coming into a time when the pig has to go through the snake in many, many ways – politically and economically. This fall, as I predicted, is a time when you can expect the unexpected and protect your time. This is a period when our time could be wasted, and the surprises could be very time-consuming. [3:38]

September is traditionally not a good time for the stock market. Usually it's a very good time for precious metals.

[27:21] As I mentioned, we had Dr. Thompson recording this Monday with my Solari Circle. I'm going to ask our wonderful engineer to play that recording for you, and then I'm going to come back to talk with attorney Alan Phillips about the legal issues after we listen to Laura discuss the health issues.

I've posted an outline of Laura's comments on our website, and it's linked from your subscriber control panel. If that saves you time and energy in digesting this incredible information, I hope you go to the subscriber panel and access it.

It's my pleasure to welcome Dr. Laura Thompson to The Solari Report. She is with us and is the CEO and founder of the Southern California Institute of Nutrition in Carlsbad, California outside of San Diego. Also, for more than a few years she has been my nutritionist. I am a very satisfied client of Dr. Thompson.

She has been with us before on The Solari Report, so hopefully many of you have heard her very wise advice. She has agreed to help us tonight sort out the health issues on Swine Flu and the vaccination. Because this is such an



important topic, I invited as well, members of my Solari Circle – first ever Solari Circle – to join us this evening by bridge call to ask Laura some questions.

Laura, are you with us?

Dr. Laura Thompson: I am here.

C. Austin Fitts: Thank you so much for doing this. I know all the subscribers appreciate this kind of advice, and we're all glad you could be here.

Dr. Laura Thompson: I'm happy to do it. I really love the idea of helping people help themselves. That's pretty much what we're going to be talking about.

C. Austin Fitts: I think of you as more than a nutritionist; I think of you as a teacher. There are going to be a lot of students on this one.

With that, I wanted to introduce the first member of the Solari Circle who is going to be asking questions, Court Skinner from Palo Alto.

Court: Hello there. The flu season is coming up, which is of course why we're all interested in this. My question is: What can we do now to build up our immune systems in anticipation of this? Is there a way to not have to take the vaccination?

Dr. Laura Thompson: Well, I think that's probably the most important question that anybody could be thinking about – getting a vaccination or not wanting to get a vaccination. Ultimately it's all about how we can build our internal army. How do we build our defense system so we don't need someone else's or some synthetic defense system? Who says we need that? Can't we just do it ourselves?

I'd say that there are probably two ways to go about it. How I think of building your internal army is: Are you in a state where you're just preventative? In other words, there is nothing negatively going on immune-wise for you and just want to keep it that way. That would be your preventative approach. Then the



other approach is: If there is something going on immune-wise and you tend to get sick a lot or if you are sick now or if there are any other infections – because that's something that you have to think about, even if it's not the flu. Is it herpes? Is it shingles? Is there a bacterial infection? Is there a vaginal yeast infection? Are there bladder infections or prostate infections or lung infections? Is there asthma?

All of those indicate that the immune system is not taking care of business. That would really present a different picture.

I like to look at it two ways: Preventative and active. In other words, if something is in a state already, then there is one thing that you can do. If you're not dealing with any of that, then it's much more basic.

The first thing is: How do you build your defense system? There are so many different ways to build your defense system. Right now I'll tell you that I have a document on my website for more of the detail. I couldn't possibly go over it all tonight. What you can glean from reading is going to be a lot more than what I'm going to be able to say.

First of all, stop putting the junk in your body. Stop making your immune system and your liver and your kidneys work so hard. I know Catherine is a big proponent of this, and maybe most of you are too, but I always like to tell people because I don't want to assume. Go organic. Stop putting the chemicals in your body. Stop using foods with pesticides, hormones, preservative colorings etc. That's really basic, but some people could do that and really be good just doing that because they haven't done that before. What an improvement a person could see if they stop bombarding themselves with that junk.

Number two is avoiding sugar or avoiding other things that turn into sugar like alcohol. Sugar depletes the immune system. When we say 'sugar' I know that brings a lot of things to mind. There is white sugar, and that is the main one I'm talking about and artificial sweeteners, as well.

If you use a lot of other sweeteners like honey or maple syrup, they are okay periodically, but you don't want to be doing it every day. That just keeps



depleting the immune system.

Next, there are tons of other suggestions that you're hearing on the media like keeping your hands washed and all those kind-of logical things, but something that nobody really talks about too much except in the alternative medical world is the digestive system.

Ultimately 60-75% of our immune system is in the digestive tract. It sounds kind of bizarre because we don't really think of our immune system housed in our gut, but there are bodies called gut-associated lymphoid tissue. Just to put it simply, there are immune bodies or substances around the spleen and in the digestive tract around the liver that actually do a lot of our defense work.

Ultimately 60-75% of our immune system is in the digestive tract.

One of the ways to keep them supported is by using probiotics. Most of us have heard by now about acidophilus. It's pretty much a household word. Then, of course, you have other strains like bifidus and thermophilus and others. But taking a probiotic substance with acidophilus or bifidus or an array of good bacteria is going to be one of the first orders of business for building your immune system and to start to build those gut-associated lymphoid tissue bodies that I mentioned.

Another thing that is very helpful – and is really good for kids, and can be taken in a way that tastes good, and in sprays – is taking forms of colostrum. It's no mystery that mother's milk is what builds the immune system of a child, and that's because of the colostrum. Of course, we can now buy cow colostrum in different forms. You can even get it in a health food store in liquid form. But most people prefer just to take it in a capsule. That is great for building the immune system in the digestive tract, and it's an excellent anti-viral for preventing flu.

I could go on and on, but we would never get to the rest of the call. Another thing that is very important that I want to mention is keeping the lymph system flowing. The lymphatic system is a system of vessels like the circulatory system except the circulatory system circulates the blood whereas the lymphatic system circulates lymph fluid. The lymph fluid is like your garbage disposal system; it



carries the waste away from the cells – which is really important because otherwise the cells would stay toxic and then we would degenerate very quickly –it also carries white blood cells. It’s a major battleground for viruses and bacteria and that type of thing.

The immune system cannot work properly without the lymphatic system flowing, and the thing about the lymph system is it doesn’t have a heart like the circulatory system does to pump it. It requires your muscles to move. This is why when people lay down for a long period of time – especially someone who is older, who maybe can’t move or has some kind of condition where they are sedentary – the lymph system doesn’t move and a person becomes inherently weak because of that. They become weak immune-wise.

Getting the lymph system moving could be anything from exercise, to having a massage, to trampolining, to walking, to skin brushing. There are lots of things you can do for that, and it’s really inexpensive that we’re talking about – things that don’t cost you anything but your time, not that your time is not worth something.

I like to give people things that can help empower them and things that you can do on your own that you don’t have to buy or you don’t have to go and find.

So that’s kind of a quick overview. I’ll cover more specifics on bolstering the immune system throughout other questions.

Court: Okay. Thank you.

C. Austin Fitts: Our next question comes from Dave up in Oregon.

Dave: Hi, Dr. Thompson. This is David.

Dr. Laura Thompson: Hi.

Dave: I was really happy to hear what you said about probiotics because I consume kefir on a regular basis. I feel like I’m going into this in a pretty good state. Let’s say that we’re successful in avoiding receiving the vaccination, but that we end up contracting Swine Flu. What would you recommend as some



natural remedies that we can use to fight the actual flu?

Dr. Laura Thompson: That would really bring in the acute natural medicine cabinet. We just talked about the preventative; now we're going to the acute.

You want to look at the fact that a flu virus is a virus. There are certain antiviral properties that botanicals and herbals have and vitamins, like vitamin D, have. There are products that are inherently antiviral that I'll mention.

Then you also want to look at the fact that when you're in a state of having a flu, your body is inflamed. One of the most important things that really occurs is the body becomes consumed with heat and becomes extremely dehydrated. So if there was only one thing a person did once they had the flu, I know it sounds corny to say, "Keep hydrated," but I don't think people really know what that means to keep hydrated. They probably drink a lot of orange juice or something.

Really the most important thing to do is to drink water. Keeping the cells hydrated helps the cells get rid of the stuff that is congesting the cells. That is one thing.

As far as vitamins are concerned, we have several antiviral properties going on with vitamins. First of all, recent studies on vitamin D – which most of you probably know about because you are probably more hip to this stuff than the mainstream public – have come out in the last ten years. If you go into your medical doctor's office now and they prescribe vitamin D, they may not prescribe the right type of D, but just the fact that they're telling you to take a vitamin is a major step.

The reason for that is because it's in the medical news. All the clinical studies and all the trials and all of the university studies have incredible information coming out about vitamin D being anti-flu and antiviral.

Now they're even selling vitamin D in dosages of potencies of 1,000 IU's whereas in the past it might have been 100 or 200 IU's. Now it's 1,000.

Some of my patients are taking 2,000 or 5,000 or 10,000 a day. For someone who has an active flu, I would probably go with a minimum of 2,000 a day. I



carry a couple of vitamin D's and one of them is a drop. One drop equals 2,000 IU's. That's fairly easy to find at most of your health food stores.

Then you want to look at, of course, probiotics. You want probiotics whether it's an acute or a preventative situation and get good bacteria products because they have antiviral tendencies. You can get acidophilus, bifidus, and other kinds of things.

You always want to go for vitamin C. Linus Pauling did a study, and one of the main things that was found out through his studies was the antiviral effects of vitamin C. The best type of vitamin C to get is a calcium ascorbate with an array of bioflavonoids in it. You don't want to go for your standard ascorbic acid; you want to go for something that is much better absorbed.

Then you have botanicals that are antiviral and antibacterial. You have Echinacea, and goldenseal. I'm sure most of you know about those. You have olive leaf extract. I would tend to put someone in an acute state on about five or six products. Sometimes they're powders, and sometimes they are tinctures. I find that when people have the flu, they more easily handle powders in liquids than capsules. I like tinctures because they can be dropped into a little bit of juice or you can take them directly in the mouth through a dropper bottle.

Olive leaf can be gotten in tincture form, and Echinacea and goldenseal can be gotten in tincture form. I carry products that I like and that I know work really well. I use things that work, otherwise I can't feel good about what I'm doing. That's why I carry different products, and I synergize people's programs.

If you were just going to buy something at a health food store, I would probably go for vitamin C, vitamin D, and olive leaf extract. You can get Echinacea and goldenseal in a combo. Then get a probiotic and you would be in good shape.

Dave: Excellent. Thank you.

C. Austin Fitts: Next is Paul Ferguson, our Treasurer from Massachusetts.



Paul: Dr. Thompson, thank you for doing this tonight. I caught a news clip recently that talked about the fact that a third of the nurses in the UK have said that they are going to avoid taking the Swine Flu vaccination. Some of the scientists who were involved in developing the vaccine are also concerned about some of the potential side effects. I don't really understand exactly what the risks are of taking the vaccination.

Assuming that it can't be avoided or you need to get vaccinated for whatever reason, what are the risks that are associated with the vaccine?

Dr. Laura Thompson: What you want to look at are the ingredients and that is one way to look at the risks. First of all, you have live viruses. Right there, that's a reason for concern. Granted they are weak, but you have live viruses in these vaccines. A lot of people get sick from this.

I was watching a doctor being interviewed this evening. He was very proud that he's being an example. They haven't even finished the studies and the trials yet, but he's being part of the trial which is just wacked out as far as I'm concerned.

He was so proud. He said, "I didn't even get the fever," and the way he said it, it was like it was expected that most people probably would. Right there it elicits some kind of immune response because a virus is coming into your body.

What you really have to wonder about is the people who do not get the immune response. Why is that? It's because their immune system may not be up to it. That would mean that possibly the virus may actually hurt them in ways that a lot of people don't realize.

These viruses have an affinity for the nervous system, so you can actually get a virus in the nervous system. It could be deep in the nerves. You may not have a flu, but it can affect you in other ways.

It came to me about two years ago when I had patients who had gotten flu shots. They deduced themselves, "About a month after I got a flu shot, I got a shingles outbreak. I thought that was kind of odd timing."

Shingles is a virus. About two or three other people said to me, that they either



got shingles or a week later they got a herpes outbreak. So what happened? The body had layers of virus already. An active virus came into the body, added to the load, and the person ended up manifesting the things, which they were most vulnerable to; either herpes or a shingles outbreak.

Since then I've had probably 15-20 people who have had flu shots tell me that they've had some kind of outbreak of something else afterwards. That is number one.

Number two, these things are preserved with chemicals, not the least of which would be aluminum and mercury. You're getting bona fide heavy metals in your body, injected and probably carried into the nervous system or into the brain. Those things could wreak havoc.

Most of the time I would say that people don't realize what they're doing. They're just adding this incredible toxic burden to the body and they don't realize it because they're not getting a negative effect in the moment.

Then you're looking at things like formaldehyde and polysorbate 80 and other types of preservatives that they use to make the whole thing work. It's just chemical soup, so to speak.

Paul: Thank you very much.

Dr. Laura Thompson: Sure.

C. Austin Fitts: Susan Yelhan from North Carolina.

Susan: Hi, Dr. Thompson.

Dr. Laura Thompson: Hi, Susan.

Susan: It's clear to me that I don't want to get this shot, and it may be clear to a lot of other people, but if people are coerced or feel somehow threatened as though there may be some sort of mandatory or military mandate that says, "You either do this or you end up in a jail with 25 other people who also said that they wouldn't do it," and people buckle down and agree that they will get this shot, what could they do ahead of getting it – or even after they get the



shot – to mitigate any effects from this? Is there anything you can do, or is it just, “Good luck”?

The idea feels a little bit overwhelming.

Dr. Laura Thompson: I don’t like to buy into the fear of things, but after I read about the bill that is in the Massachusetts Senate, and if the Governor of Massachusetts declares a State of Emergency concerning an epidemic, and if you don’t comply to getting the flu shot you can be fined \$1,000 per day and jail time. Now the bill has not passed the House yet, but just the fact that those words were even written is ridiculous.

I can’t imagine that this country could actually pull off something so efficient as being able to get everyone vaccinated. (That is a joke, by the way.) But it isn’t a joke really, because I just don’t see how that could happen. People just make too many mistakes.

Anyway, the point is that in the past two years, I started changing my own personal nutrition program. I never worked on my immune system before – or at least not as much as I am now – because I never got sick. I’ve never gotten the flu, and my husband has never gotten the flu. We’ve been married almost 13 years, and neither of us have had a flu in that period of time. I think I had an almost-cold twice, and he had something maybe three times, but really nothing.

I was talking to my assistant, Cathy, and we were marveling at working together for nine years and neither of us has been sick.

I never really worked on my immune system because I always trusted that I would go on like I have been. I’ve worked on it more in the past couple of years because I’ve gotten a little more fearful because of all the media blitz, and who knows who is going to perpetrate what’s on us.

I was talking to my assistant, Cathy, and we were marveling at working together for nine years and neither of us has been sick.



I constantly work on keeping the immune system strong, and that is going to be an individual thing. We can give general things to do, like we did with David's question. We can give some general instructions like, "Take vitamin D, take vitamin C, keep hydrated, take vitamin A, and take things to bolster the immune system and keep the lymph system running smoothly."

Those are all things that everybody should be doing all the time. Then, if perchance it does look like the flu shot is going to be imminent, I would beef that up even more and really work on getting the liver and the kidneys supported so that the body can effectively eliminate the toxins that are going to be coming in through the shots.

We're looking at getting the immune system strong with the immune support nutrients and substances, and getting the toxication pathways open, which would be your liver, your lymph nodes, your kidneys, your lungs, your skin, and your bowel. I know that sounds like a big job, but I can't not tell you that.

Susan: I had somebody just recently talk to me about liposomal vitamin C and I'm wondering if there is any benefit to that.

Dr. Laura Thompson: I think liposome vitamin C is very good.

Susan: I was wondering about that. There are actually holistic doctors who will do a vitamin C drip or a vitamin B12 drip or something like that, and one wonders if that could be of benefit as well.

Dr. Laura Thompson: Actually, if someone had someone at their disposal who would could give them a Myers' Cocktail- it's a special combination of high dose vitamin C. It's like 25,000 mg of vitamin C and usually some minerals – calcium, magnesium – and it usually has glutathione for liver detox. A Myers' Cocktail once a week would be fantastic.

If anybody knows a nurse- I don't think the nurses can order the ingredients of the IV- but they can give you the IV. If you know a doctor who can order the nutrients and a nurse who could give you an IV each week, otherwise it is really expensive. I was just thinking that if you knew a nurse who was in your home or something, it would be a great way to go. It's thinking outside the box.



As far as post-vaccine, I work with a lot of families, and the parents who I work with are pretty vehemently against anyone in their family getting the vaccine. Others are scared not to. Parents feel terrible if they do the wrong thing. They end up getting the vaccine because they figure, “Well, everybody is doing it. How bad can it be?”

I don’t like to weigh in on that; I just like to tell them the basic information so they can make their decision. That is an emotional decision that no one else can make. I just say, “If that’s what you’re going to do, then it’s time for a vaccine detox.”

A couple of weeks after you’ve gotten the vaccine, we start vaccine detox. There are some very gentle homeopathics that I use. One is called Vac-Chord. We use that along with some lymphatic drainage and homeopathics. It’s very easy to administer to children. It doesn’t taste bad, and it’s easy to take and easy to remember. It’s very pleasant, and it helps to get the residues from the vaccines out of the system at a very deep level.

Also, Susan, what I said before about keeping the bowels open and making sure that a person is having two bowel movements a day and is able to release the toxins that the liver is dumping into the bowel. If that’s not happening, then that stuff is going to stay circulating into the bloodstream and get right back into the cells or into the brain. This is what we see with autism. Those kids can’t detoxify. The vaccines end up affecting them in a way that doesn’t affect other children.

It’s keeping the liver supported, keeping the kidneys supported, and making sure the bowels are moving. Then follow all the other things that I said before with exercise and keeping hydrated and choosing your products for immune strengthening.

I can do personalized programs for people. We can go and look through certain testing and see: What is this person actually deficient in? We do a certain test that tests for vitamin C. Does this person actually need vitamin C? Are there viruses already in the body?

For some patients right now, I’m doing viral detoxes with them so that if the flu starts to spread, they’re not going to be as likely to catch it because their



viral load is lower. Those are the kinds of things that I've been looking at.

Susan: Thank you.

C. Austin Fitts: Last up, we have Caroline Betts from Cincinnati, Ohio.

Caroline: I'm out in the Midwest in a very conservative city where there are a lot of people who figure, "Whatever the doctors say to do, that's what I'm going to do, and whatever the mainstream media says is a problem, is a problem."

I'm wondering what you think some of the best arguments might be that we can use to teach people around us why they should avoid the vaccinations if they have to opportunity to do so.

Dr. Laura Thompson: Well, I'm probably going to be a little redundant here, but one of the things that I do – especially with the families that I work with because they're really in a fear mode and wanting to protect their children – is I always go for the logical. What can you say that is logical? Then people will say, "Oh, that sounds logical."

First off, what are the ingredients? Look at the ingredients. If you go around the grocery store, you will see people looking at the labels all the time. Nobody says that for the vaccines.

I would get a hold of the ingredients – which we probably don't even know yet because they're still doing trials, but we have an idea based on the past. You look at it and say, "There's aluminum in this; there's mercury; there's polysorbate 80; there's formaldehyde. What in the heck do I want to put this stuff in my body for?"

That's number one. Number two is another part of the logic. From my perspective, I'm probably giving away my age here, but this used to be really logical. I don't know if you can reach people that way anymore, but we are strong. We have the ability to fight by ourselves. Who says that we need something else just because some measly little flu comes around?

Why do we go to this incredibly toxic chemical when we can actually build up



our immune system? And this is not even that big of a problem. This virus is not that big of a deal. All of that just makes so much sense to me. I don't know if it does to you, Caroline but I'm sure it does, and you're probably wondering if it would to other people if you use that argument. Do you have any comments on that?

Caroline: I brought up the Guillain-Barre problem that happened in 1976 from a flu vaccine. People say, "Oh, but they do it differently now. It's all safe now."

I also was interested to hear you say that they are live viruses. I thought they were using parts of viruses or dead viruses.

Dr. Laura Thompson: That is even worse. We'll see. I don't really know what's going to be in these vaccines, but I'm going to be very interested to see what the ingredients are going to be. Like I said, "I'm just going from the past."

Caroline: Is it likely there might be a choice, for different vaccines that we might be able to pick one versus another?

Dr. Laura Thompson: I doubt it. I think they're really scrambling right now. I know they're trying to roll this thing out mid-October, and that's scary. To think that it's not even going to be properly tested before it gets rolled out. And being tested is such a sham anyway; from their perspective to not even have it properly tested – wow!

The best argument is: This is not a really bad virus. They've admitted this. I've heard many news shows say this. So why is this such a big deal? Why is everyone falling for this? Friends of mine who are holistic are asking me, "Do you think I should get a flu shot?"

These are people living in Birkenstocks who live really naturally and eat clean. It's that brainwashing thing.

C. Austin Fitts: I'll weigh in here. I think it's very overwhelming for people to fathom that there is a matrix and that the matrix would do something this insidious. The thing is that I come at everything in terms of: How does the money work? What are the financial issues?



I was just talking with Paul Ferguson, our Treasurer. I described the debt clock. There is a debt clock on the web that counts up the amount of debt per person in America, and the national debt is almost up to \$40,000 per person; but the contingent liabilities of Medicare, Medicaid and Social Security are up to \$191,000 per person, for a total of almost \$250,000 per person.

There is a tremendous need on the economic and political side to assert very dramatic control of the population as the benefits that everybody is expecting, get cut. I just see incredible economic pressure to do something to frighten and control the population. It's a lot easier to have a bank holiday under the guise of a flu than it is to have a bank holiday under the guise of an economic crisis.

You can program in all sorts of manipulations of the economic system under the guise. You can have Marshall Law without having Marshall Law.

If you look at the economics of what is going on and the fact that you have a rushed experimental vaccine and a flu that doesn't seem to be as bad as the flu, the economic issues around this just make it look bad.

I think most people find it overwhelming to face that. It's pretty scary to realize that the machinery is that irrational in terms of your health.

Dr. Laura Thompson: It seems like one of the most blatant examples that I've ever seen. Something like that is totally illogical. "What else is happening?" is all you can think of to make any sense of it.

C. Austin Fitts: When you look at the economics, I think it may start to make sense.

Anyway, Dr. Thompson, thank you so much. You are available to consult with individuals and families on these issues.

There is a tremendous need on the economic and political side to assert very dramatic control of the population



Dr. Laura Thompson: Yes. Obviously I have two parts to my practice. The first part is that I take patients for whatever it is that is going on with them that they want to work on. I do full programs with hormonal testing and infection testing and testing viruses, molds, yeast, fungus, bacteria, allergies and that sort of thing. I also test for nutrients and vitamins. I do all kinds of testing, and then I create customized programs according to what people need. So no two people get the same program.

But I also have an arm of my business – which I suspect is going to become even more popular in the next few years – which is more for acute care. I'll have a patient who says, "I just want to get a program and stay on the program. I don't need to have consulting. I can't afford that." So I will just do whatever I need to do.

Frankly, this might sound a little bit presumptuous, but what I do now – and certainly not the way you do it, Catherine – I always talk to people about their finances on their first visit because I want to know that I'm not creating more stress for them.

C. Austin Fitts: Right.

Dr. Laura Thompson: I like to create a program that they're going to be able to handle. So some people will see me once or twice. They'll just get on a program. I've also had a couple of families say, "We just want to be able to protect ourselves during this flu season."

I actually have my biofeedback practitioner who I refer to. We have this remedy, for example, called 'Flutone'. It's customized with your saliva sample. Sometimes we even take a nasal swab or have someone swab their nose and then make a customized remedy which is really inexpensive. It's \$25-30. It helps your body identify the virus in you and the way that your immune system needs to react in order to eradicate it.

I have all different levels, as far as financial commitments, in my offering. I like to develop that, especially in the past six months, because I really like to help people be out of pain and be without suffering. It's just incredible to me that so many things could be handled on our own by just making ourselves strong.



C. Austin Fitts: That's a perfect description of your practice. People can contact you on your website, and it's linked from the blog. Can you just give your website address?

Dr. Laura Thompson: You can go to www.DrLauraThompson.com or you can go to www.SCICN.com for the Southern California Institute of Clinical Nutrition.

C. Austin Fitts: Laura, thank you again so much. Have a wonderful evening.

Dr. Laura Thompson: Thank you for having me, Catherine. It was good to talk with you all.

C. Austin Fitts: That was Dr. Laura Thompson. Now we're bringing in attorney Alan Phillips from North Carolina. Alan, are you with us?

Alan Phillips: I am.

C. Austin Fitts: Welcome.

Alan Phillips: Thank you. It's a pleasure to be here.

C. Austin Fitts: We talked on July 23rd about a framework for vaccine law and legal exemptions. Maybe you could just give us a one-minute summary for everybody who hasn't heard it. It is in the archives, so you can access it from your Subscriber Panel.

Alan is author of *The Authoritative Guide to Vaccine Legal Exemptions*. It's a wonderful overview of the existing framework for vaccine law. Alan, could you give us a summary of what we talked about earlier?

Alan Phillips: Well, a lot of my concern a couple of months ago and, currently, is with the pandemic flu situation. It's the concern that if vaccines are mandated in the context of an emergency that can sometimes radically shift the rights that we have to refuse vaccines and other consequences, as compared to what laws, rights and consequences are in a non-emergency situation as it pertains to routine immunizations.



Laws do vary from state to state in both the routine immunization world and the emergency context. As a general overview, some of the concerns in the emergency context – should we see that scenario unfold – is that potentially harmful fast-tracked Swine Flu vaccines that are uninsurable. If they are mandated in a context of an emergency, we may not have philosophical and religious exemptions. I've even seen examples of a couple of laws where there are situations where they threw out the medical exemptions. That one was mind boggling because I just don't think that would hold up to Constitutional scrutiny.

Those who refuse vaccines, whether they're doing it because their state would allow an exemption in an emergency context or just because they say, "I don't care, I'm not going to do it," are potentially subject to quarantine, and not necessarily in their home. In many state laws, the potential is that someone else could exercise the discretion – probably a local health official and/or possibly in conjunction with non-local officials – to quarantine us in some location outside of our homes, in some sort of state facility or potentially a Federal facility, as well.

Many people, myself included, find all these different prospects a little unsettling – if not a lot unsettling. So the question has arisen for everyone who catches wind of these different concerns: What can we do about this?

Many people are suggesting a lot of different things, and I wanted to touch base with you as we begin this evening, Catherine, if I could, to talk about some of the things that I think are more likely to be productive uses of our time and, perhaps, mention briefly some of the things that I believe are probably not productive uses of our time.

C. Austin Fitts: Right now most Americans are under state authority in relation to vaccines. Most states have a variety of different exemptions that we talked about last time. The question before us is: Is the framework going to shift into an emergency?

I was wondering if you could just say a few words about the Model State Emergency legislation that was designed by the CDC in Washington that is being used to encourage the states to change into emergency mode.



Alan Phillips: Yes. There are a couple of universities, and Georgetown is one of them that I recall from the top of my head, who put together a graphed Model State Emergency Health Powers Act three months after 9/11. It was done in December of 2001 for the CDC.

This was just model law, but the CDC was then urging states around the country to enact this, and most states have enacted one part or another of this.

The value of looking at the model law is that it's an example of the actual laws that vary from state to state, however, we get a feel for what many of them have and the potential there if we look at the law as an example. It does allow so many things that I just mentioned, such as requiring immunizations without exemptions, requiring other kinds of emergency medical treatments in an emergency context, possible isolation and quarantine outside of our homes if the decision is made by health authority that that is necessary, and a variety of other related things in the emergency context.

The question that arises for many of us is: Do these laws go too far in terms of the rights of states that have enacted laws of this nature with the potential imposition on individual rights or individual choices?

When you look right below the surface, just one hair's width past mainstream media into what is going on with this Swine Flu vaccine development, there are a lot of reasons to be very concerned about the way this is playing out. Your prior guest touched on many of those concerns quite well, so I won't repeat those.

One key point that I want to underscore is that, perhaps in a sense, having learned their lesson from the 1976 fiasco where the Swine Flu vaccine that was widely distributed did result in dozens of documented deaths and thousands of people filed lawsuits claiming death or injury from the vaccine. This time around the Federal government has enacted legislation and, the Department of Health and Human Services Secretary Sebelius, has enacted that option earlier this summer that leaves the vaccine manufacturers all but immune from any sort of suit or liability should someone experience a serious adverse reaction or, God forbid, die from the vaccine. That is really, really disturbing.

We also have in this country – which I don't know if your listeners are aware of



– a separate court system. It's a vaccine court system that deals with vaccine injuries. There is a potential in this system where people who are claiming injury from a vaccine may be awarded compensation, but it only compensates vaccines that are on a list. For example, it is my understanding that Gardasil was recently added to that list, and I was very glad to see that because I've heard of lots of problems with the Gardasil vaccine.

The pandemic flu vaccines are not on that list, unless they've added it in the last couple of days, because I checked on that recently. I don't know of any plan at this point to add them.

C. Austin Fitts: One of the questions I had asked you came in from one of our subscribers. I have friends who are doctors and nurses, and they are being told that they are going to have to take the vaccination. Of course, they don't want to. The question from the subscriber was: Can they notify their workplace if there is any side effects from taking this that will be a worker's compensation issue? Is there a way to get compensated under worker's compensation for those who are required by the workplace to take them?

Alan Phillips: I thought, first of all, that that was a very clever idea. You are the one who actually brought that to my attention. I'm not a worker's compensation attorney, so I can only speak in general terms to that, but it is certainly my understanding that worker's compensation is a law that varies from state to state. It may be one of those questions that varies from state to state, but it is certainly my understanding that many employers – especially larger ones – do share directly some part of the cost or, in some cases, all of the cost of claims.

If it is true that a vaccine that is required as a condition of employment should cause an injury from the vaccine, it would fall under worker's compensation. That is a question that is going to go to some employers' bottom line.

With regard to the question of, "What can healthcare employees who are facing this do?" This is happening, by way of law in New York and by way of policy in hospitals around the country. I'm getting emails on a daily basis now from nurses, primarily, and other healthcare employees saying, "What can we do?"

Part of the answer to the, "What can we do?" question may be to raise this



question about possible workers' compensation claims for workplace injury by way of the vaccine. That might cause some of these hospitals who are doing this as a policy issue to reassess their policy.

C. Austin Fitts: At the institutions, for example, schools and doctors are not exempted. It's only the vaccine makers. So they continue to have liability, don't they?

Alan Phillips: I don't think so. I really don't think there is anybody who has a liability unless some law is enacted that would – at this point – create that liability, or unless it were added to the National Vaccine Injury Compensation Program list of vaccines. I don't think there are any private insurance companies out there that are going to insure vaccine injuries. That was my understanding years ago when I first started exploring the larger vaccine question.

I'm on a fast-track learning curve in recent weeks and months on this issue, and I'm learning new information daily. For example, I just learned this morning that here in North Carolina, if there was a quarantine order and you violate that, you are subject to potentially up to two years of incarceration.

I could see the logic of that in a hypothetical really severe, highly contagious, highly virulent virus or disease or what have you, but with something that is as benign as the Swine Flu, I'm hearing reports saying that it's really no more dangerous than a seasonal flu. So why all the hype about this?

The Massachusetts law, for example, is very serious. Why are people taking such a frantic, hard line about this? The logic escapes me.

C. Austin Fitts: One of the challenges that many of us have when we say, "Look, there is no emergency here. There is no reason for a legal emergency," is as a legal matter, the World Health Organization has declared a legal emergency. Is that not correct?

Alan Phillips: Yes, in the sense that this is a Level 6 pandemic declaration. It is my understanding that there was actually a change in the definition in order to get a disease that is as benign as this to qualify. Previously there was a definition that would require both the wide geographic distribution and a level



of virulence that we're not seeing in this particular Swine Flu. Of course, there has been lots of talk about how it could come back this fall and be deadlier than it has been. I presume that means there is some sort of mutation involved.

Of course, if it does mutate, then that could render any otherwise effective vaccine ineffective. So if it did come back more virulent because of mutations, that would render the vaccines that are under development now pointless.

This is something that we see pretty routinely with the seasonal flu vaccines –the manufacturers have to guess several months in advance which strain is going to be the dominant strain. Many times they guess wrong. It's not to their discredit; it's just something that is hard to predict in advance absence a flu crystal ball of some kind.

But they get it wrong. Of course they distribute the flu vaccine anyway with the theory being: Well, at least it will protect against the strain that is not dominant.

C. Austin Fitts: Alan, there is a very interesting article in *World Net Daily* that listed some of the provisions that some of the states are providing, including copies of the quarantine forms that the state of Ohio is preparing. Maybe you could just say a few words about what different states are doing. What is the effort to really get states in a position to declare an emergency? We know Massachusetts has this Draconian \$1,000 a day fee if you refuse a vaccine. What is going on at the state level?

Alan Phillips: Most states have the right under current law to mandate a vaccine. If they so choose to throw out exemptions in the process and to impose quarantine and isolation – and not necessarily in your house – whatever plays out this fall. I'm hearing the full hypothetical range of different people's opinions. Everything from, "It's going to blow over. Nobody is going to be sick. There isn't going to be any increase in deaths," to the other extreme of

So if it did come back more virulent because of mutations, that would render the vaccines that are under development now pointless.



people who are at the wild conspiracy end of the spectrum who fully expect that there will be millions dead this fall from the vaccine primarily. These are people in one of a variety of different conspiracy theories.

My concern is, not so much trying to figure out what is going to play out, but rather that any of the variety of so-called ‘worst case scenarios’ that might happen in terms of imposed vaccines and quarantine and isolation are things that can happen pursuant to current law. Whether it plays out or not this fall, it could play out again the next time around. So the problem doesn’t go away. In other words, the problem is independent, in a sense, of whatever the actual playout becomes.

From my point of view, that is the primary problem. This is what laws allow. The primary response needs to be to change policy and law so that overreaching that is available on the part of the state is curtailed and cut back.

C. Austin Fitts: In many respects, it seems that this is a time to know your state and local representatives and to be in communication with them and the organizations that are trying to impact state policy. It’s really a state issue right now.

Alan Phillips: Absolutely. First and foremost, as we discussed before the call, as a starting point in terms of technical jurisdictional boundaries, the World Health Organization, and even our own government, doesn’t have the authority to reach directly into the states and impose or require vaccines directly on state residents. That authority will come ultimately, as I understand it, from the state level, even if there is a national emergency declared by the current administration. It will be individual states that will declare a state emergency and mandate the vaccines or not. So the primary response, I think, needs to target state policy and lawmakers.

I see we’re getting close to time, so I just want to mention briefly that I have a summary and explanation of that problem and ways to address it at the state level on my www.VaccineRights.com website. There is a section of the Vaccine Rights website that deals with this pandemic flu problem, so I encourage folks who would like to get more information than we’ll have time to discuss tonight to go to that site to look at it. We have templates, letters, and components that people can use if they wish to communicate with state leaders, and see if we



can't change, over the short-term, policy and, subsequently, the laws so that we cut back these states' rights to a more acceptable level.

C. Austin Fitts: So what we should be doing is checking out www.PandemicFluOnline.com.

Alan Phillips: www.PandemicFluOnline.com is a great resource for staying current on the latest news events. It is a really good source. I have some of that on my site as well. I have a new section where I'm posting mostly pandemic flu articles.

C. Austin Fitts: We should go to www.VaccineRights.com and look in the 'Problems/Solutions' where we have the template letters.

Alan Phillips: That is correct.

C. Austin Fitts: Then look at the 'News' section and go to www.PandemicFluOnline.com.

Alan Phillips: Yes.

C. Austin Fitts: Fantastic! If someone wants to contact you, the contact information is on your website.

Alan Phillips: Yes it is. It's on the bottom of every page.

C. Austin Fitts: Should I ask you what your personal plan is to avoid the vaccine?

Alan Phillips: I'm organizing a state level communication letter-writing campaign in North Carolina, and I encourage other folks to do the same thing. Feel free to stay in touch with me, and we can all share notes. There is no prescription on exactly how to do all this, although the legislative process generally is fairly well established by other procedures over the many years.

C. Austin Fitts: With the letters you are writing, are you going to have those up on your website so that somebody can poach it for their state?



Alan Phillips: Yes, I do have, not only my own letters, but I'm drafting letters and working on letters for other people, too, so they can draft and revise and put links to letters that people in other states have written, as well. There are plenty of examples there for folks to look at.

C. Austin Fitts: Alan, you are so wonderful.

Alan Phillips: Thank you so much. I can't tell you how much I learned listening to your show tonight. I would love to come back because I know I'm going to learn something fabulous every time I do.

C. Austin Fitts: That's why we have to stay in touch. As the beast is rolling this out, we all have to figure it out and transform it. It's like judo: We have to redirect the energy into something a little bit more positive.

Alan Phillips: There you go.

C. Austin Fitts: It's imperative to keep talking about it even though it can be an unpleasant subject. It's by talking about it that I think we take the fear out of it and see the opportunity to shift the whole thing.

I can't thank you enough because the very precise and impeccable details of the law and how the law works is going to be critical to any kind of shift or successful effort in this whole area.

Alan Phillips: I couldn't agree more.

C. Austin Fitts: I can't thank you enough for all your work, Alan. You have a wonderful evening.

Alan Phillips: Thank you so much, Catherine.

C. Austin Fitts: Thank you so much for joining us for a bit of an extra-long show, Swine Flu Doubleheader with Laura Thompson and Alan Phillips.

Don't ever say that people aren't doing anything; we have immensely talented and courageous people like Laura and Alan doing everything they can to make



sure that we are safe and that we have options.

Again, don't worry about whether or not there is a conspiracy: If you're not in a conspiracy, then you need to start one.



MODIFICATIONS

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