

BUILDING WEALTH IN CHANGING TIMES



The Solari Report

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Vaccine Exemptions with Alan Phillips



Vaccine Exemptions

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C. AUSTIN FITTS: Ladies and Gentlemen, it's my privilege to welcome to The Solari Report an attorney who needs no introduction. He's been with us twice. He came in 2009 and did a great job of helping us grapple with the threat of mandatory vaccines during Swine Flu, and then he joined us again in January of 2013 when pressure was really on in the exemptions.

Now again we're running the risk of declared emergencies, so I wanted to revisit the topic of exemption rights. You can tell from looking at Alan Phillips' website that this is a topic that is very complex. It involves federal and state laws, it involves the military, and he has a list of all the different people who potentially impact it with different legal fact patterns – parents, students, immigrants, military employees, international travels, schools, agencies, attorneys.

It's very complex, and Alan has really become, in my opinion, the definitive authority on vaccine legal exemptions. He has a book which I strongly recommend, *The Authoritative Guide to Vaccine Legal Exemptions*. It's an e-book. He has a 4.0, and I was just teasing him that he's just going to have to keep writing because so many pieces of this body of law are evolving and practices are evolving daily as we speak.

He's got a newsletter and a radio show. You can learn more about it on his website www.VaccineRights.com which is an incredible resource.

Alan, thank you so much for joining us on The Solari Report. I can't imagine how busy you are these days.

ALAN PHILLIPS: It's a great pleasure and an honor to be back with you again, Catherine. Thanks again for having me.



C. AUSTIN FITTS: Current legal issues with vaccines. The last time we spoke you were in particular dealing with tremendous pressure on healthcare workers to not exercise exemptions and whatever. Maybe start with the healthcare workers, but bring us up to date on what you're seeing in this rapidly evolving area of vaccine exemptions.

ALAN PHILLIPS: Well, it's a really interesting – and that's sort of a neutral word. 'Disturbing' might be more accurate for what is happening, at least what I am seeing with it.

There are multiple peer review published medical studies and other mainstream medical sources that tell us that flu vaccines don't work, have minimal effectiveness, or that they can even be counterproductive. I know of at least two studies where the Center for Infectious Disease Research and Policy at the University of Minnesota has reported on studies suggesting that if you get a flu shot two years in a row it may actually lower your protection.

I know one other recent study that was looking at teenagers or children in the 9-15 year-old range. The ones who got a flu shot had roughly four times the rate of upper respiratory illness compared to the ones who didn't.

I hear this anecdotally from nurses and other healthcare workers all over the country. At this point, Catherine, I've worked with something on the order of around 350 healthcare workers over the last three or four years around the country, helping them avoid flu shots. I hear over and over again how the first thing they say is, "How do I legally avoid the flu shot?" The second or third thing is, "I never get the shot and I'm never sick. It's always my peers who are getting the flu shot who are taking time off because they're sick."

It seems like the shot is maybe counterproductive. But even worse, for the last 25 years the federal government has been paying out on average about \$115 million a year because of people who are injured and killed by vaccines.



As a quick side note – but a very important one – even people from the CDC and FDA have said that only one to ten percent of those serious vaccine adverse events ever get reported at all. In recent months, over 60% of those payouts now are going to people who are injured or families of people who were killed by influenza vaccines.

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This aggressive push for flu vaccines in and out of the healthcare arena – but in the healthcare arena in particular – seems first of all to be completely unsupported by the science. So it’s very disturbing just on that level.

I think at one level this is coming from the Department of Health and Human Services. They have their ‘Healthy People 2020 Initiative’ and two of their many goals are 1) to vaccinate 90% of healthcare workers with the flu shot by 2020, and 2) to vaccinate 80% of the rest of us by 2020 annually with the flu shot as well.

There is a clearly stated agenda that is very aggressively being pursued. For the last three or four years now, every year there seems to be a new wave of hospitals around the country who get on board with the mandate. I don’t know if ultimately all of them or most of them will go to mandate or not, but as we approach 2020 each year a whole new wave of them jumps on board.

I’ve seen in the last three years, and again this fall, a jump in my work in this arena because of many healthcare workers who at one point or another during the fall were being given a deadline to get a flu shot by this date or you’re fired. I’m seeing it more and more, and more every year because of more hospitals coming on with the mandate.

That’s a really quick overview of what is going on in that arena. Where it goes from here, we’ll just have to see how it plays out.

C. AUSTIN FITTS: I know, Alan, what an individual person can do – whether



they are a healthcare worker or they are just a parent or a citizen – very much depends on state law under non-emergency status. So it's very hard to generalize about how somebody can find and exercise their exemptions. That's why I encourage everybody to get your book because it's a granular issue.

My impression is there are many exemptions that people can exercise if they know about them. I know the practice is to push everybody to get vaccinations, but there are exemptions and there are lots of things you can do. Is that not the case?

ALAN PHILLIPS: Well, it's particularly confusing in the healthcare arena because the state exemption laws, with only three exceptions that I know of, apply to students and they don't apply to healthcare workers.

Say somebody from Texas contacts me and says, "Well, my state has religious and philosophical exemptions, but my employer is ignoring them."

My response to that is, "That's because they don't apply to employees; they apply to students."

So in the workplace we're actually most of the time we're dealing with federal civil rights law. This is part of what enables me to work with people around the country even though I only have a North Carolina license. Any time I'm dealing with federal law, there is no such thing as a federal law license. Attorneys are all licensed in one or more states or territories. We can all practice federal law. This is what enables me to work with clients around the country.

Even with state religious exemptions, you are still dealing with constitutional rights which is federal law.

C. AUSTIN FITTS: Alan, is the pressure from large corporations, or is it the small employers, too?

ALAN PHILLIPS: What I'm seeing in my practice right now is mostly



hospitals. The really interesting, and potentially disturbing, thing that I've seen that I wasn't expecting or looking for at all is a significant majority of my clients report to me that their hospital has either just been bought out or is being bought out or is about to be bought out. There is a rapid consolidation going on around the country right now in this arena. I'm not clear what it's about, but surely one consequence is that decision-making authorities are being pushed up so there are fewer and fewer people making decisions affecting more and more people.

I don't know if you have some insight on that that I don't.

C. AUSTIN FITTS: I think it's a combination of things, but one of the things is obviously the US stock market has done very well over the last two to three years. Last year it was up 30% just gangbusters. The number one best performing sector in that market during that period has been health.

As the corporate PE's rise, there is a real push to go get income. You're seeing a bit of a buying spree.

The other thing is I think Obamacare is very centralizing. There is no doubt that the clear pressure is coming from top down saying, "Get everybody into the digital system so we can reengineer."

You talk to software developers out in Silicon Valley and they think they can knock \$1-2 trillion out of the labor costs by turning everything into an app and putting things online.

There is a real push to reengineer and to corporatize, and you're seeing it not just in healthcare; you're seeing it across the board. One of my theories is the theory behind common core and the education area is to try to standardize everything and then you can get it on software and then you can really corporatize it.

I think it's a combination of things, all of which I would describe as deeply insane. That still begs the question: Why?

It's interesting. I don't know if you've read a book that was published



last year called *Dissolving Illusions: Disease, Vaccines, and Forgotten History?*

ALAN PHILLIPS: Yes.

C. AUSTIN FITTS: It's an MD who goes back and tries to track whether or not vaccines did make a difference to bringing down certain kinds of diseases. He finds that, no, they really didn't. That happened before the vaccines were introduced.

There is a forward to the book which is remarkable about somebody who has a kidney unit. They are noticing that people with kidney trouble are taking the Swine Flu or the flu shot and suddenly getting sick and dying. They try to stop those people from being given vaccines and end up having a real political food fight.

They are stunned because this has never happened to them before. Before when they noticed a problem with a drug for kidney patients it immediately got pulled or stopped. They told this story, and it reminds you what a chilling situation this is.

I don't know if you've read it or not, but it's another of many, many books that have been written that try to eliminate the fact that this policy is clearly being driven by an agenda that I don't think is clear.

ALAN PHILLIPS: It's clearly not a health agenda, even though – of course – that's the veneer that's put on it. I feel like they are just becoming more and more bold because the flu vaccine, in particular, there is a great amount of information that directly and scientifically contradicts the policy.

C. AUSTIN FITTS: I knew it was bad. I just have to interrupt and tell you I knew it was bad when I walked into Walgreen's or CVS or one of them the other day and there's a whole slew of these places. For a long time they offered the flu shot at a cheap price. Then it became free.

I walked in and I said, "Uh-oh, this is really bad," because they were



offering 5-10% off on all store purchases if you get the free vaccine. I don't know if you've seen this or not.

ALAN PHILLIPS: I have heard of that, yes, but I haven't seen it.

C. AUSTIN FITTS: Oh, I've seen it. It's scary.

ALAN PHILLIPS: I was just reading recently about a drive-thru at a pharmacy now. You can drive through now and get your flu shot. I'm just thinking, "Really? Seriously?"

I just have to ask what is in those vaccines that they want in our bodies so bad because they're doing anything and everything they can to make sure that as many of them are being administered as possible. I find the whole thing very disconcerting.

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At the same time that the vaccines are being pushed harder and harder on more and more people, efforts are underway to whittle away our right to refuse. This is also another disturbing trend that is going on at the legislative level.

A few months ago there were over 100 vaccine bills pending around the country, and the vast majority of them were seeking to further the vaccine agenda by requiring more vaccines of children and more vaccines of adult populations and pharmacists being allowed to administer vaccines. In some cases, they were even allowing children to consent to vaccines, which is blatantly unconstitutional in my humble but adamant opinion.

These laws are getting passed anyway and restrictions placed on current exemptions to make it harder to get them. It's working in both directions in the sense of requiring more vaccines and making it harder to say no.



C. AUSTIN FITTS: Who is financing the effort at the state level? There was just an editorial on *Bloomberg* this morning by Michael Bloomberg saying, “Washington is gridlocked, and so we’re moving out and doing all these things in the states. Here are these different laws I’ve been trying to get passed on now I’m financing getting them passed in states.”

I think it is true you’re seeing more of an effort to go to the state level. Who is financing the push to whittle down on vaccine exemptions?

ALAN PHILLIPS: I’m a little bit outside of my area here, but I think probably ALEC – if that’s what it’s called – has something to do with this. Its corporations working together.

Part of this is the structure of the legal system. The federal government doesn’t have authority to mandate vaccines for state residents, and so the CDC and ACIP as federal agencies can only make recommendations. It’s ultimately up to the individual states what to do with those recommendations, and there are differences from state to state in terms of what vaccines are required, for whom, and what the exemption options and procedures are, although there are some categories where you are dealing with federal law such as in the military or immigration and, in most cases, in the workplace.

As you were saying upfront, it is a complicated arena. There are a lot of different parts and pieces to it.

C. AUSTIN FITTS: Has any effort been made to mandate vaccine at the state level other than during Swine Flu?

ALAN PHILLIPS: As an emergency vaccine?

C. AUSTIN FITTS: On any basis.

ALAN PHILLIPS: I’m sorry. I didn’t get that.

C. AUSTIN FITTS: Has any effort been made to mandate vaccines at a state level for state legislature to pass a mandate that requires all citizens of



that state to take a vaccine?

ALAN PHILLIPS: I don't know of that ever having happened, and I don't know of any situation – and I hope I'm not naïve in saying this – and I can't imagine any situation where that would happen other than a declared emergency.

Although, the CDC has had a goal for a long time to revaccinate all the adults with all the childhood vaccines. There are literally hundreds of new vaccines in development. Just a few months ago I read a figure of over 270 vaccines – new vaccines – that were already waiting for FDA approval or were in clinical trials in the last stages before going to the FDA.

We've got this wide open door. The federal government subsidizes vaccine research and development to the tune of billions of dollars a year. State and federal governments mandate vaccines and purchase vaccines, and then the industry has zero liability risk if anybody is hurt or injured or killed by a vaccine. If they are able to get any compensation, it is going to come through the Federal Vaccine Injury Compensation Program.

If you can look at it from a purely cold, calculating point of view and throw compassion and empathy out the window, who wouldn't want a piece of that pie? The door has been thrown wide open for the industry just to come in gangbusters and develop as many vaccines and get as many of them required of as many people as possible.

It's really a disturbing agenda in that respect.

C. AUSTIN FITTS: I'm listening to you talking now. How do I get information about my fact pattern within my state, and what this means to me? You know, this gets very specific very quickly.

Talk us through how we figure out what our own personal situation is in terms of state law.



ALAN PHILLIPS: Well, I guess you have to first make a distinction between short-term and long-term needs. If you are in a situation – school, work, military, or whatever it is – where you have a requirement that you’re dealing with right now, depending on what the category is you need to determine what law is going to apply.

If it’s a school exemption, it’s going to be state law. If it’s military it is going to be Department of Defense regulation and federal regulations and so forth. If it’s a more general concern, during the Swine Flu pandemic I had people contact me. They were asking, “What do I do if the Swine Flu vaccine is mandated?”

That’s a less precise question because you’re talking about a hypothetical event, and mandatory vaccines in the context of an emergency are going to be a whole different game or ballpark – so to speak – legally than routine immunizations.

So the first thing you would have to do to know where to even start the walk is to determine what your starting place is. If you’re dealing with a specific exemption, we figure out which law – state or federal – you’re dealing with and then look at that particular law and the exemptions that are available and the procedure as it’s spelled out in the specific situation.

C. AUSTIN FITTS: If I get your book, can I navigate? Put aside federal emergencies for a second. Other than that, can I navigate through the book and figure out what applies to me?

ALAN PHILLIPS: The purpose of the book, I think, was primarily twofold. First of all, there is a lot of misinformation on the internet about vaccine exemption and waiver law. A lot of very well-meaning people believing alternative medical doctors and vaccine book authors and so forth just don’t understand the legal parts of it. Despite the best of intentions with information that is kind of a mixture of accurate and inaccurate information, sometimes it helps people get exemptions. Other times it has backfired on people.



The first point of the e-book was to provide accurate information and in-depth information. It goes more in-depth than what you find in any other source that I'm aware of. Then, in one sense, it helps people have enough information to have informed decisions about where to go from there.

You and I, Catherine, would agree that with regard to vaccines in a general sense, to make an informed decision about whether or not to vaccinate you need a certain minimal base of information, much of which you are not going to get through conventional mainstream sources. Then in sort of a similar way of thinking, when you are dealing with exemptions and how to legally avoid vaccines, there is a certain body of information you need to have or to understand in order to make an informed decision about how to proceed with your exemptions.

For example, the hardest people for me to help are the ones who try to get an exemption on their own, their exemption request is rejected, and then they come to when. When people come to me at that point, they have often already done things that are just hard or impossible to go back and fix.

C. AUSTIN FITTS: Right. It makes it much harder to switch the story.

ALAN PHILLIPS: Right. If you've read my e-book, you will have a much better idea, for example, of whether you need an attorney. Sometimes you don't.

C. AUSTIN FITTS: Right.

ALAN PHILLIPS: I don't want to take anybody's money who doesn't need my help, but there are other situations where you really are well-advised. Going back to the healthcare arena again, what I see in that arena is there are two main stumbling blocks. The first one is that most hospitals – and I would say 95% or more of the ones that I've seen in terms of my clients

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in my practice – most hospitals are just sort-of making this up as they go and they implement unlawful exemption policies. They are right off the bat excluding people who qualify.

If you have an employer who has an unlawful policy, that is going to be hard for you on your own to deal with. There is nothing wrong with trying in terms of getting them to fix their policy.

C. AUSTIN FITTS: I'm going to take this side because I'm not the attorney. I think there is something wrong in that if you try to do it yourself, you're going to run into the people who are in your chain of command or communicate with your chain of command, whereas if your attorney does it, then your attorney is the bad guy. He's dealing with their attorney, and there is an avenue to deal with it that will be much less harmful to the relationships within your chain of command.

If I was doing something in the workplace, the last thing I would want to do is do it myself. Nine times out of ten I would want to use an attorney. I'm going to push for the attorney.

ALAN PHILLIPS: I think you're absolutely right there. What I see in terms of what I hear – at least through my clients, for example – I've had three different nurses from different parts of the country tell me that they were told by hospital administrators that the hospital system – so we're talking some group of hospitals – had gotten over 1,000 requests for exemptions. In fact, one said that they'd gotten over 1,500 requests, and each time they bragged that they had allowed very, very few exemptions.

One hospital that had over 1,000 requests, the administrator said, "We only allowed four." I don't believe for a second that only four out of 1,000 people qualified.

C. AUSTIN FITTS: No. It may be that four had attorneys.

ALAN PHILLIPS: Exactly! Or that four – for some reason – had the classic, irrefutable requests.



The hospitals are more often than not implementing overly restrictive policies that do violate federal civil rights laws – at least with respect to the religious exemptions. Where I see them going with medical exemptions, they're not all getting here at the same time, but they do all be heading to the same place.

Now they're saying, "You can't have a medical exemption unless you've got a history of anaphylactic shock or Guillain Barre syndrome within six weeks of a vaccine."

C. AUSTIN FITTS: Oh, Good Lord!

ALAN PHILLIPS: I had a nurse who had three different doctor letters, and the hospital still said, "We don't care. Get the shot or you're out of here."

It's just bizarre.

C. AUSTIN FITTS: It's not bizarre because I've seen – and I'm sure you've heard many more stories than I have – the forward that I was just reading. There are situations where it is irrefutable that these things are going to do real harm, even kill people, and yet the politics are such that you have the bureaucracy insisting.

As Jon Rappoport would say, this is really 'Hotel Auschwitz' stuff. I used to have a pastor who would say, "If we can face it, God can fix it," but I think we have to face that.

There was one other reason I wanted to push for an attorney, and I just say this is somebody who was a federal regulator working within a very complex bureaucracy. I think it is very important when, for example, you are dealing with a school exemption or that you understand not just the laws and the regulations but the practices.

Somebody who is dealing full-time with these kinds of situations, I'm sure you have an encyclopedia in your head. Alan, of practices here and there and hither and yon. It's not to say that you know all of them, but that is a wealth of information that can really help you in any situation. I



think if you are going to try to get an exemption, you really want to succeed. You're always better off if you are armed with an expert who has that body of knowledge.

There is no way an individual – unless they are not working and can steep themselves in this full-time and do enormous research – can get that. I'm going to make a pitch for experts on this one because I think when you go in there you just want to have every possible bit of knowledge that will support you on your side.

ALAN PHILLIPS: Your point is well taken. Everybody, of course, has to decide how important it is to them. I had a nurse call me once. I go out of my way to try to make my services as affordable as I can, but I had a nurse call me one time and say, "What are your fees?"

I told her and she said, "I think I'll go ahead and get the vaccine."

I said, "Okay. That's fine. That's your choice."

I mentioned that to another nurse, and she said, "Alan, you've got to be more assertive. I work with the patients that get Guillain Barre syndrome from the vaccines. Alan, you do not want to get that condition.

Everybody just has to decide for themselves, Catherine, how important it is. I respect any informed choice whether I personally agree with it or not. At the same time, as I've learned more about this issue – I've been now looking at the vaccine issue for 20 years – and I just find that the deeper I dig, the messier it gets.

Jon Rappoport - I've been reading a lot of his information. This guy is on top of the issue. I have great respect for him.

C. AUSTIN FITTS: He really is. His wife is a nutritionist and just a really talented, naturally gifted healer. I'm always telling her, "Your husband keeps me sane," because he's willing to call a spade a spade.

Let's turn to the latest terror du jour, Ebola, and talk about federal



powers. One of the articles I was reading during the period that inspired me to get you back on The Solari Report was someone claiming that under the laws related to the Department of Homeland Security that they could mandate a vaccine through federal powers in an emergency.

I said, “I don’t know what the facts are, but I know there is one guy who knows what the facts are.” Let me ask you, in a situation where the Fed’s try to assert federal emergency or they persuade the states to assert state emergencies, what happens under emergency powers, and what are our abilities to exercise exemptions in those situations?

ALAN PHILLIPS: Well, Catherine, this question first came up for me during the Swine Flu pandemic, and I had just not had anything prior to that to bring to my attention what I now recognize to be a potentially vast difference between our rights in routine times compared to rights in a declared emergency.

What we saw during the Swine Flu pandemic I think we can learn a lot from that about what might hypothetically happen with Ebola or any other future infectious disease emergencies that may come down the pike here.

First of all, the starting place – which is very disturbing for me – is that once an emergency is declared, the legal landscape changes, potentially radically. The rights that we have during routine situations can, at least temporarily, go out the window in a declared emergency.

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We saw a lot of bizarre things going on during the so-called ‘Swine Flu pandemic’. I mean, my understanding of what happened there was that the World Health Organization changed the definition of Level Six, which is their highest level designation for a pandemic over the objections of several countries. When they did that, it triggered contract clauses between pharmaceutical companies and countries around the world for the sale of over \$18 billion worth of Swine Flu vaccines, most



of which never even ended up being administered. We threw out something like \$260 million worth of vaccines here in the US.

C. AUSTIN FITTS: Wait a minute, Alan. Say this again. I really want to understand this carefully. You're saying that when the federal government declared an emergency it automatically triggered automatic purchases to the tune of \$13 billion?

ALAN PHILLIPS: When the World Health Organization declared a Level Six pandemic, that declaration triggered contract clauses between pharmaceutical companies and countries around the world for the sale of \$18 billion worth of vaccines.

This comes from Dr. Wolfgang Wodarg who is a German epidemiologist who was the head of the subcommittee on health of the parliamentary assembly of the Council of Europe. This is not a conspiracy theory; this is about a mainstream source as you can get. He went public in early 2010 and said the Swine Flu pandemic was a hoax. Not that there wasn't a Swine Flu virus, but that this was a very mild disease that turned out to be much milder than the seasonal flu vaccine in terms of its virulence and yet it was \$18 billion in US funds worth of sale of vaccines.

You had entire countries such as France and England who purchased enough vaccines to administer a Swine Flu vaccine to the larger portion of the population, but then ultimately only administer between 5-10% of the population that got vaccines.

Here in the US we were out something like \$260 million worth of expired vaccines; no one was getting them.

C. AUSTIN FITTS: When did those contracts trigger? What year?

ALAN PHILLIPS: I don't have precise information on that, but I believe the Level Six pandemic designation probably was in late 2009 or early 2010.

C. AUSTIN FITTS: Good Lord!



ALAN PHILLIPS: In terms of what do we do if we start having Ebola outbreaks that are claimed, whether or not they really happen, and emergencies get declared, what I found myself saying when I started exploring the law on this back in 2009 and 2010 when people asked, “What do I do if the Swine Flu vaccine is mandated as an emergency vaccine?” I found myself answering that question by saying, “You do everything you can now to avoid ever being in that situation because it doesn’t look to me like you have rights under a declared emergency.”

I know of only one state, Minnesota, that has laws on the books that if there is a declared emergency and emergency vaccines are mandated, you can exercise an exemption.

Now, that doesn’t mean that if somebody comes to your door with an emergency vaccine and there is no exemption in an emergency that you have to say, “Okay, there is no exemption,” and roll up your sleeve. At least in theory health departments are supposed to use the least restrictive means of achieving their goals.

Just because they could in theory require a vaccine doesn’t necessarily mean they are going to force it on everybody. I’m not sure that anybody has legal authority to hold you down physically and inject you. Maybe in the military, but not in civilian life. Although, frankly Catherine, if people are scared they are going to hold you down and inject you and you can complain about it later. I am concerned about this.

C. AUSTIN FITTS: What are their enforcement powers under the law?

ALAN PHILLIPS: It’s going to vary state to state because it’s going to be a state law issue, but all states are going to have the ability to quarantine people who have been exposed or at risk of being exposed or to isolate anyone who has symptoms. They really do have broad authority to deal with these measures short of holding people down and injecting them with a vaccine they don’t want.

If somebody shows up at my door, I’m going to explain that it’s against my religious beliefs – because it is. I’m not going to say, “Oh, you’ve got



me. I know the law and I know I don't have a right to refuse.”

I'll just say, “Look, I'm happy to quarantine in my home as long as you need me to. I'm sorry. I can't get a vaccine.”

There are ways to get out of this. If I may, Catherine, just a quick note or two about religious exemptions because a lot of people hear that phrase and they say, “Oh, I'm not a Christian Scientist,” or, “I don't even go to church; I can't have a religious exemption.” What qualifies for religious exemption has to do with the way the law defines religion for legal purposes.

It turns out to be incredibly broad. You do not have to be a member of any organized religion at all, and it doesn't matter which one you belong to if you do belong to one. You can be Catholic, Buddhist, Hindu, Islamic, or no organized religion or no mainstream religion; it's your personal religious beliefs or your personal interpretation of whatever your religion is. It's a starting place that is a really broad door.

Where it gets tricky is if you're in a situation where you have to state your beliefs, and then the authorities have authority to scrutinize your beliefs. Sometimes that is the case and sometimes it isn't. It just depends on the situation you're dealing with.

If you have to state your beliefs and they can be scrutinized, that is the situation where I recommend people meet up with an attorney who has experience in doing this because the way the law works on that part is just not consistent with most people's common sense approach, but that starting place is a wide open door.

C. AUSTIN FITTS: When the emergency is declared, is it under the law by the World Health Organization or by the federal government?

ALAN PHILLIPS: Well, emergencies can be declared at any level right on down to the individual county level. During the Swine Flu pandemic there were some individual counties around the country that were declaring a local emergency in their county.



Once an emergency, as I keep saying, is declared, the legal landscape can change. There was a case, and I forget where this was. It may have been in New York, but there was a case where a child was given a Swine Flu vaccine over the mother's objection or without the mother's permission in school. The mother sued and she lost the case because there had been declared a state of emergency. I think in that case they were referring to the national emergency that Obama had declared.

We had Obama declaring a national Swine Flu emergency, we had about eleven states that declared state emergencies, and the state of Virginia, by the way, declared an emergency without having documented a single case of Swine Flu anywhere in the state. This is how trigger-happy these people are.

I have read that the governor of Connecticut has already declared an Ebola emergency in Connecticut to which you just have to really scratch your head and say, "What's going on here?"

C. AUSTIN FITTS: But here's my question: Can the World Health Organization declare an emergency that is controlling legally overriding state law?

ALAN PHILLIPS: The World Health Organization's jurisdiction is really more on the international level. For example, there are international health regulations from the World Health Organization that dictate who has to get vaccines to do international travel and so forth. I don't think they have authority to reach into the jurisdiction of any individual country and affect what is going on there unless they are invited in.

There are different levels of authority going from local to state to national to international. It's going to depend on circumstances. If there was some sort of Ebola emergency at an international airport in Kansas, that might be a situation where multiple levels had jurisdiction simultaneously. It's an international airport, it has international

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implications. Maybe that would trigger jurisdiction for the World Health Organization. It's clearly within the US, and if it's involving a plane that has crossed state lines, maybe there is federal jurisdiction. There would obviously be state and local jurisdiction there as well.

Any situation that starts with a single jurisdiction – if there is some emergency that occurs fully within the state of Tennessee, then that is going to be a Tennessee matter as long as it doesn't cross state lines. But if the Tennessee authorities want to invite in the CDC or hypothetically the World Health Organization or what have you, I think they have authority to do that.

It just depends then on what the specific situation is and then, perhaps later, who brings in who else because they want their help or assistance.

C. AUSTIN FITTS: Once again, you are proving my point that you are well-served to have an attorney.

I just think this is going to require great precision, and it's going to change from situation to situation and from state to state.

ALAN PHILLIPS: It certainly has that potential.

C. AUSTIN FITTS: To a certain extent we're in uncharted territory.

Explain to us, Alan, how we stay current with your work. How will we find your website? Let's go through it again. Your website is www.VaccineRights.com. It's excellent, very clear, very coherent, and very easy to navigate.

Your book is *The Authoritative Guide to Vaccine Legal Exemptions*. The e-book is just out – the revised one. You've got a newsletter we can sign up for. Tell us about your radio show because that is relatively new.

ALAN PHILLIPS: I have a couple of radio shows. I do internet radio shows, so everybody in the world can listen in to the live shows or listen to the archives whenever it is convenient for you. Its wonderful convenience



what you can do now with radio on the internet.

There's a Monday night show at 9pm Eastern time, 6pm Pacific time. I co-host that show with Dr. Mayer Eisenstein. Dr. Eisenstein is a wonderful human being. He's had a medical practice for the last 40 years. It's been a non-vaccinating medical practice, but he also has a law degree and law license so I can actually talk shop with this guy. He's among the few medical doctors that I can do that with.

Mayer is one of my favorite people on the planet, so I'm not anti-medical doctors. A growing number of medical doctors are concerned.

C. AUSTIN FITTS: They're very concerned.

ALAN PHILLIPS: They are concerned about the issue, and I love them all, but there is just something about that medical license and medical degree that makes you an expert in everything. With Mayer, let's just say I love the guy. We've been doing that show for a couple of years now and we both love it; it's terrific.

People can call into that show and ask questions. It's on www.BlogTalkRadio.com, and it's also rebroadcast at www.NaturalNewsRadio.com. It's called the *Know Your Rights* hour.

The newer show that I've just been doing this year for a few months now is called *The Vaccine Agenda*. I host this one by myself, and it's on Tuesday evenings 8pm Eastern and 5pm Pacific. This one is really more narrowly focused in the sense that every show that I can I have a guest who has a personal vaccine adversity event experience with their children or themselves sharing their experience. I really want to drive home to people how real and personal this issue is.

You can't unvaccinated, and once you've had that adverse event it can have lifelong implications and very profound ones. We try to underscore that.

I try to also have an expert guest on every show. It could be a medical



doctor or a PhD researcher or a vaccine book author. Sometimes I'll have alternative/complimentary folks like chiropractors and others, people who are knowledgeable about the science or politics in vaccines.

Then as time allows I finish every show talking about some legal aspect about the issue. I try to pack that show tightly to cover a little bit of a lot of important things there.

Folks are always welcome to email me with their questions about vaccine legal issues, or if there is something they want to see addressed on the radio shows they are welcome to email that and say, "Hey, please talk about this."

On the Monday night show people can call in and ask questions any time.

C. AUSTIN FITTS: I also saw something on the website that I'm not familiar with that I think you might just say a few words about. It's called The Pandemic Response Project.

ALAN PHILLIPS: When I learned back in 2009/2010 that rights in emergencies are very different from rights outside of emergencies I formed what I called 'The Pandemic Response Project' because what I discovered – and I mentioned this just a little bit ago, Catherine – is that in most states if there is a declared emergency and an emergency vaccine is mandated, you don't have an exemption law that says, "Here's your right to refuse."

That concerned me deeply. I've even seen a couple of state laws that threw medical exemptions out the window in some emergency situations. Again, I just find that very disturbing.

The goal of The Pandemic Response Project is to support people in being legislatively active – primarily at the state level because there are certainly issues at both state and federal level, but I think the primary place where the rubber meets the road on the vaccine issue generally is in the state legislatures.



The primary focus is on getting laws passed that give people the right to refuse emergency vaccines. As it turns out, that is a separate issue from exemptions to the routine immunizations.

C. AUSTIN FITTS: Right. Well, I think that is a very good effort to support and I appreciate everything you are doing.

Well, Alan, it has been an absolute – I can't say the topic is a pleasure, but it is wonderful to know that we have excellent attorneys who are out there making sure that people who are interested in exercising their exemptions understand what is available and how to go about the process.

This is just a remarkable service that you provide, and I can't thank you enough. Given all that you're doing, I can't thank you enough for taking time to be on The Solari Report.

ALAN PHILLIPS: Again, Catherine, it's a pleasure and an honor. Given the incredible work that you do, I'm just really delighted to have someone like you in my court here. I'm certainly in yours as well.

Thank you for all that you do as well.

C. AUSTIN FITTS: Okay. You be blessed. Have a great day.

ALAN PHILLIPS: You, too. Take care.

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