An Interview with Vicky Debold, R.N., Ph.D.

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

VD: Dr. Vicky Debold

Introduction:

DM: Welcome, everyone. This is Dr. Mercola, and today we are joined by Vicky Debold, who is the NVIC’s volunteer director of research and patient safety. Professionally, she’s trained as a critical care and home healthcare nurse and has more than 30 years of experience. She also holds a doctorate in nursing and public health. She also just finished serving for four years as a consumer member of the FDA Vaccines and Related Biological Products Advisory Committee, where GMO vaccines were topic of conversation during several meetings.

All right, so you’ve served on this FDA committee for the GMO vaccines. I’m wondering if you could expand on just exactly what a GMO vaccine is. Give us a little background on how you first became interested in this, and enlighten us about this emerging topic.

VD: Well, there are a number of different genetically modified or genetically engineered vaccines out there. Some of them are “naked DNA” or just a piece of the DNA of the organism that causes disease is introduced into the body. And then they range from different types of DNA vaccines to what’s known as recombinant DNA, where the pathogen is spliced onto the DNA of another organism, which is then grown in cell culture.

So, the DNA issues that we’re dealing with can be quite complex. There’s a lot of variation and variety in the new technologies that are being used.

DM: Is there any danger inherent to this whole process of creating these new DNA vaccines?

VD: Well, I think there’s a lot of danger, because we don’t know what portion of the DNA can be incorporated into our own genome. We don’t know what portion could be heritable to our children. We also don’t know what happens when the immune system is exposed to DNA that has been recombined in lots of ways that the human body, through the course of time, has never had any exposure to, and what diseases – diseases of the immune system – may occur because of these exposures.

DM: From your perspective, is there any risk or danger of these genetically engineered foods or vaccines to human health from what you’ve seen and reviewed in the literature?
VD: Dr. Mercola, I think that there are risks to human health that have not yet been understood, and they come from issues related to the DNA of the pathogenic virus. It comes from the DNA that the virus may be spliced onto.

In the case of flu vaccine, it’s spliced onto something called [inaudible 3:02] virus, and in the case of hepatitis B vaccine, it’s spliced onto yeast. It comes from the cell cultures that are used to grow the vaccines. The new flu vaccines will be grown in armyworms’ cells.

It also comes from the fact that we have to use an adjuvant in genetically engineered vaccines to make them work. There are lots of opportunities for DNA-related threats to human health, as well as threats from the chemicals that are used in the adjuvants.

DM: Now an adjuvant, of course (for those who aren’t familiar with it), is an ingredient that’s added to increase the potency of the vaccines, so it can get by with less material. And typically these adjuvants are potentially even more harmful than the genetic material themselves. Aluminum tends to be a common one.

I’m wondering if there’s any difference in the concentration or the types of adjuvants that are being used in genetically engineered vaccines, as opposed to non-genetically engineered vaccines.

VD: Well, as far as I know, the aluminum-based adjuvants are not strong enough. They will not work in genetically engineered vaccines. So, they are moving to oil-based adjuvants, which include squalene. There are a host of other adjuvants that are on experimental trials now, and they can be made from all sorts of materials. We really do not know what the long-term effects on the immune system will be from exposure to these compounds.

DM: When the swine flu vaccine was being heavily promoted a few years ago, internationally squalene was being used as an adjuvant. And largely because of the work of NVIC, and I was promoting it, we were able to (we believed) to effectively eliminate the use of squalene for the swine flu. That helped diminish some of the side effects from the vaccine.

During that time, there was quite a bit of information about squalene. I’m wondering if you could summarize some of the side effects of squalene that were identified and that essentially allowed the vaccine manufacturers to not include it in the previous swine flu vaccines.

VD: The squalene that’s used in vaccines is called MF59. It’s one of the brands that are used in flu vaccines. There are a lot of questions about the extent to which MF59 and other squalene-based adjuvants are the cause of autoimmune illnesses. The FDA has, so far, not licensed any vaccines that contain squalene as an adjuvant. It was a topic that came out while I was on the committee. But I’m not so sure that the biggest risk to using genetically engineered vaccines will come from the adjuvant.
I think the use of foreign DNA in various forms has a potential to cause a great deal of trouble. Not only because there is the potential for it to recombine with our own DNA, but there is the potential for it to turn the DNA’s switches, the epigenetic parts of the DNA, on and off. I think that we’re still in a place where there’s a lot of work that needs to be done to figure out what the short and long-term effects of this type of DNA are on people who have lots of different genetic makeups.

DM: Maybe if we could just expand on your concern for a bit – with this recombination of the genetic material – and help us understand how that would work. So, you’ve got this edible vaccine, for instance, that is some type of plant material typically that’s grown with a new introduced engineered vaccine component, and that typically is a strand of DNA or some nucleotide sequences that represents the antigen they’re trying to build a response to. How is this combination going to occur? I mean, what’s your concern? I just want to have everyone understand it a little better.

VD: Okay. Well, this is one of the delivery technologies that are being explored: the new using vaccines orally, meaning what you eat and ingest. That would involve putting hybridized or somehow modified DNA for pathogenic virus or bacteria into food that’s eaten, and then it would be ingested and then incorporated somehow into the bloodstream, so that the immune system reacts to it.

There are other ways of introducing genetically modified vaccines that we need to be aware of as well. Besides the standard injections, there are nasal routes (squirting vaccines up the nose), and then there are the transdermal routes that I think are very important, because they involve the use of nanotechnology, which would permit introduction of DNA directly into our cells.

Genetically engineered vaccines are already being used. Beginning in 1991, the hepatitis B vaccine was licensed and is given to infants, beginning on the first day of life. It is considered a genetically engineered vaccine. It’s a recombinant vaccine where parts of the hepatitis B virus are recombined with yeast. This is one of several vaccines that are already being given to infants and teenagers, and are part of the CDC’s recommended vaccination schedule.

DM: Are there any recommendations you have for the person watching this with respect to how they might make an impact on this type of movement progressing much further – the introduction of genetically engineered vaccines?

VD: Well, I think it’s incumbent upon everyone as usual to be educated, to read, and find out which vaccines are genetically engineered and what are not, and to demand of the scientific and government communities that they do the type of safety testing that we need in order to make informed decisions.

Be involved. Understand what’s going on. Understand what can be done in terms of asking for better evidence of safety and effectiveness. One of the best ways to be involved is to go to
NVIC.org and sign up for the Advocacy Portal, where we are actively working on a number of vaccine issues.

And genetically engineered vaccines are part of the topics that we’re trying to stay on top of, as states begin to make changes to their laws. All over the country, the right to choose and to exercise legal exemptions to vaccination is being challenged in state legislatures. And it’s really important that people be educated and aware of how the laws are changing, and what that means for being able to give informed consent.

And the genetically engineered piece of it is critical. It’s very critical that people understand how the laws related to not just genetically engineered vaccines but genetically modified foods of all sorts have the potential to affect human health in ways that we absolutely do not understand at this point.

**DM:** Yeah. Fundamentally, it’s a freedom issue – the freedom to choose and the right to know – which is really the primary focus of our movement in California to help really provide this legal effort of a requirement for food to be labeled out there as “genetically engineered,” so that people do have a right to know and right to choose. They can still be made, just like people have a right to choose to smoke or not to smoke, you know. Cigarettes are not illegal, but people have the right to know and the right to choose. I think fundamentally it’s a freedom issue.

We’re just really excited that at this point in time, as we’re filming this interview, it looks very strongly that we are very clearly in the lead on this topic in California. And then hopefully, if this passes, we’ll make a major step forward in giving people the right to know in this really important issue.

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