

Facility Automation Management Engineering (FAME) Systems

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Tuesday, 6 December 2005

To Whom It May Concern:

The review that follows this introductory letter is a critical assessment of the opinions expressed by Dr. Darshak Sanghavi, a pediatric cardiologist and Boston Globe “medical columnist,” in a column titled “The Secret Truth,” which was electronically published at:

http://www.boston.com/news/globe/magazine/articles/2005/12/04/the_secret_truth/,

on a page that I visited as a part of my research in this area on Sunday, 4 December 2005.

In general, to clearly differentiate between my assessment comments and those of the author, this reviewer’s remarks are written in a “**News Gothic MT**” font with the various author’s printed statements indented and quoted in a “Times New Roman” font.

Quotes from general reference articles and documents will be presented in an “Arial” font and federal laws and statutes will be quoted in a “Lydian” font.

Should anyone find any factual misrepresentations in this reviewer’s remarks, then this reviewer requests that the factual error along with the scientifically sound and appropriate documents that prove your point to this reviewer so that this reviewer can learn from you, incorporate that new knowledge into his understanding, and, where indicated, appropriately correct this document.

Respectfully,

A handwritten signature in black ink that reads "Paul G. King". The signature is written in a cursive style with a large, stylized 'P' and 'K'.

Paul G. King, PhD, MS, BA
Founder, **F.A.M.E. Systems**

Review of “The Secret Truth”

“Dr. Darshak Sanghavi, an assistant professor of pediatric cardiology at the University of Massachusetts Medical School, is a Globe columnist and the author of *A Map of the Child: A Pediatrician's Tour of the Body*,” begins his column with:

“Parents used to accept routine vaccinations for their children without a second thought. But as more parents weigh the benefits of vaccination against the possible risks, some are hesitating, even resisting, those shots, as doctors struggle to persuade them of their safety. At stake is the health of a nation.”

This reviewer agrees with the writer’s portrayal of the current state of affairs with respect to vaccination and parenting, but notes that the dishonesty of the “healthcare establishment” with respect to the true risks and benefits of the various vaccines and the systematic self-serving suppression of the truth about this mendacity by mainstream media are the driving forces behind informed parents exercising their legal prerogatives to protect their children from being harmed by those vaccines that are neither truly safe nor, as they are touted to be, truly effective in protecting their children and themselves from the disease or diseases for which they are claimed/represented to be protective.

The caption under the picture reads:

“Six-year-old William Hansen, at home in Framingham, is autistic just like his brother, Jacob. Their parents are convinced that vaccinations triggered the disorder in both boys. (Globe Photo / Wiqan Ang)”

This reviewer can only note that nothing in the article that follows provides any scientifically sound evidence that Jacob’s parents’ assessment is not valid.

Moreover, this reviewer notes that parents have been recently recognized as better diagnosticians in the area of “autism” than doctors based on a scientific review of videos shot by parents.

Further, this reviewer notes that the parents do not blame “vaccines” per se but rather the cumulative systemic severe mercury-based poison Thimerosal in some of the vaccines with which their mercury-poisoned children were injected.

Under the captioned photo, the author’s text then continues with:

“Looking back, Marjorie Hansen suspected something was wrong when her toddler Jacob started repeatedly running into the street without warning. She never would have guessed that her family's world was about to change forever.

In 1999, Marjorie and her husband, Jared, lived in Utah, having married several years earlier while attending Brigham Young University. ‘We went to a lot of operas,’ recalls Marjorie about their dates. For several years after graduating, Jared worked as a research chemist - primarily on explosives - before returning to business school. A history and political science major, Marjorie stayed home to raise Jacob and his older sister, Brianne.

As an infant, Jacob had been very social, full of smiles and responsive cooing. But a few months after his first birthday, says Marjorie, he had a ‘Dr. Jekyll-Mr. Hyde transformation.’ He stopped making eye contact. He lost his ability to say several words and was eventually left with only one: ‘No.’ He would scream uncontrollably in front of cupboards while Marjorie frantically emptied them to find out what he wanted. Sometimes

he didn't want anything. She couldn't console him. 'We just thought we were bad parents,' confesses Marjorie on a recent evening when I visited their home. Worried about her maternal skills, she even enrolled in a parenting class.

But the problems continued. In Utah, Jacob once ran out of the house, and Marjorie anxiously looked through her neighborhood, going door to door. She'd learned not to call his name, since that just made him run farther. She finally found him hiding near a neighbor's garage. The pediatricians weren't helpful, she says, since 'they didn't call it anything. They always said, 'Don't worry, just wait.' After nine months, Jacob finally received speech therapy, but without any formal diagnosis. In early 2000, Jared took a job in Framingham. Shortly after the move to Massachusetts, a new team of doctors diagnosed Jacob. Marjorie remembers: 'That's the first time we heard the word 'autism.'"

This reviewer can only add that many parents in the late 1990s and early 2000s have recited similar stories in various media arenas though the bulk of the accounts are found on the Internet because, except for a few "success" stories, the mainstream media does *not* report most cases.

The article continues with:

"By then the Hansens had a third child, William, who was developing normally. 'You could read five books and he would sit and listen,' says Marjorie. Then, in late 2001, William suddenly stopped making eye contact. Horrified, the Hansens watched him also lose his words and sociability. 'I mean it was *scary*. Cognitively, he regressed to a 9-month-old,' said Marjorie. Just shy of 2, William also was diagnosed with autism."

This reviewer can only add that he has read and heard similar stories many times and that the only "good news" here is that medicine now "diagnoses" the "causeless" neurodevelopmental disorder "autism" at an earlier age.

The article next states:

"On the Internet, Jared read about a possible connection between autism and a mercury-based vaccine preservative called thimerosal. Marjorie recalls: 'One day I decided to look up their vaccination records. And I found out that both of them had had routine vaccinations two weeks before [the symptoms began]. And I became convinced that the vaccination is what, you know, the final straw - the trigger in the susceptible individual.' Today, she says, she is '100 percent certain' that vaccines caused the autism."

This reviewer finds it:

- ❖ Ironic that these parents had to go to the Internet to find "a possible connection between autism and a mercury-based vaccine preservative called thimerosal,"
- ❖ Typical that a vaccine apologist, as this columnist so obviously seems to be, would deliberately mischaracterize Thimerosal as "a mercury-based vaccine preservative called thimerosal" when Thimerosal (49.55% mercury by weight) is a proven cumulative systemic severe poison and allergen that has been proven to be poisonous to human tissues (brain and skin) at levels *below* 0.02 parts per million (ppm) when the level of Thimerosal on Thimerosal-preserved vaccines is typically 100 ppm (more than 5,000-fold the level at which human tissue toxicity has been proven), and
- ❖ Sad that medicine, industry, and the federal government have succeeded in mischaracterizing the harm caused as "autism" when it has been clearly proven

that Thimerosal-preserved vaccines are the major causative agent in the systemic (e.g., neural, endocrine, gastrointestinal, dermal, cardiovascular, hepatic, pancreatic, nephritic, heavy-metal detoxification, and immune systems) mercury poisoning of:

- The fetus (principally, through the Thimerosal in Rho Gam administered to women during pregnancy when there is a possible Rh incompatibility [though only about 15% of mothers are Rh negative, they account for about 50% of all those diagnosed with DSM autism] and, more recently, the Thimerosal in the injected “flu” vaccines currently being recommended by the CDC for administration to pregnant women [even though none of the requisite reproductive studies have been conducted to prove that such vaccines are safe for the fetus]),
- Babies and children (principally, through the Thimerosal in those Thimerosal-preserved childhood vaccines with which they were vaccinated until the mid-2000s and, currently, from the Thimerosal in the remaining “Reduced Thimerosal” and “Thimerosal Preserved” vaccines [mainly the injected influenza vaccine] with which they continue to be inoculated]),
- Adults of all ages (principally, through the Thimerosal-preserved influenza vaccines and the other Thimerosal and mercury-containing medicines with which they are injected).

Hopefully, after reading this review, more will come to realize: **a)** the disease is *mercury poisoning* **and b)** today, the obvious major cause of this disease in our young is the injected Thimerosal (49.55% mercury) in their vaccines and other drugs.

Next, the author, apparently wishing to prejudice the discussion before undertaking it, writes:

“How an unlikely theory pushed the Hansens - and others - to reject many routine childhood vaccinations dramatizes the biggest dilemma in public health today.”

Unlike the writer, this reviewer finds that the Hansens and others have not only the right but also the duty to object to the *mercury poisoning* of their children as well as to object to any other medicine where the disclosed (and, unfortunately, undisclosed) risks to their children and themselves clearly outweigh the potential short-term benefits of administering these medicines.

Since the current state of medicine and medicines is such that our government agencies, having an obvious industry-serving propensity, routinely license and/or approve medicines that are *not* truly proven to be as safe and/or as effective as they should be (e.g., LymeRix®, Vioxx®, and Accutane®) – often because the risks have been “concealed”/“minimized” and the purported benefits overemphasized and/or inflated by the manufacturer’s selective reporting and/or statistical manipulation of the findings of the clinical trials they have conducted, this reviewer finds that these parents are, for the most part, making rational decisions.

Moreover, for a State or this nation to expect parents to risk their children for the benefit of society, the State or this nation must ensure that those parents are

truthfully informed of all of the risks and benefits of preventive medicines, like vaccines.

However, today, more than ever, the government is an active participant in the deliberate minimization of the risks, hyping of the benefits, and selling of the fear of not vaccinating.

Given the preceding reality, it is a wonder that any parent allows their child to be vaccinated with any vaccine because the government has failed in its duty to truthfully inform them of all the risks and benefits of each vaccine.

This hypocrisy has progressed to the point that the government has permitted the manufacturers to remove the specific warning about the allergenicity of Thimerosal from the labeling for Thimerosal-containing vaccines and, possibly, to even allow the maker not to mention the presence of low levels of Thimerosal (or other mercury-based compounds) in some of the injectable monoclonal-antibody products currently on the market.

Returning to the writer's remarks, the author writes (bolding added for emphasis):

"Most diseases prevented by vaccines, like polio, measles, and whooping cough, are now pretty uncommon, and many people like the Hansens believe the benefits of vaccines don't outweigh the risks. To increase public acceptance of vaccines, then, should health authorities spin the facts to make the diseases seem deadlier and the shots seem safer? **The surprising thing is that they already do.** And whether we like it or not, it may be better that way."

First, *if the medical establishment is to be believed*, **clinical** cases of "polio, measles and whooping cough," in young children are what are uncommon in America.

This is the case because medicine does *not* routinely check all children for evidence that they have had a "childhood" disease without exhibiting a clinical manifestation thereof.

Moreover, *in the case of whooping cough*, with the recent "realization" that the disease immunity "wears off" and boosters are needed "every so often" for those vaccinated (but not for those who actually have had or been exposed to the "whooping cough" disease), the reality seems to be that the disease is merely postponed by the current "whooping cough" vaccine and *not* truly prevented by it.

The recurrence reality also seems to be the case for the varicella (chicken pox) vaccine and the two diseases (chicken pox and shingles), which the virus, varicella zoster, causes.

Moreover, this reviewer notes that the government has conducted no in-depth population studies in the U.S. that address the long-term health benefits of each vaccine "prevented" disease as compared to the long-term effects in a similar population (e.g., the Amish) who do *not* vaccinate.

Dr. Darshak Sanghavi also admits, "health authorities spin the facts to make the diseases seem deadlier and the shots seem safer."

Moreover, *treating parents as if medicine is the parent and they are “children,”* the author closes with “and it may be better that way” to justify the “healthcare establishment’s” knowing lies.

To further rationalize the Establishment’s unconscionable dissembling, the writer next writes:

“VACCINES HAVE LONG AROUSED resistance and suspicion. In 1901, an epidemic of 1,600 smallpox cases broke out in Boston, and the Board of Health required that all residents get vaccinated or face a fine or jail sentence. Almost half a million Bostonians were vaccinated, some forcibly. Protests led to a 1905 US Supreme Court case, *Jacobson v. Massachusetts*. The court ruled in favor of the state, establishing the precedent for 100 years of public health law”

While this reviewer does *not* take issue with the writer’s history of events, he notes that the cited Supreme Court precedent only addresses the case where: **a)** there was an *actual* epidemic situation **and b)** the vaccinations were being given for the purpose of containing a disease epidemic, and not to the case where the systematic use of deceptive and coercive practices in the absence of any epidemic or real threat of one – today’s reality.

Given the author’s admission of intentional duplicity upon the part of the State and federal government health officials, it would seem that the current vaccination programs are violative of the Constitution’s guarantee of an individual’s right to bodily integrity and that, *were the Supreme Court to be faced with the current admitted wrongdoing upon the part of government officials, medical practitioners, and the vaccine industry of the type the author freely admits*, it would be forced to declare all State statutes a *prima facie* unconstitutional abridgement of the constitutional right of bodily integrity because, *in the absence of a true and full disclosure of the risks and benefits*, each person is involuntarily deprived of his or her right of informed consent without which one *cannot* exercise his or her constitutionally guaranteed right to bodily integrity either for themselves or their children and wards.

That having been said, the writer turns from his brief history “lesson” and states:

“Today, American toddlers receive roughly 15 separate shots against a dozen diseases before they are 2 years old. Because the shots aren’t perfect, most require repeated doses; for example, children get four shots for tetanus and three for polio over two years. Under certain conditions, a 15-month-old can get as many as half a dozen shots at a single doctor’s visit.”

While this reviewer agrees that the writer has correctly outlined the current state of the vaccination programs in the U.S today, this reviewer notes that the writer, *as most of the medical establishment*, provides little or no justification for the current program’s recommended dosing patterns, which, *based on the length of the immunity conferred, the lack of full development of the immune system until the child is between 2 and 3 years of age, and the adverse events seen*, seem to be more geared toward hawking more vaccines to the public to increase the “healthcare

establishment's" customer base and profitability rather than toward protecting the health of the public or the health of those inoculated.

The writer continues his remarks by stating:

"Perhaps because of the near-universal administration of vaccines, there have been numerous, ultimately unsubstantiated, claims linking vaccines with various diseases, including the diphtheria-tetanus-pertussis vaccine with epilepsy and Sudden Infant Death Syndrome (SIDS), the hepatitis B vaccine with SIDS and multiple sclerosis, the Lyme vaccine with arthritis, the Haemophilus influenza vaccine with diabetes, and many others. Of course, there are some proven vaccine-related injuries, mostly acute allergic reactions. In 1986, before the thimerosal-autism debate began, the National Vaccine Injury Compensation Program was created to protect vaccine makers, and thus the nation's vaccine supply, from costly litigation by people who were adversely affected by vaccinations. Since its inception, the program has paid more than \$1.5 billion on about 1,900 claims."

This reviewer finds that the writer's remarks descend to Orwellian double speak when he speaks of the "claims linking vaccines with various diseases."

Factually, contrary to the writer's statements:

- ❖ The whole-cell "diphtheria-tetanus-pertussis vaccine" has been proven to be associated with increased "epilepsy and Sudden Infant Death Syndrome (SIDS)" when compared to the acellular "diphtheria-tetanus-pertussis vaccine,"
- ❖ The French have verified a causal association between the "hepatitis B vaccine" and "SIDS and multiple sclerosis" as well as with an increase in Type II diabetes,
- ❖ The link between the now withdrawn "Lyme disease" vaccine, LymeRix, and autoimmune triggered "arthritis" has been conclusively established,
- ❖ The "Haemophilus influenza vaccine" has been linked with and increased risk of Type II "diabetes," and
- ❖ The withdrawn rotavirus vaccine, Wyeth's RotaShield® vaccine, caused life-threatening twisted intestines in some of those vaccinated with this vaccine.

Second, when the writer states, "Of course, there are some proven vaccine-related injuries, mostly acute allergic reactions," he is speaking of only those claims that the courts or, more recently, the politically controlled "Vaccine Court" has ruled in favor of the plaintiff.

In the case of "Thimerosal in vaccines causing mercury poisoning diagnosed as 'autism'," more than 6,000 cases are pending in the "Vaccine Court" and, as this column and much of the mainstream media's publications and the machinations of the governmental agencies and their paid and bought consultants' reports, it is clearly obvious that all are doing whatever they can to stack the deck so that these obviously valid claims will not only not be decided fairly but also, if possible, have: **a)** all records sealed **and b)** the ability to sue for damages stolen from those who have been so obviously harmed.

With respect to the writer's "In 1986, before the thimerosal-autism debate began, the National Vaccine Injury Compensation Program was created to protect vaccine makers, and thus the nation's vaccine supply, from costly litigation by people who were adversely affected by vaccinations," this reviewer agrees that this is what today's program actually does,

but notes that the original program was supposed to quickly, generously and fairly compensate those who have been injured.

Yet, after the “National Vaccine Injury Compensation Program” (NVICP) was enacted, legislative (repeal of the inflation indexing of the payment amounts in 1987) and administrative (deletion of the key “neurological” grounds, the setting of too-short linkage time windows, and strongly contesting every case on any and all grounds) changes have rendered today’s NVICP slow, stingy, and unfair.

In his closing statement in this paragraph, the author states:

“Since its inception, the program has paid more than \$1.5 billion on about 1,900 claims.”

However, Dr Sanghavi fails to note that:

- ❖ The average payout to the injured is less than \$ 600,000.00 for lifetime care,
- ❖ Only about 85 cases of the thousands filed are decided each year (or about 12 per active administrative judge in the “Vaccine Court”) – cases take years to be settled, most filed cases are dismissed, and many attorneys seeing these realities refuse to take vaccine injury cases,
- ❖ The public pays a \$ 0.75 federal excise tax collected on each dose of vaccine sold – thus the vaccine makers pay nothing for the liability protection they get, and
- ❖ There is currently a \$ 2-billion-plus surplus in the account – most of which the government borrows and spends to run the daily government.

Furthermore, based on vaccines like LymeRix and RotaShield, protection from liability has encouraged the vaccine industry to develop, license, and market vaccines that had known or knowable risks because they could sell them with little or no ultimate liability for the harm they caused.

Moreover, having “persuaded” the government to give it partial immunity from liability, today’s greed-driven “healthcare establishment” is now pushing for unconstitutional legislation that would create an agency more secret than the CIA to oversee the development of certain drugs, give them blanket immunity, free them from all price restraints, and have the federal government increasingly subsidize their activities and costs (while, at the same time, cutting the programs that provide the current safety net for the poor and disabled in order to pay for these giveaways).

Turning to the issue of “autism” and Thimerosal, the writer states:

“Fundamentally, the proposed connection between autism and thimerosal arises from the frustrating lack of known causes for autism and Autism Spectrum Disorders. The theory joins others blaming various exposures for baffling diseases; consider discarded notions correlating cellphones with brain tumors, silicone breast implants with autoimmune disorders, and water fluoridation with bone cancer. But because of its history, the link between vaccination and autism has acquired unusual traction.”

Based on this researcher’s understanding of the facts, the author again reverts to Orwellian doublespeak here.

While Dr. Sanghavi notes, “Fundamentally, the proposed connection between autism and thimerosal arises from the frustrating lack of known causes for autism and Autism Spectrum

Disorders,” he fails to address the reality that, had the “healthcare establishment” wanted to find the cause of “autism and Autism Spectrum Disorders,” they would have found it since they have had more than half a century to do so and, for diseases emerging in the U.S. (e.g., AIDS) or Europe (e.g., Mad Cow and AUDES), *where there was a will to find the true cause*, the time from identifying the disease to identifying the cause has been less than a decade.

Given these realities, it is obvious to this reviewer and any other competent scientific researcher that the medical establishment has, for whatever reason, deliberately failed to look for the cause and, instead, deliberately looked where they know they will not find the cause.

Continuing his Orwellian diatribe, the author writes, “The theory joins others blaming various exposures for baffling diseases; consider discarded notions correlating cellphones with brain tumors, silicone breast implants with autoimmune disorders, and water fluoridation with bone cancer.”

Though this reviewer’s expertise does *not* permit him to unequivocally discredit all of the writer’s remarks, this reviewer does note that the link between “water fluoridation” and the increased risk of “bone cancer” in young males has been clearly proven even though a key pro-fluoridation proponent attempted to conceal these unequivocal findings from not only the public but also the scientific community.

In addition, the link between electromagnetic irradiation (magnetic or microwave) and increased risk of some cancers has clearly been found in studies involving proximity to high-voltage power lines and microwave towers.

Finally, there are numerous case studies that have linked some component in the silicone escaping from some ruptured “silicone breast implants with autoimmune disorders.”

Thus, as with the true link between Thimerosal in some injected vaccines and the clinical *mercury poisoning* diagnosed as “autism and Autism Spectrum Disorders,” the preceding cited cases are supported by a significant body of scientific evidence that has *not* been scientifically discredited even though this author claims otherwise.

Obviously having little or no understanding of “autism” or “children with autism,” the columnist next states:

“AUTISM FRIGHTENS PARENTS more than almost any disorder, since it implies that the child can never function independently in society and may never fully reciprocate, or ever fully appreciate, expressions of love. Classically, the condition consists of three problems: lack of social interaction skills or empathy, disordered or delayed communication (such as speech), and impaired play or imagination. Though portrayed in the public imagination by characters such as Dustin Hoffman in *Rain Man*, autistic people are like snowflakes: No two are alike, and the clinical spectrum ranges from severe disability to near normalcy.”

Contrary to the writer’s view, **“AUTISM FRIGHTENS PARENTS”** who have children with untreated DSM autism because they are not only unresponsive but

also uncontrollable and, *since they are driven by the high levels of testosterone their mercury poisoning causes*, much stronger than “normal” children of the same age.

Thus, as they grow up, the males (and 4 out of 5 with DSM autism are male) with a full-spectrum DSM autism diagnosis become dangerous to their parents and to society so that, without treatment, they often must be institutionalized when they reach their mid teens.

Because of their elevated testosterone levels, most not only have “precocious puberty” but are also on the edge of “roid rage” at all times.

Though this reviewer chooses to ignore the writer’s self-serving and simplistic characterization of those with autism and his attempt to treat those in the “clinical spectrum” as being as unique as “snowflakes,” this reviewer finds that there are groups of children with *mercury poisoning* who have similar damage patterns when they are examined holistically.

Once the pattern and the timeline for the *mercury poisoning* has been established as much as it can be and the individual’s baseline damage (e.g., glutathione and cysteine levels), genetic makeup (e.g., variant of APO-E that the patient has; level and ration of heavy metals in hair and nail samples relative to the levels and ratios for age-matched normal children), and dietary (e.g., allergy to casein and gluten, and ability to absorb beta-Carotene) indicators have been properly assessed, then it seems that the patients’ treatments can be based on the group into which they fall.

Having finished sharing his myopic and distorted views of the “autism” disorder, the author next states his view of the origin of the “vaccine-autism saga”:

“The vaccine-autism saga begins with a humanitarian relief mission in Iraq. In the fall of 1971, a famine broke out in Iraq, and thousands of tons of wheat seed were distributed in rural communities. The seeds were treated with methyl mercury, a fungicide similar to the preservative thimerosal, and though farmers were supposed to plant the seed to grow crops, many mistakenly ground the wheat and baked bread. Of the estimated 50,000 people eating the treated wheat, 6,500 were hospitalized for mercury poisoning, and hundreds died. Many pregnant women who survived gave birth to children with mental retardation and other birth defects.”

While this reviewer does *not* disagree with what the writer says here, this reviewer notes that the doctor overlooked the important finding that those children who were born before their mothers ate the contaminated grain and nursed afterwards:

- a. Were also clinically mercury poisoned even though the breast attenuated the level of mercury expressed over their mothers’ blood levels by a factor of 100 **and**
- b. Exhibited most of the *mercury poisoning* symptoms in the symptom set used to diagnose “autism.”

In addition, this reviewer notes that, in the late 1940s and early 1950s, the nature of the toxicity of Thimerosal and its toxicity to human tissues (skin and neural) at levels below 20 ppm had clearly been established.

With this in mind, let us carefully examine what the author next states:

“Hoping to learn from this horrific incident, the United States Environmental Protection Agency studied blood and hair samples from the Iraqis, and, with many assumptions, calculated a "safe" level of mercury exposure - then divided that allowable amount by an "uncertainty factor" of 10 to come up with the limits we use today. (Some toxicology data from Japan and the Faroe Islands were also used.) In 1999, Drs. Leslie and Robert Ball at the Food and Drug Administration realized while looking at vaccine safety that, under certain conditions, infants getting multiple vaccines containing mercury-based thimerosal exceeded the EPA's cumulative mercury limit, up to threefold. (Of note, the cumulative doses did not exceed the less-strict limits set by the World Health Organization or the FDA.)”

The first thing that this reviewer must report is that at least one of the key assumptions of the Environmental Protection Agency (EPA) has been proven to be fundamentally flawed.

That assumption was that the level of mercury in hair and blood was strongly correlated with the level of mercury in the person when, *for those who do not "normally" excrete mercury species*, nothing could be further from the truth.

Moreover, since the EPA also blatantly ignored the work done in the 1940s and 1950s that clearly established a much lower level of toxicity for both Thimerosal and mercury (less than 20 ppm), it is, or should be, obvious that the EPA's estimate contained, at best, no real safety factor or, at worst, a negative one of the order of 10 to 1000.

Finally, the EPA's estimated value is a daily *ingestion* intake value for adults (in micrograms of methyl mercury per kilogram of body mass per day) and not an *injected* bolus-dose safety value estimate suitable for babies – further weakening its usefulness as a viable safety limit.

In addition, *as has been reported*, in 1971 Eli Lilly personnel apparently reported to their management that Thimerosal was toxic at one-hundredth the 0.01% level in their “Thimerosal-Preserved” vaccines (or at 1 ppm) – unfortunately, it seems that, rather than tell the FDA about their findings, shortly thereafter, Eli Lilly abruptly exited the vaccines business and licensed the vaccine technology to other firms.

Furthermore, in 1991, a key vaccine researcher in Merck reported that the vaccines being administered exceeded the EPA guidelines by 87 times and that the FDA didn't seem to be too concerned about this even though several European countries either were phasing out the use of Thimerosal-preserved vaccines or had quit using them altogether and were pressing Merck to take Thimerosal out of its vaccines.

Therefore, this reviewer finds the writer's “In 1999, Drs. Leslie and Robert Ball at the Food and Drug Administration realized while looking at vaccine safety that, under certain conditions, infants getting multiple vaccines containing mercury-based thimerosal exceeded the EPA's cumulative mercury limit, up to threefold. (Of note, the cumulative doses did not exceed the less-strict limits set by the World Health Organization or the FDA.),” to be clear evidence that:

- ❖ Though some in FDA management knew of the Merck researcher's concerns in 1991, or earlier, the Agency deliberately took no action when, by law, they should have,
- ❖ The excess estimate reported here is an orders of magnitude underestimate of the excess administered because of the difference in dosing (injected vs. the EPA's ingested) and rate of dosing (an injected bolus dose of 25 to 100 micrograms of Thimerosal at once versus a daily low-level dose acquired from eating fish contaminated with "methylmercury," and
- ❖ This writer is obviously *not* well informed here about what was known and/or when it was known about the toxicity of the Thimerosal in Thimerosal-preserved vaccines.

Hopefully, after doing his research homework, the writer will stop trying to apologize in his writings for the deliberate actions taken by various aspects of the "healthcare establishment," *including the agencies charged with overseeing and regulating the nation's vaccination programs and the vaccines themselves*, to knowingly poison babies with Thimerosal and to cover up that mercury poisoning by:

- ❖ Deliberately hiding this mercury poisoning behind a plethora of "causeless" disorders, syndromes and diseases, and
- ❖ Claiming to be unable to find the cause of this mercury poisoning for more than 50 years.

Furthermore, this reported gross underestimate of the poisoning potential by FDA personnel is much less than reported in the illegally-closed-to-the-public August 11-12, 1999 meeting, "THE NATIONAL VACCINE ADVISORY COMMITTEE SPONSORED WORKSHOP ON THIMEROSAL VACCINES," held in the Lister Hill Auditorium on the Bethesda, Maryland campus of the National Institutes of Health which reported about "40 times" the EPA "safe" level for newborns and up to "200 times" the EPA "safe" level for a 2-month-old babies [Day-1 transcript, pages 218 (lines 10-22) – 219 (lines 1-12), "... **DR. PLOTKIN:** Well, since everybody's been extrapolating, I thought I might take a shot at it and ask the panel what they think of this. The only data we have, and, obviously, they're insufficient, are the five term infants from the Emory study who had a blood level averaging 2.3 micrograms. Assuming that they were 3 1/2 kilo infants, that means they -- and there's 2.5 micrograms in hepatitis B, so they received about 4 micrograms per kilo. Now, at two months an infant could conceivably receive five times that. That is, 62.5 micrograms. Dr. Bolger seemed to say that there are no dose response data, but assuming what I guess is the worst case scenario, that the -- you can multiply, that suggests that they would have a peak. That is, at two months, they would have a peak of 7 micrograms, assuming, of course, the factor of growth. Now, is that extrapolation -- assuming that the Emory data are correct, is that way out of line, or does that, indeed, suggest that they would achieve blood levels of about 7 micrograms, which would translate, if I understood Dr. Clarkson, to about 1 or 2 parts per million in the hair?

DR. CLARKSON: I think it does. Can I show my thing again? ..."].

In addition [lines 7-22 on page 140 of the Day-1 transcript], a researcher, Dr. Greenberg, reported: "One, methylmercury is a developmental neurotoxin in people.

There's multiple publications, from Minamata, Iraq, and others to document that. The developing fetus is roughly ten times more sensitive than adults. This is a rough estimate, but probably not too bad of one. I think Tom Clarkson made that original estimate, and from my read of literature it can't be too far off. The relative sensitivity of infants to methylmercury is unknown, but they are likely more sensitive than adults. We really don't have information in infants. We have to keep in mind that the central nervous system and the brain is still undergoing assembly and it's likely it would be sensitive to toxic insult, but we really have very little information, nothing near the extent that we have for prenatal exposures of the developing fetus and also for adults."

Based on the preceding, the safe toxic level for mercury compounds in babies is closer to or less than 0.01 micrograms of mercury per kilogram of body mass in the bolus-dosing case than it is to the EPA's demonstrably flawed guestimate for the average daily ingestion level (0.1 micrograms of methylmercury per kilogram of body mass per day) – thus, the real levels of mercury poisoning from Thimerosal may be as high as 400 to 2,000 times, respectively, the safe level for an injected dose of Thimerosal mercury in a new born and a 2-month-old baby even if one discounts the mercury from breast milk and the prenatal load from the mothers': **a)** eating fish and other mercury-contaminated foods, **b)** drinking mercury-containing water, **c)** having mercury out-gassing from their amalgam dental filings, **and d)** receiving bolus doses of Thimerosal in those cases where the mothers were treated with Rho Gam and, in some cases, the "Thimerosal Preserved" influenza vaccine.

Having sought to minimize the link between the injection of Thimerosal-preserved vaccines and the resultant cases of clinical *mercury poisoning* conveniently diagnosed as the "causeless" disorder "autism," the writer next states:

"This finding came at a bad time for vaccines. A year earlier - in an event unrelated to thimerosal per se -the British medical journal The Lancet published a study suggesting that the measles-mumps-rubella (MMR) vaccine may have caused bowel problems and autism in 12 children. In a press conference, the lead author, Dr. Andrew Wakefield, then warned the vaccination should be "suspended." Shortly afterward, Prime Minister Tony Blair refused to answer questions about whether his youngest child had received the vaccine, and MMR vaccination rates began falling across Britain. Last year, Wakefield's coauthors retracted the paper, since Wakefield hadn't disclosed that most of the children were involved in lawsuits against vaccine makers. And last month, investigative journalist Brian Deer alleged in The Sunday Times of London that Wakefield hoped to profit from the panic he created, having filed to patent his own "safer" vaccine product."

Other than to state that the prior or concomitant *mercury poisoning* from Thimerosal in "Thimerosal Preserved" vaccines administered to the affected children (the UK vaccination program in place at the time effectively dosed UK babies with about half the dose of Thimerosal as the recommended US vaccination program) definitely damaged the immune systems of those who had a severe adverse reaction to one or more of the live viruses in the MMR vaccine and that, *based on this researcher's extensive study in this area is the "predisposing" factor that increased the "sensitivity" of these children to the MMR vaccine and predisposed these*

injured children to the injuries that Wakefield observed, this reviewer will leave it up to Dr. Wakefield to not only refute this writer's blatant distortions and misrepresentations of the facts about Dr. Wakefield's findings and actions but also, as appropriate, pursue slander or libel actions against this writer for repeating remarks that other publishers have admitted were libelous.

Continuing his attack on Wakefield, the writer now states, without reference or citation:

"Multiple studies have now convincingly refuted Wakefield's suggestion that the MMR vaccine causes autism. In 1999, though, just after the Lancet article was published, the stage was set for the autism-thimerosal link. It was then that Dr. Thomas Verstraeten, a Centers for Disease Control and Prevention epidemiologist who now works for the vaccine maker Glaxo SmithKline, produced conflicting data suggesting a possible link between thimerosal and speech delay (though the final version of his paper, published in 2003, concluded that "no consistent significant associations were found" but encouraged future study; a more complete CDC study of thimerosal will finish in 2006)."

This reviewer notes: **a)** Wakefield did *not* assert the MMR vaccine causes autism **and b)** since his work focused on the gastro-intestinal system and *not* the central nervous system, his findings were confined to describing the unusual gastro-intestinal dysfunction that he found in the autistic children that he studied.

As to the Verstraeten papers and Verstraeten's statements, this reviewer must note that the CDC has somehow managed to lose the original Verstraeten data sets so that no one can independently verify the accuracy of any of his findings or non-findings and, *in spite of being directed by the most recent IOM study to transfer all data to another agency to ensure its integrity and prevent further corruption and data loss*, the CDC still has the data, and has consistently interfered, and is continually interfering, with the efforts of independent researchers to study the data sets in the VSD database to see what the true odds ratios are between the various outcomes and the level of Thimerosal exposure.

Until independent researchers are given full access to the VSD database and the database is secured in a system where loss of or intentional scrambling of the information in the VSD database is *not* possible, this reviewer must ignore any findings that the CDC will report since epidemiological studies are especially susceptible to the subtle and inappropriate biasing actions that are so evident in the initial set of Verstraeten studies, including the published version.

Next the author of this column states:

"Ironically, Dr. Neal Halsey - a leading vaccine specialist based at Baltimore's Johns Hopkins who pushed to eliminate thimerosal from vaccines immediately after the FDA analysis by the Balls - believed that a quick response would enhance public trust in vaccine safety. After all, federal authorities called for the removal of thimerosal from vaccines in 1999 as a precautionary measure, without conclusive proof of harm, and some states, including Massachusetts, stopped administering childhood vaccines containing the preservative as soon as alternatives became available."

First, this reviewer must note that Thimerosal has *not* been eliminated from all "Thimerosal Containing" vaccines in the U.S. - at present there are about 18

licensed vaccines that contain a preservative or lower level of Thimerosal that are being released and there seem to be in-date lots of some other discontinued “Thimerosal Preserved” vaccines that have *not* been recalled.

In addition, the worldwide use of “Thimerosal Preserved” vaccines has *not* been stopped – for example, by substituting a different preservative (e.g., 2-phenoxyethanol) for the Thimerosal in the current Thimerosal-preserved vaccines.

Thus, had the industry: **a)** immediately reformulated all of its “Thimerosal Containing” vaccines to remove all of the Thimerosal and substitute another preservative in the multi-dose vial formulations **and b)** the industry and the government told the truth about the harm done and stepped up to compensate all those who had been harmed in the U.S., then, as “Dr. Neal Halsey ... believed,” those actions would have enhanced the “public trust in vaccine safety.”

However, neither the industry nor the government did a Dr. Haley recommended and, *instead of revealing the truth to the American people*, the “healthcare establishment” elected to continue to dissemble about the Thimerosal in vaccines and, *as this apparent vaccine apologist speaking for them here*, seemingly stonewall and dissemble about the obvious link between the injection of “Thimerosal Containing” vaccines and the clinical *mercury poisoning* observed in some of those so injected.

As the recent increase in fear mongering about a possible “avian flu” pandemic coupled with a stronger push to:

- ❖ Immunize the “healthcare establishment” against all liabilities,
 - ❖ Abridge the Constitutional rights of the public to: **a)** a trial by jury, **b)** bodily integrity, **and c)** religious freedom,
 - ❖ Set up a secret agency, BARDA, more secret than the CIA, and
 - ❖ Give the “healthcare establishment” other unwarranted benefits and funding
- clearly show, the American public should be increasing their questioning about the vaccine truths that are being hidden from them.

Even after five years of study and research into the areas of: **a)** Thimerosal in and other mercury moieties in medicine and dentistry **and b)** vaccines in general, this researcher and reviewer of this column continues to find that the vaccine safety and effectiveness information available to the public seems to be increasingly at odds with the true facts as reported in carefully controlled studies published in peer-reviewed journals across the world.

Next the writer states:

“Instead, the fear of thimerosal - amplified by Wakefield's unrelated, misleading work on the MMR vaccine - continued to grow. In fiscal 2003, the National Vaccine Injury Compensation Program received 2,438 claims alleging that vaccines had caused autism, up from 18 claims in 2001. After his grandson was diagnosed with autism, Rep. Dan Burton, an Indiana Republican, called congressional hearings to investigate a link. This year, *New York Times* contributor David Kirby published *Evidence of Harm*, a sympathetic portrayal of the parents who blame vaccines for their children's autism; Robert F. Kennedy Jr. wrote an article for *Rolling Stone* and Salon.com suggesting a conspiracy to cover up a

thimerosal-autism connection (and later was forced to write several clarifications and corrections). Many parents continue to be concerned.”

Contrary to the writer’s views, the increase in cases filed clearly parallels the increasing public awareness of the admitted (in the illegally-closed-to-the-public 1999 Lister Hill toxicological discussions as well as in the illegally-closed-to-the-public mainly epidemiological discussions at the Methodist Simpsonwood Retreat in 2000) *mercury poisoning* from the Thimerosal in “Thimerosal Containing” vaccines administered to their children that causes some (up to 1 in 6) to be mercury poisoned to the point that they exhibit one or more of the clinical symptoms of sub-acute mercury poisoning with the organic mercury compound Thimerosal and up to 1 in 75 males exhibit the set of mercury-poisoning symptoms, which belong to the set of symptoms used to make a “causeless” diagnosis of “autism.”

Further, though *not* reported by the writer, not only did Rep. Burton call “congressional hearings to investigate a link” but the report from that hearing also found evidence of a link, evidence of malfeasance upon the part of CDC and the FDA, and knowing wrongdoing by the vaccine manufacturers.

As to the writer’s parenthetical remark “(and later was forced to write several clarifications and corrections),” this reviewer has read both the original Kennedy article and the corrections, and found that the “forced” corrections were minor and did not change the validity of the points actually made by “Robert F. Kennedy Jr,” which, by the way, did *not* suggest a conspiracy but only presented evidence of a link between Thimerosal and autism that was being covered up.

Next, the writer states:

“It’s now hard to overstate the scientific evidence against the thimerosal-autism link. Many, many chemicals seem dangerous in test tubes or in animal studies but have no significance in the real world; thus, the most useful safety data come from large-scale ‘epidemiological’ studies of people.”

This reviewer finds that it is “now hard to overstate the scientific evidence against the thimerosal-autism link” because the scientifically sound clinical and toxicological evidence, *the only kind that can prove a definite cause and effect relationship*, has clearly established that Thimerosal (49.55% mercury) mercury poisons humans tissues and produces mercury poisoning symptoms like those used to diagnose the “causeless” disorder “autism.”

Since the writer is neither an epidemiologist nor apparently someone trained in biostatistics and their interpretation, this reviewer must overlook this writer’s incorrect view of “large-scale ‘epidemiological’ studies of people”

However, all that any epidemiological study can do is statistically estimate (at some level of confidence) the odds that a given cause and outcome are somehow linked – not that the link truly does or does *not* exist.

Moreover, if, *as is the case here*, only some small subset of the population (those with autism) is appropriately affected by a given input (injected Thimerosal in this case), only after that link has been proven in scientifically sound clinical and toxicological experiments and the sub-population identified can an appropriately

targeted sub-population epidemiological study be used to evaluate the strength of the proven cause and effect relationship that has been proven to exist.

Finally, epidemiological studies do *not*, in any case, produce “safety data” like the “safety data” reported in a Material Safety Data Sheet for Thimerosal.

Returning to this paragraph, the columnist continues with:

“In 2004, the prestigious Institute of Medicine, the federal government's adviser on public health, reviewed dozens of such studies related to vaccines and autism and concluded the ‘evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism.’ Halsey sees this as a powerful statement, since ‘that's about as strong as the IOM will come out.’ In contrast to many massive studies from major academic centers that found no link, the only epidemiological studies favoring a link were one unpublished study from Mark Blaxill, a Massachusetts-based consultant and board member of an advocacy group called SafeMinds, and five separate published studies from the home-based father-son team of Dr. Mark Geier and David Geier - and these were all dismissed by the IOM as ‘uninformative’ or ‘uninterpretable’ due to poor methods.”

With respect to the writer's first statement, “In 2004, the prestigious Institute of Medicine, the federal government's adviser on public health, reviewed dozens of such studies related to vaccines and autism and concluded the ‘evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism,’” this reviewer notes that the CDC's request for the Institute of Medicine (IOM) to “advise” on this matter contained constraints that effectively prevented the from fairly evaluating all of the evidence submitted to it and directed the IOM not to find any evidence of “a causal relationship between thimerosal-containing vaccines and autism” (as the transcript from the first closed-door meeting of the IOM committee convened to study this matter clearly reveals).

Second, though “Halsey sees this as a powerful statement, since ‘that's about as strong as the IOM will come out,’” this reviewer and other unbiased scientists must reject not only the IOM's findings but also ignore Dr. Halsey's characterization of it as the evidence clearly points to the reality that the CDC fixed the IOM's report outcomes before the IOM even started considering any of the evidence.

Third, the writer's “many massive studies from major academic centers that found no link” boil down to a few *non-relevant* studies in foreign populations having both significantly lower total Thimerosal dosing [from ½ to 1/8th the U.S. level] and delayed-dosing regimens, and one U.S. study whose published findings must be discounted because the authors violated the fundamental precepts of epidemiological study (by deliberately iterating the data analysis multiple times [at least 6] with between-iteration “adjustments” targeted at reducing the magnitude of the odds ratios computed and then “lost” the original datasets so that no qualified independent researchers could confirm or dispute the findings they published).

Since Blaxill's study was *not* published in a peer-reviewed journal at the time of the IOM committee's review, this author must agree that the IOM, *lacking any members who are qualified epidemiologists or biostatisticians capable of evaluating the validity of an epidemiological study*, should have discounted this study.

However, *lacking any members who are qualified epidemiologists or biostatisticians capable of evaluating the validity of an epidemiological study*, the IOM committee members exceeded their expertise when they rejected the “five separate published studies from the home-based father-son team of Dr. Mark Geier and David Geier,” who are world-recognized as competent scientists in the area of epidemiological study and whose articles were published in recognized peer-reviewed journals where at least one of the reviewing peers is also a recognized biometrician and/or epidemiologist qualified to assess the validity of the Geiers’ epidemiological studies’ design, execution, and result evaluation.

Since these articles were reviewed and, after minor revisions, published in scientifically recognized peer-reviewed journals and the authors have no “advertising dollars” influence with these journals, these epidemiological studies are scientifically sound and should have been included in the IOM Committee’s decision-making processes.

That the IOM Committee, lacking the requisite expertise to critically value any epidemiological study, has the temerity to characterize the Geiers’ peer-reviewed published studies as “‘uninformative’ or ‘uninterpretable’ due to poor methods” is more clear evidence that the IOM Committee’s findings were “predetermined.”

Moreover, the Geiers have published subsequent epidemiological studies in peer-reviewed journals and these have used CDC-approved methodological approaches and, where access was given, evaluated the VSD database, and, where the studies were repeats of the original studies, confirmed the Geiers’ original findings.

Based on the lack of relevance of the foreign epidemiological studies and the documented problems with the CDC-sponsored VSD database epidemiological studies by Verstraeten et al, the only valid peer-reviewed published epidemiological studies that should be considered are those published by the Geiers using the VAERS database because independent access to the unscrambled data in the VSD database cannot be assured and the CDC continues to “misplace” and “scramble” the data within the VSD database.

Most of the valid and independently confirmed U.S.-applicable epidemiological studies addressing the issue of Thimerosal level and the odds ratios for a variety of neurological and other adverse events/outcomes is that published by the world-recognized Geiers, whose reputations this writer obviously attempts to diminish by characterizing them as a “home-based father-son team.”

Next, the author writes:

“As far as mainstream scientists are concerned, the vaccine-autism question is settled.”

Since the writer fails to define the “mainstream scientists” of which he speaks and, *along with more than thirty others*, this reviewer is recognized as an expert in his areas of expertise by the U.S. Food and Drug Administration as well as by many of this reviewer’s peers in the pharmaceutical industry, this reviewer must respectfully disagree with the writer here.

Not only is “the vaccine-autism question” *not* settled, the writer seems to be unaware that the relevant scientific question is:

“Does repeatedly injecting babies and children with ‘Thimerosal Containing’ vaccines and other ‘Thimerosal pr Mercury Containing’ drugs cause:

- All to be mercury-poisoned to some degree,
- Some (up to 1 in 6) to be mercury poisoned to the degree that they exhibit one or more of the clinical symptoms of mercury poisoning, and
- A few (up to 1 in 75 male children [more than 80 % of all diagnosed DSM autism cases are male]) to be mercury poisoned- to the degree that they exhibit the set of symptoms that are diagnosed as “autism”?

Moreover, *as all those who have reviewed the relevant published peer-reviewed clinical and toxicological research studies with no preconceived bias know*, the simple answer to the “relevant scientific question” is “YES!”

Next the author states:

“What the movement to blame thimerosal for autism shows is a secret of the public health authorities. Stated baldly, they blatantly exaggerate some risks and minimize others, since for any individual, the consequences of most unhealthy behaviors are minimal and there is little incentive to change. (After all, for example, more than 95 percent of cigarette smokers never get lung cancer.) But what happens when two well-intentioned parties armed with scientific data - that is, advocates wanting to prevent autism and health authorities wanting to ensure widespread vaccination - collide? Who, in the end, is right?”

First, this reviewer finds the writer’s, “What the movement to blame thimerosal for autism shows is a secret of the public health authorities,” is an attempt to drag the science-based findings of the independent scientific community down to the level of deception that the writer has already admitted the “public health authorities” use.

Second, this reviewer finds that the writer deliberately attempts to “blame thimerosal” when the reality is that the American public should blame the “healthcare establishment” for knowingly allowing poisonous doses of “Thimerosal Containing” drugs (including vaccines) to be injected into anyone.

Third, as the scientific evidence has clearly established, the informed part of the “movement” understands that the “healthcare establishment” is knowingly to blame for permitting a bio-accumulative systemic severe poison, Thimerosal (49.55% mercury), that is toxic at levels below 0.02 ppm to be injected into humans after:

a. Thimerosal’s toxicity and

b. Unsuitability for Thimerosal’s use as a preservative in vaccine formulations at levels of 0.01% and lower levels

were established in 1948.

With respect to the writer’s second statement, “Stated baldly, they blatantly exaggerate some risks and minimize others, since for any individual, the consequences of most unhealthy behaviors are minimal and there is little incentive to change. (After all, for example, more than 95 percent of cigarette smokers never get lung cancer.),” since the author admits that his remark is “Stated badly” and obviously address the proclivities of the “public health authorities,” this reviewer sees no purpose in the writer’s making this statement other than to reinforce the duplicitous machinations of these officials.

In his third sentence, the writer's "But what happens when two well-intentioned parties armed with scientific data - that is, advocates wanting to prevent autism and health authorities wanting to ensure widespread vaccination - collide?" seems, to this reviewer, to be based on the false premise (reflected in the writer's previous statements about the duplicity of the "healthcare establishment" and supported by this reviewer's debunking of the "vaccination supportive" studies alluded to by the author) that the "healthcare authorities" are "armed with" the requisite sound experimental "scientific data" required to refute the ever-growing body of scientifically sound clinical and toxicological data with which the "advocates wanting to prevent" any medicine- or dentistry- related mercury poisoning are armed.

Since the "healthcare authorities" have ignored the body of valid "scientific data" that the "advocates" possess, the logical scientific outcome of the collision between the two on a level playing field would be logically similar to the outcome of a 6-foot rowboat named "Evidence Ignored" colliding head on with a 1,000-foot ocean liner making 30 knots – those in that rowboat would be swept away.

Unfortunately, since the "healthcare authorities" control most of the playing field and continually misstate the facts and the nature of the question in an attempt to advance their position, the answer to the writer's question is that, as asked, the question cannot be answered because it is based on a false premise.

Finally, the answer to the writer's closing question, "Who, in the end, is right?," depends on whom you ask – if you ask those who are informed, the answer is the "advocates"; if you ask the "healthcare establishment" and the mainstream media they heavily influence, the apparent answer is the "healthcare authorities."

Increasingly, as the American public begins to become better informed, the answer for the writer's "who" question is increasingly the "advocates wanting to prevent" any medicine- or dentistry- related *mercury poisoning* as parents everywhere are increasingly balking at vaccinating their children and themselves with any vaccine or other drug that contains any level of Thimerosal or any other added-mercury compound.

Having left his "Who, in the end, is right?" question unanswered, the author now returns to the Hansens and writes:

"I WAS ALWAYS VERY PRO-VACCINE. I thought that parents who didn't vaccinate were negligent,' Marjorie Hansen says. After learning about thimerosal, she and Jared changed their minds. Jared was 'incensed' by the presence of thimerosal in childhood vaccines, recalling that as a student, he handled mercury with the same care reserved for radioactive materials. Convinced that public health authorities already took unacceptable risks with their children, they no longer accept their pediatrician's routine vaccine recommendations without questions. They also have filed a claim with the National Vaccine Injury Compensation Program.

In particular, Marjorie and Jared believe that vaccination during early infancy, such as for hepatitis B, presents an unacceptable risk-benefit ratio for their children. In addition to their sons' conditions, each has several relatives who have developed seizures, high fevers, or other problems following vaccination, and the Hansens worry that their family's 'genes' don't tolerate vaccines well. To them, the benefits of many vaccines seem far-fetched. According to the CDC, the sources of infection for most cases of hepatitis B are

intravenous drug use, sexual contact with infected persons, or being born to an infected mother. Since their children lack these risk factors, wonder the Hansens, why should they be vaccinated at birth?

The Hansens applied similar calculus to other vaccines. Inoculations that didn't make the risk-benefit cut were shots against chicken pox, flu, and a bacterial infection called pneumococcus. Those diseases, they said, were rarely deadly and the risks of vaccination were too great. They did allow their youngest girl (both daughters are developmentally normal) to be vaccinated against polio, diphtheria-pertussis-tetanus, and MMR - the last only 'when her immune system was fully developed,' though most authorities strongly advise against selective vaccination."

This reviewer sees that today's Hansens are acting as informed parents should and, *after weighing the pros and cons*, electing to vaccinate their children only as and when they think the benefits outweigh the risks as they understand them and only after their apparently normal children's immune systems were "fully developed." [Note: With respect to the writer's "... a bacterial infection called pneumococcus," this reviewer understands that the infection is called pneumonia and *not* pneumococcus – factually, "pneumococcus" is the disease organism, a bacterium of the genus *Streptococcus* (*S. pneumoniae*) that causes acute pneumonia involving at least one of the lung's lobes.]

Though the writer reports that "... most authorities strongly advise against selective vaccination," this reviewer notes that, except in the case of the problematic Hepatitis B vaccine, this reviewer knows of no studies that have established that the "selective vaccination" choices made by the Hansens carry a significantly greater statistical risk of harm than blindly vaccinating according to today's establishment-recommended vaccination schedule, which, in this reviewer's view, unnecessarily stresses the inoculee's immune system.

Next, the author writes:

"THE BREAKDOWN OF TRUST triggered by the health authorities' acceptance of thimerosal in vaccines seemed to carry into other established medical arenas. Because, in their opinion, the regular doctors offered few useful treatments for their sons, Marjorie and Jared began experimenting with therapies outside the mainstream."

Here the writer seems to be confusing loss of trust with the Hansens' obvious frustration that "regular doctors offered few useful treatments for their sons."

In their "experimenting with therapies outside the mainstream" the Hansens seemed to work with doctors and other healthcare providers who offered therapies that have improved their "autistic" (mercury poisoned) sons' behavior and/or improved their sons' health.

Thus, by stonewalling on the issues of Thimerosal poisoning babies and failing to offer therapies that help their sons, practitioners in "established medical arenas" are, by their own actions and inactions, undermining their credibility with parents.

Next, the columnist states:

"Many autistic children also experience gastro-intestinal problems, so the Hansens had William tested for food allergies. These tests were positive for sensitivities to gluten (a component of wheat and other grains) and casein (a milk protein). At considerable expense and inconvenience, the Hansens eliminated wheat and dairy products from both boys' diets. They reported tremendous improvement, and each child seemed less 'hyperactive.' From

being ‘skinny unhealthy,’ the boys seemed to bulk up. Jacob, who was already acquiring some language and social skills in his 10 hours per week of speech and behavior therapy, seemed to improve dramatically, Marjorie says, ‘He wouldn't be diagnosed’ with autism now, she says.

The Hansens also administered large doses of vitamin B6, vitamin B12, and, after one practitioner ordered tests and concluded that one of the boys was a ‘zinc waster,’ zinc supplements. They also tried a drug called glutathione, a natural detoxifying compound normally found in the liver. But their most quantitative experiment concerned chelation.

Derived from the Greek ‘chele,’ or claw, chelation therapy uses pincerlike molecules to bind to and remove heavy metals like iron and lead from the body. Used rarely for acute lead poisoning, chelation has been adopted by numerous alternative practitioners to treat supposed lead or mercury poisoning. It has been promoted as a cure-all by books like Dr. Hal Huggins's *It's All in Your Head* (blaming mercury-based dental fillings for many conditions) and Dr. Morton Walker's *Everything You Should Know About Chelation: Unclog Your Arteries and Rejuvenate Your Cardiovascular System Without Surgery and Other Invasive Procedures*.

Suspicious of any therapy lacking a ‘rational basis,’ Jared figured chelation was worth a try, given William's exposure to thimerosal and another practitioner's assertion that his son's urine had abnormal amounts of mercury. In particular, the Hansens hoped chelation would improve William's toileting behavior (many children who are diagnosed with autism also have problems toilet training). Jared realized chelation was a long shot, saying, ‘What helps in one child may not help in another. It's all trial and error.’ (Still, no peer-reviewed study has ever shown that chelation helps anything other than acute lead poisoning, and could even be dangerous. In August, a 5-year-old autistic boy, Abubakar Nadama, died in Pennsylvania of cardiac arrest following a third round of chelation therapy from an alternative practitioner.)

After beginning chelation, Marjorie decided to keep track of William's toileting behavior and painstakingly plotted these points on lined and labeled sheets. Satisfied with the outcome, she flipped through sheet after sheet of graph paper for me and said she felt that her data showed a correlation between improved toileting over several weeks and the chelation treatments.

In this manner, the Hansens performed their own clinical trials with a study population of two, or sometimes one. They made hypotheses and drew conclusions about the role of thimerosal in causing autism, the benefits of elimination diets, mercury chelation therapy, and various vitamins. They applied the techniques of science, quantifying the results and even graphing them carefully over months. They acted on the results, rejecting some treatments as useless, like vitamin B12 therapy, and embracing others as beneficial, like chelation and eliminations diets.”

Essentially, this reviewer views the preceding as an overview of a case-study approach to treating a disorder that has no “cause” because the Hansens used one or more medical practitioners to guide them in the therapies that they elected to try on their sons. [**Note:** Technically, “iron” is not a heavy metal.]

However, this reviewer notes that the writer misspeaks when he states, “Used rarely for acute lead poisoning, chelation has been adopted by numerous alternative practitioners to treat supposed lead or mercury poisoning,” because chelation is the standard treatment for those diagnosed with poisoning by excess lead, mercury, arsenic,

cadmium, bismuth, copper, iron, chromium or any other toxic metal species for which there is an effective chelating agent for reducing the elevated levels found (directly or, in the case of mercury, more often indirectly [by chelation challenge testing]).

Furthermore, since recent studies have unequivocally shown that parents are qualified evaluators of the progression or regression of their child's behaviors, the writer should have better recognized the validity of the Hansens' findings with respect to the changes they tracked in their sons' behavior.

Next the author discusses the Hansens' approaches by writing:

"On some level, the Hansens' methods are understandable, since there are no larger clinical trials involving, for example, elimination diets and vitamins. Before the 20th century, all medical research resembled the Hansens' experiments. But in spite of their intuitive appeal, personal anecdotes are also a crucible of quackery. Even hundreds of them don't add up to reliable data. The Hansens thus committed an ancient error by using their personal experience to link vaccines with their sons' autism. They transmuted a likely coincidence into truth."

The writer starts out on solid ground when he states, "On some level, the Hansens' methods are understandable, since there are no larger clinical trials involving, for example, elimination diets and vitamins. Before the 20th century, all medical research resembled the Hansens' experiments."

This is the case because, *based on what is reported*, the Hansens are using the scientific method to evaluate and direct the "trial and error" changes they are introducing into their sons care, feeding, and education.

However, considering the accurate accumulation of therapies and their outcomes by the Hansens, and the practitioners and the other parents similarly involved in: **a)** making these decisions **and b)** monitoring their outcomes, this reviewer observes that this science-based accumulation of "coincidences" between a given therapy and its observed outcomes:

- ❖ Serves to move the cumulative findings from "a" (the world of "chance agreement") to "b" (the realm of the verified scientific protocol that captures) and
- ❖ Conveys the scientifically verified consensus findings among the patients and practitioners.

Thus, this reviewer finds that the statements, "But in spite of their intuitive appeal, personal anecdotes are also a crucible of quackery. Even hundreds of them don't add up to reliable data. The Hansens thus committed an ancient error by using their personal experience to link vaccines with their sons' autism. They transmuted a likely coincidence into truth", are, *because of the scientifically sound consensus developed and verified by both the parents and the practitioners*, apparently bunk.

Moreover, in the case of the Hansen's linking of the Thimerosal (49,55% mercury) in their sons' "vaccines with their sons' autism," this reviewer finds that this "link" is a documented reality.

In general, the general findings reported by the Hansens have been confirmed in 1000s of cases in the groups of mercury-poisoned children treated by "DAN" (Defeat Autism Now) practitioners, who meet periodically to discuss their findings

and, *based in the consensus findings*, update the “DAN” protocols for the holistic diagnosis and treatment of the health problems exhibited by the different sub-groups of mercury-poisoned children whom they treat.

In this column, the writer continues with:

“LAST YEAR, MIT PROFESSOR Josh Tenenbaum told *Psychology Today*: ‘Coincidences drive so many of the inferences our minds make. Our neural circuitry is set up to notice these anomalies and use them to drive new learning. There is an old saying that neurons that fire together wire together. So you could say that coincidence operates at the level of the synapse, whenever neurons fire at the same time.’

This ‘neural circuitry’ explains why some parents believe the rise in autism over the past years has been linked to the higher number of childhood vaccines. (The same circuitry could also relate the increasing use of cellphones, popularity of reality television, or consumption of fast food to autism.) Consider that almost 90 percent of children receive vaccines at 15 months of age, the same time that many cases of autism are diagnosed. Inevitably, many autistic children will be diagnosed immediately after receiving vaccines - and, like the Hansens, parents will suspect a causal connection.”

Based on an attributed quote, the writer illogically leaps from an observation about the manner in which the human mind discovers new interrelationships to the *inevitability* of a generalized causal relationship between “vaccines” and a “causeless” disorder, “autism,” a diagnostic label used for a certain set of symptoms of *mercury poisoning* that those so diagnosed exhibit.

In doing so, this writer ignores the fact that the relationship between the amount of Thimerosal (49.55% mercury) and the various levels of clinical *mercury poisoning* is not only scientifically sound but has also been proven in numerous well-documented biomarker and chelation case studies.

In addition, the writer is either unaware of or knowingly ignores the supportive scientific research publications in peer-reviewed journals dating back into the 1940s that have clearly established:

- a. The human toxicity of Thimerosal (also *commonly* known as “Merthiolate” and, in the UK, Thiomersal) at levels below 0.02 ppm, and
- b. The unsuitability of Thimerosal for use as a “preservative” in vaccine formulations at Thimerosal concentrations of 0.01% or lower – because, at those levels, Thimerosal is *not* bactericidal (does not kill bacteria), as a “preservative” is supposed to be, but only bacteriostatic (interferes with bacterial growth replication without killing the bacteria).

With respect to the writer’s disingenuous comment, “The same circuitry could also relate the increasing use of cellphones, popularity of reality television, or consumption of fast food to autism,” this reviewer is not aware of any similar peer-reviewed published scientific studies dating back to the 1940s (when there were no cell phones or fast foods and the reality was that television was broadcast in only black and white) to the present that have supported the non-existent relationships that the writer posits here.

Returning to article, the writer now posits:

“Once scientists have a suspicion about what causes a disease, they design experiments to prove or disprove their theory. Philosopher Karl Popper wrote that the defining characteristic of a scientific theory is ‘falsifiability.’ In other words, you must clearly define what could make you change your mind. This is the problem with some proponents of the vaccine-autism theory: No amount of data can falsify their belief.”

This reviewer finds that the first statement, “Once scientists have a suspicion about what causes a disease, they design experiments to prove or disprove their theory,” is a valid generalization.

However, since philosophers are *not* research scientists and scientific theories are supposed to be based on the scientific method and not philosophy, other than to introduce the word “falsifiability” into the discussion, this reviewer fail to see the writer’s need to address philosophy.

Though the writer’s next two statements, “In other words, you must clearly define what could make you change your mind. This is the problem with some proponents of the vaccine-autism theory: No amount of data can falsify their belief,” have some validity, they contribute little to the discussion.

Furthermore, these statements continue to ignore the reality that, based on the current body of scientific evidence, recognized independent scientists have established (proven with a high degree of certainty) that injecting vaccines and other drugs containing Thimerosal (49.55% mercury) at levels of 0.01% into both developing and developed humans causes some of them to become clinically mercury poisoned and exhibit clinical *mercury poisoning* symptoms that the medical establishment has elected to assign an alternative “causeless” diagnostic label.

The author then states:

“Consider some letters to *The New England Journal of Medicine* following a 2002 study of 500,000 children debunking the MMR and autism link proposed by Wakefield. No statistically higher risk of autism was present in vaccinated children compared with unvaccinated children. Yet, some letter writers were upset the studies didn’t address the possibility that, as one physician wrote, ‘there is a vulnerability to MMR-induced disease in 10 percent of the children with autism.’ In other words, the writer accepts that vaccines don’t have a big impact on autism. But, he asks, couldn’t there be a few kids who had an unusual sensitivity to vaccination?”

Since the only vaccine being addressed in the cited epidemiological study is the MMR vaccine, the writer’s “In other words, the writer accepts that vaccines don’t have a big impact on autism,” is a knowing attempt by the writer to distort the study and the letter cited into a statement about “vaccines” and “autism” when the letter is only about the MMR vaccine and “autism.”

Moreover, based on this reviewer’s understanding of large-scale epidemiological studies of the type in the 2002 study, one of the weaknesses of such studies is that they mask the probable causal links that may exist in some sub-population segment or segments.

Further, using the mal absorption of beta-carotene as a “marker,” some treating physicians have reported that about one in eight of their “autistic” patients have a beta-carotene-related vitamin A deficiency, which is easily corrected by using Cod liver oil as the source of Vitamin A for this sub-group of their “autistic” patients.

Thus, among the sub-group (“1 in 250”) of children diagnosed with the form of *mercury poisoning* that is labeled “autism” there is a further “1 in 8” sub-group that has a further characteristic in common.

Therefore, the physician’s question about “the possibility that, as one physician wrote, ‘there is a vulnerability to MMR-induced disease in 10 percent of the children with autism’” is not only a valid question that should be raised whenever any epidemiological study fails to find any evidence of a possible link but the physician’s concern at the “10 percent” level is also supported by the identified sub-group marker in the population (children with diagnosed “autism” who are being treated by physicians who are seeking to understand the sub-groups, if any, within their patient populations).

Further the physician’s question boils down to “could this epidemiological study on 500,000 children have missed identifying a cause and effect relationship in a 10% subpopulation?”

This reviewer’s answer to that basic epidemiological question is a simple “yes.”

As the columnist next states, “The study authors answered: ‘We cannot rule out the possibility that at least one child would not have become autistic if he or she had not been vaccinated, and that point alone may be sufficient for stating causality. Unfortunately, we cannot subject this assumption to a critical test unless it is better specified,’” the study’s authors ducked the question asked and, for whatever reasons, chose to answer a question other than the one the physician asked.

The writer then states:

“Thus, they may have studied half a million kids, but there are millions of others out there, and one of them might be different. No amount of data can refute that possibility.”

This reviewer finds that the writer’s interpretation of the study author’s answer is obviously another attempted distortion of the remarks cited.

The writer continues with:

“What this means is that no clinical trial, no matter how well-funded or well-designed, can ever prove a negative - it can only show that a possible cause-effect association is very, very unlikely. That is why it will always be impossible to eliminate the perceived link between thimerosal and autism.”

First, the writer begins by confusing the limitations of a retrospective epidemiological study, like the 2002 study being discussed, with the limitations of a prospective controlled statistical population, called a clinical trial.

Factually, at some level of risk and confidence (usually depending upon the number in each arm of the study and how well the study is designed) clinical trials routinely prove negatives.

For example, in a multiple-dose-level clinical trial with a placebo control arm, one can find that the level of drug administered has no effect on the incidence of heart attacks in the test arms as well as find that the dosing arms have no higher incidence of heart attacks than the “placebo” control arm.

Both of these findings are possible proofs of negatives that clinical trials can and have “proven” (with some statistical probability level at some statistical level of confidence), which the writer alleges *cannot* be done.

Moreover, the writer’s closing remark, “That is why it will always be impossible to eliminate the perceived link between thimerosal and autism,” ignores the reality that the link between injected Thimerosal (49.55% mercury) and the clinical *mercury poisoning* (which the medical establishment has chosen to diagnose [label] as the “causeless” disorder “autism) has been proven in scientifically sound experimental studies and by confirmation of the *mercury poisoning* in those labeled with “autism” who have subsequently been tested and, based on the test results, clinically diagnosed as having medically recognized “mercury” and/or generalized “heavy metal” toxicity.

Thus, this reviewer knows the real reason the “link” has not only *not* gone away but has also gained traction is that the “link” is real.

Switching topics, the author writes:

“THE PUBLICITY SURROUNDING the vaccine-autism hypothesis almost derailed vaccination in America. It relied on the all-too-human tendency to make erroneous causal connections. And it also exposed how tenuous the acceptance of vaccination can be, once parents start balancing risk and benefit on their own.”

Factually, the writer begins by either: **a)** making a patently false statement, **“THE PUBLICITY SURROUNDING** the vaccine-autism hypothesis almost derailed vaccination in America,” **or b)** questioning the veracity of the medical establishment’s published statistics (which show vaccination coverage in America today at an all-time high).

Since the writer is an obvious apologist for the medical establishment, this reviewer is forced to conclude that the writer’s remark is a false statement.

Because the rest of the writer’s comments here rest on this false premise, this reviewer, as all rational readers should, rejects this entire paragraph as being nothing more than Orwellian doublespeak.

Continuing, the writer states:

“Today, the medical culture of developed countries relies fundamentally on “informed consent,” where patients review the pros and cons of all treatments and can refuse for any reason. So public health agencies try scaring parents into vaccinating, even though actual risks of any one child today getting polio or pertussis are extremely low.”

All that this reviewer need add is that the writer again admits that today’s “public health agencies try scaring parents into vaccinating” – a practice that is at odds with the need to build trust.

The writer then states:

“On its website, the Massachusetts Department of Public Health reports, ‘In 1 out of 4 men, mumps causes swollen testicles.’ Promoting pertussis (whooping cough) vaccine, the Centers for Disease Control explains, ‘In infants, [pertussis] can also cause pneumonia and lead to brain damage, seizures, and mental retardation.’ Chicken pox, the CDC reports, ‘can lead to severe skin infection, scars, pneumonia, brain damage, or death.’

While public health authorities hype the benefits of immunization, parents try to determine if the risks of side effects, even highly unlikely ones, are worth it. And the presence of a convincing group of people who believe that vaccines can cause autism - like the Hansens - scares parents about vaccines.”

While finding no problem with these public health agencies hyping the “the benefits of immunization,” the writer again mischaracterizes:

- ❖ The group as “people who believe that vaccines can cause autism,” when the group knows, not believes, the injected Thimerosal (49.55% mercury) in some vaccines causes systemic *mercury poisoning*, and
- ❖ The group’s efforts to simply inform the public as though it “scares parents about vaccines,” when, in reality, it is the establishment, *as the writer’s “hyping examples” clearly show*, that “scares parents about vaccines” and not the group who knows that injecting Thimerosal into people *mercury poisons* them.

The author next talks about certain vaccines in certain foreign countries by stating:

“If given the choice, many parents vote with their feet. In Britain, for example, vaccination is optional, and MMR immunization rates fell to 80 percent overall after the Wakefield report, and 62 percent in parts of London. According to the journal *Science*, measles began to spread twice as efficiently as before. In 1987, Japan allowed parents to decide whether their children should be vaccinated against several diseases, including measles. Many opted out, and now more than 100,000 cases of measles occur each year, with an estimated 50 to 100 deaths.”

All that this reviewer would add here is that the writer is again selectively reporting information that is not truly relevant to America’s reality.

Next, the writer states:

“The secret truth about vaccines is that they don’t have much of a benefit for the individual child who receives them. They’re mostly for the good of the community. My sons got multiple polio shots, for example, for little personal benefit. The same goes for flu, measles, whooping cough, chicken pox, and almost every other immunization. The reason they’d be fine without the shots is that most everybody else gets them. This concept is called “herd immunity,” and it is the foundation for disease control. Essentially, it means that once a critical “tipping point” for vaccination coverage occurs - say, about 90 percent of the population - the probability of getting a disease suddenly falls, since it can’t spread.”

First, this reviewer notes that the writer’s “secret truth about vaccines is that they don’t have much of a benefit for the individual child who receives them” is *no* secret to most Americans and most certainly *not* a secret to those who are informed about vaccines.

Second, with respect to the flu, polio and chicken pox vaccines, the concept of “herd immunity” is at best suspect since fully vaccinated individuals in 90+ %

vaccinated population still get some of these diseases and, though, as a group, they do not vaccinate, the Amish have had no clinical epidemics of any of these diseases in the last fifty years and, unlike their vaccinating neighbors, have a near-zero incidence rate for “autism.”

Moreover, since most diseases are spread by vectors (e.g., the common cold, human influenza, gonorrhea, syphilis, and HIV by infected humans; smallpox by bed bugs; malaria, yellow fever, and West Nile virus by mosquitoes; Rocky Mountain Spotted fever, Lyme disease, and the plague by fleas and ticks) and non-hygienic practices (most bacterial infections by contaminated dirt and water, and improperly handled contaminated food), and those who are malnourished are more susceptible to having a clinically identifiable case of the disease; it seems to this reviewer that improved hygiene and nourishment are as, if not more, important in preventing the spread of infectious agents.

This reviewer’s views are supported by the rise in the prevalence of hospital-acquired infection that can be traced to the documented decline in hand washing, clothing decontamination, and hospital cleaning practices.

Moreover, though such studies could be done, we lack the findings from the requisite parallel definitive long-term studies comparing, for example, the health of the Amish (who do not vaccinate) to the health of a matched surrounding population who does vaccinate. [**Note:** However, in the case of “autism,” the anecdotal evidence is that “autism” is virtually unknown among unvaccinated Amish children who, thereby, were never injected with Thimerosal.]

Lacking the requisite comparative studies outlined by this reviewer, it is not possible to determine how much of the lack of a given disease outbreak is related to vaccination and how much is hygiene-practice and nourishment-level related.

Thus, if the writer is truly concerned about the truth about the protective effects of vaccines, this reviewer suggests that he get behind the movement to do the definitive studies and, once and for all, determine the relative magnitude of the contribution to public health of vaccines, better hygiene, and better nutrition.

The writer continues with:

“Following a 1957 influenza pandemic, the Japanese government began vaccinating all schoolchildren, since they spread flu efficiently. After mandatory vaccination ceased in 1994, a report in *The New England Journal of Medicine* found that the vaccination campaign had prevented as many as 49,000 deaths annually among the Japanese population. That is, one older person's life was saved for every 420 children vaccinated.”

This reviewer, lacking access to all the facts and not being fluent in reading Japanese, can only ask the writer to: **a)** disclose the reasons the Japanese ceased the “mandatory vaccination” in 1994, **b)** report how many Japanese children were severely injured and how many die in order to have “prevented as many as 49,000 deaths annually among the Japanese population,” **and c)** what was the annual number of per capita “flu-related” deaths in Japan for the years 1983 to 2003.

Next, the writer states:

“In the United States, getting your kids vaccinated is like paying your taxes: Cheating a little doesn't really hurt anyone as long as everyone else pays up. But left to their own

devices, parents may balk at subjecting their children to the needle when there's no significant risk of disease. So the United States decided in the favor of greater good and not individual rights, making certain vaccinations compulsory for admission to public schools and day-care centers. As a result, despite well-publicized small outbreaks of whooping cough and even polio recently, vaccination rates in the United States are higher than ever. Today, about 90 percent of Massachusetts children and 80 percent nationwide are fully immunized - and millions of people enjoy some of the world's lowest rates of devastating but preventable infections."

First, this reviewer notes that, contrary to this writer's views, "getting your kids vaccinated" is nothing like "paying taxes" because paying your taxes does *not* directly subject your children to the risk of harm from the taxes, while "getting your kids vaccinated" does directly subject your children to the risk of harm from the vaccines.

Thus, the writer's comparison is not a valid one.

In addition, since the writer admits that the American public is being deceived, it is *not* possible to know whether or not the decision to make vaccination quasi compulsory for school and day-care attendance was the right decision.

Moreover, this reviewer notes that most of the recent "small outbreaks of whooping cough" have been in individuals that were fully vaccinated because they were vaccinated.

Apparently, the "whooping cough" immunity conferred by vaccination is much more fleeting than the immunity conferred by having the natural "whooping cough" disease.

Though the "healthcare establishment" has been quick to develop and license two "dtap" booster vaccines, sanofi-aventis' Adacel® and Merck's Boostrix®, that increase the cost and risks associated with the vaccine over those associated with permitting the "whooping cough" disease to run its course, perhaps it is time that an independent review be conducted to determine if, *with these new costs and increased risks*, the total costs of vaccinating are still less than the total costs of allowing "whooping cough" to run its "natural" course.

Finally, this reviewer notes that the writer now admits "vaccination rates in the United States are higher than ever" without also noting that the overall health of the American public trails that of many of the European countries that vaccinate far less than the U.S. does even though they have the same endemic disease spectrum.

The columnist, switching back to the Hansens, next writes:

"THE HANSENS ARE LOVING, devoted parents. When we spoke in their dining room a few weeks ago, Jacob poured me a glass of lemonade and popped into the room repeatedly to make contact by smiling. When their daughter spilled milk in the kitchen, Marjorie patiently cleaned it up and reasoned with her about being more careful. They brought the same consideration to our conversation, knowing that I was probably skeptical of their theory."

This reviewer can only again note that the “theory” being expressed by the Hansens is not, as the writer portrays it, “their theory.”

Having set the stage, the writer now states:

“I now better understand how the Hansens came to believe that vaccines cause autism, even though I still do not share their belief.”

Again, this reviewer notes the theory espoused here, “vaccines cause autism,” *is neither* the Hansens’ theory that Thimerosal-containing vaccines cause autism *nor* the science-based theory that injected Thimerosal causes all to be mercury poisoned, some to be mercury poisoned to the point they exhibit one or more of the clinical symptoms of *mercury poisoning*, and a few to be mercury poisoned to the extent that they exhibit the set of symptoms of clinical *mercury poisoning* that are diagnosed as the causeless disease “autism,” *but only* the writer’s theory.

Obviously, this reviewer is *not* surprised that the writer does *not* believe the sham theory he has stated.

Next, the writer continues with:

“Like the Hansens, many of us have a hard time being truly scientific and objective when our loved ones are involved. It’s terribly hard to accept that the universe operates in random ways and that innocents may be harmed. What we choose to do with that sorrow is not always rational. We seek explanations, no matter how unlikely they may be. And who knows: If my sons were autistic, perhaps I, too, would have believed that something, maybe even vaccines, could have caused it.”

Outside of noting that this text is carefully crafted “ad miseri cardium” rhetoric, this reviewer, a scientist with no children, grandchildren, nieces, nephews, or cousins who have been diagnosed with “autism,” understands:

- The universe does *not* operate in a random ways, and
- The “healthcare establishment’s” knowingly harming “innocents” to advance their greed-driven interests (as has been the case with the use of the highly toxic mercury poison Thimerosal as a preservative in vaccines and other drugs from the 1930s) has nothing to do with the universe and everything to do with greed.

As most scientists understand, apparently “coincidental” and “random” occurrences are merely failures of the observer to understand the underlying pattern or laws governing the sequence of events being observed.

Finally, this reviewer observes that the writer’s “If my sons were autistic, perhaps I, too, would have believed that something, maybe even vaccines, could have caused it,” attempts to cast the medical establishment’s failure, after more than 50 years, to find a “cause” for “autism” as a “mystery” of the universe instead of the ongoing, apparently concerted effort on the part of the medical establishment to *not* find the proverbial elephant in the room, the obvious *mercury poisoning* that injecting Thimerosal has been proven to cause.

The author then continues with:

“The Hansens, like most people, want the best health for children. ‘Vaccines are one of the great successes of medicine,’ Jared says. He doesn’t want to stop vaccination, but rather allow parents to weigh the pros and cons. When I explain that leaving the choice to parents

can harm herd immunity, as in Japan and Britain, he expresses genuine concern. ‘That’s a very good point,’ he says.”

This reviewer can only note that Jared’s reported quote, “Vaccines are one of the great successes of medicine” is one of the greatest successes of the vaccine propaganda machine because:

- ❖ Its validity has never been scientifically assessed by scientifically sound independent research studies and
- ❖ In-depth monitoring of the introduction of a given vaccination program, like a polio vaccination campaign, in developing countries has found, in many cases, that introducing the vaccination increases the disease and death rate and that, after the program is fully implemented, the disease incidence rate drops, but only to a higher incidence rate than the reported rate before that program was initiated.
- ❖ The introduction of vaccination programs using “Thimerosal Preserved” vaccines in developing countries, including China, has resulted in an epidemic increase in the number of mercury-poisoned children diagnosed as having DSM “autism.”

Given the preceding realities, this “great success” of medicine is the introduction of vaccines has: **a) increased** the customer base for both the medical and pharmaceutical establishments **and b)**, given the harm caused, provided additional profit opportunities for all facets of the “healthcare establishment.”

The columnist now writes:

“Perhaps that is why it’s better that our public health policies require childhood vaccination and discourage individuals from making the choice themselves. In the final analysis, the secret truth about vaccines may be that, sometimes, personal freedom can be a dangerous thing.”

Given the knowing duplicity of the “healthcare establishment” that this apologist both admits to and attempts to justify, this reviewer hopes that anyone reading the writer’s statement will reject these closing remarks as the misguided statements of someone who believes that the average American should relinquish his or her rights for the obviously greed-driven “healthcare establishment’s” ephemeral promises of protection from disease.

This Reviewer’s Closing Remarks

First, though this reviewer has, in general, *not* cited them here, readers seeking substantive references are advised to visit the webpage: <http://www.mercury-freedrugs.org/docs/> and read the documents and consult the relevant references they find in the “pdf” files posted there.

Second, though this reviewer is not anti-vaccine, his research and study has led him to understand that America needs an independent body of scientists to:

- a. Conduct a review of America’s vaccines and vaccination programs, **and**

- b.** Determine which vaccines are truly beneficial to the American public and which vaccines are not.

Moreover, *for those scheduled vaccines that are found to be truly beneficial*, independent researchers need to:

- a.** Determine what is the most cost-effective dosing regimen that maximizes long-term protection and minimizes side effects for various recognized general child rearing and nurturing environments (e.g., From “natural” [nursing and parent-only care from birth until the child is naturally weaned between the ages of 2 and 4] to “institutional” [formula-fed with minimal or no mothering from birth onwards]) **and**
- b.** Define a recommended vaccination regimen that is tailored to each environment defined.

Remove those vaccines for which general inoculation is found not to be truly beneficial from the vaccination schedule and, where appropriate, revoke the license for the vaccine.

To address the millions of children and adults that may have been *mercury poisoned* by the Thimerosal and other mercury compounds in the drugs taken by them as well as the *mercury poisoning* from dental amalgam fillings and medical procedures using mercury, America as a nation minimally needs to:

- ❖ Phase out, *in not more than 3 years*, all uses of mercury in medicine and dentistry.
- ❖ Develop an effective screening program, like the one for lead, and to screen all who have any of the symptoms that may be associated with mercury, other heavy metals (e.g., lead, cadmium, bismuth, and arsenic) and/or toxic metals (e.g., aluminum, beryllium and, in some cases, iron and copper).
- ❖ Implement effective curative programs tailored to: **a)** the mode of poisoning, **b)** the degree of poisoning **and c)** the systems poisoned in order to stop, retard, mitigate and/or remedy the harm in those found to be intoxicated.
- ❖ Phase out all liability and other protections and special benefits for all health-related industries unless independent studies find that these measures cost-effectively further the long-term health of the public.
- ❖ Increase Freedom of Information Act (FOIA) access in all agencies involved in any aspect of the health of the American public.
- ❖ Reform the Food and Drug Administration by passing and fully implementing this reviewer’s proposed Federal Drug Safety Act.
- ❖ Reform the federal government by making it a crime for any federal official or consultant thereto to publish any false or misleading information about any disease, disease risk, or drug, or to participate in any decision making process in which he or she has a direct or indirect material conflict of interest.
- ❖ Make it a federal misdemeanor for any healthcare provider observing such to fail to report any adverse event to the federal agency responsible for tracking such adverse events for any medicine, device or procedure for which, by regulation, such reporting is required.

- ❖ Fully enforce all of the current statutes and binding regulations and policies governing any aspect of the operation of any healthcare or healthcare-related establishment.
- ❖ Prosecute, under the RICO statutes all persons, of any kind, who have been engaged in the cover up of the mercury poisoning “caused” by Thimerosal.

Further, this reviewer hopes that medical apologists, like Dr. Sanghavi seems to be, will be appropriately censured.

Finally, this reviewer hopes that the general reader will, after reading this review and/or the other documents that this reviewer has generated, get actively involved in correcting the vaccine-related problems that exist in America today

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About This Reviewer, Dr. King

In addition to the information available on his web page [<http://www.dr-king.com/>], this reviewer is the New Jersey Representative of the Coalition for Mercury-Free Drugs (CoMeD) [<http://www.mercury-freedrugs.org/>], current District 33 Democratic Committeeman for Township of Parsippany-Troy Hills, Morris County, NJ, Taoist philosopher and servant of Elohim.

As a scientist and student of the federal regulations and statutes governing drugs, Dr. King led CoMeD in the drafting and submission of a Citizen Petition, posted in the FDA Public Docket 2004P-0349 and wrote and filed CoMeD’s response to the FDA’s 180-day response letter.

In addition, Dr. King has drafted the “Mercury-free Drugs Act of 2005,” the “Federal Drug Safety Act of 2005,” and a comprehensive substitute for Congressman Burton’s H.R. 1297, titled, “The `National Vaccine Injury Compensation Program Improvement Act of 2005,” which Dr. King re-titled, “The National Vaccine Program Improvement Act of 2005.”