

DARK CURTAIN: THE RISE OF AUTISM IN AMERICA

Gary Null PhD, , Richard Gale MA, Dorothy Smith PhD

Introduction

America's national health is in the midst of a perfect storm. We have an epidemic of obesity in adults and children, an epidemic in heart disease and stroke. There is an epidemic in cancer, inflammatory conditions, psychological disorders and diabetes. At the same time, Americans are taking more medications per person than any other country in the world. We have more uninsured Americans than any western nation. The US will spend more than \$2.5 trillion on healthcare delivery systems by the year's end. It is therefore understandable that another epidemic is not receiving much attention: autism.

Autism spectrum disorders are devastating neurological and biological disorders, typically diagnosed in children between 18 months and five years of age. Increasingly, we are being told that autism is a genetic-based disease. A new case of autism is diagnosed every twenty minutes. More children will be diagnosed with autism spectrum disorders this year than cancer, diabetes, Downs Syndrome and AIDS combined. Yet autism receives less than five percent of research funding among all childhood illnesses. A recent study by neuorscientists Kamila and Henry Markram, at the Swiss Federal Institute of Technology in Lausanne, has shown that for the autistic child the imaginal world is experienced “[w]here every sound jars like a jackhammer, every light is a blinding strobe, clothes feel like sandpaper and even your own mother's face appears as a jumble of frightening and disconnected pieces.” To experience the world in this way leads obviously to “social problems, language impairment and obsessive behavior.” It is a condition where our ordinary sensory input is overwhelming and the brain enters an extreme state of hyperactivity. The world is “not only intense but also aversive.”¹

Autism cannot be prevented unless there is a diagnostic test an expecting mother could take that would allow her to know whether or not she would have a child susceptible with this condition. What has been given wide attention in the mainstream media is the unequivocal confirmation from every major medical association, federal health agency—the FDA, CDC, American Academy of Pediatrics—and the entire pharmaceutical industry that vaccinations in any quantity or combination, as well as the vaccine mercury-laced preservative thimerosal, have nothing to do with the dramatic increase of autism. In fact, these governing entities are so emphatic in their reductionist genetic story that a recent vaccine court finding may be the final nail in the coffin for those who research the vaccine causality to autism. End of story.

However, some lingering questions remain. What if everything we have been told, both about vaccines and autism, could be challenged and that the pliant media, an indifferent and compromised Congress, and the politicized federal agencies simply refuse to consider the scientific evidence that contradicts their theory? Fortunately the public is gradually and slowly waking up. According to a national survey conducted by the Florida Institute of Technology in 2008, there is a significant increase in people who now believe autism is caused by childhood vaccines.²

I have been investigating all of the scientific documentation about the health risks of vaccinations, the epidemiology and statistics of autism, and past and present health legislature and legal cases for well over a decade. In addition to researching the causes of autism spectrum disorder, there are also the larger questions concerning the safety and efficacy of vaccines and the risks of other environmental contaminants and toxins that might play a role. These two stories—vaccines and the environment—are interwoven. After conducting personal interviews of hundreds of parents with autistic children, pediatric physicians, toxicologists and medical researchers, they all share something in common. That is, there are numerous young children who displayed all the signs of normal development until a vaccine or a series of vaccines were administered. Afterwards, normal development ceased and the children retreated into a foreign world regarded as abnormal. A frequent story heard by parents of autistic children is that

following a vaccination, their child shortly thereafter became absent and lost to them. Could all of these people be wrong?

I have also witnessed many children who reversed their autism and regained a normal life. This would be impossible, given both conventional and alternative therapies now being employed, if autism were solely an inherited genetic condition. People in the western nations are full of organic and inorganic mercury because they live in a modern, heavily toxic environment. It is more likely that the genetic component scientists associate with autism has an external, environmental factor. Many studies have confirmed that mercury passes through the placenta from the mother to the fetus. A more recent study at the prestigious Karolinska Institute in Sweden has confirmed mercury also passes to the infant during breastfeeding.³ The presence of any mercury during fetal development can significantly affect cell mitosis and alter a child's DNA. Thimerosal specifically has been shown to induce DNA breaks, membrane damage and cell death when human neurons and fibroblasts were cultured, which clearly contradicts all industry and government claims to the contrary.⁴

The only way we can truly understand autism and begin to develop a viable therapy is to look at autism as a puzzle, with each piece providing a different set of insights. We should also bear in mind that official government health statements have historically been biased, inaccurate, at best, and intentionally deceitful at worst. In this paper, we will deconstruct the arguments espoused by our government's medical agencies and the declarations of the private vaccine manufacturers that claim vaccines are both safe and effective and have no relationship to autism.

Autism: A Growing Epidemic

The past twenty years have harbored a silent epidemic in America. Four horsemen approach--the vaccine manufacturer, the elected politician, the government overseer, and the reporter to praise them—raising a toxic cloud around our children:. It is well established that there has been at least a 600% increase in the incidence of autism

spectrum disorders in all 50 states corresponding to the CDC-mandated immunization program. Hundreds of thousands of children are now suffering from those disorders, and independent scientific research strongly indicates that vaccines play a substantial role in steering this epidemic.

According to some of the latest statistics, published by the Autism Society of America, autism is the nation's fastest growing developmental disability with almost a 17% annual growth rate. One in 150 children being born in the US will become autistic if the ingredients in vaccines remain the same, if there is no change in how vaccines are manufactured, and if the toxins aren't removed from the environment. This rate does not include other severe neurological disorders such as Asperger's and PDD, which are more rare. New Jersey—the first state to make flu immunization mandatory, has the highest rate of autism, now at 1 in 90 children. Since boys have a 1 in 4 greater chance of becoming autistic, a boy child is 1 in 45 times more likely to fall a victim.

Government, Industry and Public Opinions

Americans tend to follow what the majority and dominant party line believes. The orthodox opinion, determined by mainstream power brokers and the media is extremely persuasive. Most medical journalists rely upon their canned experts to interview on any given medical topic. They simply call the National Academy of Sciences, the CDC, the FDA, the National Institutes of Health, and the National Institutes of Mental Health, for information to report. Celebrity physician Dr. Sanjay Gupta, host of CNN's "House Call" health program and an early Obama candidate for General Surgeon, is an exemplar of the pharmaceutical industry's manipulation of public health information and medical science for public consumption. When asked on CNN's "The Situation Room" whether there is a link between vaccines and autism, instead of answering the question based on scientific fact or knowledge, Gupta approvingly referred to a court case ruling against any relationship between the two. Could Gupta have responded to the contrary? Among the leading networks, CNN is the largest pharmaceutical drug advertiser. So can there be any

question of doubt that the drug industry would sponsor a popular health celebrity who would go against its best interests.

Is there any connection between vaccines, singularly or in combination, for example the Diphtheria-Pertussis-Tetanus (DPT) vaccine or the Measles-Mumps-Rubella (MMR) inoculation, or between the number of vaccines given during a single office visit, and autism? The official reply has been and will continue to be “No, there is no association; on the contrary, vaccines are safe and effective.”

We are repeatedly told that vaccines are safe, vital to our well-being, and necessary for the prevention of many diseases. Public health officials have long stated the basic assumption that vaccinations are safe and effective.^{5, 6, 7} Most of us take it for granted that not being vaccinated endangers our health and safety. In a worst-case scenario, we envision world-wide pandemics. Our faith in vaccinations is so strong that we think of them as panaceas, and look to science to develop new ones for every known affliction, from the common cold to AIDS.

Vaccination Policy: Pseudo-Science and Deception

Before delving deeper into the medical establishment’s wholehearted support of vaccine safety, the public should be made aware of the lengths vaccine manufacturers will resort to obfuscate universally accepted scientific methodology. It is difficult to get a handle on the pros and cons about vaccine safety without understanding that the pharmaceutical industry distorts scientific protocol for its commercial benefit. Current FDA laws only require the private pharmaceutical sector to provide proof of drug and vaccine safety before the product is registered and released. Vaccine safety studies, largely funded by taxpayers through NIH and CDC grants, infrequently follow a protocol that might more properly be referred to as “defensive science.” Essentially, this means that the design of a vaccine trial study is tweaked subtly by adding, subtracting or improvising key elements within what is considered standard scientific protocol in order to increase the odds of achieving the desired result. Typical industry strategies include using a bare minimum of

participants in a trial, subjective selection of targeted groups of individuals to be studied and/or limiting the time frame for monitoring the vaccinated individuals to avoid potential latent adverse effects.

“We have never ever validated the safety of the vaccine schedule as a whole, says Jim Moody, JD, Director of SafeMinds, ‘People looked at bits and pieces of it—one vaccine at a time. They do clinical trials on children when they introduce new vaccines, but only three weeks of follow-up. So they’ve never followed these children pre- or post-market to find out if there is a chronic long term effect that may be adverse. So any new drug, any vaccine has to be presumed unsafe until it’s proven safe, and what we now have come to realize is that the vaccine schedule as a whole has never been proven safe.... That makes the vaccine schedule an unethical social experiment and mass immunization illegal under the Nuremberg and Helsinki Codes. And this may have profound implications for society.’”⁸

Furthermore, with the World Health Organization (WHO) riding on the tail of globalization, vaccine manufacturers are increasingly turning to poorer developing nations and nations with relaxed regulatory hurdles to conduct their clinical trials. Although this reduces the cost for conducting such trials in the major developed countries, it also opens the door for greater scientific manipulation of results. One of the more insidious examples of corporate malfeasance for vaccine trials occurred during the summer of 2008. A group of vaccine makers hired physicians who were working with the homeless in the Polish town of Grudziadz to test a supposed common, annual flu vaccine. After 21 individuals died following immunization, Polish authorities discovered that the vaccine was, in fact, not for the common flu, but was actually an experimental vaccine for the H5N1 bird flu virus.⁹ Should this have raised suspicions about Big Pharma’s integrity?

There are no double-blind randomized placebo-controlled studies on the safety and efficacy of childhood vaccines perhaps to ensure that a smoking gun will not be uncovered for which the government or vaccine companies may be liable. Without the

research, former CDC Chief Dr. Julie Gerberding has been able to boast, confidently, that there are no studies showing that thimerosal (the infamous mercury-containing vaccine preservative) is harmful. This is a principle reason why the influenza vaccine still continues to contain toxic levels of thimersosal and virtually 100% of the flu shots given to pregnant women permit ethylmercury to pass through the blood-brain barrier to the fetus.

For example, take a look at Merck's somewhat ambiguous package insert for its MMR II vaccine (January 2007,#9739304, most recent, no thimerosal listed). The corporation's own language confirms the dearth of research that can legitimately declare the vaccine's safety:

Dosage and Administration of MMR II vaccine Live

(Use With Other Vaccines):

Routine administration of DTP (diphtheria, tetanus, pertussis)¹⁰ and/or OPV (oral poliovirus vaccine) concurrently with measles, mumps and rubella vaccines is not recommended because there are limited data relating to the simultaneous administration of these antigens. However, other schedules have been used. "The ACIP has stated, '**Although data are limited concerning the simultaneous administration of the entire recommended vaccine series** (i.e., DTaP [or DTwP], IPV [or OPV], Hib with or without Hepatitis B vaccine, and varicella vaccine), data from numerous studies have indicated no interference between routinely recommended childhood vaccines (either live, attenuated, or killed). These findings support the simultaneous use of all vaccines as recommended.'"¹¹

The research studies in Reference 32, which Merck refers and upon which they currently rely to justify "simultaneous administration of the entire recommended vaccine series," are now over 13 years old! In the 1990s, over 40 million children were vaccinated; by now, it is appropriate to investigate data from these patients that could affect new guiding research on the possibility of safer administration of vaccines.

Research progress is stifled by deeply entrenched government protocol. Beth Clay, Senior Vice President, Capitol Strategy Consultants, Inc., formerly of the NIH, says, government health agencies, including the NIH, have self-serving “pre-packaged stories” on their web sites. She notes that the pharmaceutical industry employs the same spin using “pre-packaged stories” (some of which doctors have been paid to write, or endorse), favorable to their products, on their sites.¹² Most pediatricians learn about vaccines from drug representatives, journal advertisements, and these “pre-pak” web sites. The press traditionally recycles these “stock” renditions.

Attorney Robert F. Kennedy, Jr. notes that journalists do not read the vaccine research studies; they read the CDC’s spun descriptions of those studies, and the media automatically accepts the government’s conclusions in those descriptions. Kennedy says, “The American press has completely let down our democracy.”¹³

The major news media tend to parrot those institutions that champion vaccines, and to bury other evidence that does not conform to the “official” position. Attorney James S. Turner, Chairman of Citizens for Health, notes that when he was involved in correcting a serious regulatory problem with vaccines, he “called media people, including *The New York Times*, with evidence that there was a serious vaccine regulation problem in the United States.” “And I was told, he says, ‘I don’t see in my files any serious regulatory problem so, as far as I’m concerned, there is no serious regulatory problem.’” The door was not closed on that investigation. Turner says, “We kept working away and we had a lot of help from people inside the government and ended up with hearings by Senator Ribikoff that caused the agency at NIH that regulated vaccines to be closed down, caused the Attorney General to rule that it had been violating the Food and Drug law for the past 30 years . . . It laid the groundwork for proving that the swine flu vaccine was, in fact, unsafe, ineffective and, in my opinion, a fraud. All of that was done in spite of the fact that the press systematically said, ‘We don’t see any problem with vaccines,’ the very thing they’re saying now.”¹⁴

Institutions will generally refer reporters to their “latest” mainstream article or two. The reporters rarely challenge the official opinion seriously, or interview alternative sources and eyewitnesses, such as parents--and they will print dutifully that there is no association between vaccinations and autism.

On Feb 12, 2009, the U.S. government stated that three individuals in the vaccine trials that sued the government because their autism was due to vaccines, had “lost.” This is the final nail in the coffin. The press makes no mention of The Bailey Banks Case the following week in which the parents of 10-year-old Bailey Banks, “were awarded a lump sum of more than \$810,000 (plus an estimated \$30-40,000 per year for autism services and care) in compensation by the [Vaccine] Court, which ruled that the measles-mumps-rubella (MMR) vaccine had caused acute brain damage that led to his autism spectrum disorder.”¹⁵ But there is no association between vaccinations and autism, according to the mainstream media.

Robert F. Kennedy, Jr. writes on February 24, 2009 in his article, “Another Autism Case Wins In Vaccine Court,” how certain sources are gloating over the February 12, 2009 triple ruling that denies damages:

The *New York Times* joined the government Health Agency (HRSA) and its big pharma allies hailing the decisions as proof that the scientific doubts about vaccine safety had finally been "demolished." The US Department of Health and Human services said the rulings should "help reassure parents that vaccines do not cause autism." The *Times*, which has made itself a blind mouthpiece for HRSA and a leading defender of vaccine safety, joined crowing government and vaccine industry flacks applauding the decisions like giddy cheerleaders, rooting for the same court that many of these same voices viscosly derided just one year ago, after Hannah Poling won compensation for her vaccine induced autism.¹⁶

Many were convinced that the vaccine-autism link was impossible because they believed the government would never permit such an atrocity to continue. But, what if it were known that government agencies, including the CDC, the NIH, and the FDA had met

privately with representatives of the vaccine manufacturers and conspired to withhold information from the public, to downplay risks, and to alter data about the true impact of thimerosal, the mercury-containing preservative in the vaccine?

In early summer of 2000, the findings of a large epidemiological study of medical records for over 100,000 vaccinated children was conducted under the direction of epidemiologist Dr. Tom Verstraeten at the Center for Disease Control. The purpose of the study was to investigate any statistical correlation between thimerosal in vaccines and the rise in autism. The results were sufficiently alarming to call high-level officials from the various government health agencies, the World Health Organization, the major private vaccine manufacturers and a host of medical advisors at various universities and medical institutions together for an emergency meeting to review the findings. Representatives from the pharmaceutical industry included GlaxoSmithKline, Merck, Wyeth and Aventis. A non-public, secretive meeting of these officials was convened at a Christian retreat center in Simpsonwood, Georgia in June 2000. Through the filing of a freedom of information act by Robert Kennedy Jr., Chief Prosecuting Attorney for Riverkeeper, who was the first to report on the substance and significance of this meeting, a transcript is now available to the public.¹⁷

Dr. Verstraeten's analysis noted that thimerosal in vaccines showed a statistically significant role in the increase of neurological disorders in children, including speech problems, ADD and autism. He stated, "I was actually stunned at what I saw." A top consultant for the American Academy of Pediatrics, Dr. Bill Weil, told the assembly, "You can play with this all you want... [the results] are statistically significant." Dr. Richard Johnston, a pro-vaccine immunologist and pediatrician from the University Colorado excused himself early from the gathering after stating, "Forgive my personal comment—I do not want my grandson to get a thimerosal-containing vaccine until we know better what is going on."¹⁸

However, much of the meeting's discussion also addressed how the parties might deal with the CDC data that stood in direct contradiction to their public stance that thimerosal

is unrelated to autism and to avoid what Dr. Robert Brent, a leading pediatrician at Alfred DuPont Hospital for Children in Delaware, called a “bad position from the standpoint of defending lawsuits.” Dr. John Clements, vaccine advisor for the World Health Organization stated the research “should not have been done at all.... [the study] will be taken by others and will be used in ways beyond the control of this group.” Let me remind you, these are the voices of the expert scientists and the leading pro-vaccine spokespersons who for years denied publicly any relationship between immunization and childhood neurological disorders. These are also the same policy makers at the top of the vaccine ladder who assure parents that vaccines are perfectly safe for their children.¹⁹

Proponents for thimerosal safety undertook a media assault on Robert Kennedy’s revelations based on Simpsonwood’s transcript alone. However Kennedy also had correspondence and emails before and after the secret meeting. Later the CDC managed to diminish the severity of Verstraeten’s initial findings by continuing epidemiological investigations into the CDC’s database. However, according to Kennedy, the CDC’s strategy to reduce the thimerosal-neurological disorder correlation was by cherry-picking different population groups from the database thereby generating new statistics that lessened the likelihood of a “statistically significant association if presented in a court of law.”²⁰ Furthermore, there was no formal publication of the CDC’s findings by Verstraeten until four years later in the journal *Pediatrics* “to show just the opposite; that is, that there was no correlation to any neurodevelopmental problems related to thimerosal exposure in infants.”²¹

Dr. Cynthia Cournoyer offers an example to show how biased vaccine studies can be. “A 1988 *Lancet* article reports a study in which a group of children were given the cellular pertussis vaccine. Those who had a reaction to the first dose were removed from the research population. Only non-reacting children were kept and given a second dose. Researchers were not interested in studying the children who reacted to the first dose. This allowed them to say that the new vaccine was safe and effective. In reality, however, children are receiving first doses all the time.”²²

The Thimerosal (Ethylmercury) Controversy and Autism

During the past five years, Dr. David Geier and his son Mark Geier at the Institute of Chronic Illnesses in Silver Springs, Maryland, have been conducting the most thorough epidemiological and toxicological studies on the possible relationship between thimerosal or ethylmercury used in vaccines and the high incidence of neurological impairment in vaccinated children. In fact, the Geiers were the first in the US to conduct and publish such epidemiological studies to map the trends vaccinations with and without thimerosal and the rates of autism spectrum disorders. The Geiers were originally skeptical that there was any relationship between thimerosal and autism spectrum disorders; however, the ongoing studies convinced them otherwise. For the Geiers, the continual use of thimerosal is a “medical crisis.”

One of the Geiers more recent studies, sponsored by the Office for Human Research Protections, U.S. Department of Health and Human Services, screened a group of autistic children whose only known exposure to mercury was from vaccination. Eight of the nine patients screened—each whom was developing normally prior to the manifestation of encephalopathic traits—were exposed to significantly higher mercury levels from Thimerosal-containing biologic/vaccine preparations during their fetal/infant developmental periods, and subsequently, between 12 and 24 months of age. The following adverse effects were common to each of the children under investigation:

- had regressive autism spectrum disorders;
- had elevated levels of androgens;
- excreted significant amounts of mercury post chelation challenge;
- had biochemical evidence of decreased function in their glutathione pathways;
- had no known significant mercury exposure except from Thimerosal-containing vaccines/Rho(D)-immune globulin preparations;
- had alternate causes for their regressive autisms ruled out.

They concluded that thimerosal intoxication should be considered as a component in the diagnosis of some regressive autism spectrum disorders.²³

Beth Clay, a leading investigator for Rep. Dan Burton's Congressional commission to uncover potential deception among vaccine manufacturers and federal health agencies about vaccine safety—including Simpsonwood—has called the industry's science a fraud. "There are federal laws against that," Clay said in an interview, "and there are certainly ethical laws against that within the world of science. And Simpsonwood showed that the doctors involved, the scientists involved in this community were more worried about preserving the policies of immunization, of protecting the industry, than they were about whether or not children were being harmed. And that to me is an abomination. You know, we have a public health system that is supposed to protect the public, and what we found is they were more protecting their own policies and they were all worried about making sure that they were not going to be found at fault."²⁴ Epidemiological studies on vaccine safety have been criticized greatly. They provide no conclusive data nor are they a viable substitute for objective clinical trials that are monitored over an extended period of time. Nevertheless, according to Clay, the CDC, FDA and NIH rely upon and fund these studies instead of looking at the results from hard scientific studies from MIT, Columbia and Dr. Boyd Haley's laboratory at the University of Kentucky.

During his investigations and swearing in of drug makers, health policy officials, government medical doctors and researchers, Rep. Dan Burton uncovered a complex web of numerous interrelationships between manufacturers, politicians and government health officials. Among his findings, the FDA's advisory board on vaccines is the only government entity not required to provide thorough financial records of its members. During investigational hearings, 70% of the FDA's advisory members admitted to owning stock in vaccine manufacturing companies. Shortly after Burton's findings made the news, *USA Today* explored it further and found that 54% of the "expert advisors" on the Advisory Board were receiving money from the drug companies. This was in addition to many other conflicts of interest in objective policy making, regarding vaccination of citizens.²⁵ This raises serious ethical questions about their true motives. Are they truly seeking vaccine safety, or are they guided by the almighty dollar?

Australian journalist Jon Rappoport interviewed a retired vaccine researcher, whose name was not disclosed, who claimed that he was “part of the inner circle” in major pharmaceutical corporations and at the National Institutes of Health. This researcher stated, “if the FDA were run by honorable people, these vaccines would not be granted licenses..... the decline in disease is due to improved living conditions.” “As far as I am concerned, all vaccines are dangerous.” When he was asked to comment on why we continuously hear statistics to support vaccines’ efficacy in eradicating disease, the scientist replied, “to give the illusion that these vaccines are useful. If the vaccine suppresses visible symptoms of a disease like measles, everyone assumes that the vaccine is a success. But under the surface, the vaccine can harm the immune system itself. And if it causes other diseases—say, meningitis—that fact is masked because no one believes that the vaccine can do that. The connection is overlooked.” When asked whether there is any good sound reason to vaccinate, he replied, “If I had a child now, the last thing I would allow is vaccination.”²⁶

Dr. Robert Mendelson wrote a report about a Los Angeles physician who refused to vaccinate his own 7-month-old baby. According to Mendelson, this doctor stated, “I’m worried about what happens when the vaccine virus may not only offer little protection against measles but may also stay around in the body, working in a way that we don’t know much about.”²⁷ Yet the doctor was still vaccinating his patients and justifying his actions: “As a parent I have the luxury of making a choice for my child. As a physician, legally and professionally, I have to accept the recommendations of the profession, which is what we also had to do with the whole swine flu business.”

What if the amount of mercury that the FDA said is in these vaccines was proven to be much higher than the “safe” level? By 2009, the CDC and American Academy of Pediatrics recommended a total of 69 doses of 16 vaccines to be given to American children. According to the guidelines of the Environmental Protection Agency (EPA), which does not have any regulatory jurisdiction over immunization, a child would have to be 550 pounds to safely process the mercury of one vaccination. That is 187 times the EPA daily exposure limit. Barbara Loe Fisher, President of the National Vaccine

Information Center notes that the doubling of the number of vaccines given to children during the past 25 years, parallels the doublings of learning disabilities, attention deficit disorder and asthma, as well as a 600 percent rise in autism in every state. The typical government-sanctioned “mercury-free” vaccine, still contains micro-amounts of thimerosal. One part per billion (ppb) of thimerosal is considered mercury-free. However, as little as 0.5 ppb mercury has been shown to destroy human neuroblastoma cells.²⁸

One would think that before injecting children worldwide with hundreds of million of doses of vaccine, there would be enough clinical trials performed to determine exactly what the effects of this large-scale human genetic experimentation would be. Lack of funding is not the problem. Each year, more than \$1 billion is appropriated by Congress to federal health agencies to develop, purchase, and promote the mass use of vaccines in the U.S.; the problem is that none of that money is used to fund independent vaccine researchers that investigate vaccine-related health problems. Unbiased, independent studies conducted by objective scientists would be a check and balance to research and clinical trials conducted by the vaccine makers and would provide the government registration agencies a more accurate portfolio on vaccine safety and efficacy. In itself, the lack of studies on possible short- and long-term effects of vaccines should raise questions in any honest investigator.

Thimerosal is still a main ingredient in the flu vaccine given to young children as well as pregnant women, although other childhood vaccines continue to use it in trace amounts. This is astounding because according to the Physicians Desk Reference, the bible for all drug information, the flu vaccine is a Class C Drug. That means concise safety trials have never been conducted and it has never been tested to determine its safety for pregnant women. One study mentioned by Mark Geier, MD, at The Genetic Centers of America involved placing thimerosal on the stumps of eleven infants to keep them sterile. The result was nine died and two of them were brain damaged.²⁹

During a conversation with Dr. Alexander Langmuir (an Emeritus Professor at Harvard and a founder of the Centers for Disease Control), James Turner, Chairman of Citizens for Health, discovered that Dr. Langmuir wanted to make a public statement that people should avoid taking the flu vaccine, and he was fired for his claims that it was unsafe.³⁰

A more recent group of scientific studies on vaccinations' association with autism has started and is spearheaded by Canadian physician and a specialist in neurobehavioral assessments, Dr. Andrew Moulden, is coming to the conclusion that vaccinations initiate micro-strokes that result in neurological damage. He believes that ALL vaccinations "cause immediate and delayed, acute and chronic, permanent and transient, disease and disorders that cut across all organ systems." A stroke is characterized as the impairment of blood flow primarily to the brain, and Dr. Moulden is suggesting that a micro-stroke may be related to a sudden immune response by the body to a foreign substance being injected into it.³¹

There have been very few studies performed to establish a correlation between vaccination and compromised immune systems in children. Yet a recent study published in the journal *Environmental Health Perspectives* has shown the immunotoxic effects of thimerosal on dendritic cell signaling. This important study has large implications and reinforces Dr. Moulden's micro-stroke hypothesis of immunization. Furthermore, trace amounts of thimerosal affects directly the RyR1 gene, which is known to be "highly polymorphic" (susceptible to mutation). This strengthens the argument that thimerosal has an adverse genetic factor that would explain the genetic argument as the cause for autism.³²

Other Vaccine Ingredients and Autism

Although ethylmercury, used in thimerosal, has been at the center of the vaccine-autism controversy, there are a host of other ingredients used in vaccine manufacturing that may contribute, perhaps even as a regulatory agent, in triggering a childhood neurological disorder. Besides ethylene glycol (antifreeze), phenol (a disinfectant dye), benzethonium

chloride (a disinfectant), and formaldehyde (a preservative), aluminum hydroxide is a standard ingredient that has been shown to be a powerful neurotoxin in trace amounts. What if by eliminating mercury and increasing aluminum as the adjuvant in vaccines, government scientists knew that this heavy metal was also substantially neurotoxic? Dr. Boyd Haley is one of the world experts on the biochemistry of variety of vaccine ingredients, including thimerosal and aluminum. In his laboratory, technicians treated human neurons in culture with incredibly low amounts of thimerosal, much less than in a common vaccine. They observed the slow death of the neurons within 24 hours. When they added a similar amount of aluminum equivalent to what is normally found in a vaccine containing thimerosal, neuron death increased 60 percent in about 12 hours. Dr. Haley's research, which has been confirmed by other independent laboratories, reveals that aluminum enhances the toxicity of thimerosal.³³

Another factor that is virtually unknown to parents, and likely to the majority of pediatricians, is that there is no such thing as a "purified" vaccine. Vaccines contain numerous DNA and RNA fragments from viruses and/or bacterium that were used in the cultural of a given vaccine. Vaccine manufacturing involves the use of a variety of mediums to culture the active biological agents that will trigger the body's immune response. Among these are various animal tissues including monkey kidney, human and bovine fetal serums, nanobacteria, gelatin (from animal collagen, frequently equine) and chicken albumin.

Documents from the vaccine manufacturers have stated that their filtration methods only seek to remove whole viruses and bacteria, and therefore smaller genetic fragments can escape into the final product. During two meetings of the Vaccine and Related Biological Products Advisory Committee, in 1998 and 1999, government and world health officials and scientists were alarmed at the high level of foreign virus contaminants in the animal cell substrates used to prepare and manufacture vaccines. Some of these viral DNA fragments are cancerous according to some Committee members and one researcher stated, "There are still countless thousands of undiscovered viruses, proteins and similar particles. We have only identified a very small part of the microbial world – and we can

only test for those we have identified. Thus the vaccine cultures could contain many unknown particles.” Since it is well-known in the science community that vaccine manufacturing is outdated and vaccines are full of known and unknown contaminants, the response from the federal health agencies to relax the quality control standards in order to allow for this contamination is rather suspect.

Two of the biological ingredients used to manufacture vaccines are cultured bacteria and viruses. In addition, these are cultured on animal tissue based medium with its own DNA and RNA. According to Walene James, “All viruses, even attenuated (so-called killed) viruses contain RNA and DNA. RNA and DNA shed, and this can be picked up by the cellular organisms in which they are immersed. This process of shedding genetic material by the cells of one species and its subsequent absorption into another species is known as transession. Cells in which viral RNA have integrated into the DNA of the animal cells are known as pro-viruses or molecular intermediates. These infected cells can lie dormant in tissues throughout the body, and be activated at a later stage, triggering auto-immune phenomena, such as cancer, multiple sclerosis, lupus, allergies, and rheumatoid arthritis. Transession explains auto-immune phenomena, why the immune system cannot distinguish between foreign invaders and its own tissues, and why it begins to destroy itself.

“The second ingredient in vaccinations is the medium in which they are cultivated. This can include rabbit brain tissue, dog kidney tissue, monkey kidney tissue, chicken or duck egg protein, chick embryo, calf serum, pig or horse blood, and cowpox pus. These foreign proteins are injected directly into the bloodstream. They are very toxic since they do not get filtered through the digestive process or pass through the liver.”

“These proteins are foreign to the body, and are in a state of decomposition. They are composed of animal cells, and therefore contain animal genetic material. It is possible for the genes in these cells to be picked up by the live, attenuated viruses used in vaccines. These viruses then implant a foreign alien genetic material from animal tissue cultures into the human genetic system. Undigested proteins in the blood are one of the

causes of allergies....These undigested proteins can attack the myelin sheath that protects the nerves, and result in neurological problems.”

A retired vaccine researcher in government and pharmaceutical industries told investigative reporter Jon Rappoport that there are many potentially hazardous contaminants in vaccines. What he reported is frightening when we consider the implications of these substances being injected in children. He states, “I’ll give you some of what I came across and also give you what colleagues of mine found... In the Rimavex measles vaccine, we found various chicken viruses. In polio vaccine, we found acanthamoeba, which is a so-called “brain eating” amoeba. Simian cytomegalovirus in polio vaccine. Simian foamy virus in the rotavirus vaccine. Bird cancer viruses in the MMR vaccine. Various micro-organisms in the anthrax vaccine. I’ve found potentially dangerous enzyme inhibitors in several vaccines. Duck, dog and rabbit viruses in the rubella vaccine. Avian leucosis virus in the flu vaccine. Pestivirus in the MMR vaccine... and if you try to calculate what damage these contaminants can cause, well, we don’t really know because no testing has been done, or very little testing. It’s a game of roulette.” Furthermore, he believes the giving of increasing vaccines to babies “is a travesty and a crime.”³⁴

As with all vaccines, there is a the risk of contaminants from the manufacturing process. *The London Observer* reported in October 2000, that the British vaccine manufacturer Medeva was discovered by the FDA making vaccines and drugs in filthy conditions. It was illegally using bovine medium to culture polio vaccines and used the blood of a mad cow victim to manufacture 83,000 doses of polio vaccine for Irish children. Medeva is also the manufacturer of the flu vaccine Fluvirin which the FDA nevertheless permitted to enter the market.³⁵

Why don’t more vaccine experts in the government and drug industry come forward to state their concerns about vaccine safety? One answer to this question has been given by David Graham, M.D.. Graham, the FDA scientist in Food and Drug Safety, the Vioxx ‘whistleblower’ before a Senate panel, said the FDA, where he worked for over twenty

years, was “a climate of fear, retaliation and intimidation.” He testified that the FDA “is incapable of protecting the public from dangerous drugs once they come on the market.” Graham says he has heard concerns similar to his from counterparts who monitor medical devices and biologics, such as vaccines, but they're reluctant to come forward. "They are absolutely afraid for their jobs," Graham says. "We've got families to support." "What I'm painting is a picture of an FDA that is completely insensitive to drug safety," Graham says.”³⁶

This is our challenge: to show the full picture. To to present an objective look behind the scenes, and to uncover the truth. We are being asked to place our children in the hands of the vaccine sellers. The media is compliant and will never challenge these companies. If a well-dressed, well-groomed, well-spoken applicant appeared for a job as a babysitter for your child, would you ask for references? And if you read them and they stated that the applicant has repeatedly abused children, would you hire them? No. Why then would you support the continued unethical practice of mandated multiple vaccinations?

Journalists are warned that it’s irresponsible to report any problems with vaccinations because parents would become uncertain and fearful, and would withhold “necessary” vaccinations from their children. Their child and other children they come into contact with in playschool, preschool, elementary, or middle school, would then be at risk. End of story.

The Rising Environmental Factor in Autism.

The uncontrolled increase of toxic chemicals flooding our society from many corporate sectors—pharmaceutical waste, the coal and oil refinery industries, agricultural biocides and GM crops, toxic dumping, household products and solvents, cosmetic products, and others—is gradually gaining recognition as additional causal factors behind the autism epidemic. It is estimated that 1.2 billion pounds of pesticides are used on our commercially grown and produced foods each year in the United States. There are over

75,000 different chemicals manufactured and/or imported; among those, 3,000 are over a million pounds per year.

A dilemma that the pharmaceutical and chemical industries face when trying to promote an inherited genetic cause for autism is that genetic changes only develop naturally over very long periods of time. The fact that there is such a large increase in autism cannot be accounted for by inheritance alone. There needs to be an external and/or environmental agent(s) that are toxic enough to affect targeted changes in a child's genome.

A landmark study performed by the Environmental Working Group (EWG) in 2005 disproved the earlier assumption that the placenta shielded the infant from cord blood, thereby filtering chemicals and pollutants from entering the fetus. Testing for known neurotoxic and carcinogenic chemicals, EWG identified 287 chemicals in umbilical cord blood, including perfluorochemicals such as Teflon, methylmercury that is common in coal-fired power plants, pollutants from burning gasoline, polybromides or flame retardants, DDT and other pesticides, PCBs and others. Numerous studies have shown that many of these chemicals thwart normal brain development and adversely affect the nervous systems of children. What is even more alarming is that the study only tested 10 cord samples. Therefore the average child tested had a high burden neurologic and carcinogenic substances traversing through his or her body. The conclusion is that "chemical exposures in the womb or during infancy can be dramatically more harmful than exposures later in life [because] a developing child's chemical exposures are greater pound-for-pound than those of adults."³⁷

Commenting on the burden people live under in a highly toxic environment, Cindy Schneider, Medical Director for the Center for Autism Research and Education in Phoenix stated, "In this generation, in this very toxic environment, it takes less and less genetic vulnerability for a child to become ill, and I think it only stands to reason that the children are going to be the first to suffer the consequences of a poisoned environment because their brains are still developing and their nervous system is much more vulnerable than ours would be as adults."³⁸

Pediatricians and general practitioners are not thoroughly schooled and trained in environmental and occupational medicine. Consequently, many symptoms and disease conditions go unnoticed and are misdiagnosed. Studies at the M.I.N.D Institute at the University of California at Davis, conducted by epidemiological professor Irva Hertz-Picciotto, were designed to investigate the reasons for the dramatic rise in autism in California, which is now one of the highest rates in the United States, upwards of a 700 percent increase. The study found that “Mothers of autistic children were twice as likely to use pet flea shampoos, which contain organophosphates or pyrethroids.... Another new study has found a link between autism and phthalates, a chemical used in vinyls, plastics and cosmetics”³⁹ that is known to leech into foods when plastic containers are microwaved. A problem Dr. Hertz-Picciotto and her colleagues face is that funding for autism research is “very off balance.” Funding for seeking genetic causes of autism is 10 to 20 times higher than for research investigating an environmental rationale.

The state of Indiana is among those states with the highest increase in autism, now calculated at approximately 1 in 128. Indiana is also among the most heavily polluted states, especially in its chemical industrial regions. Prof. Phillip Landrigan at Mount Sinai School of Medicine and Prof. Philippe Grandjean from the Harvard School of Public Health have identified 202 industrial chemicals that may be responsible for autism, attention deficit hyperactivity disorder (ADHD) and mental retardation. Indiana especially has been releasing high levels of many of these chemicals, much of it methylmercury, into the environment. Landrigan notes that “Today, there are more than 80,000 chemicals registered for commercial use with the US Environmental Protection Agency. Most of these chemicals are new synthetics, and nearly all have been invented in the past 50 years. They did not exist previously in nature.”⁴⁰ He says that industrial toxins are now “omnipresent in the environment.”

Another study conducted by Swedish and American scientists discovered that families who live in homes with a large surface area of vinyl floors were more likely to have a family member with autism. Vinyl contains a known toxic chemical, phthalates, which is

used to make plastics soft. Earlier studies have shown phthalates to be a cause of allergies and asthma.⁴¹

Environmental medicine is a relatively new discipline that is becoming critical for the health and safety of citizens. It still remains to become a required training in the vast majority of American medical schools. As we continue to pollute our homes and communities, the urgency to fund this branch of medicine is rapidly growing.

Myth: The Unvaccinated Contaminate Those Who Have Been Vaccinated.

According to Lawrence Palevsky, M.D., Board-certified pediatrician in New York City, “The unvaccinated do not contaminate the vaccinated.” Palevsky says that doctors scare parents into vaccinating by suggesting that their child is carrying “special” viruses and bacteria and that other children, even those who have been vaccinated, need protection from these unusual pathogens. That is a myth propagated by vaccine manufacturers, repeated by many pediatricians, and nurtured by the press.

Myth: Vaccination Eradicates Infectious Disease

The supporters of vaccines almost unanimously present the argument that vaccines have been responsible for eradicating certain diseases and for preventing their spread in the population. The pharmaceutical industry certainly wants the public to believe this. But this old argument has a mythological dimension. Statistical studies have been conducted in different countries to identify trends in the incidence of infections and death rates before and after certain vaccines were introduced for mass immunization. In every case for certain infectious diseases—whooping cough (pertussis), diphtheria, measles, scarlet fever, typhoid, polio and influenza—there was a steady downward trend of incidence and death starting from the beginning of the twentieth century until the respective vaccine was launched. This data has been well documented in the International Mortality Statistics compiled by Michael Alderson and by Greg Beattie in his *Vaccination: A Parent’s Dilemma*. Even Metropolitan Life Insurance Company reported that the

combined mortality rate of diphtheria, measles and whooping cough declined 95 percent among children ages 1 to 14 from 1911 to 1945 before any immunization programs. For example, US deaths due to polio were almost 49,000 in 1901 and had already steadily declined to under 4,000 per year by the time a polio vaccine was introduced in 1954. The decline is even more significant when the concurrent rate of rising population growth is factored in, as well. No practicing pediatrician can prove with absolute certainty the effectiveness and safety of vaccines.

In one analysis of health trends among Americans in the 20th century, the authors state that nearly 85 percent of the “spectacular” reduction in child mortality occurred before World II and nearly 90 percent of the decline in child mortality from infectious diseases occurred before 1940. Few antibiotics or vaccines were available during that time. The major declines in child mortality in the first third of the century, they say, have been credited to public health measures involving water treatment, food safety, organized solid waste disposal, and education regarding hygienic practices. Housing improvements and less crowding in cities also played a part.⁴²

Myth: Vaccination Guarantees Immunity.

Vaccine financial profits drive the publicity frenzy to increase vaccinations. The goal is to increase the number of shots per disease, to increase the number of vaccine recipients and, in some cases to increase the public perception of the number of diseases needing vaccination, such as in the case of the HPV vaccine, Gardasil, propaganda. Consequently, reporters are told that the reason we have had no polio, smallpox, measles, nor whooping cough epidemics is because of our mandatory vaccination programs. This propagates the myth that vaccination guarantees immunity. The following reports on childhood diseases in those who have been vaccinated are proof against this myth. (There are also many global reports of vaccinations causing the diseases they were designed to prevent; these reports are not myths. “British scientist Michael Nightingale found that vaccines not only don't work as promised but may be more likely to cause the illness they are supposed to prevent. In studying world smallpox, he discovered that areas with the highest rate of

disease were also those with the highest rate of vaccination.”⁴³ Vaccination does just that. Even the most favorable studies have shown the Haemophilus influenza Type B (Hib) vaccine to be ineffective in children under 18 months old among whom 74% of cases occur.”⁴⁴

Pertussis (Whooping Cough): “In 1979 Sweden banned the pertussis (whooping cough) vaccine, considering it both ineffective and dangerous. In spite of the banning, or perhaps because of it, Sweden maintains one of the lowest infant mortality rates in the world. In 1975 Japan raised the age of pertussis vaccine to 2 years of age, considering it dangerous in infancy. Since that time, sudden infant death syndrome (crib deaths) have largely disappeared in Japan.”⁴⁵ The pertussis vaccine has a history of causing adverse reactions such as epilepsy, retardation and possible death that has been documented for over 50 years, according to Dr. Randall Neustaedter, OMD.⁴⁶

New Jersey was already on the most vaccinated states list before distinguishing itself in the following way. The Associated Press reported on December 30, 2008, “New Jersey is the first state to require flu and pneumonia shots for any child attending preschool or a licensed day care center.”⁴⁷

Inquiring reporters are not told by government sources that as of February 11, 2009 in Hunterdon County, New Jersey, “The county health department had 21 confirmed cases of whooping cough,” plus “five probable cases of the contagious disease, and a half-dozen possible cases . . . under investigation.” *The Star-Ledger*’s Mike Frassinelli reports in “Whooping Cough Outbreak Hits Again,” on February 12, 2009, “The number of cases has reached historic proportions in the county,” and “The infected children had been vaccinated.”

In addition to being the first state to make a vaccination mandatory, New Jersey also has the highest rate of autism in the nation. The article “New Jersey has highest rate [of autism] ever documented in U.S.” by Lindy Washburn of NorthJersey.com, republished on November 3, 2008, reveals:

One in every 94 children in New Jersey has autism — the highest rate ever documented in the United States. For boys, the rate is one in every 60;” [nationally one in every 94 boys has autism for girls, it is one in 250.⁴⁸ “New Jersey's rate, based on 2002 data, should ‘be understood as a public health crisis,’ said the principal researcher for the study in New Jersey, Walter Zahorodny, of the University of Medicine and Dentistry of New Jersey. His work was part of a multistate study by the federal Centers for Disease Control and Prevention. ‘The burden of autism is much more than people estimate,’ he said.⁴⁹

“A new study [that is not yet available], funded by the New Jersey Council on Autism, is to examine the rate in 2006.” “We do know, however, that these disorders are affecting too many children,” said Dr. Julie Gerberding, director of the CDC.”⁵⁰ The 1 in 60 rate for boys and the one in 250 rate for girls is consistent with the vaccine-autism link discussed by Lawrence Palevsky, M.D., Board-certified pediatrician, who asserts in the film “Autism: Made in the USA” that boys retain more mercury than girls do; they have more difficulty excreting it, which would help explain why four times the number of boys have autism (are vaccine-impaired) as compared to the rate for girls.

Dr. Palevsky explains that the ethylmercury in thimerosal, a preservative that was in childhood infectious disease vaccines, and is now still in flu vaccines for children and adults, including pregnant women, as noted earlier, is “a toxin to cell replication.” The recipients, especially children, “are being poisoned; they cannot detoxify for normal immune and nervous system function,” he warns. Lyn Redwood, R.N., mother of an autistic child, and autism activist, notes that “one out of six mothers have a mercury burden and pass it on to their child. We hear more about the dangers of lead,” she says, but “mercury is more toxic than lead.” David Geier, Ph.D. points out that lead is measured in parts per million (ppm), but mercury is toxic at <1 part per billion (ppb). Mark Geier, M.D., Ph.D. says that just one salt crystal in an average size backyard swimming pool gives a visual idea of the amount of mercury that would contaminate that pool. You could swim in that pool with one salt grain’s worth of any substance, but not mercury because that amount (1 part per billion) of mercury is too toxic. Research at The University of Calgary shows that very low concentrations of mercury denude neurofibrils

(delicate supportive threads in nerve cells) within 30 minutes of exposure, causing degeneration of neurons with damage to the nervous system.

Other recent outbreaks of whooping cough have occurred in Utah⁵¹ and Georgia,⁵² where the majority of the children who fell victim had received the DPT vaccine.

About 10,000 cases and 20 infant deaths were reported in the United States last year, but some studies have suggested the number of people sickened each year may be closer to 300,000, CDC officials said. Experts believe the disease is under-diagnosed and underreported in vaccinated school-age children and adults who often have milder symptoms and whose childhood shots have worn off. They believe that adolescents and adults are spreading the disease to vulnerable infants and children.

Chicken Pox: Other vaccinations are now proving to be far less effective than the pharmaceutical industry and the professional pediatric associations would want you to believe. In recent years, there have been serious Chicken Pox outbreaks among vaccinated children in Alabama⁵³ and Missouri.⁵⁴ At best, the chicken pox vaccine has a 20 percent failure rate, but it is probably significantly higher.⁵⁵

A search for “*mumps outbreaks in vaccinated,*” in the NIH archives of peer reviewed scientific literature on its PubMed website retrieved 217 articles. One entitled, “Mumps outbreaks in vaccinated populations: are available mumps vaccines effective enough to prevent outbreaks?” by G.H. Dayan and S. Rubin published on December 1, 2008 in *Clinical Infectious Diseases* states, “Increased reports of mumps in vaccinated populations prompted a review of the performance of mumps vaccines... Our findings indicate the need for more-effective mumps vaccines and/or for review of current vaccination policies to prevent future outbreaks.”⁵⁶

Measles: “It is not generally known but over 50% of measles/mumps/rubella cases have been vaccinated.”⁵⁷ “MMR vaccine is known to induce brain inflammation and death within 8 to 14 days after vaccination.”⁵⁸ And repeated studies following those of British researcher Dr. Andrew Wakefield have solidly shown the MMR vaccine as a causal agent for many of the gastrointestinal complications that are frequently diagnosed in autistic

children as compared to the general non-autistic population. Autistic children show a statistically significant high degree of gastrointestinal disorders (approximately 62 percent), with inflammatory bowel syndrome and leaky gut syndrome being the more severe forms. Dr. Wakefield's research drew attention to the measles virus from the MMR vaccination embedding itself in a child's gut and contributing to these illnesses.⁵⁹

The medical article by MK Sharma, V Bhatia, HM Swami, "Outbreak of measles amongst vaccinated children in a slum of Chandigarh" indicates that 375 vaccinated children contracted measles in a single outbreak.⁶⁰ Moreover, reporters are not told that "The MMR vaccine has been known to cause hearing loss" or that "Women have a higher chance of getting arthritis later in life from an MMR shot."⁶¹

Myth: The FDA IS Fully Reliable In Its Medical Assessments.

Another myth that is being debunked is that the FDA is fully reliable in its assessment of vaccines. America may be awakened by the front-page Supreme Court Decision on March 4, 2009 to recognize that just because a drug (or vaccine) is approved by the U.S. Food and Drug Administration (FDA) for public sale does not guarantee that it is safe for all recipients. "[I]n 'a dramatic change in position' in 2006, Justice Stevens said, the agency [FDA] . . . [revealed] its 'limited resources to monitor the 11,000 drugs on the market.'"⁶²

"Why should the FDA be concerned with licensing products for big pharma? Aside from the stated goal of ensuring the public health, it's also big bucks for government workers. According to the federal government's Office of Technology Transfer at the National Institute of Health (NIH), researchers working for the FDA or NIH and are credited with an invention . . . cannot receive more than \$150,000 in royalty payments for a calendar year."⁶³

"So the question arises: if you're a government employee at the FDA and you know your government colleagues could earn millions over a lifetime for a drug invention, are you going to shoot down their license application; especially when your agency is strapped

for funds and intramural grants from these sister agencies are keeping you afloat?”⁶⁴

“According to the Office of Technology Transfer, it collected \$82.7 million in royalty payments from 882 license agreements or amendments in fiscal year 2006.”⁶⁵

Myth: The Primary Federal Body Approving Vaccines is Objective in its Decisions.

In August 2000, the US House of Representatives Committee on Government Reform released a committee report on the conflict of interest in vaccine policy making. The regulations for who and who cannot be seated on this advisory committee, which is the final word on whether or a not a particular vaccine will be released for public immunization, has very few concise rules that prevent a member from the private vaccine manufacturers or independent researchers, physicians and professors from having financial ties with these corporations. Consequently, the members of the nation’s Advisory Committee on Immunization Practices is heavily stacked with individuals closely tied to the pharmaceutical oligarchy. Aside from those members directly employed by vaccine makers, others were receiving huge sums by the same firms for their research, or were recipients of grant moneys channeled through their respective institution, university or department. For example, at the time of the VRBPAC’s approval of the rotavirus vaccine, one committee member’s employer, the University of Rochester, had a \$9.5 million contract with the NIAID for rotavirus vaccine research. Dr. Kathryn Edwards, also on the committee, had received over \$250,000 for her pneumococcal vaccine research from vaccine maker Wyeth Lederle. Several other committee members also had received funds in the hundreds of thousands of dollars for rotavirus research. ⁶⁶

Myth: Medical Schools Are Objective (Independent of Big Pharma/Big Vaccine Incentives.

We would like to believe that our doctors have been trained in medical schools that are objective about medications, vaccines, devices, and procedures. Instead, we are learning that U.S. medical education is in an ethical crisis that is euphemistically being termed a “quandary” to deflect panic. The FDA court decision comes upon the heels of Duff

Wilson's *New York Times* report of March 2, 2009, "Harvard Medical School in Ethics Quandary," that revealed "a full-blown movement by more than 200 Harvard Medical School students and sympathetic faculty, intent on exposing and curtailing the [pharmaceutical] industry influence in their classrooms and laboratories, as well as in Harvard's 17 affiliated teaching hospitals and institutes."

"(One Harvard [medical] professor's disclosure in class listed 47 company affiliations.)" "The reports show 149 with financial ties ["a financial interest in a business related to their teaching, research or clinical care"] to Pfizer and 130 with Merck [among other companies]." Those are the ones that have been revealed. "No one disputes that many individual Harvard Medical faculty members receive tens or even hundreds of thousands of dollars a year through industry consulting and speaking fees." Harvard Medical School Dean, Dr. Jeffrey Flier, states that "The Harvard Medical faculty may lead the nation in receiving money from industry, as well as government and charities." "About 1600 faculty members (professors and lecturers) have come forward thus far. "Kirsten Austad, 24, . . . one of the movement's leaders" says, "We are really being indoctrinated into a field of medicine that is becoming more and more commercialized."⁶⁷

"The school said it was unable to provide annual measures of the money flow to its faculty, beyond the \$8.6 million that pharmaceutical companies contributed last year for basic science research and the \$3 million for continuing education classes on campus. Most of the money goes to professors at the Harvard-affiliated teaching hospitals, and the dean's office does not keep track of the total."⁶⁸

Dr. Marcia Angell, a faculty member and former editor in chief of *The New England Journal of Medicine*, is among the professors who argue that industry profit motives do not correspond to the scientific aims of academic medicine and that much of the financing needs to be not only disclosed, but banned. Furthermore, she states that "Too many medical schools have struck a 'Faustian bargain' with pharmaceutical companies. If a school like Harvard can't behave itself, Dr. Angell said, 'who can?'"⁶⁹

Myth: Physicians Are Objective (Independent of Big Pharma/Big Vaccine Incentives).

“Most doctors get information about new drugs from representatives of pharmaceutical companies. Some patient advocates worry that the information is one-sided and that the . . . gifts and free lunches offered by drug reps may influence doctors.”⁷⁰

“Government health departments and practicing physicians (89% of GPs in a recent study) rely heavily upon pharmaceutical companies for their information on vaccines and drugs.”⁷¹

The sale of medical influence also reaches its dirty hands into medical journals, and then spreads like a virus through the media. Pharmaceutical companies hire ghostwriters to pen articles favoring medical products and devices, then physicians are paid to place their names on these articles. The danger inherent in this is seen, for example, with articles on Vioxx, Merck’s blockbuster arthritis medication that killed 54,000 people.

What if Merck were to do this with Gardasil, their new unproven vaccine for girls that may become available for boys as well? (See *The New York Times*, “The Well Podcast: Talking About Autism - Well Blog: When Merck, the corrupt creators of many of our vaccines, was recently reported as having hired pseudo-scientists and ghost-writers to create studies that ...April 17, 2008”)⁷²

It was discovered that a study published in the *Journal of the American Medical Association* touting the safety of flu vaccines had nine authors with financial ties to vaccine manufacturers and an additional four authors were employed by the CDC. While the article was fully intended to give scientific credibility for the flu vaccine’s safety, the article nevertheless stated, “It is important to note that there is scant data on the efficacy and effectiveness of influenza vaccine in young children.”

Conclusion

What the above information and discussion reveals is that we can no longer say with any degree of certainty that autism spectrum disorders are purely genetic. Enough questions have been raised by responsible scientists and physicians to demand a fresh, honest and objective investigation into the multifaceted causes of childhood neurological disorders such as autism, Asperger's, ADHD and other behavioral syndromes. Yet most important, science and medicine can no longer disregard the hundreds of thousands of parents' first hand experiences with their autistic children. Up to this point, they have been dismissed as anecdotal, unreliable and irrelevant. That is not just unfortunate; it also unveils the arrogance and hubris of the current medical scientific paradigm, and the pharmaceutical and government science and public relations that support and fund them.

NOTES

¹ Szalavitz, Mala. "Do supercharged brains give rise to autism". *New Scientist*, December 8, 2008.

² "Parents still fear autism could be linked to vaccines, poll shows." *Science Daily*, October 4, 2008.

³ Bjornberg K, Vahter M, Berglund B, Niklasson B, Sandoorgh-Englund G. "Transport of Methylmercury and Inorganic Mercury to the Fetus and Breast-Fed Infant. *Environ Health Perspect.* 2005 October 113(10): 381-1385.

⁴ Baskin D, Ngo H, Didenko V. Thimerosal Induces DNA Breaks, Caspase-3 Activation, Membrane Damage and Cell Death in Cultured Human Neurons and Fibroblasts. *Toxicol Sci.* 2003 August 74 (2): 361-368.

⁵ Centers for Diseases Control and Prevention. Vaccines: a safe choice for parents. www.cdc.gov/nip/vacsafe/vacsafe-parents.htm.

⁶ Barnett A, McVeigh T. UK babies given toxic vaccines, admits Glaxo. *The Observer*, June 30, 2002. <http://www.iahf.com/20020702.html>.

⁷ U.S. Food and Drug Administration. Vaccines provide effective protection and FDA makes sure they are safe. February 2002. www.fda.gov/opacom/factsheets/justthefacts/19vaccine.html.

⁸ Gary Null (director), *Autism: Made in America*, documentary film, March 2009

⁹ "Homeless people die after bird flu vaccine trial in Poland" *Telegraph UK* July 2, 2008.

¹⁰ "The DPT vaccine may be a generally unrecognized cause of SIDS (Sudden Infant Death Syndrome) and early childhood death, according to Viera Scheibner, Ph.D, a prominent

Australian researcher of vaccine reactions.”

(http://www.organicnews.com/news/article.cfm?story_id=16; accessed March 23, 2009)

¹¹ [Ref. 32.] Centers for Disease Control and Prevention. Recommended childhood immunization schedule — United States, January-June 1996, *MMWR* 44(51 & 52): 940-943, January 5, 1996. http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf; accessed March 23, 2009

¹² Gary Null (director), *Autism: Made in America*, documentary film, March 2009

¹³ *Ibid*

¹⁴ *Ibid*

¹⁵ Robert F. Kennedy, Jr. and David Kirby, Vaccine Court: Autism Debate Continues, *The Huffington Post*, February 24, 2009; http://www.huffingtonpost.com/robert-f-kennedy-jr-and-david-kirby/vaccine-court-autism-deba_b_169673.html; accessed March 23, 2009

¹⁶ Robert Kennedy, Jr., *Huffington Post*, Feb. 24, 2009

¹⁷ Robert Kennedy Jr. “Deadly Immunity” Salon.com June 16, 2005. A complete transcript of the Simpsonwood meeting held in June 2000 can be accessed at <http://www.autismhelpforyou.com>

¹⁸ *Ibid*.

¹⁹ *Ibid*.

²⁰ Robert Kennedy Jr. Letter in response to criticism of “Deadly Immunity” <http://dir.salon.com/story/news/letters/2005/06/25/thimerosal/print.htm>

²¹ Russell Blaylock. The truth behind the vaccine coverup. September 12, 2004. http://sydney.indymedia.org/front.php3?article_id=45874&group=webcast.

²² Gary Null, Interview with Cynthia Cournoyer, April 6, 1995.

²³ A case series of children with apparent mercury toxic encephalopathies manifesting with clinical symptoms of regressive autistic disorders. Geier DA, Geier MR. *J Toxicol Environ Health A*. 2007 May 15;70(10):837-51

²⁴ Interview with Beth Clay in Gary Null (director), *Autism: Made in the USA*. Documentary film, March 2009

²⁵ Burton, Dan *Congressional Hearing on Autism and Vaccines*. House of Representatives. April 6, 2000

²⁶ Jon Rappoport. Vaccine Dangers and Vested Interests. *Nexus Magazine*, vol. 13, February-March 2006

²⁷ Gary Null Interview with Jamie Murphy, December 18, 1997.

-
- ²⁸ D. K. Parran, A. Barker, and M. Ehrich, Effects of Thimerosal on NGF Signal Transduction and Cell Death in Neuroblastoma Cells, *Toxicol. Sci.*, July 1, 2005; 86(1): 132 - 140.
- ²⁹ Interview with Mark Geier in Gary Null (director), *Autism: Made in the USA*. Documentary film, March 2009
- ³⁰ Interview with James Turner in Gary Null (director), *Autism: Made in the USA*. Documentary film, March 2009
- ³¹ Cynthia Jaqnak, The Question “Do vaccines cause brain damage?” finally answered. <http://holyhormones.com/vaccinations/neurological-vaccine-damage-explained-by-dr-andrew-moulden/>
- ³² Goth et al. *Environmental Health Perspectives* 114:1083-1091.
- ³³ Interview with Prof. Boyd Haley in Gary Null (director), *Autism: Made in the USA*. Documentary film, March 2009
- ³⁴ Jon Rappoport, Vaccine Dangers and Vested Interests. *Nexus Magazine*, Vol. 13, February-March 2006
- ³⁵ London Observer. Vaccine series. October 20-26, 2000.
- ³⁶ Rita Rubin, Quiet Scientist No More, *USA Today*, November 29, 2004; http://www.usatoday.com/news/health/2004-11-29-fda-graham_x.htm; accessed February 23, 2009
- ³⁷ Environmental Working Group. “Body Burden: The Pollution of Newborns. July 14, 2005. <http://ewg.org/reports/bodyburden2/execsumm.php>.
- ³⁸ Interview with Cindy Schneider in Gary Null (director), *Autism: Made in the USA*. Documentary film, March 2009
- ³⁹ Marla Cone, “Autism epidemic not caused by shifts in diagnosis; environmental factors likely” *Environmental Health News*. January 9, 2009.
- ⁴⁰ Steven Higgs. Indiana: High rates of autism, toxic pollution. *The Bloomington Alternative*. April 19, 2009.
- ⁴¹ Marla Cone. Scientists find baffling link between autism and vinyl flooring. *Environmental health News*. March 31, 2009.
- ⁴² Guyer B, Freedman MA, Strobino DM, et al. Annual summary of vital statistics: trends in the health of Americans during the 20th century. *Pediatrics* 2000; 106:1307-1317.
- ⁴³ Viera Scheibner, Ph.D., *VACCINATION: the medical assault on the immune system* (Civitas: Swain, NY).
- ⁴⁴ *Ibid.*

-
- ⁴⁵ Ref. 13. Vaccination. 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System, Viera Scheibner, PhD., 1993 (from pages 33 to 49 the author extensively reviews the Swedish and Japanese experiences with the pertussis vaccine, book available from New Atlantean Press, P.O. Box 9638-925, Santa Fe, New Mexico 87504). Statement and reference source: Harold E. Buttram, MD, Measles-Mumps-Rubella (MMR) Vaccine as a Potential Cause of Encephalitis (Brain Inflammation) in Children, Townsend Letter for Doctors Issue #39B, March 9, 1998; reprint at <http://www.nccn.net/~wwwithin/mmr.htm>; accessed March 23, 2009
- ⁴⁶ http://www.organicnews.com/news/article.cfm?story_id=16; accessed March 23, 2009
- ⁴⁷ http://www.nj.com/news/index.ssf/2008/12/deadline_extendedfor_statereq.html; accessed February 28, 2009
- ⁴⁸ CDC per R. Kaplan, USA Today 7/23/08; http://www.usatoday.com/news/health/2008-07-23-traveling-with-autism_N.htm; accessed March 22, 2009
http://www.northjersey.com/news/health/New_Jersey_hashighest_rate_ever_documented_in_US.html; accessed February 28, 2009]
- ⁴⁹
http://www.northjersey.com/news/health/New_Jersey_hashighest_rate_ever_documented_in_US.html; accessed February 28, 2009
- ⁵⁰ Northjersey.com, November 3, 2008
- ⁵¹ <http://www.abc4.com/content/news/health/story/SALT-LAKE-CITY-ABC-4-News-There-are-54-reporters/MWpe6hlfKkKjanlyQkDydg.csp>; accessed February 28, 2009
- ⁵² Alison Young, Parents learn vaccine not all-powerful, *The Atlanta Journal-Constitution*, March 22, 2009; <http://www.ajc.com/services/content/printedition/2009/03/22/spotlight03223dot.html>; accessed March 22, 2009
- ⁵³ Matt Clower, Chicken Pox Outbreak, The Troy [Alabama] Messenger, February 26, 2006; republished December 10, 2006; <http://www.drgoldmanonline.com/R0004.pdf>; accessed February 25, 2009
- ⁵⁴
<http://www.stltoday.com/stltoday/news/stories.nsf/sciencemedicine/story/05C02E935F7F20538625756800044A2B?OpenDocument>; accessed February 29, 2009
- ⁵⁵ “Chickenpox Outbreaks Among Vaccinated Children: Officials wonder if it’s due to a new strain or ineffective vaccine,” Colchester, Connecticut story, 2006; <http://www.cogforlife.org/chickenpoxoutbreak.htm>; accessed February 25, 2009
- ⁵⁶ Dayan and Rubin, *Clin Infect Dis*. 2008 Dec1;47(11):1458
67; <http://www.ncbi.nlm.nih.gov/pubmed/18959494>; accessed March 1, 2009
- ⁵⁷ <http://www.whale.to/vaccines/mmr34.html>; accessed March 23, 2009
- ⁵⁸ Barbara Loe Fisher, NVIC, 2006

⁵⁹ Wakefield A. Enterocolitis, autism and measles virus. *Mol. Psychiatry*. 2002;7 Suppl 2:S44-6; Wakefield A. The Gut brain axis in childhood developmental disorders. *J Pediatr Gastroenterol Nutr*. 2002 May 34 Suppl 1:S14-7.

⁶⁰ *Indian J Med Sci* 2004;58:47-53; <http://www.indianjmedsci.org/article.asp?issn=0019-5359;year=2004;volume=58;issue=2;spage=47;epage=53;aualast=Sharma>; accessed March 3, 2009

⁶¹ Riley, *OrganicaNews* http://www.organicanews.com/news/article.cfm?story_id=16

⁶² Adam Liptak, “No Legal Shield in Drug Labeling, Justices Rule, *New York Times*, March 4, 2009; http://www.nytimes.com/2009/03/05/washington/05scotus.html?_r=2&hp; accessed March 5, 2009

⁶³ Martens, <http://www.cogforlife.org/gardasilmoneytrail.htm>; accessed March 23, 2009

⁶⁴ Idid

⁶⁵ Ibid

⁶⁶ US House of Representatives. Committee on Government Reform. “Conflicts of interest in vaccine policy making. August 21, 2000.

⁶⁷ http://www.nytimes.com/2009/03/03/business/03medschool.html?pagewanted=1&_r=1

⁶⁸ http://www.nytimes.com/2009/03/03/business/03medschool.html?pagewanted=1&_r=1; accessed March 21, 2009

⁶⁹ Wilson, *NYT*, March 2, 2009; http://www.nytimes.com/2009/03/03/business/03medschool.html?_r=1&pagewanted=2; accessed March 22, 2009

⁷⁰ How Doctors Learn About Drugs, *Parade* (*PARADE* magazine is distributed by more than 470 Sunday newspapers, including *The Washington Post*, August 24, 2008; <http://www.parade.com/news/intelligence-report/archive/how-doctors-learn-about-drugs>; accessed March 23, 2009

⁷¹ Viera Scheibner, Ph.D., *VACCINATION: the medical assault on the immune system* (Civitas: Swain, NY.

⁷²

<http://query.nytimes.com/search/sitesearch?query=vaccines%2C+ghostwriter&submit.x=10&submit.y=6&submit=sub>; accessed March 22, 2009