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Friday, 11 July 2008

To All:

The text following this page is a draft review of the excerpted text from a posting by Gardiner Harris that originally appeared on-line in the Friday, June 27, 2008 *New York Times* article that was posted beginning at:

http://www.nytimes.com/2008/06/28/health/28vaccine.html?_r=1&oref=slogin

with the full article at:

http://www.nytimes.com/2008/06/28/health/28vaccine.html?_r=1&oref=slogin&adxnnlx=1214613767-q3%20EyyKN5YLqI4ZaXrC3GA&pagewanted=all.

The excerpted text of this posting, titled, "*Experts to Discuss One Puzzling Autism Case, as a Second Case Has Arisen*", was and then downloaded for review and comment.

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The formal review, which is titled "**A Review of: 'Experts to Discuss One Puzzling Autism Case, as a Second Case Has Arisen'**", begins on the next page.

Introductory Remarks

First, *to simplify this review*, the statements in the article by the author, Gardiner Harris, will be quoted in a "Times New Roman" font.

Second, remarks by this reviewer, Paul G. King, PhD, will be presented in indented text following each of the writer's quoted remarks.

In addition, this reviewer's remarks will be in a dark blue "News Gothic MT" font except, when he quotes: **a)** from or refers to any federal statute or regulation, the text will be in a "Lydian" font or **b)** from other sources, the quotations will be in an "Arial Narrow" font.

When this reviewer quotes from statements made in the author's article, this reviewer will use an *italicized "Times New Roman"* font.

Finally, should anyone find any significant factual error for which they have published substantiating documents, please submit that information to this reviewer so that he can improve his understanding of factual reality and appropriately revise his views and the final review.

Respectfully,

<S>

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A Review of: “Experts to Discuss One Puzzling Autism Case, as a Second Case Has Arisen”

“Federal health officials on Sunday will call together some of the world’s leading experts on an obscure disease to discuss the controversial case of a 9-year-old girl from Athens, Ga., who became autistic after receiving numerous vaccinations.”

First, this reviewer can only note that this statement appears to reflect this reporter’s perception of the facts about the meeting.

Second, the reporter admits “*a 9-year-old girl from Athens, Ga.*” became “*autistic after receiving numerous vaccinations*”.

However, he fails to note that Hannah Poling, the girl in question, had been diagnosed with both “regressive” autism (autistic disorder) and, *when this medical condition subsequently developed*, a seizure disorder.

Moreover, after reviewing her medical records, her parents’ affidavits, and, *for the seizure disorder*, the expert reports submitted by Drs. Andrew Zimmerman and Mark R Geier, medical professionals in the Department of Health and Human Services conceded both Hannah’s autism and here delayed-onset seizure disorder were medically more likely than not to have been caused by the vaccinations she received at 19-months.

In addition, this reporter failed to note that the final position (*as stated in the March decision document*) was that Hannah Poling had mitochondrial dysfunction which, *given all of the facts, including her diagnosed mercury poisoning and the fact that her mitochondrial DNA had the same configuration as her unaffected mother*, was most probably caused by the Thimerosal (49.55-weight-percent mercury) in the doses of the Thimerosal-containing vaccines that she received as a part of her 19-month catch-up vaccinations.

Thus, based on all of the Hannah Poling’s diagnosed conditions, she was not born with the mitochondrial dysfunction – her vaccinations induced it.

“But the government has so far kept quiet a second case that some say is more disturbing and more relevant to the meeting.

On Jan. 11, a 6-year-old girl from Colorado received FluMist, a flu vaccine, and about a week later ‘became weak with multiple episodes of falling to ground’ and ‘difficulty walking,’ according to a case report filed with federal health officials and obtained by The New York Times.

The girl grew increasingly weak and feverish and ‘became more limp, appears sleepy, acts as if drunk,’ the report said. She was hospitalized and underwent surgery and was finally withdrawn from life support. She died on April 5, according to the report.”

While this reviewer does not dispute the facts presented here by this author, he finds it plausible, *absent any autopsy evidence to the contrary*, that either the live viruses or, *since there was a recognized microbial contamination problem with some lots of FluMist*, some microbial contamination introduced into this child’s buccal cavity and sinuses when the FluMist dose was delivered somehow entered, infected the brain, and, *as the infection spread*, slowly killed the child as it destroyed her brain’s functions.

In addition, this reviewer finds the apparent VAERS report concerning this girl (with excerpted text restructured **bolded** and underlined for clarity and emphasis):

“VAERS ID: 309594 **Vaccination Date:** 2008-01-11

Age: 6.0 **Onset Date:** 2008-01-20 Days later: 9

Sex: F **Submitted:** 2008-04-10

State: CO **Entered:** 2008-04-16

Life Threatening Illness? Yes

Died? Yes (date died: 2008-04-05)

Disability? No

Recovered? No

ER or Doctor Visit? Yes

Hospitalized? Yes (days in hospital: 20)

Extended hospital stay? No

Current Illness: Weak prior to vaccination. Two months of respiratory problems at night when asleep described as sudden inspiratory gasp and sudd [truncated comments?]

Diagnostic Lab Data:

Abnormal MRI;

Genetic mutation 8993 T-C for mitochondrial disease

5/1/08-records received-

EEG negative.

MRI 2/08 showed abnormal basal ganglia.

Sleep study 3/19/08-hyperventilation and obstructive sleep apnea.

G-tube insertion on 3/21/08-

Previous Vaccinations: [why is this info missing?]

Other Medications: [why is this info missing?]

Preexisting Conditions: 5/1/08-records received-

PMH: born at 29 weeks on ventilator for pneumonia.

Hospitalized for 3 months.

Strabismus repair, PE tubes and adenoidectomy.

Rotavirus and hospitalization.

Developmental delay.

Did not receive 5 year old vaccination

Vaccination

Manufacturer: 'MEDIMMUNE VACCINES, INC'

Lot: '500490P 0 IN'

Dose:

Route

Site

FLUN MEDIMMUNE VACCINES, INC. 500490P 0 IN

...

Symptoms:

Asthenia

Ataxia

Blood culture positive

Congenital anomaly

Continuous positive airway pressure

Culture positive

Depressed level of consciousness

Dysphagia

Dyspnoea

Electroencephalogram abnormal

Endotracheal intubation

Expired drug administered

Fall

Gait disturbance

Gastrostomy tube insertion

Gene mutation identification test

Hyperventilation
Hypotonia
Inflammation
Intensive care

Received FluMist on 1/11/08. Approx 7-10 days later became weak with multiple episodes of falling to ground, difficulty walking, ataxia. Weakness progressive leading to breathing problems. Neurology and genetics diagnosed congenital disease - Leigh's disease which may have been 1st manifested after this vaccine. Swallowing problems, 5/15/08-death certificate received-final cause of death Leigh's syndrome. 5/1/08-records received for DOS 3/15-4/5/08-DX: Leigh's encephalopathy syndrome. Respiratory failure. Sepsis. Presented to ED and subsequently transferred. About 2 months ago received FluMist and since then became weak and wobbly. Weak prior to vaccination but more so after vaccination and was receiving physical and occupational therapy. Starring episodes usually at night. Became more limp. Appears sleepy acts as if drunk. Ataxia. With these episodes has become unresponsive and starring with them. No clonic seizure activity. After surgery remained intubated with mechanical ventilation and required CPAP. Neurologic status became more obtunded and unresponsive. Fever. Fevers secondary to brain inflammation due to Leigh syndrome. Withdrawn from life support and expired"

to be both incomplete, and, *to say the least*, problematic.

First, it appears that her Leigh encephalopathy syndrome's diagnosis did not occur until after she was given the FluMist vaccine and her health began to decline.

Next, Leigh's syndrome, also known as Subacute Necrotizing Encephalomyelopathy (SNEM), is a rare neurometabolic disorder that reportedly affects the central nervous system, which appears, *if you accept the report's statements*, to have been triggered or worsened by the FluMist's administration in this case.

Moreover, it also appears that sepsis, and not her diagnosis of Leigh's syndrome (SNEM) *per se* that killed her.

Furthermore, this reviewer notes that Leigh's syndrome, first described in 1951, may be but another label being used to cover up the subacute mercury poisoning from Thimerosal in vaccines that, *in Leigh's syndrome cases*, preferentially mercury poisons the maternal mitochondrial DNA in the central nervous system.

However, lacking the girl's early vaccination records, this reviewer can only note that:

- This girl's case is most probably an example where an immune-system insult: a possibly microbially contaminated dose (of the trivalent live-virus FluMist influenza vaccine), and
- This vaccine dose triggered a cascade of negative immune-system-mitigated events that, *because of a genetic anomaly in her mitochondria*, completely disrupted her immune system's ability to fight infections, both viral and bacterial, leading to sepsis and death.

“Both the 9- and 6-year-olds had mitochondrial disorders, a spectrum of genetic diseases that have received almost no attention from federal health officials.”

First, the reporter's, “*(b)oth the 9- and 6-year-olds had mitochondrial disorders*”, while obviously his view, is not supported by the medical evidence.

In the case of 9-year-old Hannah Poling, this reviewer finds that the reporter is definitely mistaken because, *notwithstanding the language used in the November 9, 2007 concession by U.S.-government medical professionals that Hannah's autism was caused by her 19-month vaccinations*, she has not been proven to have any mitochon-

drial disorder or genetic disease and, *given her robust health on the day she received her 19-month vaccinations and her documented prior medical history*, had exhibited no prior sign (e.g., hypotonia) of a mitochondrial disorder – unlike the other girl.

Since this reviewer is not privy to the details of the 6-year-old's vaccination history, including the vaccines given and their dates of administration, nor the exact state of every aspect of this 6-year-old girl's health immediately prior to her being given the FluMist inoculation, he cannot rule out a pre-existing mitochondrial disorder in this instance.

However, this reviewer again notes that it equally logical that some organism (viral, bacterial or fungal) present in the FluMist introduced into her buccal cavity and sinuses infected her brain and precipitated the events leading to her death as it is that some genetic mitochondrial disorder was the direct cause of this girl's death.

To this reviewer, this second case sounds like but another “anything but the vaccine” defense of vaccination by the pro-vaccine Establishment.

Moreover, if this is indeed a true example of a child who had an identified pre-existing mitochondrial disorder, then, *since the influenza vaccines have proven not to be effective in preventing those inoculated from getting some non-vaccine strain of influenza*, this reviewer again questions why any vaccination for influenza continues to be recommended since appropriate supplementation with vitamin D-3 has been shown to protect both children of all ages and adults from contracting any strain of the influenza virus.

“The 9-year-old, Hannah Poling, was 19 months old and developing normally in 2000 when she received five shots against nine infectious diseases. Two days later, she developed a fever, cried inconsolably and refused to walk. In the next seven months, she spiraled downward, and in 2001 doctors diagnosed autism.

This reviewer finds that the writer has simplified and truncated his description of the changes in Hannah's health from 19-months until she was diagnosed with autism.

Moreover, this reviewer notes that the writer's account failed to mention, much less address, the seizure disorder that Hannah subsequently developed.

“No one knows whether vaccinations had anything to do with the girls' health problems, and the scientific significance of individual cases is always difficult to assess.”

Here, the writer begins by misrepresenting the facts about “*whether vaccinations had anything to do with the girls' health problems*”.

Since:

1. Hannah Poling's parents, medical professionals with access to the best diagnostic services available, filed the petition for compensation in the National Vaccine Injury Compensation Program as an autism case,
2. They and the petitioners' attorneys in the Omnibus Autism Proceeding had agreed that her case, *Hannah Poling v. Sec. HHS (02-1466V)*, was to be a mid-2008 test case for the hypothesis: Thimerosal in vaccines “causes” autism

before the medical professionals in the HHS decided to concede (an unheard of event in autism cases) the autism claim in Hannah's case in November of 2007:

- a. Prior to the start of the hearings for the case and
 - b. Even prior to the filing of the petitioner's expert reports by the medical experts, *including Drs. Zimmerman and Geier*, for Hannah Poling
3. Medical tests had apparently confirmed that Hannah was mercury poisoned by the Thimerosal in the vaccines she had received, and
 4. To date, *even though all the petitioners have waived their confidentiality rights and petitioned to have all of Hannah's records and reports made public*, the administrators in the "vaccine court" are still steadfastly refusing to release the records so that the interested public could see the evidence that proves the harm Hannah suffers was caused by her vaccinations,

it is clear to this reviewer that not only do many know that Hannah's vaccinations were the primary cause of her injury but some of those "in the know" are also attempting to conceal the causal proof of vaccination harm from the public and, as *the writer is here*, are attempting to distort the facts to make it seem as if the focus should be on "mitochondrial disorders" rather than on "vaccinations", in general, or "Thimerosal in vaccinations" in the Poling case, in particular.

However, although this reviewer agrees with the writer that, "*the scientific significance of individual cases is always difficult to assess*", this reviewer notes that the writer's overall statement is an example of the newspeak device of combining an untruth with a truth to bestow the mantle of truth on the entire statement.

"But suggestions that mitochondrial disorders could be set off or worsened by vaccinations, and that the disorders might be linked to autism, prompted the meeting on Sunday and has brought the disorders sudden national attention."

Not being privy to the Establishment discussion that prompted "*the meeting on Sunday*", or "*has brought the disorders sudden national attention*", this reviewer cannot judge the accuracy of the writer's statement here.

However, this reviewer finds that this attempt to deflect attention from vaccines and our vaccination programs is but another milestone in the pro-vaccine establishment's history of trying to direct the public's attention:

- Away from:
 - Vaccines and vaccinations in general, and,
 - *In Poling*, from the preservative level of Thimerosal in certain vaccines, and
- Toward:
 - Unknown factors or
 - Other factors including: refrigerator moms, older parents, television watching and, *here*, mitochondrial disorders,

when it comes to autism and other neurodevelopmental disorders.

Moreover, this reviewer has noticed that this calculated attempt to divert attention away from vaccines and the U.S. vaccination programs extends to other childhood health and/or behavioral conditions that once were unknown, or rare, but, *starting in the 1980s*, have become epidemic (e.g., childhood: asthma and COPD, type 1 and

type 2 diabetes, obesity, ADHD, gastrointestinal disorders, severe food allergies, multiple sclerosis, and some leukemias) with the still-growing increase in the recommended vaccination schedule for children.

Thus, the current focus on “*mitochondrial disorders*” appears to be but another attempt, *in a long line of such attempts*, by the media and the pro-vaccine establishment to direct the public’s attention away from vaccines and our vaccination programs and, *like any conjurer’s trick*, their efforts seem to have misled, and are misleading, many, *if not most*, parents.

“Those scheduled to present at the meeting who were contacted by The Times said they knew nothing of the Colorado case.

‘I haven’t heard about this case,’ said Dr. Thomas R. Insel, director of the National Institute of Mental Health and the day’s first speaker.”

This reviewer can only accept that the writer’s statements reflect his knowledge of the situation.

“Dr. John Iskander, acting director of the immunization safety office at the Centers for Disease Control and Prevention, said his group had studied the Colorado case closely but did not discuss it with those presenting at the meeting and had no plans to present the case to the conference, although he and members of his group will attend.”

Again, although he would like to know what it is that the CDC has proven about this case and the results of any autopsy findings concerning the etiology of this case, this reviewer accepts that the CDC is not planning to discuss or present this case on Sunday at this “mitochondrial disorder” conference.

“‘Part of the consideration is, what was the best use of that time?’ Dr. Iskander said in an interview. ‘To a large extent, the judgment of the meeting organizers was to have the experts in these conditions — which are not vaccine safety experts — to have most of the agenda.’

Dr. Iskander said the Clinical Immunization Safety Assessment Network of the disease agency reviewed the medical records related to the Colorado and Georgia cases, searched for similar reports and asked vaccine manufacturers if they knew of similar cases.”

This reviewer finds that the writer’s statements here, *whatever the writer’s intent*, provide little, if any, useful information.

Moreover, this reviewer notes that the statements here are a not-so-subtle attempt to portray:

- Dr. Iskander as a “*vaccine safety*” expert and
- The CDC as being highly concerned about “*vaccine safety*”

in spite of the realities that: **a)** neither Dr. Iskander nor the CDC seems truly concerned about proving the toxicological safety of vaccines and **b)** both seem to be focused on portraying the small percentage of “adverse events” that are reported to the Vaccine Adverse Events Reporting System (VAERS) as if these reports accurately reflect the nature and extent of the risk that vaccines present.

“A spokeswoman for MedImmune, the maker of FluMist, declined to comment.”

Again, this reviewer finds this statement is tangential and sheds no light on the causes of the harm in this instance.

“The team noted that the Colorado child had not experienced any problems with her previous vaccinations and was relatively old at the time of her diagnosis. Dr. Iskander said the group had concluded ‘that this is another case that points to the need of better data on the risks and benefits of vaccinations in children with these rare disorders.’”

In this passage, the writer begins by stating factual information: “*the Colorado child had not experienced any problems with her previous vaccinations and was relatively old at the time of her diagnosis*”.

However, absent proof that either Hannah Poling or “*the Colorado child*” had a pre-existing rare mitochondrial disorder – not a susceptibility to such – this reviewer must reject what the writer reports that Dr. Iskander said as yet another misleading passage that includes a general truth, “*the need of better data on the risks and benefits of vaccinations in children*”, which applies to all vaccinations and children, and not just to “*children with these rare disorders*”.

This is the case because:

- The existing data on the risks and benefits of vaccinations is deficient
- *In many cases*, the existing evidence for the risks is concealed from the public, and
- The evidence for the benefits from each vaccine is inflated and continually hyped to further mislead the public.

“Study after study has failed to show any link between vaccines and autism, but many parents of autistic children are convinced that vaccines — usually given around the time autism becomes apparent — are to blame.”

First, this reviewer notes that the writer has abruptly switched from discussing these girls and mitochondrial disorders to the topic of “*the link between vaccines and autism*”.

Moreover, as most pro-vaccine apologists do, he begins with a statement that is, at best, a partial truth:

“*Study after study has failed to show any link between vaccines and autism*”,

which ignores several realities:

- The epidemiological studies that fall into the reporter’s “*failed to show any link*” category are studies: **a)** conducted or influenced by the CDC and/or vaccine makers and **b)** that have also failed to establish that there is no link between vaccines and autism,
- There are more peer-reviewed published independent epidemiological studies that have shown a statistically significant link between vaccines and autism and/or other neurological and behavioral disorders,
- Several peer-reviewed toxicological studies in animals have demonstrated giving the Thimerosal used in vaccines at levels similar to the levels for children in the 1999 early childhood vaccination program produce symptoms similar to those in autism as well as post-mortem changes in the brain that mimic those found in the autopsy of brains of children diagnosed with autism,

- Several case-control studies have demonstrated that a significant percentage of the children diagnosed with an autism spectrum disorder are also mercury poisoned where the majority of the child’s pre-diagnosis mercury exposure was clearly from the vaccines the child received in early childhood,
- A few independent epidemiological and patient studies have identified the MMR vaccine, typically after or with vaccine-Thimerosal exposure, as a causal factor in autism and certain gastrointestinal disorders that, prior to the 1980s, were unknown or rare in young children, and
- The concession in the *Poling* case that Hannah Poling’s vaccinations were a causal factor in her autism.

Since most of the preceding have clearly established a causal link between vaccines and autism, then it should be obvious that the writer’s:

“but many parents of autistic children are convinced that vaccines — usually given around the time autism becomes apparent — are to blame”

is but another instance where a vaccine apologist is “cleverly” attempting to portray a fact, *“many parents of autistic children are convinced that vaccines — usually given around the time autism becomes apparent — are to blame”*, in a negative light.

“Parents and a small group of doctors have offered a variety of scientific explanations in recent years to try to explain why they think vaccines may cause or contribute to autism.”

Here the writer begins by stating a factual reality in a dismissive manner by using the phrase, *“(p)arents and a small group of doctors”*, as if the validity of *“scientific explanations”* depend on who states a scientific explanation and/or the number of those who adhere to a given scientific explanation when nothing could be farther from the truth.¹

“Among the first was that the measles vaccine caused a low-level measles infection that affected children’s brains.”

Here, this writer begins with an oft-cited misstatement – a statement that is false on two counts.

First, it wasn’t the first of the *“scientific explanations”* that admitted the possibility of some sort of link between a specific vaccine (the writer’s *“measles vaccine”*) and autism.

Second, another of the writer’s *“scientific explanations”* also precedes the writer’s *“the first”* (a 1990’s scientific explanation) by more than two decades.

This other scientific explanation holds that the Thimerosal used as a preservative in certain vaccines causes subacute mercury poisoning of the central nervous and other systems that results in the children who are sufficiently mercury poisoned exhibiting the set of symptoms used to diagnose autistic disorder (autism).

Factually, the view that *“the measles vaccine caused a low-level measles infection that affected children’s brains”* appears to be a view that arose in the United Kingdom in the 1990s

¹ To understand this reality, the reader need only look up the now-discredited, but once “scientifically accepted” late-17th century “phlogiston” theory of combustion (<http://en.wikipedia.org/wiki/Phlogiston>) that was thoroughly discredited a century later, or, *more recently*, the initially disparaged theory of “jumping genes,” reported by Barbara McClintock in the 1948, which “science” now calls “transposons,” for which she eventually won a Nobel Prize in 1983 and which is now so widely accepted as a fact that its initial rejections are typically no longer reported (<http://en.wikipedia.org/wiki/Transposons>).

in conjunction with observations of regression after the MMR-vaccine jab that was supported by the findings in the studies by Wakefield et al. (“Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998 Feb 28; **351**(9103): 637-41”).

However, the first postulation of some type of link between a specific vaccine and autism arose at least two decades earlier (“Eggers C. [Autistic syndrome (Kanner) and vaccination against smallpox (author's transl)][Article in German]. *Klin Padiatr*. 1976 Mar; **188**(2):172-80”) as the author’s English translation of the abstract clearly indicates (with underlining added for emphasis):

“3-4 weeks following an otherwise uncomplicated first vaccination against smallpox a boy, then aged 15 months and last seen at the age of 5 1/2 years, gradually developed a complete Kanner syndrome. The question whether vaccination and early infantile autism might be connected is being discussed. A causal relationship is considered extremely unlikely. But vaccination is recognized as having a starter function for the onset of autism”.

Moreover, as:

- The following PubMed entry for a paper by Wecker et al.:

“J Ment Defic Res. 1985 Mar;29(Pt 1):15-22....

Trace element concentrations in hair from autistic children.

Wecker L, Miller SB, Cochran SR, Dugger DL, Johnson WD.

The concentrations of 14 elements were determined in scalp hair samples from control, autistic and autistic-like children. Significant differences were noted between normal males and females for calcium, magnesium and mercury. The autistic population had significantly lower levels of calcium, magnesium, copper, manganese and chromium and higher levels of lithium as compared to sex- and age-matched controls. Children with autistic features (autistic-like), classified as having childhood-onset pervasive disorder, had lower levels of magnesium, cadmium, cobalt and manganese as compared to controls. Discriminant function analysis using the 14 trace elements correctly classified 90.5% of the normal and 100% of the autistic population. Using a stepwise procedure, the five elements with the greatest discriminatory power were calcium, copper, zinc, chromium and lithium. Analysis based on these five trace elements led to the correct classification of 85.7% of the normal and 91.7% of the autistic group. Results indicate that the concentrations of trace elements in hair from normal children differ from patterns observed in both autistic and autistic-like children. Furthermore, evidence suggests that hair analysis may have potential use as a diagnostic tool for autism”

shows, and

- A paper,

D. G. Fagan, J. S. Pritchard, Thomas W. Clarkson and M. R. Greenwood, “Organic mercury levels in infants with omphaloceles treated with organic mercurial antiseptic,” *Archives of Disease in Childhood* 1977; **52**: 962-964,

indicates in its follow-up reporting on one of the surviving children,

speculation about the link between Thimerosal (49.55-weight-percent mercury) and neurodevelopmental disorders including autistic disorder (autism) also seems to have begun in the 1970s when the fatal mercury poisoning of newborns was noticed in 10 of 13 identified cases following the repeated application of Merthiolate, *another name for Thimerosal*, antiseptic to their umbilical stumps.

Thus, the speculation about a link between autism and Thimerosal also began decades before the 1998 paper cited by the writer.

“The science underlying that theory has since been discredited.”

Since:

- The science underlying any theory can only be disproven by establishing that it is not possible (using appropriate animal model studies involving animals, usually primates, biologically selected to have susceptibilities to measles virus that parallel human susceptibility) for measles to infect the central nervous system in a manner that causes those so infected to exhibit the same set of symptoms as measles,
- The required studies have not been done,
- The measles virus, including the vaccine strain of the measles virus, is known to infect the brain and cause a variety neurological disorders (including, but not limited to, encephalitis, encephalopathy, measles inclusion body encephalitis [MIBE], subacute sclerosing panencephalitis [SSPE], Guillain-Barré Syndrome [GBS], febrile convulsions; afebrile convulsions or seizures, ataxia, polyneuritis, polyneuropathy, ocular palsies, and paresthesia), and
- Some peer-reviewed published independent epidemiological studies have indicated a statistically significant possibility of a link between vaccination with a measles vaccine (typically, using an MMR [measles, mumps, rubella] vaccine), and autism and other neurodevelopmental disorders,

it is clear to this reviewer that the writer is again mistaken.

In fact, the preceding “*science underlying that theory*” actually supports the validity of that theory for some “autism” cases.

Moreover, independent reviewers have discredited those pro-vaccine-establishment-supported epidemiological studies involving the MMR vaccine to which this writer apparently refers.

Finally, the lead authors of these pro-vaccine studies have also refused to provide the original data sets that they used so that the validity of their findings could be independently verified.

“The next theory was that a mercury-containing vaccine preservative, thimerosal, poisoned their brains, causing autism.”

As this reviewer has previously established, the writer is mistaken because the theory stated by the writer as:

“a mercury-containing vaccine preservative, thimerosal, poisoned their brains, causing autism” also predates the writer’s *“the measles vaccine caused a low-level measles infection that affected children’s brains”* theory by about two decades.

“Multiple studies have failed to find any relationship between thimerosal exposure and autism, and nearly seven years after the preservative was removed from childhood vaccines, autism rates seem unaffected.”

The fact that “*(m)ultiple studies have failed to find any relationship between thimerosal exposure and autism*” ignores the following realities:

1. The failure of 5-7 pro-vaccine-establishment-backed epidemiological studies to find a statistically significant link between Thimerosal and autism does not prove that there is no link.
2. Independent reviews of these neutral/negative epidemiological studies have documented them to be flawed and slanted by the pro-vaccine researchers that

underwrote and conducted them. [**Note:** Compounding the problems uncovered by the independent reviewers, the lead authors or agencies have refused to provide independent qualified epidemiologists access to the original data sets used for these studies and, *incredibly, in the case of the CDC's studies (the studies by Verstraeten et al. published in 2003), the CDC has claimed that they "lost" the original data sets.*]

3. Based on the non-availability of the original data sets for independent review, all such studies should be withdrawn and consigned to the dustbin of non-reproducible studies unless and until the original data sets are produced and independent review confirms the published findings.
4. There are a number of peer-reviewed published independent studies (> 12) that have found statistically significant evidence for a link between vaccination with Thimerosal-preserved vaccines and autism and other neurodevelopmental disorders.
5. Collectively, almost all studies, *including those in which the reported link was not statistically significant*, have found that the direction of the statistical correlation supports a link between vaccinations with Thimerosal-containing vaccines and autism.
6. Post-mortem studies of the brains of children with an autism diagnosis, chelation challenge analyses, first haircut hair tests for mercury, mercury testing of baby teeth, urine porphyrin profile analyses, and animal studies have found proof that vaccinating children with Thimerosal-preserved vaccines mercury poisons some who are so injected to the point that they exhibit the symptoms that are used to diagnose autism and/or other neurodevelopmental and non-neurodevelopmental disorders including the gastrointestinal disorders reported by Wakefield et al in the *Lancet* in 1998.

Moreover, the writer's:

"nearly seven years after the preservative was removed from childhood vaccines, autism rates seem unaffected"

is an outright lie because, as **Table 1** (taken from the FDA's March 2008 listing of licensed vaccines [**see:** <http://www.fda.gov/cber/vaccine/thimerosal.htm>]) clearly shows on the next page, Thimerosal has not been removed from "*childhood vaccines*".

Currently, the FDA still licenses 12 Thimerosal-containing vaccines that are approved for use in childhood vaccination programs for humans from birth to 18 years of age.

Of these, seven (7) still contain a preservative level of Thimerosal.

In addition, there are several additional inactivated influenza vaccines that: **a)** contain a preservative level, or a lower level, of Thimerosal and **b)** are licensed to be given to pregnant women – thereby mercury poisoning the fetus to some degree in utero because Thimerosal has been shown not only to cross the placental barrier but also to preferentially accumulate in the developing fetus.

Given today's recommended routine vaccination schedule for children as compared to that schedule in 1999, the maximum dose of mercury from Thimerosal-containing vaccines that a health child may receive from the recommended national vaccination programs is currently in excess of 900 micrograms of bioaccumulative mercury – a total dose that is more than three times the 1999 level.

Table 1: Thimerosal Content In Currently Manufactured U.S. Licensed Thimerosal-Containing Vaccines That Are Approved For Administration To Children

From The FDA's "Table 3: Thimerosal and Expanded List of Vaccines - (updated 3/14/2008)"

Vaccine	Trade Name	Manufacturer	Thimerosal Concentration ¹	Mercury
DTaP	Tripedia ²	Sanofi Pasteur, Inc	≤ 0.00012%	≤ 0.3 µg/0.5 mL dose
DT	No Trade Name	Sanofi Pasteur, Inc	< 0.00012% (single dose)	< 0.3 µg/0.5mL dose
		Sanofi Pasteur, Ltd ³	0.01%	25 µg/0.5 mL dose
Td	No Trade Name	Mass Public Health	0.0033%	8.3 µg/0.5 mL dose
	Decavac	Sanofi Pasteur, Inc	≤ 0.00012%	≤ 0.3 µg mercury/0.5 ml dose
TT	No Trade Name	Sanofi Pasteur, Inc	0.01%	25 µg/0.5 mL dose
HepA/HepB	Twinrix	GlaxoSmithKline Biologicals	< 0.0002%	< 1 µg/1mL dose
Influenza, inactivated	Fluzone ⁶	Sanofi Pasteur, Inc	0.01%	25 µg/0.5 mL dose
	Fluvirin	Novartis Vaccines and Diagnostics Ltd	0.01%	25 µg/0.5 ml dose
	Fluvirin (Preservative Free)	Novartis Vaccines and Diagnostics Ltd	< 0.0004%	< 1 µg/0.5 mL dose
Japanese Encephalitis ⁷	JE-VAX	Research Foundation for Microbial Diseases of Osaka University	0.007%	35 µg/1.0mL dose; 17.5 µg/0.5 mL dose [If 1 to 3 years old]
Meningococcal	Menomune A, C, AC and A/C/Y/W-135	Sanofi Pasteur, Inc	0.01% (multidose)	25 µg/0.5 dose

Table Footnotes

1. Thimerosal is approximately 50% mercury (Hg) by weight. A 0.01% solution (1 part per 10,000) of thimerosal contains 50 µg of Hg per 1 ml dose or 25 µg of Hg per 0.5 ml dose.
2. ...
3. This vaccine is not marketed in the US.
4. ...
5. ...
6. Children under 3 years of age receive a half-dose of vaccine, i.e., 0.25 mL (12.5 µg mercury/dose.)
7. JE-VAX is distributed by Aventis Pasteur. Children 1 to 3 years of age receive a half-dose of vaccine, i.e., 0.5 mL (17.5 µg mercury/dose).

Thus, not only has Thimerosal not been removed from all the vaccines that a child may receive from conception through his or her eighteenth birthday, but also the maximum dose has, *starting in 2002*, been increased by adding a recommendation for an annual flu vaccination from 6 months to, now, 18 years and a middle-school recommendation for Sanofi's Menomune® meningococcal vaccine, which does not require the vaccine formulation used to be a no-Thimerosal, single-dose formulation.

Thus, the writer's "nearly seven years after the preservative was removed from childhood vaccines" is an obvious prevarication.

Finally, the writer's "autism rates seem unaffected" is also misleading because:

- The recent surveys by the CDC surveyed were surveys for autism spectrum disorders (ASDs) and not autism per se, and

- The most recent of those estimates, from 2000 and 2002 surveys published in 2007, are for 8-year-old children born in 1992 and 1994

so that:

1. There are no valid “*autism rates*”,
2. The survey rates are for 8-year-old children born two years apart when the vaccination schedule was not changing rapidly so that, *given the short time interval*, one would expect the rates for ASDs to be similar to each other, and
3. There is no published survey for 6-year-old children born in 2001 in the U.S., who, *along with their mothers*, did not get any Thimerosal-preserved flu shot or other Thimerosal-preserved vaccine. [**Note:** This 2001 group is the only cohort group that is old enough for most cases of autism to be diagnosed and for which the maximum dose of Thimerosal that such children as a group might have received from their early childhood vaccinations would be assured of being significantly less than the dose for fully-vaccinated children born in the late 1990s – as would be required to see the effect of Thimerosal removal.]

Thus, this reviewer hopes that this writer will correct the record here and join with the reviewer in demanding that all uses of Thimerosal and/or any other mercury compound be banned in medicine and that all in-date drugs doses containing any level of Thimerosal and/or other added mercury compound be immediately recalled and properly destroyed.

Then, this reviewer would be willing to assess the “*autism rates*” for children seven years after the last doses of all vaccines and any other drug in which a mercury compound was used in its manufacture were destroyed to find out what the effect of removing Thimerosal would be on “*autism rates*”.

However, until the pro-vaccine establishment and the mainstream media stop lying about the removal of Thimerosal from vaccines, this reviewer will continue to hold statements, *such as the ones in this article about Thimerosal’s removal from vaccines*, to be the knowing falsehoods that they so obviously are and would suggest that those who continue to promulgate such knowing falsehoods should be prosecuted under the applicable statutes governing fraud.

“The Poling case, however, offered advocates a new theory: that vaccines may cause or contribute to an underlying mitochondrial disorder, which in turn causes autism.”

Again the writer distorts the truth, by implying that those who are concerned about a vaccination-autism link, his so-called “*advocates*”, promulgated this “*new theory: that vaccines may cause or contribute to an underlying mitochondrial disorder, which in turn causes autism*”.

Apparently, the “*new theory*” is that Hannah’s vaccinations aggravated:

1. An underlying mitochondrial “disorder” (the November 2007 view) and caused her autism, and
2. An underlying mitochondrial “dysfunction” and caused her seizure disorder (the March 2008 view).

Moreover, the proponents (proposers) of this “*new theory*” were the HHS medical professionals who apparently examined:

- Hannah Poling’s medical records and her parents’ affidavits in “**1**”, and

- Hannah Poling’s medical records, her parents’ affidavits, and the experts’ reports in “2”.

Thus, the vaccinations cause and/or aggravate an underlying mitochondrial disorder or mitochondrial dysfunction is a “*new theory*” that was proposed by HHS medical professionals.

They apparently proposed this theory so that they would not have to address the evidence-supported reality that the Thimerosal in Hannah Poling’s vaccinations caused her regressive autism (diagnosed based on her regressive neurodevelopmental behaviors), her documented seizure disorder, and her well-documented mitochondrial dysfunction.

All of Hannah’s conditions can be explained, without the need for this “*new theory*”, by her documented Thimerosal-bolus-dose mercury poisoning because toxicological studies (using Thimerosal and other ethyl mercury compounds [and methyl mercury compounds] in human cells and tissues, developing animal, and on post-mortem examinations of the brains of those children with an ASD diagnosis) have shown that subacute bioaccumulative mercury poisoning from vaccine-dose and lower-dose levels of Thimerosal in Thimerosal-preserved vaccines can cause all three medical outcomes in developing children, like Hannah Poling.

Thus, it is clear to this reviewer that the HHS medical professionals proposed this “*new theory*” to avoid having to:

- Address the reality that Hannah Poling was mercury poisoned, and
- Confirm that her case was properly selected in the Omnibus Autism Proceeding as a test for the theory: vaccination with Thimerosal-containing vaccines caused her autism diagnosis.

Finally, this reviewer does not think that anyone on either side of the “vaccines cause, or do not cause, autism” discussion would characterize the HHS medical professionals as “*advocates*” as the reporter’s “... *Poling case, however, offered advocates a new theory*” rhetoric implies.

“Although autism is common among children with mitochondrial disorders, several experts in the disorders dismissed the notion that vaccines may cause the disease, which is widely understood to have a genetic origin.

First, this reviewer can only agree with the writer that “*autism is common among children with mitochondrial*” dysfunction.

In addition, this reviewer agrees with the writer’s “*several experts in the disorders dismissed the notion that vaccines may cause the disease*”.

However, this reviewer cannot agree that the type of mitochondrial problems found in most children with a diagnosis of autism are mitochondrial “*disease*” or that they have a genetic origin *per se* as the writer’s “*disease, which is widely understood to have a genetic origin*” implies.

Specifically, if Hannah Poling’s mitochondrial problem were purely genetic, then her mother and her older brother, who both share the same mitochondrial DNA as Hannah, should have some sort of similar neurological deficits and, as far as this reviewer can ascertain, neither has been reported to have any such.

Moreover, the minor difference in Hannah’s mitochondrial DNA has not been linked to any mitochondrial disease as far as this reviewer can ascertain.

Finally, in all instances of which this reviewer is aware, mitochondrial disease is a progressive condition that typically begins to manifest at or just after birth and, in any case, unrelentingly worsens as the child ages.

Since, *by all published accounts*,

- Hannah developed normally for 19 months with no evidence of any mitochondrial dysfunction before starting to regress immediately after her 19-month’s vaccinations and
- Appropriate interventions have partially reversed her regression,

it is obvious to this reviewer that Hannah and children like her do not have any of the classical mitochondrial diseases – which are progressive and currently cannot be reversed, *even partially*, by any set of today’s therapies. [**Note:** At best, today’s therapies can only slow the worsening of mitochondrial diseases.]

“‘After caring for hundreds of children with mitochondrial disease, I can’t recall a single one that had a complication from vaccination,’ said Dr. Darryl De Vivo, a professor of neurology and pediatrics at Columbia University who will present at the meeting on Sunday and is one of the premier experts in the field.”

Accepting the writer’s characterization of Dr. DeVivo and his experience with respect to mitochondrial disease as valid, this reviewer would point out that Dr. DeVivo’s:

“After caring for hundreds of children with mitochondrial disease, I can’t recall a single one that had a complication from vaccination”

indicates that the “*mitochondrial disease*” expert the writer apparently interviewed implicitly also does not think that vaccination causes “*mitochondrial disease*”.

However, this reviewer’s remarks should be tempered by the reality that DeVivo has documented, albeit undisclosed by the writer, pro-vaccine conflicts of interest that may be coloring this expert’s views.

“Mitochondria, which serve as the energy factories of cells, have their own genetic material that is passed directly from mother to child. Flaws in this material are relatively common. As those flaws multiply, they interfere with mitochondrial function.”

First, this reviewer accepts that these statements reflect the reporter’s views.

Second, this reviewer agrees with the writer that mitochondrial DNA “*is passed directly from mother to child*”.

However, this reviewer understands that the minor DNA coding variations in mitochondrial DNA are part of the genetic diversity in the human genome – a diversity that, *in general*, protects all of humanity from being wiped out by any single disease or biological toxin to which people may be exposed, though it may render some more susceptible to being harmed by exposure to said disease or toxin.

Thus, this reviewer objects to characterizing the diversity in mitochondrial DNA as:

“Flaws in this material are relatively common”

like the writer does here – even though sometimes a mutation in the mitochondrial DNA may be harmful or lethal.

In addition, though this reviewer accepts the validity of the writer's:

"As those flaws multiply, they interfere with mitochondrial function", this writer notes that, *based on in vitro studies in "normally" developing neuroblastoma and astrocytoma cells,* chemicals, like Thimerosal, damage not only the mitochondrial function within these cells but also other cellular functions even when the cells' mitochondrial DNA has a "normal" DNA sequence.

Thus, *unlike this writer, whose bottom line appears to be "it's genetic",* this reviewer sees the ingredients introduced in vaccination, whether they be Thimerosal or the measles virus, as causal factor for both the mitochondrial problems seen and the neuro-developmental disorders observed as well as, *in cases like Hannah's,* the triggers for her seizure disorder.

Thus, genetic diversity is a predisposing factor to a developing child's **susceptibility** to a given chemical or biological insult, but genetic diversity is not the cause of the adverse developmental outcomes observed.

Therefore, *absent the trigger or triggers,* the child develops "normally" as did both Hannah Poling's mother and older brother, who did not receive all the vaccinations that Hannah received in a single day when she was 19-months old.

Moreover, this insult-triggering hypothesis must have been the case for Hannah since she has the same exact mitochondrial DNA sequence as her mother and brother.

Based on all of the preceding realities, her mitochondrial DNA sequence was not the cause of the mitochondrial dysfunction seen in Hannah's case and, *therefore, as the medical professionals conceded,* vaccinations caused Hannah's autism, mitochondrial dysfunction (hypotonia), and seizure disorder.

Since Hannah's hypotonia, muscle weakness, was systematic, the trigger for her conditions must have been something in her vaccinations that is a systemic (all systems) toxin.

Since Thimerosal is the only recognized bioaccumulating systemic toxin generator known to this reviewer in the list of vaccine ingredients that Hannah received from her vaccinations, this reviewer must conclude that the Thimerosal bolus dose in Hannah Poling's 19-month vaccinations was, *much more likely than not,* the cause of Hannah Poling's autism *as any unbiased scientist faced with the same fact pattern should.*

"Dr. De Vivo said as many as 700,000 people in the United States had flawed mitochondria, and in roughly 30,000 of them the genetic flaws were expansive enough to cause disease."

Accepting that Dr. DeVivo's estimates are roughly accurate and recognizing that his "*flawed mitochondria*" refers to mitochondria whose genetic composition differs from what is accepted as normal, this reviewer finds that views attributed to Dr. DeVivo by the writer are probably accurate.

"Diseased mitochondria may appear in some parts of the body but not others, making diagnosis difficult and predictions of symptoms impossible."

From what is stated here, this reviewer must infer that the abnormal mitochondrial DNA may be activated differently during the processes by which the early omnipotent

embryonic cells differentiate and that this process may be influenced by the presence of toxins in the embryo's developmental environment.

If these observations are valid for mitochondrial disease, and if the mitochondrial dysfunction seen in children with an autism diagnosis is mitochondrial disease, then it would follow that diagnosis would be harder and the prediction of symptoms would be impossible.

But, from what has been published about Hannah's case, the diagnosis of Hannah's mitochondrial dysfunction does not appear to have been that difficult and, *based on what this reviewer has read*, mitochondrial dysfunction like Hannah's hypotonia in children with an ASD diagnosis who have such can be done without the need for a muscle biopsy – indicating that, *in instances like Hannah's and children with a similar hypotonia condition*, their dysfunction is: **a) not** mitochondrial disease, **b) “easy”** to diagnose and **c) typically** exhibits as hypotonia – which “coincidentally” happens to also be one of the many recognized symptoms of subacute mercury poisoning.

“Infants with the disease may suffer frequent seizures and delayed motor and mental development, be short in stature and have hearing and eye movement problems.”

Although this reviewer accepts that the writer's statement is valid for mitochondrial “disease”, this reviewer finds it inappropriate here.

This is the case because there is no evidence that Hannah Poling's case or any child with an ASD case like hers has mitochondrial “disease.”

This is especially true when the child initially has an ASD diagnosis, is then also diagnosed with mitochondrial dysfunction, and, with appropriate therapy, shows measurable improvement in his or her abilities.

“But in most sufferers, symptoms do not become apparent for years and may first present as weak or stiff muscles, poor coordination or alterations of posture.”

From what the writer reports here, his prior statements and this reviewer's limited knowledge of congenital cases, this reviewer must conclude that there are two major types of mitochondrial disease: **a) congenital** which is purely genetic and **b) delayed onset**.

As with other childhood developmental and behavioral disorders, perhaps regressive mitochondrial diseases require a trigger.

Possibly some of the “environmental” triggers, including Thimerosal, the MMR vaccine, and some other vaccines (e.g., the hepatitis B vaccine that, *in French school-age children vaccinated with it*, has been shown to be a delayed trigger for childhood multiple sclerosis [MS]), which have been established for regressive autism and other regressive developmental disorders, may also be triggers for the later-onset mitochondrial disease.

“Many experts said infections could be so devastating to those with mitochondrial disorders that the risks associated with vaccines were far outweighed by the benefits.”

First, this reviewer finds that the writer's statement:

- Panders to the views of the pro-vaccine apologists and propagandists, and

- Is an overly broad generalization

because the childhood diseases (e.g., chickenpox, influenza, measles, mumps, polio, and rubella) for which: **a)** there are vaccines and **b)** the CDC currently recommends universal childhood vaccination programs, are relatively benign in the U.S. and are not typically devastating (except in cases where the child's immune systems are significantly compromised) provided:

- The developing child is well fed, properly nurtured, clothed and housed, the environment is sanitary, and
- Higher levels of the appropriate supplements are added to the child's diet when he or she shows the first symptoms of the disease (e.g., vitamin A for measles and vitamin D-3 for influenza).

Moreover, this reviewer notes that the very real risks from vaccinations are significantly underreported and kept from the public, while the benefits of vaccination are often hyped and oversold to the point that:

- Ineffective vaccines (e.g., the influenza vaccines and, apparently, the rotavirus and HPV vaccines) and
- Less-than-effective vaccination programs (e.g., the universal chickenpox vaccination program)

are touted to the public by those with vested interests that are clearly at odds with the physical, emotional, spiritual and/or financial health of the public.

For the problematic vaccines and vaccination programs used as less-than-effective examples, this reviewer challenges the writer or other vaccine apologists to abandon their rhetoric and produce the evidence that proves that:

- Any of these are vaccines are truly effective in providing lifetime protection to more than 95% of those who are fully vaccinated in childhood and
- These vaccines and vaccination programs are truly medically cost-effective on a population basis provided all the costs, including the costs of the adverse effects for vaccination, are accurately considered.

“Still, none dismissed the notion that a vaccine could cause a decline in such children.”

Given the implication that a child (who got FluMist and whose health “immediately” began to decline, and, *after a short period*, died in spite of the best efforts of medicine to save her) had a mitochondrial problem, this reviewer would expect to read:

“‘*Still, none dismissed the notion that*’ this trivalent live-virus vaccine caused the decline seen in this child”.

“‘Most of these kids get a common cold, and either during the cold or soon after, the parents notice a drastic deterioration’ said Dr. Bruce H. Cohen, a neurologist at the Cleveland Clinic.”

Apparently referring to children with a mitochondrial disease from the context, the writer reports Dr. Cohen as saying:

“*either during the cold or soon after, the parents notice a drastic deterioration*”.

Accepting that the remark is accurate, this reviewer simply notes that the symptoms for a common cold and a variety of other viral infections, including the trivalent live

influenza virus vaccine, FluMist®, produced by MedImmune and implicated in the apparently vaccine-related death reported in this article, are similar.

“Margaret Dunkle, a senior fellow at the Center for Health Services Research and Policy at George Washington University and great-aunt to Hannah Poling, said she hoped that the researchers on Sunday would agree on studies that would help ‘to identify who those children are for whom vaccination might cause or worsen a mitochondrial dysfunction so that we can figure out a way to immunize those children safely.’”

While the goal reportedly stated by Margaret Dunkle here is laudable, this reviewer finds that there are some more pressing vaccine safety and effectiveness goals that should be given a higher priority.

These goals include:

- The recommended vaccination programs should be proven to be safe for healthy children and the programs should establish the maximum combined disease agents or surrogates that, *for each possible combination of approved vaccines*, can be given to a healthy child, or adult, on a given day.
- All vaccination programs should be proven to be medically cost effective before being implemented using the current recommended number of doses of vaccine plus one additional dose as the basis for each effective vaccine’s cost. [**Note:** In studies to establish medical costs, the worst-case estimated costs of all the adverse events plus 10 percent or, *for vaccines that have been marketed for at least 10 years*, the reported average annual adverse reactions multiplied by 10 and then multiplied by 1.1 times the greatest average annual cost for each type of adverse reaction should be used as the basis for the “adverse reaction” costs.]
- The vaccine makers should prove the safety of all vaccines in the following general manner:
 - **Adverse Reaction Safety:** Determine this by accessing the adverse effects of the vaccine in not less than 9,000 with one-third receiving only a sterile saline placebo injection, one-third only receiving only the vaccine and one-third receiving that vaccine plus all other vaccines that may be given at the same time as that vaccine and following each patient receiving any vaccine or vaccine combination for not less than 10 years.
 - **Autoimmune Safety Studies:** Determine this using scientifically sound and appropriate in-depth challenge/rechallenge animal studies in sensitive animals looking at the effects of multiple vaccination on the immune system’s ability to differentiate between self and not self,
 - **Carcinogenicity and Mutagenicity Studies:** Determine this using scientifically sound and appropriate in-depth studies on the effect of any known or potentially carcinogenic and/or mutagenic ingredient in a vaccine that cannot be replaced by a non-mutagenic and/or non-carcinogenic ingredient using a sensitive primate species. [**Note:** Unless there is a proven absolute requirement for a known or potentially carcinogenic and/or mutagenic ingredient, no such ingredient may be used in the manufacture of any vaccine or other drug.]
 - **Reproductive Toxicity Safety:** *For any vaccine approved for use in pregnant women*, determine this by assessing the effects of the vaccine on appropriate pregnant animals, their off spring and their offspring’s offspring using an omnivorous primate animal species which has been proven to have reproductive effects that are similar to those in humans – studies must

include in-depth evaluations for teratogenic effects including full DNA workups,

- **Preservative Safety Studies:** *For any vaccine formulation that contains a preservative, determine that the vaccine formulation meets the “sufficiently toxic ...” requirement as set forth in 21 C.F.R. § 610.15(a) and the preservative effectiveness requirements set forth in the United States Pharmacopeia initially as well as at three months after the expiration date of the oldest lot. [Note: Unless it is impossible to produce a vaccine formulation without including a “sufficiently nontoxic” preservative, all vaccines should be preservative free and packaged in the appropriate single-dose container.]*

[Note: For existing vaccines, all that need be done is to complete and submit the missing studies, if any, within one to three years after being notified by the Secretary of HHS or his designee of a deficiency in the firm’s application.]

- To assure effectiveness, all licensed vaccines should be formulated to, and be proven to, provide a protective level of effective immunity for no-less-than 20 years after the last of not-more-than 4 doses of the vaccine in not-less-than 90 % of the fully inoculated population.
- Encourage universal breastfeeding for at least two (2) years and study the effect of delaying the start of vaccination programs with the goal of delaying vaccination until the later of 18 months or the weaning of the child. [Note: This goal should be pursued for each vaccine where inoculation currently starts before the child is 18 months old unless the overall cost of the vaccination harm to children younger than 18 months is independently proven to exceed the overall cost of delaying the vaccination program by at least 50% for a given vaccine. This goal is intended to better align vaccination practice with the natural timing for childhood diseases and to increase the immune system reserve capacity in the Thymus, Tonsils, and the other glands in the lymphatic system.]
- Eliminate the early childhood universal vaccination programs for all vaccines that are not effective (e.g., the influenza vaccines, Prevnar, the rotavirus vaccines, and the HPV vaccines), or are for diseases that are not endemic in young children (e.g., hepatitis B).

Hopefully, the reader will recognize the importance of meeting some of these goals and join with this reviewer in lobbying for such.

“‘What’s the schedule and number of vaccines?’ Ms. Dunkle asked. ‘What’s the content of those vaccines?’”

Here, this reviewer finds that the questions posed by Ms. Dunkle do need an answer but that, *though he included them*, the reporter apparently felt no real need to even address her questions.

The simple answers are:

- For her first question, the CDC periodically set and revise the recommended U.S. vaccination “*schedule*” for the general public and these schedules generally determine the upper limit on “*number of vaccines*”, and
- For the second, the FDA-approved vaccines package inserts, typically available through the Internet, or other’s countries’ product information leaflets, which also may be available on-line, contain the readily available general information on “*the content of those vaccines*”.

“Dr. Cohen said answering such questions was all but impossible because of the difficulties associated with diagnosing mitochondrial disorders.”

From the context, it appears that the statement attributed to Dr. Cohen here was not placed in its proper context.

This is the case because it is obvious to this reviewer that Dr. Cohen is referring only to Ms. Dunkle’s first remarks, in which this writer reported she said:

“she hoped that the researchers on Sunday would agree on studies that would help ‘to identify who those children are for whom vaccination might cause or worsen a mitochondrial dysfunction so that we can figure out a way to immunize those children safely.’”

and not her quoted questions about schedules, vaccines and their contents

“‘There is no test available right now to screen for mitochondrial disorders that is anywhere near sensitive or specific,’ Dr. Cohen said, ‘so the whole concept of screening prior to vaccination is a fantasy.’”

While this reviewer does not dispute that these are Dr. Cohen’s views, this reviewer notes that Drs. Poling and Zimmerman had no problem establishing Hannah Poling had a mitochondrial dysfunction.

Moreover, as a scientist who watched a rapid inexpensive robust screening test be developed for phenylketonuria (PKU), this reviewer knows that a rapid inexpensive robust screening test for mitochondrial disease, disorders and/or dysfunctions prior to a child’s first vaccinations is not a fantasy but rather a simple need that, *once it is made a global screening requirement*, one or more of the developers of rapid diagnostic tests will quickly meet.

“Still, a discussion about the possible links between mitochondrial disorders, autism and vaccination is needed, said Dr. Insel of the mental health institute.”

Here, this reviewer agrees with the quoted views of Dr. Insel.

Moreover, at least in cases like Hannah Poling’s putative “Thimerosal causes autism” test case in the Omnibus Autism Proceeding, this reviewer has shared his views of the most probable link between vaccination with vaccines containing a preservative level of Thimerosal and autism as well as the most probable link between vaccination with vaccines containing a preservative level of Thimerosal and both mitochondrial dysfunction and seizure disorders.

In this reviewer’s limited experience, the majority of children that have an ASD diagnosis, like Hannah’s, are most probably subacutely mercury poisoned by the Thimerosal in their vaccinations and, *in some cases*, from other drugs preserved with it or some other mercury compound to the point that this mercury poisoning directly:

- Causes the observed set of developmental and behavioral symptoms used to diagnose autism and the other ASDs,
- Poisons mitochondrial function, and
- Causes the slow-to-rapid regressive changes in the brain of children with an ASD diagnosis that are difficult to reverse and, in some cases after some degree of regression, also induces seizures such as those exhibited by Hannah Poling.

In this reviewer's current understanding of the facts, the links between autism and mitochondrial dysfunction as well as those between mitochondrial dysfunction and seizures exist but are secondary to the direct effects of the long-term systemic mercury poisoning of the body, which, as *Dr. Boyd E. Haley has correctly observed*, affects every system in the body in varying degrees – depending on the susceptibility of each system to being mercury poisoned based on the body's DNA, health, other infections, diet, stresses, medical interventions, living environment, and nurturing by others.

“‘We’re talking about two things we don’t understand very well, mitochondrial disorder and autism, and putting them together,’ Dr. Insel said. ‘It’s like two drunks holding each other up.’”

While this reviewer understands Dr. Insel's views and the analogy he use here, and the reviewer agrees that whenever we are limited to describing a medical condition only in terms of its symptoms (as is the case here for not only the autism [a/k/a autistic disorder] and the mitochondrial disorder that Dr. Insel mentions but also for the seizure disorder that he did not address), this reviewer does not accept the underlying presumption that the true causes of these medical conditions are unknown or undefined (the reality for all “medical” conditions that are disorders) in the **Poling** case, as the use of the term “disorder” indicates.

Moreover, *based on the largest published genetic studies done to date*, researchers have not identified any specific genetic pattern that, *absent any external trigger*, links that DNA to a specific neurodevelopmental disorder, autism in this case, coupled with a seizure disorder and mitochondrial dysfunction (a level of altered mitochondrial function that does not rise to the level that it can be considered a disorder) as is the actual case for Hannah Poling and many children like her, where rough estimates are that up to 30 % of those with an autism diagnosis also have a seizure disorder and 20 % to 50 % of those with an autism diagnosis also have some abnormality in mitochondrial function (e.g., muscle weakness [hypotonia] in the striated muscles and/or muscle incoordination in the intestine).

In this reviewer's studied view, it is clear that the Thimerosal (49.55-wt-% mercury) in vaccinations is a known causal factor (and ongoing trigger) that, *via its known systemic mercury poisoning of all systems in the body to varying degrees*, was and, *in most cases*, still is the principal causal factor in ASD cases like Hannah's case and in at least 75% of the instances where the child has a valid diagnosis of an ASD coupled with a diagnosed seizure disorder and diagnosed mitochondrial dysfunction.

Furthermore, *in less than 20% of the cases*, the principal causal factor (and trigger) for those with an ASD diagnosis appears to be the MMR or measles vaccines, or Thimerosal preceding or with the MMR or measles vaccines – leaving about 5 % of the ASD cases with as yet unidentified single causal triggers or more complex multiple-causal factors (triggers).

Were a significant random percentage sample of all those with an untreated ASD diagnosis to be given a complete differential diagnostic workup using the current best underlying-cause-indicating diagnostic tests for those with an ASD diagnosis, then this reviewer understands that these rough values could be improved to the point that appropriate uncertainties could be attached to each and the results of the differential diagnostic workups could be used to appropriately group children having the same triggering pattern and outcomes so that the effect of various medically appropriate

treatment regimens, including, diet, vitamin supplementation, hormone regulation, chelation and other “recuperative” therapies could be assessed, and the most helpful treatment plans adopted for each group.

However, as long as the healthcare establishment adheres to a “disorders” view of the harm done and wastes energy in trying to convert “genetic diversity” into a “genetic disease” like the status quo views currently being passed off to the public as if the causal factors (triggers) were still unknowns after decades of establishment-funded “research”, then the public’s confidence in this reporter and his fellow pro-vaccine advocates, vaccines, and vaccination programs will continue to wane.

To offset this wane, the level of vaccine propaganda and the blatancy of the lies in it will, *of necessity*, increase until all Establishment communication about these topics will only be carried on in newspeak, *the black-is-white, fact-rewriting language that George Orwell made famous in his book 1984*, until the people rise up and cleanse the United States of America of this pernicious evil, or the United States of America ceases to be an independent nation state.

“The meeting, in Indianapolis, is being sponsored by the mental health institute, the Food and Drug Administration, the C.D.C., the National Institutes of Health, the Department of Health and Human Services and the National Institute of Neurological Disorders and Stroke.”

Since, *as the preceding reflects*, the governmental agencies sponsoring this meeting are pro-vaccine agencies which seem more intent on:

- Lying about the ongoing presence of Thimerosal in vaccines and other medicines as well as about the maximum dose of vaccine mercury that a U.S. child may receive, presuming no further changes in the vaccination recommendations for the current vaccines and/or additions of some new Thimerosal-containing vaccine doses to the current recommended vaccination list. [**Note:** When today’s parent allows all of the Thimerosal-preserved and Thimerosal-containing vaccines licensed today to be given to their child and rigorously adheres to the current U.S. national childhood immunization schedule for children from birth to 18-years of age as well as the U.S. recommendations for pregnant women and nursing mothers, the total mercury dose, direct and indirect, from Thimerosal in vaccines that the child will receive, *provided nothing changes*, will exceed the maximum mercury dose from the corresponding U.S. 1999 vaccination schedule by more than a factor of three.]
- Covering up the real reasons the healthcare establishment, drug companies and governmental agencies are resisting a ban on the use of Thimerosal and all other mercury compounds in medicine
- Adopting “*anything but mercury and the MMR vaccine*” as causal factors for the numerous childhood developmental and behavioral conditions that were unknown or virtually unknown in the 1940s but are epidemic today, and
- Intentionally misusing epidemiology to generate studies that “disprove” the links between the identified causal factors (vaccination with Thimerosal-containing vaccines and the MMR vaccine) and the observed harmful outcomes (a plethora of abnormal childhood developmental and behavioral conditions, including, but not limited to the ADHD, ASDs, asthma and COPD, diabetes [types 1 and 2], certain leukemias, MS and other related autoimmune diseases, gastrointestinal disorders, and severe allergies to foods and dusts) occurring at epidemic levels today in the same manner that the tobacco companies used epidemiology to “disprove” the

links between the causal factors (the smoking, chewing and snorting of tobacco) and disease outcomes, including, *but not limited to*, heart disease and cancers of the lung, larynx, esophagus, tongue and mouth,

than in presenting the truth about the preceding vaccination-related issues with emphasis on those that can cause mitochondrial dysfunction in those who are susceptible, this reviewer thinks that the results from this meeting will most probably be more obfuscatory pronouncements about mitochondrial disorders rather than substantive findings about vaccines, multiple vaccinations, and the harm to mitochondrial function by vaccine components, including the Thimerosal component that mercury poisons the mitochondria directly and disrupts other normal cellular biochemical cycles, and the measles component in the MMR vaccine, which, *in some cases*, may alter mitochondria function by invading the cells and then subverting the proper function of the cell's mitochondria to support the replication of the measles virus.

“Whatever the result of the meeting, Charles A. Mohan Jr., executive director of the United Mitochondrial Disease Foundation, a nonprofit research and educational group, said he was delighted by the attention being brought to the disease.”

This reviewer acknowledges that the writer has captured Mr. Mohan's delight by the attention that the government is bringing “*to the disease*” – “mitochondrial disease”.

“Mr. Mohan's daughter died of the disease when she was 15 after years of worsening seizures.”

This reviewer is saddened by Mr. Mohan's loss, as he is with the loss of any child to a “disease” whose causal factors are currently unknown and for which the current therapies appear, given Mr. Mohan's loss, to be less than effective.

“We're hoping the result of this meeting is at least the realization that more money is needed for research to connect these dots,’ Mr. Mohan said.”

While this reviewer also hopes that the meeting will result in “*at least the realization that more money is needed for research to connect these dots*” as the writer reports that Mr. Mohan said, this reviewer hopes that the research funded will be designed to identify the root causes of the various mitochondrial dysfunctions observed, especially those that can be fatal, and that that research will lead to effective therapies that can arrest the damage done and, *in some, if not all, cases*, recover the child to near normalcy.

Reviewer's Postscript

On June 27, 2008, the Special Masters in the Omnibus Autism Proceeding in the United States Court of Federal Claims granted the Justice Department's request to withdraw the expert reports of the two recognized toxicologists (Drs. Magos and Clarkson),² which were the key reports upon which the government was heretofore relying to rebut the petitioners' toxicological evidence that Thimerosal in vaccines causes mercury poisoning that manifests as autism and other neurodevelopmental disorders.

² http://www.uscfc.uscourts.gov/sites/default/files/autism/7_03_08_autism.pdf “AUTISM MASTER FILE ORDER CONCERNING THEORY 2 GENERAL CAUSATION REBUTTAL”

This action is another, *albeit indirect*, admission by key toxicology experts (who were nominated to testify against “**THEORY 2**” [the proposition that Thimerosal {49.55-wt% mercury} in vaccines is causally linked to autism] and filed expert reports supporting this view) that the ever-growing body of scientifically sound toxicological evidence clearly supports the causal link between Thimerosal-containing vaccines and autism.

Note: This reviewer is a PhD Analytical Chemist who, among his interests, has been involved in studying:

- ❖ The issue of mercury toxicity in medicine,
- ❖ The admitted failure of the manufacturers of Thimerosal-preserved drugs, including vaccines, to comply with the law (21 C.F.R. Section 610.15(a)) that requires said drug makers to prove that their vaccine formulations that contain Thimerosal as a preservative are “sufficiently nontoxic so that the amount present in the recommended dose of the product will not be toxic to the recipient”, thus rendering these drugs adulterated under 21 U.S.C. Section 351(a)(2)(B) and illegal to distribute into commerce (**see: Congressional Record: Mercury in medicine report—taking unnecessary risks, CONGRESSIONAL RECORD—Extensions of Re-marks E1011-E1030 May 21, 2003, page E1012, column 2, II. FINDINGS AND RECOMMENDATIONS, A. Findings**, “3. Manufacturers of vaccines and thimerosal, (an ethylmercury compound used in vaccines), have never conducted adequate testing on the safety of thimerosal”),
- ❖ The FDA’s knowing approval of (and, for biological products, licensing of) these illegal drugs and admitted failure to require that the affected firms to conduct the safety testing needed to comply with 21 C.F.R. 210.15(a), a CGMP *minimum*, before licensing or approving them for distribution and sale on the part of the FDA (**see: Congressional Record: Mercury in medicine report—taking unnecessary risks, CONGRESSIONAL RECORD—Extensions of Re-marks E1011-E1030 May 21, 2003, page E1012, column 2, II. FINDINGS AND RECOMMENDATIONS, A. Findings**, “3. ... The FDA has never required manufacturers to conduct adequate safety testing on thimerosal and ethylmercury compounds”),
- ❖ The safety, effectiveness and cost-effectiveness issues associated with vaccines and other drugs and the FDA’s and CDC’s role in assisting the industries that it regulates game the regulatory system, and
- ❖ Various analytical methods and systems issues from the viewpoint of compliance with ISO/IEC 17025, a standard governing the operation of testing and calibration laboratories in a cost-effective quality compliant manner.

If any reader is interested in learning more about key autism realities, then they should obtain a copy of the peer-reviewed publication:

King PG. Goldman GS. Key realities about autism, vaccines, vaccine-injury compensation, Thimerosal, and autism-related research. *Medical Veritas* 2008 April; 5(1): 1610-44,

which: **a)** addresses these and related issues, and **b)** is available from the journal’s Internet web site: <http://www.medicalveritas.com>,

In addition a number of Dr. King’s review articles and other documents concerning autism issues and containing additional references that support the issues raised in this review are posted on the “Documents” page of the CoMeD web site: <http://www.mercury-freedrugs.org>

Finally, a detailed listing of Dr. King’s interests, history, accomplishments and publications can be found at: <http://www.dr-king.com>.
