

Friday, 25 December 2009

To All:

The text following this page is a draft response to a Minnesota Public Radio on-line editorial that is titled: “Why do media report 'the other side' of scientific fact?” and written by Haddayr Copley-Woods (haddayr@gmail.com), which this respondent downloaded on Wednesday, 9 December 2009 from: <http://minnesota.publicradio.org/display/web/2009/12/08/copley/>

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This formal response, titled:

“Why do media report 'the other side' of scientific fact?”
One Scientist’s Response!”,

begins on the next page.

Introductory Remarks

First, to “simplify” this response, when portions of the article being reviewed are addressed in this response, the statements in this report will be quoted in a “Times New Roman” font.

Second, except for his introductory remarks, the remarks by this respondent, Paul G. King, PhD, are presented in indented text following the section of the article that is being reviewed.

In addition, this respondent’s remarks and suggested changes are in a “Georgia” font except, when he quotes: **a)** from or refers to any US or New Jersey statute or regulation, the text will be in a “Franklin Gothic Medium Cond” font or **b)** from other sources, the quotations will be in an “Arial Narrow” font.

When this respondent quotes from statements made in the article, this respondent 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 respondent so that he can improve his understanding of factual reality and revise his views and the final response.

Respectfully,



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“Why do media report 'the other side' of scientific fact?” One Scientist’s Response!

INTRODUCTION

As a research scientist with decades of accomplishment in many arenas (see <http://www.dr-king.com>) as well as a student of Newspeak and Doublespeak, this respondent was taken aback by Haddayr Copley-Woods’ article on many levels.

First, in general, the “media” does not even claim to report scientific fact – scientific journals, non-fiction books, and the like purport to report scientific fact.

Second, the scientific method:

- ◆ Is based on the direct observation of a system or phenomenon,
- ◆ Accepts as possible all alternatives until incontrovertible direct evidence rules out an alternative, and
- ◆ Continually revises the set of possible alternatives based on the ever-changing body of scientifically sound and applicable results from the on-going study of said system or phenomenon.

Factually, the “media” reports those items, such as Ms Copley-Woods’ article, that it is “paid” (directly or indirectly) to report by those who shape the media’s reporting by the control (direct and/or indirect) that they have over what is “published” in the media.

In general, like this writer’s scientifically barren, blatantly “political”, and Doublespeak¹-filled composition, most media publications that address the “scientific issues” surrounding vaccines, which this article is clearly written to defend, are more propaganda than exposition.

Here, for example, even the title of the composition (“*Why do media report 'the other side' of scientific fact?*”) and the opening statement (“*The American media's bad science is making us sick*”) are inflammatory and meaningless.

As a scientist, with respect to the title, this respondent knows that complex scientific facts have many facets (sides).

Further, though “science” strives to be objective, scientists, as humans, hold views that emphasize the sides of the facts that support their views and tend to minimize, or ignore, those which do not.

Moreover, real-world scientific “facts” also have uncertainties and, at any moment, may be discarded whenever additional information renders them “false”.

However, because the American media has no “science”, the opening statement is hyperbolic non-science (or, in plain American English, nonsense).

Since most of the media’s reporting today is:

- ◆ Advertising,
- ◆ Advertising disguised as “news” (e.g., the typical “public service” announcement), or
- ◆ Some form of “propaganda” masquerading as unbiased reporting, which is designed to condition its “readers” to accept or reject certain views,

this opening statement is, at best, a “good sound bite”.

However, it is also obvious nonsense, which should be discarded because it is not relevant to the title’s putative topics: “media reporting” and “scientific fact”, or to the

underlying issues that become only apparent to the careful reader much later in this writer's convoluted narrative.

Turning to the articles content, this respondent will assess each statement that this writer makes in terms of its local context as well as, where appropriate, the underlying "vaccine" issues.

THE DRAFT RESPONSE

"The American media's bad science is making us sick.

The results? Frightened and ill-informed parents who don't vaccinate their children. Self-righteous blowhards who demand their religion be taught in my kids' science classes as a scientific theory. Politicians who deny the overwhelming evidence that human beings are causing global warming."

Whenever, a writer makes a less-than-logical statement, "*The American media's bad science is making us sick*"; asks a question, "*The results?*"; and answers that question with a series of disjoint, unsubstantiated, prejudicial statements:

"Frightened and ill-informed parents who don't vaccinate their children",

"Self-righteous blowhards who demand their religion be taught in my kids' science classes as a scientific theory", and

"Politicians who deny the overwhelming evidence that human beings are causing global warming",

then the reader should recognize that writer's intent is to mislead the reader in some manner rather than to inform the reader.

With respect to the first "result":

"Frightened and ill-informed parents who don't vaccinate their children",

this writer is portraying "parents who don't vaccinate their children" as "[f]rightened and ill-informed" – a depiction that ignores the reality that the parents who elect to opt-out of vaccination programs are those who:

- ◆ Hold strong moral and religious views that supersede any recommendation or mandate to be vaccinated themselves or to have their children be vaccinated, and/or
- ◆ Are, according to published studies, parents that are more highly educated and/or are members of the upper economic classes, who inferentially are better informed or, at a minimum, have more time for studying, and/or more access to, the true risks and theoretical benefits of vaccination programs², and/or
- ◆ Have vaccination-injured children that clearly establish that the damage from, and the risks from further, vaccination of their children clearly outweigh the theoretical benefits claimed for vaccination.

Further, the inclusion of this "results" item clearly establishes this writer as a vaccination apologist.

Since anyone reading the entire article should know that this writer is really focused on issues related to "vaccines"/"vaccination" and, to a lesser extent, "autism", this respondent sees no need to spend time on her depiction of "*Self-righteous blowhards who demand ...*" and "*Politicians who deny the overwhelming evidence that ...*" as both this respondent, and the reader, can easily complete both sentences with other issues³.

“Of course, when you come right down to it, everyone is responsible for her own actions. But when we depend on the media for guidance in making those decisions, we are depending on a deeply flawed presentation of the facts.”

First, obviously, based on American law, only every competent person is responsible for his or her own actions.

America does not generally hold incompetent (or insane) persons responsible for their actions.

Furthermore, this writer’s second statement is obviously overly broad because it fails to state the issues of concern upon which we should not “*depend on the media for guidance in making those decisions*”.

Finally, if we accept that the writer’s statement is accurate, then she is advising us to reject her views because she is part of the media about which she is speaking.

Given the preceding realities, it seems that this writer’s statements here include phrases (“... *for her own actions* ...” and “...*a deeply flawed presentation of the facts*”) that are Freudian slips, which speak to how this writer’s “soul” feels, on some subconscious level, the reader should consider her statements.

“Well, reporters, what do you have to say for yourselves? Why do you allow unscientific people to spout their harebrained schemes side by side with genuine doctors and scientists who follow the scientific method?”

Here, this writer speaks to nameless “*reporters*” and then “*questions*” the manner in which these “*reporters*” present statements from two (2) ill-defined groups (i.e., “*unscientific people*”⁴ and “*genuine doctors and scientists who follow the scientific method*”⁵) in the articles that these nameless reporters write.

Given the preceding realities, the reader should simply ignore her remarks here.

“Is it in the name of balance? When was it written into journalistic theory that each story has two equally legitimate sides? When did fact-checking become too odious?”

Here, this writer continues to use the artifice of asking, but not answering, rhetorical questions of unidentified “*reporters*” about issues tangential to the her agenda issues – another Doublespeak technique used by those whose intent is to misdirect the reader.

“There are some givens in science: The theory of evolution. The origin of global warming. The lack of any connection between autism and vaccines, despite exhaustive studies searching for one.”

Here this writer begins by asserting a fact: “*There are some givens in science*” but proceeds to follow that fact with a list of items that are not facts but are, in the order stated:

- ◆ An admitted theory (“*The theory of evolution*”) for which there is much supporting evidence,
- ◆ The beginning of several generally accepted non-specific hypotheses (“*The origin of global warming*” is ...), which has more than one putative causal factor and many differing causal-factor weights, and

- ◆ An apparently blatant falsehood (“*The lack of any connection between autism and vaccines, despite exhaustive studies searching for one*”) that any search of the published, peer-reviewed scientific literature (e.g., PubMed and Index Medicus) using the search string: “autism AND vaccine” will find hundreds of peer-reviewed articles (along with numerous non-peer-reviewed letters and magazine articles claiming no link) by tens of groups, including many articles reporting some connection between autism and vaccines⁶ and, *if you discount those published peer-reviewed studies published, funded or overseen by the CDC or some other governmental group or the vaccine manufacturers or their suppliers, where the original data from the study has been lost or is not available for independent review, as well as the non-peer-reviewed letters and magazine articles*, most of the remaining peer-reviewed articles seem to find some evidence of a possible link (in the case of inferential studies) or a proven link (in the case of empirical studies) between: **a)** autism or some of its symptoms and **b)** some vaccine(s) and/or component(s) of vaccines.

Thus, as those versed in the art of Doublespeak often do, this writer begins by stating a fact and then proceeds to link to it items that are less and less factual — ending, in this instance in an obvious scientific falsehood.

Moreover, this writer ignores the reality that, among the truly unvaccinated — groups of children who:

- ◆ For most all children, have never been vaccinated (e.g., the Lancaster-County-Pennsylvania Amish⁷ and the non-vaccinating families of a Chicago medical practice⁸) or,
- ◆ Are either never-vaccinated or probably selectively vaccinated (e.g., the Northeastern-Ohio Amish⁹) —

the “incidence” of autism was less than ($<$) 1 case per 5,000 unvaccinated children.

While, in the general vaccinated population, the CDC’s latest estimate of “autism” incidence from 2007 data in children age 2 – 17 (born in 1990 through the end of 2004) is about 1 child in 100¹⁰ — an incidence that is more than 50 times higher in the vaccinated children in the CDC’s survey than it is in the three groups of unvaccinated children cited.

Furthermore, this writer ignores the fact that, despite the preceding survey findings and a significant population of never-vaccinated children of all ages (at least 0.5 % of all American children[or currently, at least 390,000 children]), the CDC has refused to fund an independent and unbiased cohort study comparing all aspects of the health of these never-vaccinated children to all aspects of the health of completely vaccinated children of the same age, sex, religion, and proximate location.

Based on the on-going refusal of the federal government to do the preceding study and the much lower survey rates for autism in three non-vaccinating populations than in the CDC’s surveys, this respondent knows that no exhaustive search has been done focused on finding the connection(s) between vaccines and autism or, for that matter, other chronic childhood medical conditions.

In addition, given the study flaws in the studies overseen, funded, designed and/or manipulated by the CDC and/or the vaccine makers and their component suppliers, the Establishment studies are intentionally misdesigned (e.g., an autism-vaccine study designed studying autistic traits in neurotypical children with differing

vaccination statuses) and/or manipulated (e.g., the CDC's so-called "Verstraeten" studies, where there is documented proof that the data sets originally studied that found a strong statistically significant link between vaccine exposures to Thimerosal-preserved vaccines and the risk of "autism" or other neurodevelopmental disorders were subjected to iterative "adjustments", "augmentation" and "stratification" until the statistically significant link became statistically non-significant).

Moreover, despite a Congressional demand that the original datasets be preserved, the CDC "lost" the raw data that the "Verstraeten studies" used.

Thus, it appears that neither the federal government nor the vaccine makers have conducted any unbiased population study designed to find a highly probable connection between "autism" and "vaccines".

"Perhaps you can find one person with an M.D. or Ph.D. after his name who will say otherwise. But this does not mean he or she belongs in your stories, especially when this supposed expert has no credibility in the scientific community. You are spreading misinformation, and this misinformation kills."

First, with respect to this writer's unsubstantiated claim of a "lack of any connection between autism and vaccines", if any reporter (this writer's "you" here) were to truly seek out those "with an M.D. or Ph.D. after his name who will say otherwise", then he or she would find that there are dozens in the United States of America and hundreds in the world who have proven that there is a "connection".

Furthermore, some of these researchers have published well-designed studies, which have shown some significant connection, in peer-reviewed journals.

Moreover, many of the studies that purportedly found a "lack of connection" actually found evidence of some type of connection but the relative risk or odds ratio values indicated a less-than-statistically-significant connection (one with a probability value [based on some two-tailed statistical evaluation] that was greater than 0.05; or a relative odds ratio that was less than 2.0).

Second, if the issue is science, it is not whether or not these researchers have "credibility in the scientific community"¹¹ but whether or not the information they offer is based on scientifically sound and appropriate studies that have the pertinent data available from the published studies for other qualified researchers to independently study, review and replicate¹² or that other qualified independent researchers have already been able to repeatedly replicate.

Thus, this writer's Orwellian rhetoric here seems to be knowingly spreading disinformation that advises reporters to only report information published by researchers that are deemed credible by the "scientific community" without:

- ◆ Regard to its validity and/or
- ◆ Any "fact-checking" – apparently recommending here a practice, which three (3) paragraphs before she seemed to characterize as "odious" ("When did fact-checking become too odious?").

Further, it appears that this writer's closing remark:

"You are spreading misinformation, and this misinformation kills"

is Doublespeak that is intended to limit, corrupt, and/or prevent independent thinking by the readers of this opinion piece.

Additionally, this writer implies that these unnamed reporters (implicitly those who report anything outside the bounds set by her unspecified "scientific community")

are “*spreading misinformation*”¹³ (again implicitly information outside that sanctioned by this unspecified “*scientific community*”), which is lethal (“*this misinformation kills*”).

Thus, this writer’s closing statement is a blatant distortion of reality because, information, even if it is “*misinformation*” that is patently false, cannot be lethal unless someone acts, or fails to act, based on this unspecified “*misinformation*”.

“Do I sound melodramatic? It’s a fact: Measles outbreaks have become a problem in communities with low vaccination rates, and measles, mumps and rubella infections have killed people. Recently. Like, this year.”

Actually, all that this writer sounds like is a propagandist who uses vague and non-relevant information presented as facts to create a false view of reality.

Accurately, there have been no widespread measles outbreaks in the non-vaccinating groups discussed by this respondent earlier in this presentation – not “[r]ecently” – not “[l]ike this year”.

Furthermore, given a population of 300+ million people, about 78 million of whom are children, the incidence of measles in the recent years where the CDC has reported data has been, even if all the reported cases of measles had occurred in children, less than 0.2 cases per hundred thousand American children.

In contrast to the incidence of measles, the current government-estimated incidence rate is about 1,100 autism-spectrum-disorder (ASD) diagnoses per hundred thousand American children 2- to 17- years old.

In America, recently (2002 – 2005)¹⁴, CDC-reported deaths on average from measles were 0.5 person per year (1, 0, 1, and 0 deaths) and, from mumps, 0.25 person per year (1, 0, 0, and 0 deaths).

By comparison, **19** persons on average died annually from pertussis (**18, 11, 16, and 31** deaths) – a clearly much more deadly contagious disease than measles or mumps, but one that, “coincidentally”, this reporter did not even mention.

For the period 2000 through 2007, the corresponding numbers for clinical disease case reported by the CDC¹⁵ were:

- 86, 116, 44, 56, 37, 66, 55, and 43 for measles (63 cases/year, on average),
- 338, 266, 270, 231, 258, 314, **6,584**, and 800 for mumps (1133 cases/year, on average), and
- **7,867, 7,580, 9,771, 11,647, 25,827, 25,616, 15,632, and 10,454** for pertussis (**14311** cases/year, on average).

Thus, based on this data, this writer’s concerns are, at best, proverbial “red herrings”, where this writer carefully does not mention contagious diseases for which the present vaccines are clearly less than effective (e.g., pertussis¹⁶, where the average annual death and case rates in a vaccination program that starts when infants are 2 months of age and currently recommends giving 6 doses during childhood are more than 10 times higher than the corresponding average rates are for measles and mumps, where only 2 doses of vaccine¹⁷ are recommended during childhood).

Finally, by raising a nonspecific specter of death (“...*infections have killed people*”), this writer seems to be knowingly engaging in fear mongering.

“I do not know how many children have been killed or damaged by parents and doctors attempting to chelate them for nonexistent mercury poisoning, or subject them to pressurized oxygen chambers due to unscientific claptrap.”

Here, this writer fabricates obviously biased scenarios about which she admits she has no knowledge (“*I do not know ...*”).

In addition, she ignores, refuses to recognize, or is unaware of, the published peer-reviewed studies that document the tens of cases of children with proven mercury poisoning and verified tolerance for the chelating agent used whose:

- ◆ Developmental impairments (as measured by recognized impairment assessment metrics) and
- ◆ Body burden of mercury (as tracked by the downward trend in their level of mercury toxicity as indicated by valid urine-porphyrin-profile-analyses)

have both been lessened by appropriate beneficial, mineral-sparing, “oral” chelation protocols in which the mercury-toxic children being chelated have not had any significant reduction in any aspect of their health during the chelation periods.

While the published evidence for the beneficial effects of hyperbaric oxygen therapy are less-well established, the studies appear to have shown some lasting improvement in children having a diagnosis in the mild end of the ASD spectrum (typically, in those children diagnosed with Asperger’s syndrome).

“My child has Asperger's and Tourette's. I understand the panic parents feel when a child reacts to the world in frightening and unpredictable ways. I understand the instinct to go with emotional reactions rather than scientific evidence.”

Without any apparent attempt to study the scientific literature or to survey other parents, this writer claims to “*understand the panic parents feel ...*” and their purported “*instinct to go with emotional reactions rather than scientific evidence*”, seemingly based solely on her own personal reactions and her experiences with her child who has been diagnosed with “*Asperger's and Tourette's*” syndromes.

Based on the case histories reported by the parents of mute teenage children, for example, with a diagnosis at the severe end of the “Autistic Disorder” spectrum and severe aggressive behaviors, neither this writer nor, for that matter, this respondent can begin to understand the panic such parents feel when, without warning, their mute child attacks them so violently that these parents suffer broken bones or worse.

Moreover, this respondent finds that this writer’s views on the instincts of parents of children with an ASD diagnosis is, at best, patronizing because, at least for the parents who are from all social-economic groups – the poor barely scraping by on food stamps with minimal help from their family to the wealthy who have part- or full-time aides for their child – with which this respondent interacts, the primary instinct of these parents seems to be to do whatever they can to help their child to recover from the medical conditions with which the child is afflicted.

In general, these parents are constantly searching the published literature and on-line groups of which they are members to find actions they can take to ease their child’s pain and, where possible, help them to recover from their debilitating conditions to the point that they can communicate and, if at all possible, function at least semi-autonomously before the parents become: **a)** too old to care for the child or **b)** die.

Based on the preceding realities, this writer’s biased understanding of reality is, at best, limited.

“But let me tell you something: I do not appreciate these parents risking my children's lives so that they can indulge their superstitions. Vaccinating a kid is not just about that individual child. It's about herd immunity.”

With respect to this writer's initial tirade (“*[b]ut let me tell you something: I do not appreciate ...*”), based on:

- ◆ The relative risk of disease exposure from the never vaccinated children (typically, < 2% in children) with whom your child may have contact versus the risk for disease exposure from the vaccinated who are not immune (probably between 10% of the children on average for most diseases for which there is an effective vaccine, 50% of the population for diseases for which the vaccines are somewhat effective for some period of time when we include adults of all ages, and > 90% of the population for diseases or disease strains for which, though there is a vaccine, there is no effective vaccine for all endemic strains, when we include the total population),
- ◆ The risk of harm to the children who are vaccinated,
- ◆ The lack of proof that there is even durable “population protection” much less lifetime “herd immunity” in America, where the diseases for which there are vaccines do not result in serious uncontrollable outbreaks in the population segments who do not vaccinate, and
- ◆ The reality that several vaccine components recommended for universal vaccination programs in the USA provide, at best, incomplete disease strain coverage (e.g., the meningococcal, Hib, HPV and the pneumonia vaccines) and/or limited disease-protection duration (e.g., the mumps, HepB, and HPV vaccines); some, like the current vaccines for herpes varicella zoster, measles, mumps, rubella, and rotavirus as well as the live influenza vaccines, actually infect those vaccinated with the disease; some, like the influenza vaccines, are not effective; and some, like the herpes varicella zoster and rotavirus vaccines, are not in-use cost effective,

the facts clearly indicate that this writer's children's lives are exposed to significantly more disease risk from the “vaccinated” than from the non-vaccinating, who generally have, and/or train their children to have, more sanitary and hygienic living practices because they must rely upon exposure prevention, healthy diets and life styles — the principal disease-risk defenses available to non-vaccinators.

In contrast, vaccinating parents, who truly do believe in vaccination and do rely upon their belief that their children's vaccinations do protect their children from contracting a clinical case of a disease, are less compelled to place strong emphasis on sanitation and hygiene.

Thus, as most vaccine/vaccination apologists do, this writer seems to be, perhaps unknowingly, distorting reality and misleading the reader.

Further, this writer's closing statements:

“*Vaccinating a kid is not just about that individual child. It's about herd immunity*” are problematic to say the least.

Factually, in today's America, because of a small exposure risk, the known risks from vaccination for most childhood diseases, including death and permanent disability, are much more probable than the theoretical benefits of vaccination.

In addition, the theoretical benefits of vaccination for the person vaccinated are

neither certain nor life long for most vaccines.

Further, except for rabies, there are drugs and therapies to help those who are infected with most of today's vaccine-covered diseases, which, when properly used in a timely manner, are curative and only expose those who are infected to a small risk to loss of life or significant permanent disability.

Finally, "herd protection" is an obvious pharmaco-medical-establishment-beneficial myth today for most vaccine components because:

- ◆ An initial multiple-dose protocol, which is not always effective, much less cost effective, is required for "most" of those who are fully vaccinated to be protected; and the duration of the protection from the recommended initial vaccinations is, with few exceptions, much less than lifelong;
- ◆ Vaccination actually increases disease risk over time in both the vaccinated and unvaccinated populations because it facilitates the rise and spread of disease strains that are not covered by the vaccines (e.g., *Neisseria meningitidis* serogroup B) and pathogens that invade the niche left by the suppression of the disease strains in the vaccine (e.g., the emergence of *Serratia marcescens*, *Pseudomonas aeruginosa*, and *Klebsiella pneumoniae* as causal factors in human pneumonia cases where, prior to "pneumococcal" vaccines, one of the vaccine-suppressed strain of *Streptococcus pneumoniae* was usually the causal factor), and
- ◆ Based on the rise in immune-system-malfunction-related chronic diseases in the USA, the increases in the number of vaccines and vaccination doses recommended for protection and their timing are, to say the least, some of the causal factors for the epidemic increase in the emergence of these chronic disease in childhood.

Moreover, in America today, given the preceding realities, the current general sanitation and hygiene standards, and the availability of healthy food and adequate housing:

- ◆ Vaccinating your children should, first and foremost, be about what is best for each child;
- ◆ The decisions as to when to vaccinate and which vaccines, if any, to administer should be your decisions; and
- ◆ Scientifically, the contribution that vaccinating your child will make to protecting others is less important than your commitment: **a)** to practicing, and advocating for, high standards of sanitation and hygiene in your community as well as **b)** to advocating for the reduction of unnecessary toxins in your water, food, clothing, dwellings, schools, and workplaces.

If there are no places for the vectors for diseases to multiply and/or environments in which the diseases themselves can survive, then those diseases (e.g., yellow fever and cholera) will die out and, in general, there will be no need for a mass vaccination program for them.

"Because people all react differently to vaccines, my fully vaccinated kids could still come down with polio if someone else's unvaccinated children exposed them to it. Babies who have not completed their vaccinations are particularly at risk of dying from measles and mumps."

Here, this writer starts with a truth (“*people all react differently to vaccines*”), adds a hypothetical, unrealistic¹⁸ assertion (“*my fully vaccinated kids could still come down with polio*”) that probably meant to state “paralytic polio” because, for most American children today, polio infections are so outwardly benign that they are only rarely diagnosed (e.g., in 2005, one cluster in a single community, where a baby’s unrelated immune-system problems prompted a diagnostic work up, which found evidence of active polio virus in the baby and 3 other children with whom the baby had contact but no overt clinical signs of polio-virus infection nor polio-related paralysis).

Moreover, the cases found in 2005 in: **a)** one isolated cluster and **b)** a single isolated foreign-acquired paralytic-polio case were only found in unvaccinated individuals.

Based on this writer’s views and positions, she has surely vaccinated her children against polio even though she knows that her children have essentially zero risk of contracting a clinical case of paralytic polio.

Since, based on the CDC’s 2007 annual summary of notifiable diseases report, almost no babies, vaccinated or not, die from either measles (about 0.5 death per year) or mumps (about 0.25 deaths per year) in the United States, this writer’s assertion that “[b]abies who have not completed their vaccinations are particularly at risk of dying from measles and mumps” is, at best misleading and disingenuous.

“Just to be clear: A parent's decision to take healthy skepticism and twist it into some bizarre inability to comprehend basic scientific principles, or to trust the preponderance of scientific evidence, could very well kill the neighbors' baby. All because some parents think vaccinations will make their kid turn out like mine. (For the record: They won't. And also, my kid is awesome -- you should be so lucky.)”

Since this writer presents no scientific evidence to support much less establish the validity of her “[j]ust to be clear:” statement, all that read this statement should recognize it as the embodiment of some alternate universe that only exists in this writer’s and some of her fellow vaccine apologists’ minds.

Moreover, this writer’s clear inability to comprehend much less comment on basic scientific principles is clearly illustrated when she speaks of “*the preponderance of scientific evidence*”.

This is the case because this writer ignores the basic scientific principles that the scientist and those who use the scientific method are supposed to follow: **a)** evaluate all of the evidence, **b)** only discard that evidence that they can prove is invalid, and **c)** make their scientific decisions based on the outcomes of their unbiased scientific analysis of the factual data – not on statistical projections at some probability level – and certainly not on the “*the preponderance of scientific evidence*” – the relative weight of, or the relative number of pages of, evidence supporting one position as compared to that of some other position.

Comparative “*preponderance of ... evidence*” approaches are valid in the legal world but have little or no place when dealing with scientific evidence, where, as succinctly stated in one discussion of Occam’s razor¹⁹:

“As arbiters of correctness, only logical consistency and empirical evidence are absolute.”²⁰

Furthermore, this respondent finds it appalling that this writer attempts to turn parents (who, on any logical, ethical, scientific, or legal basis, have the right in America to make decisions concerning the medical procedures that are appropriate for

themselves and their children) into “murders of their neighbors’ children” (“*kill the neighbors’ baby*”).

In addition, this writer ignores other realities including, but not limited to:

- ◆ Whenever parents decide to allow the vaccination of themselves or their children with live viruses (especially, the live polio and rotavirus vaccines), after being vaccinated, they or their children are at risk of infecting their “*neighbors’ baby*”, and
- ◆ Some who are vaccinated against the pertussis toxins, against which the vaccine are designed to provide immunity, become chronic “pertussis” carriers and may infect their “*neighbors’ baby*” if they have close contact with that baby.

However, this respondent does applaud this writer’s ability, showcased here, to write a sentence replete with complex Doublespeak and unsubstantiated views.

Turning to this writer’s next statement:

“*All because some parents think vaccinations will make their kid turn out like mine*”, this respondent again simply notes that parents, who have the right to decide their children’s medical care, should not be second-guessed or, as this writer does here, mocked.

Further, this writer’s gratuitous parenthetical remarks:

“*(For the record: They won’t. And also, my kid is awesome -- you should be so lucky.)*”, indicate that she believes herself to be all knowing (“*[f]or the record: They won’t*”).

Unfortunately, no person of whom this respondent is aware can predict with certainty what the immediate, short-term and long-term outcome of any vaccination will be for all of the children of all parents who decide, for whatever reasons, not to vaccinate their children in a given situation – including outcomes (e.g., death and severe regressive Autistic Disorder with aggression) that are much worse than the unqualified “*Asperger’s and Tourette’s*” syndromes this writer stated that her child has.

Finally, this respondent has no quarrel with this writer’s “*my kid is awesome*” belief because he too has an amazing daughter, but finds her “*you should be so lucky*” remark to be uncalled for.

“Perhaps parents wouldn’t be so easily misled if more reporters actually did some hard-nosed reporting on this and other scientific topics.”

First, this writer’s statement here is blatant, misleading Doublespeak clearly designed to create a false view of factual reality as well as to limit, corrupt, and/or prevent thinking.

This writer does not even state what “*this*” topic is.

However, based on her preceding statements, it is not a scientific topic.

Nor does she identify the “*other scientific topics*” on which she thinks more unidentified reporters should do “*some hard-nosed reporting*”.

Worse, this writer again fails to provide any scientific proof to substantiate her implicit claim that parents are being “*easily misled*” or, for that matter, “*misled*” at all.

“But what I mainly see and hear are vapid point/counterpoints in which the real scientist becomes more and more frustrated with the evangelist, or the writer uncritically reports a totally unsubstantiated claim

made by a celebrity like Jenny McCarthy -- who got her "doctorate from Google" (her words, not mine) -- with no follow-up or refutation."

After reading this writer's rant here about what she mainly sees and hears that she finds objectionable, this respondent would suggest that she should visit the CoMeD web site:

<http://www.mercury-freedrugs.org>

and read the documents²¹, press releases, and papers that are posted there if she wants discussions with "meat on their bones" in which the scientific assertions made therein are backed by published documents – most often, in the case of discussions on vaccines and vaccine-related disease, taken from the CDC's publications and, in the area of mercury poisoning by medicine, most often from published peer-reviewed studies that are not statistical assessments of records but rather empirical studies of mercury toxicity and its effects at various levels including an FDA-recognized chronic toxicity study of injected Thimerosal in rats that clearly establishes that the toxic threshold for Thimerosal-derived mercury is: **less than (<) 0.0042 micrograms (4.2 nanograms) of mercury (Hg) per kilogram of body weight per day in developing humans** – a value more than (>) 20 times lower than the United States Environmental Protection Agency (EPA) "reference dose" (RfD): 0.1 microgram of Hg per kilogram of body weight per day, which based on estimated levels of Hg ingestion by adults in food (mainly fish).

The point of the previous narrative is to let this writer and the reader know that apparent cause of this writer's problems, as framed here by this writer, resides in her choices concerning the sources upon which she chooses to rely.

"We need fewer debates about whether humans have caused global warming and more vigorous work on stopping it before we destroy the planet -- if it isn't too late. We need genuine research into possible environmental triggers for autism that is not muddled by bad science and hysteria."

Here, this writer starts by making bold, but unproven, assertions about global warming, *a hot-topic area where there is conflicting science about: a) whether or not there truly is global warming or simply a short-term climate cycle fluctuation and b) the magnitude of the human contribution to global warming*, and telling us what "we" need to do about "*stopping it before we destroy the planet -- if it isn't too late*".

Unfortunately, this writer's remarks contribute nothing to the topic about which, based on what she has said and the key part of her next statement, she seems to be concerned: "*research into possible environmental triggers for autism*".

Continuing, this respondent agrees there is a need for "... *research into possible environmental triggers for autism ...*", but notes that this writer's unsubstantiated and pejorative modifiers, "*genuine*" before "*research*" and "*that is not muddled by bad science and hysteria*" after "... *research into possible environmental triggers for autism*" are clearly intended to be dismissive of the existing body of that "*research*".

Because the existing body of scientifically sound toxicological, case study, and direct-population-study research into possible environmental triggers has clearly established that mercury poisoning from environmental sources (food, water, air, and medicines containing added mercury compounds) is one of the main triggers, if not the main trigger, in those segments of the population who, *for whatever reasons: a) have impaired mercury detoxification abilities and b) are exposed to mercury that gets*

into the body by inhalation, ingestion, contact or injection at levels significantly above the putative safe daily level for exposure to each type of mercury (i.e., elemental, inorganic, and organic) via each avenue (inhalation, eating, contact or injection), this respondent understands why this writer is trying to denigrate this existing body of research and its findings.

Without a doubt, this writer is trying to lead the public away from the existing unequivocal proof that Thimerosal-preserved vaccines are clearly one of the main environmental triggers of all of the childhood developmental and behavioral disorders that once (before 1975) were rare (“1 in 10,000”) and now are at epidemic levels (> 1 in 1,000 to > 1 in 10).

However, what the people need is a moratorium on the use of all drugs, medical practices, medical procedures, and food additives for which there is scientifically sound evidence of a connection between a given exposure and some chronic disease(s).

Factually, the epidemic levels of chronic conditions in vaccinated American children are too high (e.g., more than 1 in 6 children have chronic diseases, behavioral problems and/or developmental disorders, about 1 in 9 children have asthma and/or COPD, and, based on the data for dependents of military personnel, more than 1 in 88 children probably have an ASD diagnosis), and these epidemic levels are increasing.

Since the rates for many of these chronic conditions in groups of never-vaccinated children are at least two orders of magnitude lower than they are in vaccinated children, it is clear that, at a minimum, one of the actions that must be taken in response is to scale back our current vaccination programs to no higher than the level of vaccination that existed in the 1970s – a time when the incidence rates for today’s chronic diseases were at levels below 1 in 1,000.

This scaling back should be accomplished by, in order of precedence:

- ◆ Removing those mass vaccination programs that are not cost effective from the CDC’s recommendations and/or reducing the number of doses of vaccine and delaying their administration so that the resultant program is again cost effective and provides adequate long-term protection,
- ◆ Rescinding all mass-vaccination recommendations for vaccines that are not in-use effective in preventing disease, for at least 30 years, in at least 90 % of those vaccinated with the initial set of vaccines doses that can be proven to be cost effective for mass vaccination by qualified independent reviewers, and
- ◆ Committing to:
 - Revoking the licenses of all vaccines within 3 years from today for which the vaccine makers cannot prove that any compound it contains that is used as a preservative or an adjuvant is at a level that meets the requirements for safety of a preservative or adjuvant as currently set forth in 21 CFR § 610.15(a) or
 - The total removal of any compound used as a preservative or an adjuvant from the vaccine’s formulation²² whenever the requisite toxicological proofs of safety are lacking.

In order to ensure that there is sufficient vaccine for those who believe that vaccines provide truly effective protection to their children and themselves, the federal government should:

- ◆ Require the manufacturers of vaccines removed from mass vaccination programs (because: **a**) the vaccination program using them is not cost effective or **b**) they are not in-use population effective) to produce not less than 105 % of the prior year's doses consumed in the next year and
 - ◆ Commit to buying up, at cost, any undistributed, properly stored non-annual vaccine doses that are within 9 months of their expiration date and donating them to countries where there is a still need because the disease for which that vaccine is protective is both endemic and causing significant numbers of clinical cases of disease in these countries,
- to ensure an orderly ramping down of the available does while preserving sufficient doses for those who wish to give themselves or their children these less than cost-effective or in-use effective vaccines.

“And for our intellectual and physical health, not to mention that of our planet, we need kids to learn science in school and religion in their homes and places of worship.”

Again, this writer ignores the obvious current harms to our vaccinated children by some aspect of today's CDC-recommended vaccination programs including:

- ◆ The harm to our children's mental and/or physical health that some aspect of some of these vaccination programs are causing,
- ◆ The economic harm caused by wasting precious healthcare dollars on vaccination programs that are not cost effective and/or not in-use effective in protecting those vaccinated from getting the disease for which the vaccine is claimed to be protective, and
- ◆ The systemic harm to our health and the vaccine programs' credibility caused by continuing to permit any vaccine preserved with Thimerosal (49.55% mercury by weight) to continue to be licensed in the United States of America without proof of the Thimerosal's safety to the safety standard minimum (see: 21 CFR s 610.15(a)) more than a decade after promising to remove Thimerosal from the manufacturing processes for all vaccines as soon as possible.

Furthermore, this writer ignores one very stark reality: Unless the instances of neurodevelopmental disorders and behavioral problems stop increasing and rapidly revert to their 1970s levels, more than half of our school-age children will be unable to learn science or, for that matter, any subject in a traditional school much less comprehend the nuances of interpersonal relations and religion – no matter the setting in which these subjects are taught.

Additionally, this writer is clearly either oblivious to, or has chosen to ignore, the fact that, for a number of reasons, children are increasingly being home schooled and, in most cases, these home-schooled children are being taught both science and religion in the home along with, *in the case of children with developmental disabilities*, behavioral, speech, physical and occupational therapies as well as other therapies and interventions increasing required just to help these children to: **a**) interact appropriately with others and/or **b**) hopefully, when they reach adulthood, become both productive and engaged members of society.

“If I can't have what I really want -- a solid and respectable education in the sciences for every person in America -- can I at least get the journalistic profession to do its job?”

Here, this writer is clearly ignoring the reality that, because American manufacturing jobs are migrating overseas where the labor costs are lower and an increasing percentage of our children are incapable of effectively using “*a solid and respectable education in the sciences*”, her “*want*” is increasingly inappropriate.

What most American children increasingly need is a school system that, in addition to college preparatory and citizenship courses, offers training in vocational skills (like carpentry, roofing, masonry, brick laying, sewing, food preparation, hair dressing, applied transactional mathematics, accounting, data entry, electronic-device repair, auto repair, plumbing, wiring, nursing, pharmacy and childcare) for jobs that cannot be outsourced so that, when the graduate from high school and choose to enter the work force, they have marketable job skills for those jobs that are available.

Until our government stops the direct (from the transfer of our technological base to offshore locations) and indirect (from the in sourcing of foreign nationals through a number of immigration programs) transfer of our high-tech jobs to those born in other countries:

- ◆ The true need for teaching the sciences in our primary and secondary schools will continue to decline;
- ◆ Our colleges, universities and graduate schools will continue to be peopled by more and more foreign nationals; and
- ◆ Because many of the neurodevelopmental and behavioral problems associated with our chronic disease epidemics disproportionately damage males, our science teachers and scientists will increasingly become native-born women and immigrant men.

Thus, based on today’s actualities, this writer is actually an advocate for continuing to waste our healthcare dollars as well as continuing to misappropriate the resources available to educate our children for the American jobs for which there is a current and future demand today because they cannot be outsourced.

In addition, this writer’s request for “*the journalistic profession to do its job*”: **a)** is odd because journalists, and not the “*journalistic profession*”, are the ones who actually do the job and **b)** ignores the reality that all trained professionals in journalism are, unless independently wealthy, doing the job that they are paid to do or else the usually do not keep their jobs.

Since most of the mainstream media of which this writer is apparently speaking today gets much of its revenue from the pharmaceutical and healthcare establishments, most journalists, possibly including this writer, are simply doing what they are currently being paid to do – write articles that:

- ◆ Are Doublespeak-filled attacks on those who have legitimate concerns about any aspect of our nation’s current approaches to mass vaccination and vaccine safety based on biased studies, unsubstantiated claims of safety and effectiveness, and the on-going knowing use of a bioaccumulative severe poison, Thimerosal (sodium ethylmercurithiosalicylate; 49.55% mercury weight) that is a known human teratogen, mutagen, carcinogen and immune-system disruptor at levels below 1 ppm (where the putative safe level [the no-observed-adverse-effect level {NOAEL}] in developing children for the mercury in injected Thimerosal is < 0.0042 micrograms of Hg per kilogram of body mass per day – a level more than 20 times lower

than the EPA's RfD) and

- ◆ Continually defame those who dare question any aspect today's vaccination-centric approach to maintaining a child's health in a world of "vaccine-preventable" diseases by describing them using denigrating phrases like those used by this writer:

- "Frightened and ill-informed parents ...",
- "[U]nscientific people..."
- "[S]upposed expert has no credibility in the scientific community ..."
- "[T]hese parents risking my children's lives ..."
- "[A] parent's decision to take healthy skepticism and twist it into some bizarre inability ...", and
- "[P]arents ... so easily misled ..."

to stop the reader from rationally considering the realities that these questioners present,

when the reality is that, *just as this respondent has*, many other qualified doctors, scientists and researchers have raised valid concerns about the safety and/or the effectiveness of one or more vaccines and/or of one or more CDC-recommended vaccination programs.

"Anybody? Anybody willing to just do your job?"

Obviously, there are people, like this respondent, who are "*willing to just do*" our job.

In this respondent's instance, one of his jobs is that of Science Advisor for CoMeD, the Coalition for Mercury-free Drugs, – a job that entails not only keeping up with the published peer-reviewed studies that bear on any relevant aspect of vaccine safety and effectiveness and mercury in drugs but also writing:

- ◆ Cogent responses to publications, like this writer's "editorial", that use the tools of Doublespeak to attack the credibility of those, like this respondent, who question any aspect of the status quo concerning CDC-recommended vaccination programs and/or vaccine safety, effectiveness and/or cost-effectiveness as well as
- ◆ Science-based responses to articles that, by their silence on the issues, are pushing a hidden agenda in which the study of environmental exposures from the injected mercury in Thimerosal-preserved vaccines and/or from the immune-system damage caused by injected hydroxyl-aluminum-based, or other, adjuvants should not be pursued.

Hopefully, after reading this response, all who have read it will know that this respondent is willing to do, and does, his job.

"Haddayr Copley-Woods, Minneapolis, is a copywriter, blogger and mother."

Paul G. King, PhD, Lake Hiawatha, NJ, Founder of FAME Systems and CoMeD Science Advisor, is a researcher, consultant, reviewer, respondent, writer, advocate, activist, poet, father, and grandfather.

CLOSING REMARKS

Hopefully, after reading this response to “Why do media report ‘the other side’ of scientific fact?” by Haddayr Copley-Woods, all who carefully read it will have a better understanding of the devices used by this writer to mislead the reader, confuse the issues, and avoid either the empirically proven or probable links between “vaccines”, or some component thereof (e.g., Thimerosal, polymeric hydroxylaluminum species, adventitious viruses, egg albumin and cellular DNA fragments), and the numerous chronic childhood diseases that are at epidemic levels (≥ 3 in 1,000) today but were at levels below ($<$) 1 in 10,000 before 1975.

Finally, this respondent hopes that all will visit the web page:

<http://www.fightingautism.org/idea/rates.php?s=&d=A>

and, at least understand, from the graphs presented there, just how many children are on their way to becoming societal burdens as they age out into “adulthood” unless we not only find and stop all of the major “environmental” causal factors but also find some way to recover as many of these children as possible so that they may become productive members of society.

End Notes

¹ Doublespeak is “a deliberate, calculated misuse of language in which a statement is intended to do one or more of the following:

- Mislead,
- Distort reality,
- Pretend to communicate,
- Make the bad seem good,
- Avoid, or shift, responsibility,
- Make the negative appear positive,
- Create a false view of factual reality,
- Limit, corrupt, and/or prevent thinking,
- Make the unpleasant seem attractive or tolerable, and
- Create a disconnect between what is reality and what is being said, or not said”.

Thus, doublespeak can be viewed as a fusion of “doublethink” and “Newspeak”, constructs created by George Orwell in his book, **1984**. In Orwell’s fictional world, using “doublethink”, the people could hold two opposing ideas in their minds at the same time without questioning the validity of either, and “Newspeak” was the official language used to express the ideas of doublethink. Thus, though Orwell never used the word “doublespeak” in 1984, this respondent may use the phrase “Orwellian doublespeak” to credit him for creating the etymological basis from which it was fashioned.

² While the information published by the U.S. Centers for Disease Control and Prevention (CDC) and others misrepresent reality by speaking of vaccination in terms of its “benefits” and “theoretical risks”, the facts are that the claimed benefits are theoretical. The benefits are theoretical because: **a)** not all who are vaccinated will have even limited protection from the disease or diseases for which protection is claimed, **b)** the benefits of vaccination are, in general, for those with any apparent level of protection, of limited duration requiring booster inoculations, and **c)** absent exposure to the disease organisms (e.g., measles, mumps, and rubella viruses in the Merck MMR[®] II vaccine) or, in some cases, the toxin(s) (e.g., diphtheria toxin, tetanus toxin and the pertussis toxins in the DTaP and tdap vaccines), the person vaccinated will receive no benefit and, if exposed, some who have been vaccinated will receive no protection from contracting the disease or being exposed to the toxins produced by the disease organisms.

Unlike the theoretical benefits, the risks are real because those being vaccinated are guaranteed to be exposed to each of the vaccine’s risks. All that is not certain prior to vaccination is the probability of a given possible harm from one or more of the vaccine’s ingredients and/or the severity of the possible

direct harms from the vaccine or any of its components as well as the amount of non-reversible harm that the vaccine or any of its components does to the immune systems' functioning in the person being vaccinated.

Moreover, unlike the contagious diseases, where almost all healthy individuals with "healthy" immune systems develop lifetime or near-lifetime protection from re-infection by the disease following a single exposure to that disease and, in the case of females, are able to pass that immunity on to their children through their breast milk, multiple vaccinations are required to even obtain adequate immunity for most of those vaccinated, periodic boosters are required to maintain that level of immunity over the life of the person vaccinated, and the vaccinated females, unless they have the disease, can only pass partial immunity to their offspring.

³ Two alternatives could be "... *blowhards who demand*" that abortion be banned but are unwilling to adopt the unwanted babies, in the first instance, and "*Politicians who deny the overwhelming evidence that*" they fail to represent the people's interests, in the second.]

⁴ The North American Encarta Dictionary defines "unscientific" as: 1. Not scientific in method or principle not following or compatible with the methods and principles of science — a definition that applies to things, like approaches, methods, and strategies more than to people and 2. Not informed by science not possessing knowledge about science and its methods and principles — a definition that applies to people.

Since the American education system teaches all about science and its methods and principles, it is a misrepresentation to label competent American-educated people as "*unscientific people*" even though their approaches and assertions may be.

Thus, in America today, where all are taught the scientific method, there are few, if any, "*unscientific people*" to whom the media gives voice though the ideas that people express may, like many of this writer's ideas, not be based on sound science.

⁵ Since many "*genuine doctors*" do not follow the scientific method (e.g., people with doctorates in art, philosophy or religion) but have their views reported; many scientists whose findings are touted by the media have been found to distort or falsify the findings reported – obvious deviations from the scientific method; and many who are neither genuine doctors nor scientists (e.g., farmers) but, having learned the scientific method in school and found it useful, do follow the scientific method when it is appropriate, the media often: **a**) reports information attributed to some "*doctors and scientists*" who are presumed but not proven members of this writer's second group or **b**) publishes quotations from their statements or remarks without verifying they adhered to the tenets of the scientific method.

⁶ A quick search on PubMed using the search string "autism AND vaccine" returned 486 entries.

Interestingly, though PubMed's databases extend back into the 1950s, the earliest article that raised the possibility of an autism-vaccine link was published in 1976 (Eggers C. [Autistic syndrome (Kanner) and vaccination against smallpox] (author's transl.). *Klin Padiatr.* 1976 Mar; **188**(2): 172-80. (German).

⁷ <http://www.whale.to/vaccine/quotes1.html>, last visited on Dec. 9, 2009.

⁸ <http://www.medicalvoices.org/en/vaccination/articles/a-pretty-big-secret.html>, last visited on Dec. 9, 2009.

⁹ <http://childhealthsafety.wordpress.com/2009/04/04/autism-in-amish-children-1-in-10000/>, visited Dec. 9, 2009.

¹⁰ Accessible through an appropriate search query on:

<http://nschdata.org/Dataquery/SurveyAreas.aspx?yid=2>, which was last visited on Dec. 9, 2009.

Since an autism diagnosis or non-diagnosis is generally not reliable before the child is 5 years of age, the previous CDC survey studies focused on 8-year olds, and there was no attempt to correct for underascertainment, this data probably significantly underestimates the true incidence rate.

¹¹ For example, 1983 Nobel Laureate Dr. Barbara McClintock "discovered" both "jumping genes" (now called transposons) and "epigenetics" in the 1930s [<http://www.nature.com/scitable/topicpage/Barbara-McClintock-and-the-Discovery-of-Jumping-34083>], for decades her "jumping genes work was not deemed 'credibility in the scientific community' – it was "a concept that was met with criticism from the scientific community of the time" [*loc. cit.*] and, based on a PubMed search using "epigenetics AND animals", it took more than 40 additional years before the role of epigenetics in animals began to be investigated in earnest.

- 12** In general, if the requisite information required to replicate the findings in a given published study is, for whatever reasons not available for independent review by other researchers who, within five years of its publication, request it or, in the case of “replication” studies, the researchers in the “replication” study do not use the exact subjects, conditions and tests as in the original study, that study or study portion for which the requisite information is not available or, for replication studies, where there are significant deviations from the study parameters in the original study, the original study in the reevaluation case and the restudy in the replication case should not be given any credence in any assessment of the connection between any outcome and its putative causal factor(s).
- 13** Since “misinformation” is synonymous with “propaganda”, the “party line”, “half truths” and “cant”, it would appear, based on this writer’s statements, that the proverbial “pot” is “calling the kettle black”.
- 14** Summary of Notifiable Diseases --- United States, 2007, **MMWR** 2009 July 9; **56**(53): 1-94, **Table 12**.
- 15** Summary of Notifiable Diseases --- United States, 2007, **MMWR** 2009 July 9; **56**(53): 1-94, **Table 8**.
- 16** To understand how problematic the pertussis vaccination program is, one needs to look at its outcomes as compared to the outcomes for diphtheria (another highly communicable disease) and tetanus that are contained in the same vaccines (the DTaP and Tdap vaccines) that are given to children. Using deaths in 2002 – 2005 as the comparator [**13**], there were 0, 1, 0 and 0 reported diphtheria deaths (0.25 deaths per year on average) and 5, 4, 4, and 1 reported tetanus deaths (3.5 deaths per year on average, with, based on other data, occur in those over 65 years old) versus 19 deaths per year on average for pertussis, where most all that die are children. In terms of disease cases [**14**], for diphtheria in 2000 – 2007, 1, 2, 1, 1, ---, ---, ---, and --- cases were reported for an annual average of 0.625 case per year; for tetanus, there were 35, 37, 25, 20, 34, 37, 21 and 28 cases of tetanus (for an average of 29.625 cases per year) as compared to 14311 cases of pertussis per year on average (with more than 50% of the cases occurring before 15 years of age [and about 36% occurring between 1 year and 14 years of age – after most (>90%) children have received the first 3 doses of vaccine]). For more on the vaccine issues for diphtheria, tetanus and pertussis, the reader can consult the appropriate sections in the reviews referenced in [**21**].
- 17** The U.S. vaccination program for measles and mumps uses the Merck MMR® II live-virus vaccine for measles, mumps and rubella. Including congenital rubella cases in babies born to mothers having rubella during pregnancy, in 2000 – 2007 [**14**], there were 185, 26, 19, 8, 10, 12, 12, and 12 reported cases (35.5 cases on average [excluding 2000 cases, 14.1 cases on average]). Thus, for the MMR vaccination program, mumps vaccination is not effective, while the measles and rubella components are apparently effective in providing extended protection from contracting measles or rubella. Based on this data, the recommended vaccination program should revert to a measles and rubella vaccine with mumps available, but not recommended, for those children who do not contract mumps by 10 years of age. For more on the vaccine issues for measles, mumps and rubella, the reader can read the reviews referenced in [**21**].
- 18** Summary of Notifiable Diseases --- United States, 2007, **MMWR** 2009 July 9; **56**(53): 1-94, **Table 8** and the report’s narrative section.

Since 2000, only one (1) case of paralytic polio has been reported in the United States by the CDC.

In discussing the polio situation, the CDC’s MMWR report for the year 2007 stated:

“Poliomyelitis, Paralytic and Poliovirus Infections, Nonparalytic

Since January 2007, in addition to paralytic poliomyelitis, nonparalytic poliovirus infections have been included in the list of nationally notifiable diseases reported through the National Notifiable Diseases Surveillance System (1,2). This addition resulted from the identification in 2005 of a type 1 vaccine-derived poliovirus (VDPV) infection among unvaccinated Minnesota children from a closed religious community who were not paralyzed (3). VDPV and wild polioviruses are still circulating worldwide and can be imported into the United States via U.S. or foreign-national travelers to these areas (4). Oral polio virus vaccine remains in widespread use globally and can be excreted in healthy and immunocompromised vaccinated persons. In 2005, a case of contact-acquired vaccine-associated paralytic poliomyelitis (VAPP) acquired overseas, occurred in an unvaccinated U.S. young adult (5). Public health officials should remain alert that paralytic poliomyelitis or poliovirus infections might occur in high-risk (i.e., unvaccinated or undervaccinated) populations and should report any detected poliovirus infections attributed to either wild or vaccine-derived polioviruses and any paralytic poliomyelitis cases.

1. Council of State and Territorial Epidemiologists. Inclusion of poliovirus infection reporting in the National Notifiable Diseases Surveillance System. Position statement 2006-ID-15. Atlanta, GA: Council of State and Territorial Epidemiologists; 2006. Available at: <http://www.cste.org/position%20statements/searchbyyear2006.asp>.

2. [CDC. Poliovirus infections in four unvaccinated children--Minnesota, August--October 2005. MMWR 2005;54:1053--5.](#)
3. [CDC. U.S.-incurred costs of wild poliovirus infections in a camp with U.S.-bound refugees--Kenya, 2006. MMWR 2008;57:232--5.](#)
4. [CDC. Imported vaccine-associated paralytic poliomyelitis---United States, 2005. MMWR 2006;55:97--9".](#)

Thus, the probability of an American child's being exposed to polio seems to be nearly zero (< 0.001 in 100,000 children) and the risk of an American child's acquiring paralytic polio in the United States is essentially zero.

¹⁹ <http://math.ucr.edu/home/baez/physics/General/occam.html>, last visited on 14 December 2009.

²⁰ Thus, in evaluating the evidence of a link between "autism" and "sub-acute mercury poisoning", the existing *empirical evidence*:

- ◆ Children with a confirmed diagnosis of "autism" have "sub-acute mercury poisoning" as confirmed by a proven mercury-toxicity indicator test (urine porphyrin profile analysis [UPPA]) and
- ◆ Reducing (via a valid oral chelation protocol using DMSA) the level of sub-acute mercury poisoning in children (as measured by a valid UPPA test) with a confirmed diagnosis of "autism" lessens their symptoms of autism (as measured by the decrease in their Childhood Autism Rating Scale [CARS] scores),

has established that sub-acute mercury poisoning is a causal factor in autism.

Moreover, this *empirical evidence* is supported by scientifically sound and appropriate empirical studies in developing mammals and primates with proven susceptibility to mercury poisoning similar to that of humans, which have shown that low-level mercury poisoning can cause symptoms in these developing animals that are the same as, or similar to, those symptoms seen in developing humans with a diagnosis in the autism spectrum.

Then, any valid statistical studies (which are inferential and not empirical) that support the empirical evidence that has established the link between sub-acute mercury poisoning and autism are acceptable because they are *logically consistent* with the empirical evidence.

However, those statistical studies, including epidemiological and ecological studies of records, which fail to find any evidence of a link between sub-acute mercury poisoning and autism must be rejected because that are not logically consistent with the empirical evidence.

²¹ If you find any significant factual errors in the documents provided for which you have scientifically sound proof that has been published in peer-reviewed journals, then, by all means, tell this respondent about such errors and provide copies of the journal articles that substantiate them and, if your proofs are truly scientifically sound and independent review of the raw data supporting those papers confirms their findings, this respondent will revise those documents to reflect this respondent's improved understanding of the scientific facts concerning such errors.

²² In a 2008, 2-part review of a report issued by the Florida Department of Health to the members of the Florida Governor' Task Force on Autism Spectrum Disorders titled, "Florida Governor' Task Force on Autism Spectrum Disorders- Task Force Requests to the Florida DoH", this respondent reviewed the then current vaccines recommended by the CDC for administration to children.

If anyone is truly interested in restoring sanity to the mass vaccination programs recommended by the CDC, then the two-part review documents and the report upon which they are based provide not only a scientifically sound starting point but also provide suggested alternative vaccination schedules and windows that are based on this respondent's then-current understanding of the human immune system and the impacts of vaccines and vaccine components introduced into the human body as well as the increasing evidence that breast feeding should be not only be encouraged but also that vaccination should be delayed. [See:

- http://mercury-freedrugs.org/docs/081017_DrftRevuPrt1ofSept2008FLDoHReprt-b.pdf,
- http://mercury-freedrugs.org/docs/081017_DrftRevuPrt2ofSept2008FLDoHReprt-b.pdf
- http://mercury-freedrugs.org/docs/autism_rept_9-16-08.pdf.]