

Facility Automation Management Engineering Systems (FAME Systems)

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Sunday, 14 July 2013

On 15 June 2013, as requested by Jack Collins collins.jack88@gmail.com, this reviewer downloaded a video titled, "Too Many Too Soon: The Anti-Vaccine Fallacy", and its transcript from <http://academicearth.org/electives/too-many-too-soon/> and watched the video.

This author's review of the transcript of the video's message follows these introductory remarks.

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This assessment is titled, **Formal Review of: "Too Many Too Soon: The Anti-Vaccine Fallacy"**.

Introductory Remarks

First, each portion of the transcript quoted is in a grayed "Georgia" font.

Second, the review comments follow in a "Verdana" font and are indented.

Third, when quoting from transcript's text, the text is in an *italicized "Times New Roman"* font.

Fourth, when quoting or referencing other sources, the text is in an "Arial Narrow" font.

Finally, should anyone find any significant factual error in this review for which they have independent^[a], scientifically sound, peer-reviewed-published-substantiating documents, please submit that information to this reviewer so that he can improve his understanding of factual reality and, where appropriate, revise his views and this review.

Respectfully,

<S>

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Founder, **FAME Systems**

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Tel. 1-973-997-1321, after 21:00 Eastern Time

[To whom all responses should be directed]

^[a] To qualify as an independent document, the study should be published by researchers who have no direct or indirect conflicts of interest from their ties to either those commercial entities who profit from the sale of vaccines or those entities, academic, commercial or governmental, who directly or indirectly, actively promote vaccines, the development of vaccines, and/or inoculation programs using vaccines.

Formal Review of:

"Too Many Too Soon: The Anti-Vaccine Fallacy"

Many well-meaning parents wonder if the current vaccine schedule is too aggressive. Academic Earth presents an argument against the "too many too soon," illustrating that kids are tougher than you might think."

Academic Earth, published this video and its "*Transcript*", which begins with a provocative, absolutist title, "*Too Many Too Soon: The Anti-Vaccine Fallacy*".

Next, the video then adds a "lead in", "*Many well-meaning parents wonder if the current vaccine schedule is too aggressive*" and closes with a claim "*Academic Earth presents an argument against the 'too many too soon,' illustrating that kids are tougher than you might think*", for which the video provides the following "*Transcript*".

While this lead in begins with a recognized truth about one of many parents' vaccine-schedule concerns, as with most vaccine propaganda, the "*argument*" presented is simply a not-too-clever fabrication.

"Transcript

By age 6, the recommended vaccination schedule exposes children to 5 live attenuated or altered organisms and 21 different antigens.^{1, 2} Is this a lot? Does this put an enormous burden on the immune system sending it spiraling out of control to damage our children? Let's find out."

Here, the producers of this video begin by grossly understating the antigen exposures children, implicitly vaccinated according to the current vaccination schedule recommended by the U.S. Centers for Disease Control and Prevention (CDC), receive by using some snippets of information taken from the two (2) references that they cite.

The information provided greatly understates even the CDC's current view on the total number of "vaccine antigens". For example, a recent CDC study¹ reports the number of vaccine-related antigens, to which children vaccinated according the currently recommended schedule are exposed by two years of age, as "315".

¹ Even the recent CDC-Immunization-Safety-Office-sponsored publication in the *Journal of Pediatrics* [[Journal of Pediatrics \[PDF - 256\]](#)] (<http://jpediatrics.com/webfiles/images/journals/ympd/JPEDSDeStefano.pdf>), DeStefano F⁽¹⁾, Price CS⁽²⁾, Weintraub ES⁽¹⁾. Increasing Exposure to Antibody-Stimulating Proteins and Polysaccharides in Vaccines Is Not Associated with Risk of Autism. *J Pediatrics* 2013; 6 March 2013 proof copy (emphasis added),

"From the" (1) "Immunization Safety Office, Centers for Disease Control and Prevention, Atlanta, GA and "(2) "Abt Associates Inc, Bethesda, MD. Funded by a contract from the Centers for Disease Control and Prevention to America's Health Insurance Plans (AHIP), and by subcontracts from AHIP to Abt Associates, Inc. The findings and conclusions in this study are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. The authors declare no conflicts of interest."

Since:

- a. The article cited by this reviewer: **1)** still under counts the number of antigens by an n-fold factor²; **2)** does not count adjuvants, mercury-containing residues from processing, Thimerosal and other preservatives, growth media components, adventitious organisms and their antigen-inducing fragments, antibiotics and a host of other substances (e.g., detergents, oils [like peanut oil], and simple saccharides); and **3)** states, "the maximum number of vaccine antigens" is "315" by "2 years of age", then,
- b. **1)** the claims that, "[b]y age 6, the recommended vaccination schedule exposes children to 5 live attenuated or altered organisms and 21 different antigens" and **2)** the cited articles are even less trustworthy.

"It has been estimated that humans can generate about 10 billion different antibodies, each capable of binding a distinct epitope of an antigen.³ Actual estimates of antibody specificities in an individual, due to exposure to various germs and other foreign materials, range between 1 million and 100 million.⁴"

First, it is exposure mode (injection) that creates the disproportionate time-related post-vaccination harm that occurs.

The estimated number of antibodies that "*humans can generate*" and the number of antigens to which a given child is exposed are respectively non-relevant and secondary or tertiary issues.

Outside of insect bites, most all of babies' natural exposures to antigens occur through skin contact, oral mouthing and ingestion.

Furthermore, in the natural world, babies do not inject themselves with antigens – especially with those components found in vaccines!

Therefore, the video's "number of antigens" argument is obviously specious.

was deceptive in only reporting the number of antigens in a vaccine by the age of 2 years as (emphasis added), "The number of vaccine antigens has decreased in recent years. Although the routine childhood vaccine immunization schedule in 2013 contains more vaccines than the schedule in the late 1990s, the maximum number of vaccine antigens that a child would be exposed to by 2 years of age in 2013 is 315. ...", it was less deceptive than the video's and its transcript's claim, "By age 6, the recommended vaccination schedule exposes children to 5 live attenuated or altered organisms and 21 different antigens.1, 2".

² Since the complete composition of all of the components and the nominal amounts of each component in the vaccine dose are not disclosed in all instances, it is not possible for me to even accurately estimate the number of antigens to which a child may be exposed. In the worst-case example, Novartis' MenVe0® A, C, Y and W-135 meningococcal meningitis vaccine, all that the package insert discloses for this two-part, lyophilized vaccine, where the "A" component is in the diluent and the "C, Y and W-135" components are in a lyophilized pellet in a separate vial, are the disease-related conjugated antigens and formaldehyde. Obviously, there are other ingredients but both the U.S. Food and Drug Administration (FDA) and the manufacturer have refused to disclose the exact nature and amounts of these other components citing "trade secret" concerns although, by regulation, the identities of all components and the amounts of all of the components other than water and the components used to adjust pH and/or ionic strength in any parental drug dose are required to be disclosed (see 21 C.F.R. § 201, in general, and 21 C.F.R. § 201.100. Prescription drugs for human use, in particular).

“We cannot say with absolute certainty how many antigens the average human is exposed to by age 18, but let’s say, as an argument, that you’ve had most of your antigen exposure by that age. Assuming total exposure is around 1 million antigens, this equals 152 unique exposures per day. Under this conservative estimate, by age 6, the vaccine exposure would account for .006% of the total antigen exposure of the child.”

Here, the producers inappropriately focus on some hypothetical exposures to purportedly large numbers of unidentified antigens as if the nature of any one antigen or antigen groups is not critical.

The fallacies in their “*argument*” should be obvious. For example, a small dose of a single injected antigen, the one that causes “peanut allergy” is more than sufficient to be life threatening and/or fatal to those who are “allergic” to peanuts! Similarly, a single “bee sting” may be life threatening or even fatal to someone who is truly allergic to bee stings

Thus, exposure to one antigen, or the group of antigens in bee venom, is sufficient to be lethal to those who are truly allergic to these antigens. It does not matter if these antigen exposures are one in a thousand, one in ten thousand, one in a hundred thousand or one in a hundred million of the antigens to which a child may be exposed.

Further, since the time modern vaccination campaigns began (in the 1930s with the diphtheria, tetanus, pertussis [DTP] vaccines), numerous medical conditions that were previously very rare or unknown in children have been identified, become prevalent, and in some instances, have reached epidemic levels in vaccinated children (e.g., sudden infant death syndrome [SIDS], attention deficit disorder [ADD], childhood type 2 diabetes, nonfamilial childhood type 1 diabetes, epilepsy, asthma/chronic obstructive pulmonary disease [COPD], obesity, celiac disease, Crohn’s disease, attention-deficit hyperactivity disorder [ADHD] and the pervasive developmental disorder [PDD] group, also labeled the autism spectrum disorder [ASD] group, which typically mainly consists of autistic disorder, PDD-not otherwise specified, and Asperger’s syndrome).

In contrast, independent survey studies starting in the late 1970s³ with small surveys of local children, where some of the medical

³ Though no longer available on their web site (<http://ias.org/nz>), in 2005, the Immunisation Awareness Society of New Zealand published a “Special Report” titled “UNVACCINATED CHILDREN ARE HEALTHIER” written by “Sue Claridge”. This report, comparing 226 vaccinated children and 269 similar unvaccinated children stated,

“The results overwhelmingly showed that unvaccinated children suffer far less from chronic childhood conditions than vaccinated children. The results are summarised in the table and graph on the opposite page.

The survey results showed that there was a significant difference in the incidence of asthma, eczema, and ear infections in vaccinated and unvaccinated children. While overall the incidence of grommets, tonsillitis, tonsillectomies, apnoea and hyperactivity were lower the trend is similar. Note the ten-fold increase in tonsillitis in vaccinated children and the complete lack of tonsillectomies in unvaccinated children. In the vaccinated, 73% of the cases of tonsillitis and 92% of the tonsillectomies were in children who had received the

conditions discussed were exclusively found in the vaccinated children, and continuing⁴, where the current ongoing study has shown that the levels of many of these chronic childhood diseases in never-vaccinated children are 2 to 5 times lower than the corresponding levels in a country's childhood population data where more than 95% of the children are fully vaccinated.

Based on the preceding realities, vaccination is clearly a causal factor in the current childhood chronic diseases many of which are have a strong immune or autoimmune component indicating that, rather than strengthening the vaccinated children's immune systems and protecting them from disease, the current vaccine inoculation programs are weakening and/or disrupting the immune systems of many, if not all, of those individuals who have been vaccinated.

"If a child is exposed to 100 million antigens by age 18, the rough maximum, we're looking at 15,520 unique exposures per day. By age 6 that would be nearly 34 million antigens, and the vaccine schedule would account for 0.00006% of exposure."

Second, there are a significant number of antigens, possibly more than a hundred, when the term "antigen" is properly defined⁵, in each vaccine dose because an "antigen" is any substance, not just the disease-related antigens, that triggers an immune-system response or

measles vaccines. As only 52% of the total vaccinated children received a measles vaccine, one would expect about 52% of the tonsillitis/tonsillectomies to occur in children to have had the vaccine. The higher rate of tonsillitis and tonsillectomy in recipients of the measles vaccine suggests that the vaccine made some children more susceptible to tonsillitis"

Though not discussed in the report's text, the data for hyperactivity, epilepsy, and slow development in the figure provided indicated that vaccination was a causal factor for all three of these medical conditions and an apparently exclusive factor for cases of epilepsy.

In addition, this "Special Report" also contained the following passage about the findings in a previous 1977 survey study ,

"In other research, a study of 1265 Christchurch children born in 1977 found that ten of the unvaccinated children had asthma or had had doctors consultations for asthma or allergic conditions.

'The 23 children who received no diphtherial pertussis tetanus (DPT) and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic illness before age 10 years; in the immunized children, 23.1 % had asthma episodes, 22.5% asthma consultations, and 30.0% consultations for other allergic illness.

Similar differences were observed at ages 5 and 16 years.!

While this was a very limited study, particularly in terms of the numbers of unvaccinated children that were involved and the range of chronic conditions investigated, it provides solid scientific evidence in support of considerable anecdotal evidence that unvaccinated children are healthier than their vaccinated peers."

Based on these surveys, it is clear that vaccines are a causal factor in chronic diseases.

⁴ <http://www.nyrnaturalnews.com/children-2/2013/01/survey-shows-unvaccinated-children-get-sick-less-often/>, "Survey shows unvaccinated children get sick less often" posted on 13 January 2013. Currently, in a survey project started by Andreas Bachmaire, a practicing homeopath, in 2010, data for the unvaccinated/never vaccinated children is being compared to the health outcomes reported in the national German KIGGS health study of German children in the general population, though the project has begun to also collect survey data on vaccinated children. For the most recent reporting of the ongoing study's findings, please visit <http://www.vaccineinjury.info/vaccinations-in-general/health-unvaccinated-children/survey-results-illnesses.html>. The most recent interim results have found that unvaccinated children are 2 to 5 times healthier than the general population of children depending on the chronic disease being compared.

⁵ According to <http://medical-dictionary.thefreedictionary.com/antigen>, last visited on 26 May 2013, an antigen is "any substance capable of inducing a specific immune response and of reacting with the products of that response, i.e., with specific antibody or specifically sensitized T lymphocytes, or both".

reaction in the person exposed to that substance.

In addition, humans have had millennia to adapt their immune systems to properly handling such superficial, oral and ingested exposures so that no problematic immune-systems' reactions occur to most who are so exposed. In contrast, most of the vaccines licensed today in the USA and their myriad sets of injected antigens have only been around for less than a century with many of the current formulations of these licensed vaccines having been "approved" by the U.S. Food and Drug Administration (FDA) for less than a decade.

"No matter how you slice it, the vaccine schedule represents a miniscule exposure to antigens and organisms compared to what people encounter as part of life. Worrying about the exposure from the vaccine schedule is like worrying about a thimble of water getting you wet while swimming in an ocean."

As the "peanut allergy" example underscores, it is not the number or just the amount of any antigen but rather the intensity, duration and reach of the immune systems' response to a given antigen that determines:

- That antigen's overall impact on the health of the person exposed to it and
- The ability of each person's overall immune systems to resolve the initial immune-systems' responses and reestablish immune-systems balance throughout the person, while still maintaining the ability to accurately distinguish between what is "self" and what is not.

Thus, the fundamental premises of the producers of this video and its text and the "*swimming in the ocean*" analogy are false.

Finally, this production cleverly avoids addressing the "*Too Soon*" part of the title's "*Too Many Too Soon*" paradigm.

Factually, immunologists generally agree that vaccinations before the child is at least one developmental year of age do not generally provide long-term disease protection⁶.

Based on my understanding that humans are still mammals and for millennia before the first vaccines, in the absence of war, famine, tainted water, or inadequate sanitation and/or hygiene, humanity not

⁶ See, for example, **a)** Blanchard-Rohner G, Pollard AJ. Long-term protection after immunization with protein-polysaccharide conjugate vaccines in infancy. *Expert Rev. Vaccines* 2011 May; 10(5): 673-684 (doi:10.1586/erv.11.14); **b)** Streilein, J. W. Neonatal tolerance: towards an immunogenetic definition of self. *Immunol. Rev.* 1979; 46, 123-146; and **c)** Siegrist C-A, Aspinnall R. B-cell responses to vaccination at the extremes of age. *Nature Rev. Immunol.* 2009 Mar; 9: 185-194.

only survived but also thrived and developed “natural” immunity to the early childhood contagious diseases for which we have vaccines.

Excluding smallpox, from the 1900s onwards the developed countries made improvements in sanitation, water quality, nutrition, housing and hygiene that led to a more than 90% decline in deaths from the prevalent contagious childhood diseases before the first “effective” vaccine for any of them was introduced.

Thus, for healthy children in a sanitary environment where clean water, non-contaminated food, adequate clothing and shelter are generally available, natural immunity conferred by an extended period of breast feeding and gradual exposure to environmental hazards, including the contagious and infectious diseases, seems, in a society where periodic exogenous re-exposure immune-system boosts occur, to provide life-time protection (immunity) from dealing with these diseases more than once.

Since multiple treatments (inoculations) are not needed to confer or provide this “natural immunity”, while it is increasingly admitted that the artificial disease-protections purportedly provided by vaccines:

- a. Typically require not only multiple initial inoculations (2 to 5) but also periodic booster inoculations and
- b. Do not protect 15% or more of those who are fully inoculated with the recommended vaccines from subsequently contracting those diseases if exposed to the disease-causing agents,

it seems clear that “natural immunity” is superior to “vaccination-provided protection” even without considering the serious side effects and the chronic-disease conditions that vaccine usage has pushed to epidemic levels.

Yet, those who tout vaccination usually do not acknowledge or emphasize the importance of maternal nutrition and breast feeding for not less than two years to: **a)** help the child's immune system mature to the point that it is fully functional and **b)** provide a changing mix of appropriate protective factors in the breast milk that strengthen the innate and gastrointestinal immune systems and the health of the breastfeeding child's gut flora.

Hopefully, if the producers are interested in the scientific realities about vaccines, they will stop trying to get their false and incomplete “*Too Many Too Soon*” argument (as expressed in this video and its

transcript) published on web sites that do provide factual information to those who visit them.

Finally, IF the true goal is to destroy the trust of the American people in the U.S. CDC's recommended vaccination program and the U.S. FDA's approved vaccines, THEN publishing articles and videos like this one, which are so blatantly false and so easily outed⁷, will certainly help achieve that goal.

¹ United States. Centers for Disease Control and Prevention. National Center for Immunization and Respiratory Diseases. Web. 30 Apr. 2013. <<http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>>.

² Crislip, Mark. "The Infection Schedule Versus the Vaccination Schedule." Science-Based Medicine, 21 Nov. 2008. Web. 17 Apr. 2013.

³ Fanning, LJ, AM Connor, and GE Wu. "Development of the Immunoglobulin Repertoire." *Clinical Immunology and Immunopathology*. 79.1 (1996): 1-14. Print.

⁴ The University of Arizona. The Biology Project. "Problem 5: Antibody Diversity." *Immunology Problem Set*. Web 30 Apr. 2013.

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In addition, this reviewer thanks Catherine J. Frompovich, Melissa R. Troutman, Gary S. Goldman, Eileen Dannemann, and Neil Z. Miller for their support, suggestions, corrections and alternative wordings, which helped this reviewer to finalize his assessments.

⁷ The antigen numbers claimed in this video are so obviously wrong (and even conflict with the number of antigens in a recently published CDC-funded paper that this reviewer cited in footnote "1") that anyone who knows that today's fully vaccinated child receives more exposures in combination or separately to multiple vaccine-disease-related-antigens (currently, greater than 33) than the total number of antigens claimed in the video and its transcript ("*5 live attenuated or altered organisms and 21 different antigens*").

“ABOUT ACADEMIC EARTH”, the Source for the Video and Text Reviewed

Source: <http://academicearth.org/about/>

“Academic Earth believes that everyone has the right to a world-class education. Recognizing the existing barriers in academia, we continue our efforts to curate an unparalleled collection of free online courses from the world’s top universities. Moving forward, we honor the egalitarian spirit of Academic Earth’s founders as we develop a platform to facilitate the global sharing of ideas, both inside and outside the classroom.

In addition to our comprehensive collection of [open courseware](#), Academic Earth features an ongoing series of [original videos](#). These videos tap into our belief that a great deal of learning happens outside the classroom in those unstructured moments when provocative questions are raised, debated, and sometimes answered. We embrace intellectual curiosity and encourage the Academic Earth community to share our videos to launch their own discussions. After all, only through questioning the world around us, can we come to better understand it.

HISTORY

In 2008, Richard Ludlow, Chris Bruner, and Liam Pisano, founded Academic Earth with the mission of giving everyone on earth access to a world-class education. Backed by an angel investor group, including four Yale professors, Honest Tea founder Barry Nalebuff, and Pulitzer Prize winner Daniel Yergin, Academic Earth stood instrumental in the online learning revolution.

Recognizing the critical roll of the Internet in supporting their mission, the founders set out to develop an interactive web-based platform for users to actively engage with free online education resources from the world’s top universities. The site continues to evolve in response to rapidly changing educational technology.

In 2012, Academic Earth was acquired by [CMN.com](#), a leader in consumer driven-content strategy with a strong online presence in higher education. Under the new ownership, Academic Earth gains the expertise and resources invaluable to refining its learning platform while better connecting users with premier, web-based educational content.

Academic Earth holds true to its original mission of giving everyone access to a world-class education.

Academic Earth is headquartered in Seattle, WA.

MEET OUR EDITOR-IN-CHIEF, STEPHANIE SNIDER



A bona fide information junkie, Stephanie knows a little about a lot and a lot about a little, but will never claim to know it all...not usually. After all, her mom taught her, “The only true wisdom is in knowing you know nothing.” (Thanks, Socrates) To this day, from politics to pop culture, she loves asking questions and looking for answers.

Stephanie’s passion for learning took her on a winding path that eventually led to Academic Earth. In 2000, she graduated from the University of Washington. With English degree in hand, she stepped into the insurance and investment world. Knowing her heart would never belong to Wall Street, she returned to the UW, earning a Masters in Architecture in 2009. But, with the ink still wet on her diploma, she found herself at the mercy of the financial crisis.

Again, her mom’s sage words came to mind, “The difference between a crisis and an adventure is all in your attitude.” She chose adventure. Skip ahead two years. Stephanie worked in design, became a mom, and

started a small business. Today, she brings her tenacity and love of learning to Academic Earth, and is thrilled to help usher this online community into the future.

In her “free time,” she and her husband chase after their toddler, who proves that perpetual motion is possible. And, on any given weekend, they can be found wandering the aisles of Seattle’s record stores, introducing their little one to the finer points of vintage vinyl.

MEDIA

Inquiries

Members of the media may direct inquiries to Academic Earth’s site manager, [Stephanie Snider](#).

Recognition

[50 Best Websites of 2009](#)

– *TIME.com*

[Top 100 Websites](#)

– *PC Mag*

[America’s Most Promising Social Entrepreneurs](#) and [Top 25 Entrepreneurs Under 25](#)

– *BusinessWeek*

In the News

“Academic Earth has cornered the market on free online education by making a smorgasbord of online course content – from prestigious universities such as Stanford and Princeton – accessible and free to anyone in the world.”

– [Forbes](#), December 2011

“These are not cut-up dumbed-down introductions made zippy for today’s short attention spans, they are the full-length lectures that you would see if you were an undergraduate at Yale, Berkeley, Harvard, MIT, Princeton or Stanford.”

– [Telegraph.co.uk](#), March 2009

“It’s been years since I was in school, and I’ve got few fond memories of going to class. But Academic Earth is unexpectedly irresistible. It’s like Hulu, but for nerds.”

– [Slate](#), February 2009

“On the new site Academic Earth you can watch lectures on physics from M.I.T., or catch a Yale history course on the origins of World War I, or see a U.C. Berkeley professor cradle a brain while she talks about human anatomy.”

– [American Public Media](#), January 2009

From the Blogs

“Even if you can’t nail down an admission into one of the Ivy League institutions you can still take advantage of the intellectual and professional (and free!) resources that many of these have to offer on their respective websites...”

– [All My Favs](#)

“Even if you can’t nail down an admission into one of the Ivy League institutions you can still take advantage of the intellectual and professional (and free!) resources that many of these have to offer on their respective websites...”

– [Defending Chaos in Order](#)

"What you'll see here is an impressive early implementation of where Academic Earth plans to go. Take content-rich videos from universities, organize the videos well, make the visual experience attractive, add personal customization functionality and the ability to engage with the content, and you have a very useful service to bring to the world."

- [Open Culture](#)

"I'm optimistic that we will continue to realize the amazing potential of the Internet for doing good. What Academic Earth is trying to accomplish is one reason why I feel that way."

- [TechCulture](#)

PARTNERING WITH US

If you are a professor, educator, or representative from an academic institution and would like to feature your content on Academic Earth, we want to hear from you.

Please contact our site manager, [Stephanie Snider](#), for more information on content partnership opportunities."

ABOUT THE REVIEWER, PAUL G. KING, PHD

In addition to the information that is available on his Internet web site, <http://www.dr-king.com/>, Dr. King is the Science Advisor to the Coalition for Mercury-Free Drugs (CoMeD, Inc., which is a 501(3)(c) not-for-profit corporation with a web site at <http://www.mercury-freedrugs.org/>) as well as the Science Advisor to the National Coalition of Organized Women (NCOW).

As a scientist and student of the federal regulations and statutes that govern drugs, including vaccines, Dr. King has led CoMeD, on two separate occasions, in the drafting and submission of a "Citizen Petition" seeking to have the federal government comply with the law, and, based on the improper denial of the Citizen Petition submitted, a federal lawsuit seeking to have the Federal District Court for the District of Columbia compel the Secretary of the Department of Health and Human Services (DHHS) and the Commissioner of the FDA to comply with the statutes, laws (regulations) and policies that regulate the lawful conduct of the Secretary of the DHHS, the FDA commissioner and CDC and FDA official's.

In addition, Dr. King has, on several occasions, drafted legislation for submission to the Congress of the USA as well as to the legislatures of various States, submitted cogent comments in opposition to proposed changes to federal and state regulations that are not in the public interest or appear to be at odds with the law, reviewed numerous documents, and written articles on a variety of vaccine-related and other issues.

Moreover, Dr. King has provided diverse groups with his analysis of various Congressional bills, resolutions and treaty documents as well as federal and state judicial proceedings.

Further, he been an author of papers bearing on issues related to the toxicity of Thimerosal and other compounds and, if any, their connection to a range of chronic neurodevelopmental, other developmental and behavioral abnormalities that appear to be well-above (> 1 in 10 children; asthma and obesity), above (> 1 in 100 children; the autism spectrum disorders), at (> 1 in 1000 children; non-genetic childhood type 1 diabetes), or approaching (peanut allergy) epidemic childhood levels in the USA.

Most recently, Dr. King was the co-author of a paper in the journal **Vaccine** with Gary S. Goldman, PhD, which reviewed the United States universal varicella vaccination program

This paper established that the current CDC-recommended vaccination program was neither effective in preventing those who are vaccinated from getting chickenpox nor, since it greatly increases the public's risk of having clinical cases of shingles, cost effective for universal use⁸.

⁸ Goldman GS, King PG. Review of the United States universal varicella vaccination program: Herpes zoster incidence rates, cost effectiveness, and vaccine efficacy based primarily on the Antelope Valley Varicella Active Surveillance Project data. *Vaccine* 2013 March 25; 31(13): 1680-1684 (open access) <http://www.sciencedirect.com/science/journal/0264410X/31/13>, article "6"].