

# Facility Automation Management Engineering (FAME) Systems

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Friday, 10 June 2011

To The Reader:

Following this page is this reviewer's assessment of an article titled, "**At last: Ignorance inoculation Children's Hospital of Phila. physician exposes the false arguments of anti-vaccine activists**", from: [http://articles.philly.com/2011-05-22/news/29571400\\_1\\_anti-vaccine-activists-dtp-vaccine-children-vaccinated](http://articles.philly.com/2011-05-22/news/29571400_1_anti-vaccine-activists-dtp-vaccine-children-vaccinated) that this reviewer downloaded on 22 May 2011.

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This assessment, titled "**Draft Assessment of: 'At last: Ignorance inoculation ...'**", begins on the next page.

## Introductory Remarks

First, to "simplify" this response, when portions of the article, which are quoted in a "Georgia" font, being evaluated are specifically addressed in this assessment, those portions will be quoted in an *italicized "Times New Roman"* font.

Second, after an initial assessment of the title, this reviewer's assessment follows each quoted portion of the article and is indented to clearly separate it from the preceding portion of the document that is being addressed.

Finally, should anyone find any significant factual error for which they have independent<sup>a</sup>, scientifically sound, peer-reviewed published substantiating documents, please submit that information to this assessor so that he can improve his understanding of factual reality and, where appropriate, revise his views and this draft assessment.

Respectfully,

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<sup>a</sup> To qualify, the study should be published by researchers who have no 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 actively promote inoculation programs using vaccines.

## Draft Assessment of “At last: Ignorance inoculation ...”

This article begins with an interesting title, “*At last: Ignorance inoculation ...*”, which ironically fits.

This is the case because the article inoculates the reader with “*Ignorance*” — non-relevant information, half-truths, and a vaccine apologist’s unsupported opinions and misrepresentations of vaccines, inoculation and mass inoculation programs presented as if they were true.

At least the sub-title and picture clearly reveals that the opinions are those of a “renowned” (or at least well-compensated) vaccine acolyte and the artwork and attribution indicate that this is a “review” of that vaccine-revenue-enriched acolyte’s latest book:

**DEADLY  
CHOICES**  
— HOW THE —  
**ANTI-VACCINE**  
— MOVEMENT —  
**THREATENS**  
— US ALL —

by Rachel K. Sobel, an ophthalmologist, with seemingly little, or no, in-depth understanding of immunology, in general, or the human immune system, in specific.

“The history of medicine is full of medical theories upended.

In the early 1800s, people thought bad odors or ‘miasma’ caused diseases. Then, Robert Koch came along and proved that it was germs, not fumes, that were to blame. In the mid-20th century, margarine was our go-to spread, but then research about trans fats made us understand why olive oil and other unsaturated fats were better.”

This “book” reviewer begins by speaking of certain “established”, but non-relevant, misunderstandings of reality held by the society at some time in the past as if they were “*medical theories*”.

“Now at the turn of this century, a small but vocal group of anti-vaccine activists has linked vaccines with all sorts of maladies, including autism and brain damage.”

Then, the narrative further diverges from reality in several respects.

First, those who have sought to limit the use of vaccines as a mass prophylactic treatment to only those vaccines that are reasonably safe, in-use effective, and medically cost effective have existed in the USA for more than 150 years before “*the turn of this century*”.

Second, while there are anti-vaccine activists, the current “*small but vocal group*” consists of a core of scientists and medical researchers, dedicated to opposing: vaccines that are not reasonably safe as well as inoculation programs that are not in-use effective or are not medically cost-effective, who have conducted scientifically sound and appropriate studies that have clearly found certain vaccines to be in-use non-effective<sup>1</sup> and/or certain

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<sup>1</sup> To be truly in-use effective, a vaccination program should protect almost all (≥ 90%) from contracting any “natural” variant of the disease or diseases covered by the vaccine for a period of not less than 10 years after the first inoculation. By this criterion, though the measles and rubella components of the current Merck MMR® II vaccine

vaccination programs are not only non-cost-effective<sup>2</sup> but also, in some instances, detrimental to the health of the those vaccinated and/or the population of the USA as a whole<sup>3</sup>.

Third, as evidenced by the 2-plus billion dollars paid out since 1986 by a federal “vaccine court” that:

- ◆ Dismisses as many petitions for “vaccine injury” as it can on earliest symptom, lack-of-timeliness technicalities,
- ◆ Continually seeks to reduce the medically recognized time-related links between vaccination and injury (the “table injuries”) and
- ◆ Although the National Vaccine Injury Compensation Program (NVICP) is supposed to be a “no fault” program, then adversarially challenges the remaining petitions for compensation,

the federal government clearly “*has linked vaccines with all sorts of maladies, including autism and brain damage*”<sup>4</sup>.

Thus, the actual group includes our federal government, which has gone so far as to characterize vaccines as unavoidably hazardous to some inoculated with them (emphasis added) – “No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings”<sup>5</sup>.

Therefore, our federal government clearly recognizes that vaccine administration does cause/is linked to the serious injury, disability, and death that some inoculees experience, or that others incur by being infected by the live organisms shed by those who are inoculated with a live-virus vaccine.

Based on the preceding facts, this book reviewer’s repeat of the common intentional

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may meet this criterion, neither the mumps component of the MMR vaccine nor any other vaccine of which this reviewer is aware meets this criterion. By comparison, when a healthy child is “naturally” exposed to the “childhood” diseases, with the exception of chickenpox, almost every child who contracts the disease and recovers from it has near lifetime immunity from reinfection.

<sup>2</sup> To be cost-effective, the total costs of a vaccination program including the costs of the harms that it causes to some who are vaccinated with it and the lost “work” time to their parents accrue must be less than the total costs of treating the disease. In general, until the chickenpox vaccine was licensed, a vaccine had to be medically cost-effective. When the chickenpox vaccine was being licensed, the cost standard was reduced to “societally cost-effective” and, based on now-proven-false assumptions, a one-dose, life-time-protecting chickenpox vaccination program was found to be societally cost effective provided there were no significant adverse reactions. Today, it is obvious that the CDC vaccination programs are not required to be cost-effective because, when a given program that may have been cost-effective at one time begins to fail to provide the protection and/or long-term protection implied spoken of as an “immunization program, all the federal government has been doing is recommending more doses of vaccine. In the case of the chickenpox program, the annual negative cost to the health of Americans from chickenpox vaccination currently exceeds 700-million dollars a year not including the costs to those who have a serious adverse reaction to being vaccinated or, because now 2 doses are “required”, revaccinated.

<sup>3</sup> Whenever a vaccination program has significant excess costs over not vaccinating that are approaching or may now exceed 1-billion dollars annually as the chickenpox program does, then that vaccination program is clearly detrimental to the fiscal health of the American public and an intentional waste of health care dollars.

<sup>4</sup> See: <http://www.fairwarning.org/2011/05/analysis-finds-evidence-of-autism-in-many-vaccine-injury-cases/>

<sup>5</sup> Title 42 of the United States Code at Section 300aa-22(b).

mischaracterization of those who have found links between vaccination and the adverse outcomes that sometimes occur as “*a small but vocal group of anti-vaccine activists*” is clearly at odds with established science, legal findings, and the federal government’s recognition that vaccines are linked to serious injury, permanent disability, and death.

“They have led well-meaning parents to delay or stop their children from getting life-saving vaccinations.”

If the real “*They*”, not the people, but the factual information that speaks to:

- ◆ The facts concerning vaccines and vaccination programs,
- ◆ The findings of independent studies linking vaccination to increased risk of injury, disability and/or death to some, and
- ◆ The federal government’s admission that vaccine administration can and does cause serious injury, disability, and death,

has “*led caring parents to delay or stop*” blindly administering vaccines to their children because, after studying the available information on the possible risks and the theoretical benefits and reading the vaccine’s package insert, the parents find that the potential benefits do not outweigh the possible risks for their children, then that is, or should be, their right as parents.

Moreover, in a country where: **a)** there is a very low risk of contracting a given disease for which there is a vaccine and **b)**, with a few exceptions, the available vaccines: **i)** do not protect against all of the endemic strains, **ii)** only provide limited-duration protection, and/or **iii)** are not in-use effective for a lifetime, the unqualified claim that being inoculated with any one of the available vaccines is “*life-saving*” is at best advertising puffery and, at worst, pure fiction.

“These false claims and dangerous fears can definitively be put to rest with the publication of Paul A. Offit’s *Deadly Choices: How the Anti-Vaccine Movement Threatens Us All*. Here, Philadelphia’s own physician-scientist, chief of the division of infectious disease at Children’s Hospital of Philadelphia, writes a convincing exposé of the anti-vaccine movement.”

Here the writer begins by speaking of “*false claims and dangerous fears*” that she has not even proven to exist.

Further, the writer’s initial “*small but vocal group of anti-vaccine activists*” now morphs into an “*anti-vaccine movement*”.

Obviously, since those who recognize the links between inoculation with vaccines and the vaccine-related serious injury, disability, and death that some inoculees experience includes the federal bureaucracy, the use of the term “*movement*” is, at best, inappropriate.

“Offit’s opening chapter puts us in the middle of a horror movie-like scene, where new epidemics lurk amid unknowing families.

As the number of unvaccinated children since 1991 has doubled, Offit notes how the diseases from our grandparents’ time have reemerged: a measles outbreak in 2008 in California, a *Hemophilus influenzae* type b (Hib) meningitis outbreak in Minnesota in 2009, and a mumps outbreak in 2009 in New Jersey, to name a few.”

Here, the writer begins with a lead statement where purportedly “*new epidemics lurk*

*amid unknowing families”.*

However, the isolated outbreak instances, not epidemics, which she mentions speak more to other realities: **a)** the diseases mentioned never disappeared (e.g., measles) and **b)** diseases for which the vaccines are less-than-effective in providing protection from the disease (e.g., the “meningococcal meningitis” and “pertussis” vaccines).

Hopefully, any knowledgeable reader will recognize this rhetoric as the Orwellian doublespeak that permeates documents authored by vaccine acolytes and/or apologists.

“This work is a serious and accessible account about how the modern anti-vaccine movement started, who the main players have been, and where it went astray. As a mother of two children, I wish it were part of the goodie bag given to new moms after delivery; it answers any question about the safety of vaccines one might have. As a physician, I am impressed by the elegant way that Offit dissects each anti-vaccine hypothesis, and explains what is false.”

While this assessor understands that these statements are the writer’s opinion, this assessor thinks that a much better choice would be the independent and well-referenced second edition of “**Vaccine Safety Manual For Concerned Parents and health practitioners**” by Neil Z. Miller (for < 15 dollars plus shipping on Amazon.com).

Moreover, Miller’s book should be required reading for: **a)** all of our children in the 5<sup>th</sup> grade and beyond, **b)** every woman of childbearing age who is contemplating getting pregnant or is pregnant as well as all **c)** those healthcare providers in obstetrics, gynecology, pediatrics, and any other branch of medicine who offer prophylactic (disease preventive) vaccines to their patients.

Finally, if what follows are accurate examples of “*the elegant way that Offit dissects each anti-vaccine hypothesis, and explains what is false*”, then the writer of this review of Offit’s book needs to actually study the independent scientific literature because most, if not all, of the causal vaccine-inoculation/inoculation-injury-risk linkages discussed have unequivocally been established in that peer-reviewed literature.

“Take the theory set forth by journalist Lea Thompson in her NBC documentary *DTP: Vaccine Roulette*, which launched the modern anti-vaccine movement in 1982. Offit painstakingly picks apart Thompson's reporting that pertussis vaccine, part of the DTP (diphtheria, tetanus and pertussis vaccine), causes epilepsy and brain damage.

First, it didn't make biological sense that the DTP vaccine could cause brain damage, as Thompson claimed by showing sorrowful footage of drooling teenagers in wheelchairs, with parents retelling their stories of having their children vaccinated. Sure, the vaccine contained "endotoxins," a part of the surface of the pertussis bacteria, which might be easy for demagogues to spin as harmful to a layperson.

But then it would follow that a child who suffered brain damage from these toxins would have to endure fever and dangerously low blood pressure - shock. The vaccine didn't do that.

Not only was there a lack of plausible biological explanation, there was only one epidemiologic study to support the link and 10 that refuted it. No one had been able to replicate that one study's findings. That's because the study itself was flawed, says Offit. Of seven children purported to have developed brain damage within a week of receiving the DTP vaccine, three had been incorrectly labeled as brain damaged even though they were normal and three others had suffered viral infections and one Reye's syndrome (a severe neurological condition caused by aspirin, not vaccines).”

Since this is an assessment of the narrative of the writer of this “book” review and not the book itself, this assessor sees no need to address the unsubstantiated<sup>6</sup> statements made here.

However, this assessor does know that the modes of harm from the whole-cell DPT vaccines that were available in 1982 or the more recent acellular vaccines include periodic episodes of extended apnea (absence of breathing) to the point that the affected babies turned blue and, absent immediate resuscitative intervention or, in some instances, even with it, died.

Thus, this cause of pervasive brain damage seems to be indirect: the toxins in pertussis periodically suppress the autonomic nervous system’s breathing function, which leads to the developing brain’s being deprived of oxygen which causes more brain damage or, in the worst case, infant death – often mischaracterized as SIDS, sudden infant-death syndrome<sup>7</sup>, which mainstream medicine claims, like it similarly does for many post-vaccination, non-genetic regressive neurodevelopmental injuries, has no known cause.

Moreover, what this reviewer does not address nor account for is the reality that SIDS is the leading cause of infant death in children under 1 year of age or that most “SIDS” death in the U.S. occur between when the child is between 2 and 4-plus months of age, the times in which the first and second DPT/DTaP shots were given to the infants who died.

Ironically, though SIDS is supposed to be assigned as the cause of death only when there are no other possible causes, neither the DPT/DTaP nor any of the other vaccines that are injected when the baby is 2 to 7 months of age are automatically considered as causal unless another cause is proven although studies have clearly established that the DTP/DTaP vaccine inoculation causes periodic episodes of post-vaccination apnea of varying degrees of severity in young babies.

Finally, whether an epidemiological study claims that there is a statistically probable link between a vaccine and a subsequent adverse outcome in a given population has little value unless that study:

- ◆ Has an unbiased, scientifically sound and appropriate design,
- ◆ Is based on appropriate study data that is honestly assessed by those who do not have a vested interest in preserving or promoting the vaccination program(s) in question, and
- ◆ Includes an actual examination of a representative sample of all of the living children in the study population and the complete medical records and, where available, the autopsy reports for all of the infants who died.

Hopefully, the writer of this article will read pages 97-110 of the cited Neil Z. Miller book and check the references cited (listed on pages 319-321 of that book) or do her own independent study and, *after becoming more fully informed*, revisit the pertussis-component-containing vaccines and the obvious harm that they can cause in a more even-handed manner.

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<sup>6</sup> Here “unsubstantiated is taken to mean “lacking support by scientifically sound independent studies in human-applicable animal models or sound case-control studies”.

<sup>7</sup> See, for example, <http://www.scienceclarified.com/Sp-Th/Sudden-Infant-Death-Syndrome-SIDS.html>

“Offit convincingly takes down every other far-fetched anti-vaccine premise, including the links between the pneumococcal vaccine and diabetes; the Hib vaccine and diabetes; the Hepatitis B vaccine and multiple sclerosis; and measles, mumps, and rubella vaccine (MMR) and autism.”

Here, this assessor would first note that the links cited by the writer appear to have been clearly established by independent studies or time-correlative reviews of the increase in outcome instances when a new vaccination program is introduced.

In the case of the Hepatitis B vaccine and multiple sclerosis (MS), the 4-year-post-vaccination link and increased incidence was so strong that the French government abruptly abandoned its first middle-school mass vaccination campaign and filed criminal indictments against certain vaccine-company executives who were involved in supplying the vaccines for this program<sup>8,9</sup>.

In the case of the MMR vaccine, the adverse events were so troubling to the Japanese that they abandoned the MMR vaccine and, to this day, only offer free vaccines for a measles vaccine and a rubella vaccine even though a separate mumps vaccine is available for those who want it. In addition, the Japanese data clearly show a time-offset correlation between measles vaccination and “autism”<sup>10</sup>. Furthermore, two independent reviews of the MMR-vaccination and autism-diagnosis data for Danish children<sup>11</sup> both confirmed a link between the level of MMR vaccine uptake and subsequent time-offset increases in diagnoses of “autism” in Danish children that were roughly about 0.85 to, with definitional changes for an autism diagnosis, 1.2 autism case per 1,000 children, indicating that the MMR vaccines are a real causal factor in the increase in autism cases – roughly about “10 %” of the current U.S. estimated rate of “10 in 1,000” for those with an autism spectrum diagnosis.

“Most interesting is the case of MMR and autism, whose story begins with a now discredited surgeon, Andrew Wakefield, who published a paper in *The Lancet* in 1998. He implicated the measles part of the vaccine as causing an inflammatory response in the gut, which then allowed the virus particles to leak out and travel to the brain to cause autism. A worldwide panic ensued, vaccine use dropped, and outbreaks of measles popped up in the United Kingdom and Ireland. Meanwhile, no one could replicate this study. After examining and comparing hundreds of thousands of children who had or hadn't received MMR, mainstream scientists concluded that MMR did not cause autism. No wonder they couldn't repeat his findings: A personal injury lawyer representing several of the children in the study had given Wakefield about \$800,000 to perform the study and thus ‘launder legal claims through a medical journal,’ Offit says.”

Since this passage contains so many misrepresentations and distortions that this assessor sees no need to go further than to comment on the most obvious.

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<sup>8</sup> Of note, the Thimerosal-preserved hepatitis B vaccine used (now GlaxoSmithKline's Thimerosal-preserved Energix® B) had a significantly higher risk of causing MS in this group of vaccinated French middle-school children than the alternative no-Thimerosal hepatitis B vaccine also used in France for this mass inoculation program.

<sup>9</sup> A more recent study has similarly linked apparently Thimerosal-preserved hepatitis B vaccination at birth to a significantly increased of the child's having an “autism” diagnosis. See: Gallagher CM, Goodman MS. Hepatitis B vaccination of male neonates and autism diagnosis, NHIS 1997-2002. *J Toxicol Environ Health A*. 2010; **73**(24): 1665-1677. PMID:21058170

<sup>10</sup> See: <http://childhealthsafety.wordpress.com/2009/06/03/japvaxautism/>

<sup>11</sup> See: GS. Goldman, Ph.D., F.E. Yazbak, M.D., F.A.A.P. An Investigation of the Association Between MMR Vaccination and Autism in Denmark. *JAPndS* 2004 Fall; **9**(3): 70-75 and Carol Stott C, Blaxill M, Wakefield AJ. MMR and Autism in Perspective: the Denmark Story. *JAPndS* 2004 Fall; **9**(3): 89-91.

The 2010-withdrawn, 1998 Lancet paper in question<sup>12</sup> was only a case study of 12 children's cases that dealt with the connection between the MMR vaccine and measles-virus damage to the gastrointestinal system in children who had a diagnosis of a pervasive developmental disorder (PDD).

Since the researchers were “gastrologists”, this paper on abnormal gastroenterological cases and a causative link to the measles vaccine in the MMR vaccine used (established by gut-tissue biopsies) did not directly study measles-related brain damage, if any, in the 12 cases upon which they reported (to do this they would have had to collect and test living brain tissue) – the authors only noted that most of these gut-damaged children who they had studied apparently also had a diagnosis of a pervasive developmental disorder (PDD).

Factually, no “*worldwide panic ensued*” and the drop in vaccine coverage in the United Kingdom (UK) and Ireland occurred partly because of governmental decisions to license and introduce, in 1988<sup>13</sup>, cheaper measles, mumps and rubella combination vaccines, one called Pluserix™ in the UK (Trivirex™ in Canada), produced by what is now GlaxoSmithKline and another called Immravax™ manufactured by what was then Merieux UK, which contained the much more dangerous Urabe strain of the mumps that was positively linked to an increased incidence of aseptic meningitis in contrast to the more expensive Merck MMR® vaccine, which contains the Jeryl Lyn strain of mumps, which has not been linked to a significantly increased risk of aseptic meningitis.

Of more concern, the Canadian government had already stopped using the Trivirex vaccine because of the recognized higher danger from the Urabe strain of the mumps virus before it “twin”, Pluserix, was introduced in the UK.

As predicted, these Urabe-mumps-strain MMR vaccines caused a significant increase in post-vaccination aseptic meningitis cases in the children vaccinated with them until they were suddenly withdrawn in 1992.

Moreover, it was the use of these Urabe-mumps-strain-containing vaccines that, after the carnage inflicted by the Urabe-strain vaccines from 1988 into 1992 was realized, contributed to the some of the subsequent drop in vaccination in the UK in the 1990s.

Finally, the decision by the UK government to withdraw the licenses for the single-component measles vaccines, mumps vaccines, and the rubella vaccines probably also strongly contributed to the drop in measles vaccination reported in the UK after 1998.

“One of the leading faces of the autism-vaccine movement is Jenny McCarthy. Here Offit deftly lets us draw our own conclusions about the ex-Playboy playmate and potty-mouthed angry mom. He pulls a quote from her video describing how to treat autism: ‘If you're unsure about dosage, ask your pediatrician; but most of the time they don't know anything. So I would say ask someone at Kirkman,’ a lab that makes one of her favored vitamins. We are left thinking how sad and perilous it is for a mother who mourns her child's autism to take it out on vaccines and endanger so many other children.”

Here, the writer again begins by speaking about another purported “*autism-vaccine*

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<sup>12</sup> Wakefield AJ, Murch S, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 1998; **351**(9103): 637–641.

<sup>13</sup> See, for example, <http://www.whale.to/a/urabe.html>.



*movement*” face, whom the writer intentionally describes in negative terms.

Moreover, the illustrative narrative she provides has nothing to do with vaccines.

It focuses on an out-of-context quotation from a “*video*” about who to ask about the dosage of a vitamin or dietary supplement being used to “*treat autism*”.

Then, the writer closes by painting this person’s views on vaccines in a highly negative light and, without presenting any basis in fact, claiming that this person’s unstated views “*endanger so many other children*”.

“But this isn't a one-sided rah-rah show for vaccines. Offit thoughtfully acknowledges the known side effects of vaccines. He also pauses to explain some of the major obstacles encountered by vaccine scientists. One of the two early polio vaccines was made of live virus and actually had the rare effect of causing polio, occurring once in 2.5 million doses, which amounted to six to eight children per year. A switch was made to the inactivated polio vaccine after John Salamone - the father of a boy who received the live vaccine and became paralyzed from the waist down - went to Capitol Hill and persuaded legislators to change policy to the safer vaccine.”

In this paragraph, the book reviewer shows her fundamental lack of understanding of the reality that the live-polio-virus vaccines used in the USA from the late 1960s until the mid 1990s as the vaccine of choice for the inoculation of everyone against polio infects everyone who is administered a dose of it to some degree, as do all live-virus vaccines.

One of the downsides of live-virus vaccines is that they cause serious cases of disease in a few of those who are vaccinated with them – in the case of the live polio vaccine, in a few instances (“*once in 2.5 million doses*”) or about 1.2 in a million fully vaccinated children contracted a case of paralytic polio from the live oral polio vaccine they were given.

In addition, the live polio virus strains from vaccine are also shed, can and do mutate into more virulent strains, and do cause secondary infections in a few of those who come into contact with the recently vaccinated child or their fecal matter.

Thus, contracting paralytic polio is, as it is with all live-virus vaccines that are administered orally, a known “rare” effect of the vaccine, and not a side effect.

For the effect of an administered vaccine to truly be a “*known side effect*”, the effect has to be from other than declared live-virus component(s) in a live-virus vaccine.

Based on what this assessor knows about vaccines and the vaccine courts cases, examples of known side effects include the mercury poisoning from the Thimerosal (49.55% mercury by weight) in Thimerosal-preserved vaccines, and the aggressive brain tumors and mesothelioma caused by SV-40 contaminants in the polio virus component(s) in both the inactivated- and live- virus vaccines.

“Offit's arguments are piercing and unrelenting, yet his softer side comes through, too. Offit's primary motivation is clearly the health of children. He writes to save children such as Julianna Flint. At 15 months old, Flint contracted Hib meningitis, even though she had been vaccinated. Later it was discovered that Flint had an immune system defect, which is why she developed the infection. But why was Hib floating around Minnesota anyway? The percentage of children whose parents refused the vaccine had increased six-fold in the previous few years.”

First, the writer of this review paints a picture here that ignores reality and is based on an alternate “Offit” universe.

Based on: **a)** the wealth that has come Offit’s way from the research into, development and patenting of, and the deployment of vaccines and **b)** the fact that he does not see patients with vaccine-induced damage, any unbiased outside observer who understands the increased vaccine costs that royalties cause would be hard pressed to think that Offit’s primary motive was anything but monetary.

After all, Charles Goodyear invented and patented the rubber vulcanization process but refused to take any significant royalty payment for this invention.

Clearly, Goodyear’s primary motivation was to aid humankind.

In fact, his own words aptly sum up his commitment to the betterment of man: “*The writer is not disposed to repine and say that he has planted and others have gathered the fruits. The advantages of a career in life should not be estimated exclusively by the standard of dollars and cents, as it is too often done. Man has just cause for regret when he sows and no one reaps.*”<sup>14</sup>

Obviously, if “*Offit’s primary motivation*” were “*the health of children*”, then he would: **a)** have forgone the millions in payments and royalties from the vaccines he “developed” and **b)** be seeing and treating children who are less than healthy.

“Conspiracy theories about Offit and scientists like him abound. But the conspirators can step back and consider where Offit is coming from with this book. All profits go to the Autism Science Foundation, a nonprofit dedicated to finding the biological triggers of autism and its most effective therapeutic interventions.”

Since Offit sits on the board of directors of the tax-exempt (501(c)(3)) Autism Science Foundation<sup>15</sup>, it would seem that Offit is: **a)** in-effect, giving the small profits from this book to himself to some degree and **b)** realizing a tax deduction to partially offset the income taxes on his other income.

Based on the preceding realities, this assessor does understand “*where Offit is coming from with this book*” – unlike the writer of this “book” review.

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“Rachel K. Sobel, M.D., wrote a column for *The Inquirer* during her ophthalmology residency and is currently a staff physician at Wills Eye Institute. Contact her at [rachelkimsobel@gmail.com](mailto:rachelkimsobel@gmail.com).”

The credentials for Paul G. King, PhD, the writer for this draft assessment of “*At last: Ignorance inoculation ...*” can be found at <http://dr-king.com>. For the past decade plus, Dr. King has been engaged in the in-depth independent study of: **a)** the use of mercury in medicine as well as **b)** the safety, in-use effectiveness and cost-effectiveness of the prophylactic use of vaccines and mass vaccine inoculation programs.

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<sup>14</sup> [http://inventors.about.com/cs/inventorsalphabet/a/rubber\\_5.htm](http://inventors.about.com/cs/inventorsalphabet/a/rubber_5.htm), last visited on 25 May 2011.

<sup>15</sup> <http://www.autismsciencefoundation.org/leadership.html>, last visited on 25 May 2011.