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Friday, 25 May 2012

An Open Letter to Anne Dachel:

Rebuttal to Anne Dachel's 11 May 2011 Article, 'MMR Vaccinations Giving Baby Monkeys Autism'

On Friday, 11 May 2012, I attempted to post comments to your posting at:
http://annedachel.com/2012/05/11/mmr-vaccinations-giving-baby-monkeys-autism/?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+annedachel-com+%28AnneDachel.com%29,
which compelled me to split my comments into four (4) parts – all of which were left awaiting your moderation when I exited the commenting application.

Since, *as of 20:00 (8:00 PM) EDT on 15 May 2012*, my comments did not appear, I am publishing this open letter to the Autism Community with the hope of restoring some perspective and clarity to another "anything but mercury (Thimerosal)" article that misguidedly attempts to portray the MMR vaccine as "the cause of autism" when, *in fact*, it was, *and still is*, a minor causal factor.

The following narrative sets forth the apparent realities concerning the incidence of "autism" and the apparent relative contributions of: "Thimerosal-preserved vaccines" (organic mercury) and the "MMR vaccines" to the CDC's recent guesstimated incidence of "autism" in 8 year-olds born in late 1999 through 2000 in the USA.

With respect to your statement,
"I can't imagine how this research can be out there, yet so ignored",
your distortion of the facts and your failure to put them into proper context here does more to undermine the findings than to properly report them.

In proper perspective, the assertion, "*diagnoses of autism two years of an MMR vaccination increased to a high of 27.3 cases per 100,000 children compared with 1.45 cases per 100,000 in non-vaccinated children*", implies:

1. One (1) autism case in every 3,663 children vaccinated with the MMR vaccine (a rate that is roughly one-third of the latest (2011) reported Danish autism rate of "1 in 1272" for Danish children, born between 1994 and 2004) and
2. One (1) autism case in about every 69,000 children in those "*non-vaccinated children*" (a rate more than 6 times lower than the historical values for "autism" in the 1970s of about 1 in 10,000).

Moreover,

1. The IMFAR article from the vaccination of Macaque monkeys implicates the early childhood vaccines and, coupled with a previous article on the Thimerosal-preserved birth dose of hepatitis B vaccine, especially implicates the Thimerosal-preserved ones as the principal actors and not the MMR vaccine per se.
2. The study in Denmark that you cite was in humans – not monkeys – and was conducted after the Thimerosal-preserved vaccines were removed from the Danish vaccination schedule, during a period when MMR vaccination uptake slowly increased.

3. To put things in perspective, today's "autism" rate in Denmark (where the MMR vaccine continues to be given but Thimerosal-preserved vaccines are not) is NOT an estimate but a real 1-child-in-1272 value – a value that is about 15 times LOWER than the most recent US guesstimated "autism spectrum disorder" value of "1 in 88" with a probable real value of about "1 in 25" if the survey values were corrected for underascertainment (under reporting).
4. Because of the observed "sex ratio" fact (of 4 to 5 to 1 for males to females), ONLY Thimerosal (mercury) poisoning can be the major causal factor and not the MMR vaccine per se, which, *by itself*, is probably a less than 5% factor in the USA. [**Note:** This is the case because only mercury shows the sex-linked differential toxicity effect between developing males and developing females in the absence of any recognized MAJOR sex-linked genetic problem (e.g., Fragile X).]
5. Based on a 1-in-1272 rate with the MMR vaccine, in the absence of the MMR vaccination program and with NO Thimerosal-preserved vaccines, the "no vaccine" background rate for "autism" in Denmark would be about 1 in 10,000 – the historical estimated level from the 1970s.
6. The US children who were born in late 1999 to 2000 and 8 years of age when the last CDC survey studies were conducted all received Thimerosal-preserved early childhood vaccines and, beginning in 2002, may have received Thimerosal-preserved flu shots if they were under 23 months of age during the flu season.

Based on all of the preceding realities, the MMR vaccine is a not more than "5%" factor by itself and Thimerosal, which has STILL NOT been removed from all vaccines given to pregnant women and children, remains the probable "90-plus %" casual factor.

Moreover, there is no evidence that, *absent the Thimerosal-preserved vaccines they received*, the vaccinated Macaque monkeys would have had autism symptoms.

Obviously, your post is another attempt to ignore the proverbial Thimerosal (mercury) elephant — another "anything but mercury" posting — that distorts the facts and ignores the mercury poisoning reality that is clearly established by the observed male sex-ratio excess of 4 – 5 to 1. **[Note:** In New Jersey, the ratio of males to females was 5.9 to 1 and 80% of the reported cases had an autistic disorder diagnosis in the 1 in 49 children found to have an autistic disorder. Moreover, even though New Jersey had two robust independent sources of data (schools and the medical systems) that overlapped, which would have allowed the valid use of capture-recapture statistical analysis to "determine" the missed cases and correct for the under-reporting so that a valid estimate of all cases could have been made, the NJ project team did NOT report the ascertainment-corrected incidence for those 8-year-old children diagnosed with an autism spectrum disorder in New Jersey.]

At best, by itself, "MMR only" at an incidence of no more than one (1) autism case in every 1272 children in Denmark "today" (a 2011 value for children born between 1994 and 2004 in Denmark in a paper on the investigation of a link between jaundice and autism) is probably a less than "5%" contributor to the "autism" epidemic in the USA (a > "1 in 88" phenomenon that may be as high as about "1 in 25" for autism spectrum disorder cases and "about 1 in 50" for autistic disorder cases) in the USA "today" (a 2008 estimate published in 2012 for children 8 years of age born in late "2000".

Hopefully, your future postings in this regard will be more factually accurate and, at a minimum, place the apparent "MMR-only effect" in its proper "<1 autism case per 1,000 children" perspective

established by the Danish report for Denmark in 2011.

Respectfully,

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PS: After reading this open letter, you might benefit form reading my 14 May 2012 article, "The 'Anything but Mercury' Realities" that is posted on both: http://www.Mercury-freeDrugs.com and http://dr-king.com web sites in the "Documents" sections.

Finally, should anyone find any significant factual error in this review for which they have independent[a], scientifically sound, peer-reviewed published substantiating documents, this reviewer asks that he or she 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.

[a] 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.