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6 May 2007

To All:

The review of an anonymous editorial titled, "Silencing debate over autism," that was published in ***Nature Neuroscience*** 2007; **10**: 531, *a copy of which was received by this reviewer on 1 May 2007*, will begin on the next page after the following brief introductory remarks.

Introductory Remarks

First, *to simplify this review*, the anonymous writers' comments will be quoted in a "Times New Roman" font.

Second, this reviewer's remarks will be presented in indented text following each of the writers' quoted remarks.

In addition, his remarks will be in a dark blue "News Gothic MT" font except when he mentions, or quotes from, a federal statute or regulation; these items will be in a "Lydian" font.

When this reviewer quotes from statements made in the writers' editorial, an *italicized* "*Times New Roman*" font will be used.

Whenever this reviewer quotes from other sources, an "Arial" font will be used.

With these things in mind, this review will begin on the next page.

Respectfully,

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Review of an anonymous editorial, ‘‘Silencing debate over autism’’

“**Silencing debate over autism**

Despite the lack of scientific evidence that childhood vaccines cause autism, extreme tactics used by those convinced that this hypothesis is correct have been increasingly successful in influencing public opinion and legislation."

First, the unidentified writers of this editorial begin with an overly broad negated generalization, “*Despite the lack of scientific evidence that childhood vaccines cause autism*,” that misstates the true hypotheses being advanced.

Next, they mischaracterize the lawful and usual “*tactics*” (used by those who: **a)** lobby for any cause **and b)**, *in this case*, understand that Thimerosal and/or the MMR vaccine are linked to the symptoms exhibited by some who have a diagnosis of an autistic spectrum disorder, the actual hypotheses being advanced) as “*extreme*.”

Furthermore, these unidentified writers cite no scientifically sound and appropriate toxicology studies that support their implicit contention that childhood vaccines cannot cause the symptoms used to diagnose an autistic spectrum disorder (ASD) in any child.

This reviewer is heartened to read that, *at least*, they admit the activists, *of whom they implicitly speak when they speak of “tactics,” “have been increasingly successful in influencing public opinion and legislation*.”

“The idea that autism is caused by vaccination is influencing public policy, even though rigorous studies do not support this hypothesis.”

Here the writers begin by restating their false hypothesis as an “*idea*.”

Again, they allude to unnamed and non-cited “*rigorous studies*.”

“Legislators are right to take into account the concerns of parent groups and others directly affected by autism, but policy decisions should be based on hard evidence rather than anxiety.”

Contrary to the writers’ views, legislators, *elected to serve the people*, have the responsibility and duty to

- Take into account the concerns of parents and others directly affected by autism, and
- Make policy decisions based on the concerns of their constituents as long as those decisions do not abridge the Constitution and Laws of the United States of America, and/or the Constitution and/or Laws of the state and local jurisdictions whom they represent.

Moreover, the scientific “precautionary” principle should compel these American legislators to respond to the concerns of their constituents unless there is unequivocal toxicological proof of safety to the operative United

States of America's legal standard, "**sufficiently nontoxic …**" (see **21 C.F.R. Sec. 610.15(a)**) for Thimerosal used as a preservative in vaccines and to the expectations of **21 C.F.R. Sec. 600.3(p)**, "**The word *safety* means the relative freedom from harmful effect to persons affected, directly or indirectly, by a product when prudently administered, taking into consideration the character of the product in relation to the condition of the recipient at the time,**" which:

- *For Thimerosal-containing vaccines,* seems to translate into no adverse reactions more severe than the same vaccination formulation without the added Thimerosal under the clear U.S. statutes governing the mandated safening of childhood vaccines (see **42 U.S.C. 300aa-27(a)(2)**) – a safety standard that Thimerosal-containing vaccines do not meet, or
- *For the MMR vaccine*, seems translate into no risks of severe injury or death beyond the same risks from the diseases that the vaccine is purported to protect the inoculee from contracting – a vaccine risk standard that the administration of the MMR vaccine in today's America clearly does not meet.

Given this acknowledged *knowing* failure of the vaccine manufacturers and the federal government to prove the safety of the aforementioned Thimerosal-preserved vaccines to the applicable established safety standard, it is incumbent on the legislators to support their constituencies' efforts to remove these "adulterated" drugs (see **21 U.S.C. 351(a)(2)(B)**) from the market.

Similarly, *given the apparent failure of the American healthcare establishment to properly react to the serious side-effect harm caused by the MMR vaccine as the Japanese healthcare establishment did react*, it falls to the elected officials, *as duly elected representatives of the people*, to compel a re-examination of the vaccination policy that drives the use of MMR and, *as the Japanese did*, move to a safer vaccine strategy that, *perhaps like the Japanese did*, removes mumps from the recommended vaccination list and only recommends a measles-rubella (M-R) vaccine or separate measles and rubella vaccines.

"More worryingly, some proponents have adopted tactics reminiscent of certain animal rights groups, which are aimed at shutting down the views of opponents."

Since the vast majority of the proponents for "proven safe" and "safened" vaccines have acted and are acting lawfully, this reviewer finds the anonymous writers' remarks here to be, *at best*, disingenuous.

"The hypothesis is based on the observation that the number of autism cases increased in the 1980s, coinciding with a push for greater childhood vaccinations, which increased above recommended levels children's exposure to mercury in the vaccine preservative thimerosal."

Factually, the two science-based hypotheses relevant to this article's focus are:

1. The Thimerosal-ASD Hypothesis: Increased specific-dose exposure to Thimerosal starting in the 1980s and, in the United States of America,

continuing through the end of 2006 until the present has increased the incidence of children who are mercury poisoned to the degree that they exhibit the clinical mercury-poisoning symptoms that are used to diagnose a autistic spectrum disorder (ASD) or, as others prefer to call these, a pervasive developmental disorder (PDD), and

2. The MMR Hypothesis: The introduction of the combined MMR vaccine (into a vaccination program where Thimerosal-preserved "DPT" vaccines were *unnecessarily* mercury-poisoning babies) and giving this MMR vaccine before the children's immune systems are mature, apparently doubles the incidence of cases of children diagnosed with an ASD (PDD) based on the unbiased review of the pertinent data from Denmark.

This reviewer first notes that the writers' statement here makes no mention of the second hypothesis though, *as the reader will see*, they do later mention the MMR vaccine.

Moreover, their convoluted statement here is, *at best*, a mischaracterization of the Thimerosal-ASD hypothesis stated by this reviewer.

However, autism diagnosis continued to rise even after thimerosal was removed from US childhood vaccines in 2001.

Here, these anonymous writers are simply stating a falsehood.

Factually, *as of November 16, 2006*:

1. Thimerosal is still present in some of the US vaccines given to children[1] in which Thimerosal was present at a preservative level before 2001 (*e.g.*, Aventis Pasteur's [now Sanofi Pasteur's] Tripedia®, DTaP vaccine; GlaxoSmithKline's Pediarix®, DTaP-HepB-IPV vaccine; Aventis Pasteur's [now Sanofi Pasteur's] DT vaccine; Aventis Pasteur's [now Sanofi Pasteur's] Decavac® Td vaccine; Aventis Pasteur's [now Sanofi Pasteur's] TT vaccine, *which is still fully Thimerosal-preserved*; GlaxoSmithKline's Engerix-B®, Hepatitis B vaccine; GlaxoSmithKline's Twinrix®, HepA/HepB vaccine; and Biken's JE-VAX® Japanese Encephalitis vaccine, *which is still Thimerosal preserved and is currently distributed by Sanofi Pasteur*),
2. *Since all Thimerosal-preserved childhood vaccines produced in 2001, 2002 and, apparently in some cases, 2003 for the U.S. market were not recalled*, doses of vaccines from some vials (UK: phials) of these unused in-date Thimerosal-preserved vaccines continued to be administered to some babies until 2005, if not later,

[1] By definition in the U.S.A., *children* are recognized viable non-emancipated or profoundly handicapped persons less than 18 years of age.

3. *Beginning in 2002*, the Thimerosal-preserved influenza vaccines were added to the list of recommended "*U.S. childhood vaccines*" for children 6 months and older,
4. Worse, *because it increases the specific dose* (dose per kilogram of body mass) *of Thimerosal to the developing child*, beginning in 2002, the Thimerosal-preserved influenza vaccines were *knowingly* recommended to be given to pregnant women,
5. To further increase the potential harm from Thimerosal:
    a. The initial recommendation changed to recommend that the child get two doses of the influenza vaccine a month apart for each child's first immunization against influenza,
    b. The initial age range of 6 months to 23 months in 2002 was expanded to:
        i. 6 months to 35 months in 2004 and
        ii. Then to 6 months to 59 months in 2006,

    and
    c. The restriction to the second and third trimester of pregnancy was removed in 2006.
6. The inclusion of the influenza vaccines in the U.S. schedule for childhood vaccines has been maintained in spite of uncontested published studies in peer-reviewed journals showing that the influenza vaccines are no more effective in preventing children age 2 and under from getting influenza than a placebo saline injection as well as recent peer-reviewed studies published in 2006 showing that influenza vaccines are not truly effective in preventing those vaccinated from getting influenza.

"A review by the Institute of Medicine (http://www.nap.edu/catalog/10997.html) of over 200 studies concluded that that there was no causal link between thimerosal-containing vaccines and autism."

First, this reviewer notes that the cited 2004 "*review*" is not only out of date but also, *in reaching the actual conclusions they reported* (as stated in the "**ABSTRACT**" of the "**Executive Summary**"[2] of said report), the committee only relied on some "***body of epidemiological evidence***" and actually reported (with underlining added for emphasis):

> "*The committee concludes that the body of epidemiological evidence favors rejection of a causal relationship between the MMR vaccine and autism. The committee also concludes that the body of epidemiological evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism.*"

and not the "*over 200 studies*" the editorial's writers *misleadingly* stated here.

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[2] http://books.nap.edu/openbook.php?record_id=10997&page=1

Moreover, the committee arrived at this "***body of epidemiological evidence***" (*actually, only five studies*) by first rejecting all published epidemiological studies that supported a "*causal relationship between thimerosal-containing vaccines and autism*."

Further, these writers *knowingly* misrepresented one of the committee's conclusion by stating that the cited Institute of Medicine's review "*concluded that that there was no causal link between thimerosal-containing vaccines and autism*," when said review actually stated:

> "***The committee also concludes that the body of epidemiological evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism.***"

As any true scientist knows, epidemiological studies cannot determine that there is no link between a given "cause" and a possible "outcome."

Factually, epidemiological studies can only estimate the probability of a link.

Thus, any knowledgeable reader should not only reject these anonymous writers' misrepresentation but also classify their knowing misrepresentation here as the "yellow journalism" (an Americanism) that it so obviously is.

"Autism is no more common among vaccinated than unvaccinated children,"

First, *as far as this reviewer can ascertain*, there are no scientifically sound published U.S. studies that have actually assessed the incidence of "autism" in a cohort of unvaccinated children and compared it to the incidence of "autism" in a matched cohort of fully vaccinated children.

However, accepting that the incidence for "autistic spectrum disorders" in the United States is, for children between 3 and 15 years of age, on the order of 1 child in every 90 to 150 children (as reflected in the recently reported 2000 and 2004 U.S. governmental surveys of vaccinated children) and presuming that "autism" cases comprise about 50% of all cases, the overall U.S. incidence of "autism" in this age group is on the order 1 child in every 180 to 300 children.

In contrast, uncontested published informal surveys by a reporter, Dan Olmsted, *a senior editor for United Press International (UPI)*, of the Amish and a large public pediatric practice located Chicago, Illinois failed to report but one (1) case where it was established that the child had never been vaccinated, when, *given the size of the populations surveyed* (*in the 10s of thousands*), there should have been tens (10s) of diagnosed cases of "autism" in the unvaccinated children.

Moreover, though those who think that Thimerosal is linked to autism have repeatedly demanded that the government of the United States of America conducts such actual comparative evaluations of children, the American government has steadfastly declined to conduct such studies.

Based on the preceding realities, this reviewer must conclude that these writers are again misrepresenting the facts.

Therefore, this reviewer respectfully requests these anonymous writers to publish either:

- The citations for the peer-reviewed published U.S. studies that support their assertion here, or
- A retraction of this statement and any other such misrepresentation

in the next issue of this scientific journal.

"and its incidence has not covaried with the presence of thimerosal in vaccines across different times and locations."

Since all of the scientifically sound, unbiased, peer-reviewed, published U.S. epidemiological studies of which this reviewer is aware, and the *unmanipulated* results from the published U.S. epidemiological study that was repeatedly iterated (in violation of a fundamental tenet of epidemiological study design) have clearly shown a link between the level of Thimerosal exposure and the general incidence of neurodevelopmental disorders in America, this reviewer must reject the writers' remarks here.

Further, this reviewer observes that the published studies using data from other countries (*e.g.*, Canada, the United Kingdom, Denmark, and Sweden), *which purport to support these writers' position*, have been shown to be deliberately manipulated by the researchers to reach the conclusions reported in said publications.

[**Note**: Independent reviewers have established these manipulations based on the information provided in the published papers themselves or by the limited data that the government in the country in question made available to these independent reviewers. In most cases, the publishing researchers have refused to provide these independent reviewers, *including this reviewer*, access to the underlying data that was used in these obviously manipulated studies.]

"These findings have not dissuaded supporters of the mercury-autism link, whose strategies have become more extreme as the evidence against the hypothesis mounts."

Here, these anonymous writers are making statements that are at odds with factual reality because the evidence linking Thimerosal to autism continues to mount.

For example, at the recent Institute of Medicine (IOM) workshop, "Autism and the Environment: Challenges and Opportunities for Research" (April 18-19, 2007), Dr. Larry Needham's presentation, listed in the IOM meeting's program as "CDC Environmental Health Lab – Body Burden Measures" reported that Thimerosal is one of the "Chemicals Linked To Autism" (see slide 21 of the IOM's online "pdf" file[3] of Dr. Needham's presentation).

In addition, the recent peer-reviewed paper, "A Case Series of Children with Apparent Mercury Toxic Encephalopathies Manifesting with Clinical Symptoms of Regressive Autistic Disorders Autistic Disorders," ***Journal of Toxicology and Environmental Health***, Part A, **70**: 837–851, 2007 by Geier DA and Geier MR, has provided proof that injecting Thimerosal into pregnant women and babies causes some to them to be clinically mercury poisoned to the point that some children subsequently exhibit the set of mercury-poisoning-related symptoms used to diagnose them with an ASD (PDD) including "autism."

Furthermore, two recent papers[4] evaluating children with an ASD (PDD) diagnosis, their "neurotypical" (NT) siblings, and matched NT children have clearly established that the unchelated children with an ASD diagnosis who were evaluated for mercury poisoning were found to be mercury poisoned, while their NT siblings and matched control children were found not to be mercury poisoned.

Since, Thimerosal (49.55% mercury by weight) can be and was a major source of the mercury in those with an ASD diagnosis who were found to be mercury poisoned, it is clear that these children with an ASD diagnosis were mercury poisoned by the mercury from their vaccines and other drugs.

Thus, *contrary to these anonymous writers' assertion*, the supporting evidence continues to build for the hypothesis that repeatedly injecting Thimerosal (49.55% mercury by weight) in vaccines into pregnant women and babies clinically mercury poisons some of these babies to the extent that some of those so injected later exhibit the clinical symptoms of sub-acute mercury poisoning used to diagnose these children with a particular ASD.

Therefore, the recent published factual findings reported by this reviewer not only "*have not dissuaded supporters of the mercury-autism link*" but also have enlarged the group of supporters to apparently include some in the U.S. Center for Disease Control and Prevention (CDC) as the recent presentation to the IOM by Dr. Needham demonstrates.

Finally, since the strategy of those who support the "*mercury-autism link*" is to pursue and publish the science that supports said link and to spread that knowledge across the world by any and all lawful means, this reviewer finds

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3 http://www.iom.edu/Object.file/Master/42/429/Needham%20final%2004_19_07.pdf

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a. Geier DA, Geier MR. A Prospective Assessment of Porphyrins in Autistic Disorders: A Potential Marker for Heavy Metal Exposure. ***Neurotoxicity Research***, 2006; **10**(1): 57-64.
b. Nataf R, Skorupka C, Amet L, Lam A, Springbett A, Lathe R. Porphyrinuria in childhood autistic disorder: Implications for environmental toxicity. ***Toxicology and Applied Pharmacology***, 2006; **214**: 99-108.

that these anonymous writers have simply fabricated their "*whose strategies have become more extreme*" remark.

"People who oppose the idea have been harassed with repeated calls, whether they have written a letter to their local paper (http://tinyurl.com/3dba3c/) or an editorial for The Wall Street Journal (http://tinyurl.com/2obgfg/)."

True to the tactics used by those who cannot attack the message, these anonymous writers again turn to attacking the messengers.

Since no proof of harassment has been offered, this reviewer would suggest that, *if any person is truly being harassed by repeated calls from any one individual*, that person should contact the local police and their telephone provider to identify the harasser, record the remarks that are harassment, and prosecute that individual.

In addition, this reviewer notes that some of those who oppose the *evidence-supported* hypothesis of an "*mercury-autism link*," have engaged in harassing the authors of published articles that support this link by writing letters to the publishing journals attacking the morals, ethics and motives of the researchers who dare to seek and report the truth:

> *Injecting mercury (from Thimerosal in vaccines and serums) into babies or otherwise exposing them to the rapidly adsorbed organic mercury highly toxic poison, Thimerosal (49.55% mercury by weight), mercury poisons these mercury-exposed babies to some degree, and clinically mercury poisons some of these to the extent that they exhibit the mercury-poisoning symptoms that lead to an ASD (PDD) diagnosis.*

Thus, it appears to this reviewer that these anonymous writers are accusing those who support this evidence-based "*mercury-autism link*" of engaging in the "anonymous" harassing tactics similar to those that the opponents of this hypothesis are openly using.

"The harassment includes parents of autistic children who do not align themselves with the anti-vaccine movement. Kevin Leitch reports, "I have personally been told that because I am not chelating my daughter, I am a child abuser. That I am a murderer. I have had threats of violence made against me, and a few people have even sent personal hate mail to my seven-year-old autistic daughter."

Since only one person reports this harassment, this reviewer and those with whom he works suggest that these harassed parents should appropriately contact their local authorities and appropriately pursue prosecution of such individuals if they are indeed being harassed.

We make this suggestion because we have neither the time to harass or, *when harassed*, respond to the personal attacks of our harassers because we are engaged in research studies to find the causes of the chronic illnesses (*e.g.*, asthma, diabetes, neurodevelopmental disorders, gut disorders, some

types of leukemia, multiple sclerosis, obesity, severe food allergies, lupus, and other immune and auto-immune disorders) observed to be increasing in children born from the late 1980s onwards and appearing to have "vaccine-related" and/or "vaccine-component-related" factors.

"Such tactics are suggestive of a minority with little influence, but the autism-mercury lobbyists have been successful in getting their message across to the public."

Here, these anonymous writers appear to be having a bout of schizophrenia because they are simultaneously implying that those who understand there is a proven mercury-autism link are "*a minority with little influence*" and also "*lobbyists*," who "*have been successful in getting their message across to the public*."

Factually, we are "*a minority with little influence*" and, *in spite of our efforts*, we have, *to date*, been less than successful in getting our "*mercury-autism link*" message across to the general public.

This is the case even though, *as this editorial clearly shows*, those opposed to our spreading the truth about this "*mercury-autism link*" are increasingly concerned about the American public's becoming aware that Americans and their children have been, and are being, *unnecessarily mercury poisoned*[5] by Thimerosal and other mercury compounds in certain vaccines and other drugs.

"In 2005, one group took out a full-page advertisement in The New York Times, thanking scientists for their 'groundbreaking research on the connection between mercury and autism,' with a list of publications included. Many of the studies did not address this hypothesis, and some researchers wrote to the editor clarifying that they 'do not believe there is a proven connection between mercury and autism.' Their letter was not published, so readers were left with the impression that peer-reviewed work supports the hypothesis and that many scientists are convinced of its validity."

This reviewer notes, *since the public notice in question was an advertisement*, all that these unnamed scientists would have had to do is buy a similar full-page advertisement in the New York Times and publish their letter there.

Normally, newspapers do <u>not</u> publish a "letter" commenting on a advertisement <u>unless</u> the ad made a provably false statement, which the advertising group obviously did <u>not</u> do because the list in the ad did <u>not</u> make any specific "*autism-mercury link*" claims for the articles in the list.

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[5] At best, *unnecessarily mercury poisoned* <u>because</u>, *even if a preservative were somehow an absolute requirement (and it is <u>not</u>)*:

- There is <u>no</u> requirement that that preservative be Thimerosal,
- Other compounds that are <u>not</u> bioaccumulative poisons, *like Thimerosal is*, have been, are being and can be used as preservatives in vaccines and other drugs (*e.g.*, 2-phenoxyethanol), and
- Thimerosal has <u>not</u> proven to be safe as required by the applicable laws governing preservatives in biological products to the standard "**sufficiently nontoxic** ..." (<u>see</u> 21 C.F.R. 610.15(a)) and, *based on the ever-growing body of toxicity data*, it is obvious that, *if tested*, Thimerosal at levels of even 1 ppm (less than one percent of the current 100-ppm level of Thimerosal in Thimerosal-preserved vaccines, like influenza).

Since these unidentified letter signers did not choose to run their own rebuttal ad, it seems that they had no serious concerns about the simple listing of their articles in the ad.

"The effectiveness of such campaigns can be gauged by the 10% decline in children in the UK receiving the measles-mumps-rubella vaccine, which has been similarly linked to autism in the public mind."

This reviewer finds the unidentified writers' jump from an advertisement in a U.S. newspaper to claimed outcomes in the "*UK*" to be both disingenuous and duplicitous.

This is the case because:

- The ad was a US advertisement,
- The ad did not address the MMR vaccine, and
- *After that advertisement*, there was no significant decrease in the immunization rates in America.

Further, based on the ineffectiveness of this group's full-page advertisement in the New York Times in affecting the uptake of vaccines, this implied campaign was less than effective.

Finally, this reviewer asks these anonymous writers:

"Just how did this American advertisement '*campaign*' about Thimerosal and mercury influence the uptake rates in the UK for the MMR vaccine, a vaccine that is represented to contain no added Thimerosal?"

"The lobby also has some political influence, as illustrated by a bill under consideration in the Minnesota legislature."

Speaking to the "*political influence*" of the American activists who are trying to get Thimerosal removed from vaccines (*as Americans were promised in 1999*) and other drugs in the United States of America, *for vaccines*, this reviewer finds:

- On the plus side:
  - At last count seven states had passed legislation restricting the use of Thimerosal-containing vaccines for young children and, in most cases, pregnant women,
  - There is pending legislation in several states to enact similar legislation, and
  - The manufacturers of vaccines have removed Thimerosal from some vaccines and reduced it in some others;
- On the minus side:
  - No state has yet actually unequivocally banned Thimerosal from all vaccines,

- In states with enforceable restrictions on giving Thimerosal-preserved vaccines, those states' departments of health have sought and received waivers for the use of Thimerosal-preserved influenza vaccines,
- The FDA has continued to approve Thimerosal-preserved vaccines,
- The CDC has:
  - Continued to expand the scope of their recommendations for the wider use of the influenza vaccines without restricting the use of Thimerosal-preserved influenza vaccines in spite of:
    - **a.** The uncontroverted published studies showing that the influenza vaccines are <u>not</u> effective in preventing those getting these vaccines from contracting influenza,[6]
    - **b.** Recent studies unequivocally showing vitamin D3 supplementation during the "flu season" protects against <u>all</u> strains of the influenza virus,[7] and
  - Refused to recommend that, *at a minimum*, <u>only</u> Thimerosal-free vaccines be given to pregnant women and young children,

  and
- The manufacturers of the only "no Thimerosal" influenza vaccine have announced they are reducing their production schedule for the upcoming 2007—2008 "flu" season by about 2 million doses while the CDC projects the total number of Thimerosal-preserved and Thimerosal-containing doses to <u>increase</u> to about 120-million doses.

Since, *based on the publications cited by this reviewer*, it is clear that:

- The responsible administrative agencies in the American federal government (the Department of Health and Human Services and responsible subordinate agencies [CDC, FDA and NIH]) are ignoring the ever-growing body of scientific evidence proving Thimerosal is harmful to humans at Thimerosal levels below 0.001 part-per-million, and
- The aforementioned agencies are continuing to fail to comply with or enforce the laws designed to safen vaccines (<u>see</u> 42 U.S.C. 300aa-27(a)(2)) and/or have their manufacturers prove that Thimerosal-containing vaccines are "**sufficiently nontoxic** …" (<u>see</u> 21 C.F.R. Sec. 610.15(a)),

the only lawful recourse that those who know that there is a "*mercury-autism link*" have is the political activism course they have chosen to pursue.

Because some of these activists are again willing to proverbially "accept half a loaf" and are, therefore, supporting the bills "*under consideration in the*

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[6] Geier DA, King PG, Geier MR. Influenza Vaccine: Review of effectiveness of the U.S. immunization program, and policy considerations. ***JAPS*** (***Journal of American Physicians and Surgeons***), 2006 Fall; **11**(3): 69-74. Tom Jefferson T. Influenza vaccination: Policy versus evidence. ***BMJ*** (***British Medical Journal***) 2006 October 28; **333**: 912-915.

[7] Cannell JJ, Vieth R, Umhau JC, Holick MF, Grant WB, Madronich S, Garland CF, Giovannucci E. Epidemic influenza and vitamin D. ***Epidemiol Infect***. 2006 Dec; **134**(6): 1129-1140. Epub: 2006 Sep 7.

Minnesota legislature" that do not totally ban Thimerosal, it is apparent to this reviewer that they are clearly behaving in a rational manner.

"The bill establishes a preference for vaccines without trace amounts of mercury."

If the unidentified writers' earlier assertion:

"*... thimerosal was removed from US childhood vaccines in 2001*,"

were true, then why would this issue be of concern to these anonymous writers?

Similarly, why would the drafters of this legislation need to state a preference for "*vaccines without trace amounts of mercury*," if "*thimerosal was removed from US childhood vaccines in 2001*"?

Obviously, *as this reviewer has asserted*, the answer is that not only was Thimerosal not removed from US childhood vaccines in 2001 but also, *starting in 2002*, the CDC has acted to add doses of mostly Thimerosal-preserved influenza vaccines to the national childhood vaccination schedule.

"If such a vaccine cannot be found, then doctors would be obligated to have patients sign an informed consent acknowledging that the vaccine contains thimerosal."

First, this reviewer notes that, *as of 3 May 2007*, there are five (5) listed Minnesota bills that have been introduced, which address mercury/ Thimerosal in vaccines (H.F. 470, H.F. 1917 and H.F. 2350, and S.F 746 and S.F. 1780).

Of these, the pair of bills H.F. 1917 and S.F. 1780, address "establishing a preference for mercury-free vaccines" and seem to contain the requirement about which these anonymous writers are concerned:

> "(c) A provider administering a vaccine containing more than a trace amount of mercury shall, before administering the vaccine, obtain informed consent from the patient, and also obtain a signed acknowledgment that the patient has received, and has had verbally explained, the following written disclosure: 'This vaccine contains more than a trace amount of the mercury compound thimerosal.'"

Since American law recognizes that all competent patients and the parents of unemancipated children have the right of informed consent, this reviewer sees no reason for concern about this "obligation" and notes that these bills contain no explicit penalties for failure to comply.

"Given the hysteria surrounding the issue, it is questionable how many parents would consent."

First, these anonymous writers are confusing a valid concern, *the content of mercury*, supported by an American government who continually warns the public about the mercury in foods, autos, and other environmental emissions, with "*hysteria*."

However, when parents are told a vaccine contains a mercury compound, then this reviewer agrees that parents, *knowing that mercury compounds are*

highly toxic and concerned with the health of their children, might object to consenting to risking mercury poisoning their children.

However, *under American law*, all are, *in general*, supposed to be informed of risks that a medicine presents before giving written consent for that medicine to be given to themselves or their children.

Thus, all that this provision does is formalize the reality that all Americans have the legal expectation of having the ability to give informed consent.

Further, any health practitioner who knowingly withholds any such risk information is engaged in a non-action that is medical malpractice.

Thus, these unidentified writers seem to be *knowingly* indirectly supporting what appears to be the illegal medical-risk information practice of concealing the presence of Thimerosal and mercury in some vaccines from those who are supposed to be giving informed consent based on information that should include acknowledging the Thimerosal/mercury in some vaccines.

"According to Diane Peterson of the Immunization Action Coalition, similar bills have been considered in eighteen other US states this year alone, though none has passed."

This reviewer again notes that the vacuum created by the knowing failure of the healthcare establishment, vaccine makers, or the administrative and research branches of our federal government to prove that the level of Thimerosal in vaccines is safe (to the standard "**sufficiently nontoxic** …") has compelled the American public to lobby the legislative branches of American government, at all levels, to pass laws designed to restrict or eliminate the exposure of pregnant women, children, and adults to drugs that *unnecessarily*[5] contain highly toxic mercury compounds including Thimerosal, a known human carcinogen, teratogen, mutagen and immune system poison at Thimerosal levels of 1 ppm (≦ 0.0001%) and below (mercury levels of 0.5 ppm and below [≦ 0.00005%]).

"Scientific criticism of the hypothesis has not gone unheard. Last year, after the Hawaii legislature passed a bill limiting mercury in vaccines, the governor vetoed it because it 'ignores the body of current scientific evidence on thimerosal-containing vaccines.'"

All that the preceding scenario establishes is that the governor of Hawaii listened to and apparently parroted the healthcare establishment's view of reality when he chose to veto the bill.

"Similarly, when a US couple sued a pharmaceutical manufacturer last year, claiming that mercury in medication given to the pregnant mother caused their child to develop autism, the court conducted a Daubert hearing, which determines whether expert witnesses are qualified to present evidence. The testimony of witnesses in favor of the autism-mercury link was dismissed as "hypothesis and speculation," and the case was dropped."

All that the preceding scenario establishes is that the federal district court judge also listened to and adopted the healthcare establishment's position

on the "*mercury-autism link*" when he choose to dismiss the "*testimony of witnesses in favor of the autism-mercury link*" as "*hypothesis and speculation*."

However, given the recent peer-reviewed publications that have established proof of an "*mercury-autism link*" and the CDC's April 19, 2007 announcement that Thimerosal is among the "Chemicals Linked To ASD," the case that was dropped may be taken up again and a fair *Daubert* hearing of the "*testimony of witnesses in favor of the autism-mercury link*" should find that their testimony is now evidence-based science allowing the case to proceed to trial.

"Similar testimony is likely to be presented at the omnibus hearing being held later this year to determine whether autism should be deemed a vaccine-caused injury for purposes of the US National Vaccine Injury Compensation Program."

This reviewer simply notes that, *though the testimony may be similar*, the published case and toxicological science has advanced to the point that the "*mercury-autism link*" (more accurately, the "**mercury – mercury poisoning**" link) has been proven.

Moreover, a simple urine test, a urine porphyrin profile analysis ("UPPA") test, has been shown to be as valid in detecting children who are mercury poisoned as that test has been accepted for more than a decade as being a valid test in occupational mercury-poisoning cases.

"The proponents have filed a motion to exclude the Daubert standard for evidence in this hearing.

While this reviewer could not find any such petitioners' motion in the public electronic docket (http://www.uscfc.uscourts.gov/OSM/AutismDocket.htm), this reviewer did find that on 27 April 2007 the respondents (U.S. Department of Justice) filed "**RESPONSE TO 'PSC UPDATE RE TEST CASE DESIGNATIONS' AND MOTION FOR APPROPRIATE RELIEF**" in which the respondents are essentially now requesting that the "**Omnibus Autism Proceeding**" be dissolved and that each of the 5,000-plus cases be tried individually.

Since:

- The recent admission by a recognized CDC official that Thimerosal is essentially linked to those having an ASD diagnosis,
- A concomitant case-study publication establishing that some children with an ASD diagnosis are mercury poisoned, and
- Two articles revealing that a recognized viable indicator test (a urine porphyrin profile analysis ["UPPA"] test) for mercury poisoning identifies children with an ASD diagnosis that are mercury poisoned,

have established that:

- *In many cases*, children with an ASD diagnosis are mercury poisoned and
- *In some cases*, the principle, if not sole, source of the mercury that mercury poisoned these children was the Thimerosal in the Thimerosal-containing vaccines documented to have been administered to them without proof of

safety to the standard "**sufficiently nontoxic** …" as required by law (**21 C.F.R. Sec. 610.15(a)**),

the preceding realities seem to have caused the Department of Justice to abruptly change course because it *now* seems that using the omnibus proceeding to assess the proven "**mercury poisoning–ASD**" link would be a losing proposition for the federal government.

Thus, *to stretch out the government's obvious monetary liability*, the Department of Justice has now moved to address each of these thousands of cases *individually* (at a current average rate of not more than about 50 cases per year) – meaning that, *given that new cases are being filed as this is being written*, many of those who were mercury poisoned by their Thimerosal-containing vaccines may "never" have their case addressed in their parents' or, *in some cases*, their lifetimes unless:

- The vaccine court is expanded at least 10-fold and
- The controlling administrative legislation is amended to allow prior cases to be used as a precedent for the backlog cases.

"Mercury is a known neurotoxin, so even without believing that it causes autism, one might argue for removing thimerosal entirely from vaccines."

Since the government and the vaccine manufacturers promised to remove Thimerosal from vaccines in 1999 and the applicable laws require that the vaccine makers either prove it is safe to the standard "**sufficiently non-toxic** …" or stop shipping and recall all Thimerosal-preserved vaccine doses distributed in the states, districts, territories, and commonwealths of the United States of America, there is no rational argument today for continuing to allow Thimerosal in any U.S.-licensed/approved biological product or other drug.

Yet, these anonymous writers still have the temerity to suggest, "*one might argue for removing thimerosal entirely from vaccines*".

"However, this option is not risk-free."

Here, these unidentified writers begin by making an unsupported declaration that ignores:

- The federal government's statutory "shall" mandate to "safen" vaccines (see **42 U.S.C. 300aa-27(a)(2)**), and
- The reality that there are other preservatives (which are not long-term bioaccumulative poisons like "tissue-bound" inorganic mercury, the end-point metabolite of Thimerosal), which are being, and can be, used to preserve vaccines.

"Without a reliable preservative, vaccines would need to be dispensed in single-use rather than multiple-use phials, which are more expensive and bulkier. Developing countries may not be able to

afford more expensive vaccines. If legislators demand vaccines free of trace amounts of mercury, manufacturers are unlikely to risk contamination by producing multiple-use phials."

Since there are other reliable preservative systems that can be used in vaccines if a preservative is needed, these statements present, *at best*, non-relevant arguments.

"It is counterproductive for governments to legislate the medical opinions that doctors give their patients, and the informed consent required by the Minnesota bill is likely to suggest that there are hidden dangers in vaccination."

This reviewer first notes that a doctor's providing factual information on the composition of a vaccine does not fall within the scope of "medical opinion."

Moreover, since informed consent is the "law of the land" when it comes to the practice of medicine, it is obviously within the scope of governments to ensure that those who practice medicine comply with the laws regulating their conduct.

Since mercury in vaccines is a recognized danger, "*the informed consent required by the Minnesota bill*" only helps ensure that the legally required informed consent is provided.

"In the end, these fears are driven by ideology rather than science."

This reviewer finds that the "*hidden dangers*" and "*these fears*" alluded to here by these anonymous writers were manufactured by said writers to divert the reader from the reality that this mercury-content information must be conveyed before anyone can truly give informed consent for a vaccine to be given.

This is the case because, *as this reviewer has shown*, today's science has clearly established:

- The "*mercury-autism link*" has been proven and
- The dose of mercury in some vaccines and other drugs is an *unnecessary* risk of serious harm for many who are given such.

"We urge legislators to base science policy on the best consensus among researchers in the field, rather than the emotional appeals of an agenda-driven group, especially one that attempts to bully into silence those with opposing opinions."

Since Americans are constantly being told to rely on evidence-based medicine and today's evidence-based medicine has proven the "*mercury-autism link*," this reviewer would encourage legislators to base their decisions on today's evidence-based medicine and to ignore these unidentified writers' "*best consensus among researchers in the field*" since said "*best consensus*" is not based on toxicological science.

In this reviewer's experience, the "*emotional appeals of an agenda-driven group*" is but another fabrication by those who neither have scientifically sound

evidence nor cite any toxicological studies that have disproved the studies cited by this reviewer.

Further, the only groups of which this reviewer is aware who are trying "*to bully into silence those with opposing opinions*" seem to be those behind this editorial.

"Perhaps more importantly, autism researchers themselves need to make clear how far outside the mainstream these views are, or risk having more resources diverted in pursuit of this unlikely idea."

Since independent researchers, *including the CDC's Dr. Needham*, clearly have proven there is a "*mercury-autism link*," it is clear to this reviewer that the implicit "*mainstream*" researchers alluded to by these anonymous writers are the group in need of a course correction.

If these researchers do not want to be left in the dustbin of derision, *like those who supported the "phlogiston theory" of combustion*, this reviewer suggest that they should divert their resources into increasing the understanding and scope of what is a complex linkage between mercury poisoning and many other similarly increasing chronic childhood diseases not just the "**mercury poisoning – ASD**" link established by the cited documents.

Reviewer's Closing Comments

Hopefully, these anonymous writers will reveal themselves and, *if they have scientifically sound and appropriate published peer-reviewed toxicological evidence that contradicts the findings cited by this reviewer*, provide it for all to see.

However, if they can produce no such evidence, then, *given the stature of this journal*, hopefully the journal will retract this attack on the character, morals and motives of those who, *like this reviewer*, oppose *unnecessarily* mercury poisoning the developing child starting *in utero* and, *after birth*, continuing from day one into and throughout childhood and beyond.