

25 January 2007

To Whom It May Concern:

The review that follows this introductory letter is a critical assessment of the article, “**For the Good of the Herd**” by Arthur Allen from the New York Times as published on their website at:

http://www.nytimes.com/2007/01/25/opinion/25allen.html?_r=1&oref=slogin

that I downloaded as a part of my research in this area on Friday 25 January 2007 when I visited that webpage.

In general, to clearly differentiate between my assessment comments and those of the article, the article’s printed statements are quoted in a “**Times New Roman**” font followed by this reviewer’s remarks in indented text written in a “**News Gothic MT**” font with quotes from the articles text included in an *italicized* “**Times New Roman.**”

Quotes from other reference articles and documents will be presented in an “**Arial**” font.

For those who have a color printer, this reviewer’s comments are made in a **dark blue** color.

Should anyone find any factual misrepresentations in this commenter’s remarks, then this reviewer requests that you send the factual error along with the scientifically sound and appropriate documents that prove your point to this commenter so that this commenter can learn from you, incorporate that new knowledge into his understanding, and, where indicated, appropriately correct this document.

Respectfully,



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“For the Good of the Herd

By ARTHUR ALLEN

Published: January 25, 2007

Washington”

"HERE we are in another flu season, and this time there is plenty of vaccine to go around. The federal government helped increase the supply by subsidizing factories that make pandemic flu vaccine and by recommending that a total of 218 million Americans get flu shots — the sick, the elderly, the late middle-aged and children under 5."

Definitive retrospective “in use” studies [1, 2] have established that the influenza vaccines are not effective in preventing those inoculated from getting influenza.

Then, why, except to mercury-poison the majority who receive the Thimerosal-preserved influenza vaccine doses, would the federal government be helping to increase the supply of influenza vaccine doses by: a) “*subsidizing factories that make pandemic flu vaccine*” and b) “*recommending that a total of 218 million Americans get flu shots*”?

How can injecting pregnant women, babies, children, adults and the elderly with ineffective influenza vaccines preserved with 100 part per million (ppm) levels of Thimerosal, a bioaccumulative highly toxic teratogen, mutagen, carcinogen, and systemic mercury poison that has been proven to cause immune-system dysfunction at sub-ppm levels, be for the good of the herd?

Furthermore, why did the author leave out pregnant women in his list of those recommended to get the flu vaccine?

Finally, why did this purportedly knowledgeable author “forget” to mention that the current human influenza vaccines are not effective?

“But now state and county officials expect to throw away millions of doses. This situation reflects our blasé attitude toward vaccination. Most of us consider influenza more a nuisance than a danger, except in old people.”

In spite of the mainstream media’s failure to publish the fact that the current influenza vaccines are not effective, the public has begun to realize these influenza vaccine is not effective.

Thus, contrary to the author’s:

“This situation reflects our blasé attitude toward vaccination,”

the current situation actually reflects the growing awareness by the American public that the federal government, public health officials, and the vaccine makers are not being honest about the safety and/or effectiveness of the vaccines both are engaged in selling to and/or forcing on the American public.

Moreover, since the human influenza vaccines are not effective, those who understand this reality also understand the reality that the flu vaccine is a financial rip-off as well as, for those doses that contain Thimerosal, a means by which millions of Americans have been, and are being, unnecessarily sub-acutely mercury poisoned by those who knowingly only give lip-service to protecting Americans of all ages from all unnecessary exposure to mercury, which, in all forms, is only the most-deadly non-radioactive element on planet Earth.

“Of the 36,000 Americans who die of flu each year, most are over 65. And we assume that the elderly take their doctors’ advice to get vaccinated.”

Even though the reported government figures [1] include deaths from pneumonia during the “flu season” and are typically reported as flu-related deaths, the maximum number of such deaths reported during the period from 1979 to 2000 was 3,006, the minimum was 604, and the average was less than 1300, the author persists in quoting the CDC’s model-based estimate of 36,000 deaths as if it were a real number.

While the author may “*assume that the elderly take their doctors’ advice to get vaccinated,*” this commenter hopes that, like his 81-year-old mother, the rational elderly reject their doctors’ advice about the flu shot because the flu vaccines: a) are not effective, b) mercury poison those who get a Thimerosal-containing vaccine shot and c) as the author next admits, “*the immune systems of the old ... don’t respond efficiently to the flu vaccine*”.

“In fact, the immune systems of the old and infirm don’t respond efficiently to the flu vaccine. A better way to protect the elderly from flu, studies have shown, is to vaccinate their nurses and caretakers, their children and grandchildren.”

Since the author admits that the flu vaccine is not effective for “*the old,*” then, except to continue mercury poisoning them, why does the federal government continue to recommend the elderly get vaccinated?

Moreover, because the flu vaccines are not effective, vaccinating “*their nurses and caretakers, their children and grandchildren*” cannot “*protect the elderly from flu*” as the author claims – all that it can be guaranteed to do is to sub-acutely mercury poison those who are inoculated with Thimerosal-containing vaccine doses.

Moreover, risking the future of any “species,” its children, to protect the elderly is antithetical to survival of that species and, on that basis alone, is illogical – regardless of the author’s views.

“The logic behind giving shots to those who are not as vulnerable (children generally experience flu as a mild disease) is part of a concept called herd immunity. We protect the weaker lambs by bolstering the fold’s communal defenses.”

Actually, the fundamental concept of “herd immunity” vaccination is:

When vaccinating the majority (usually, expressed as at least “85%”) of the population will protect all the population (the “herd”) from a contagious disease (one can be contracted by casual [non-intimate] contact with an infected person or that person’s bodily emissions), then the goal should be to vaccinate more than that percentage of the population to protect the “herd.”

However, since the flu vaccines are not effective in preventing those vaccinated either from getting the flu or from stopping the spread of human influenza, there can be no “herd immunity” – no matter what percentage of the population is vaccinated.

Moreover, since most doses of the influenza vaccines are Thimerosal-preserved (with a nominal 100-ppm level of Thimerosal) and Thimerosal has been shown to damage

the human immune system at levels below 0.01 ppm, inoculating the communal fold obviously weakens “*the fold’s communal defenses.*”

“Unfortunately, the idea of herd immunity has lost respect. In the past decade, the number of parents who refuse vaccinations of any kind for their children has more than doubled.”

First, this commenter notes “*the idea of herd immunity has*” been misused not only by this author but also others who misuse it to justify the mass vaccination of the “herd” for diseases, like hepatitis B, that are not highly contagious.

This commenter is bemused that, at the time our government is touting the fact that more than 90% of children are “fully” vaccinated for measles, mumps, rubella, polio, diphtheria, pertussis, and tetanus, this author would state:

“In the past decade, the number of parents who refuse vaccinations of any kind for their children has more than doubled”

Moreover, this commenter notes that the American public has properly lost respect for those governmental officials and agencies who have knowingly failed to provide the public with the truth about the risks and effectiveness of various vaccines and have instead chosen to become shills for the vaccine makers and the healthcare establishment.

Finally, this commenter notes, before the “*idea of herd immunity*” should be respected for a vaccine for a given contagious disease, the American people should be offered independent proof that:

1. The vaccine in question has been proven to be “lifetime” safe for those inoculated with it.
2. The vaccine for a contagious disease provides immunity that lasts at least as long as the natural immunity conferred by those who have the childhood disease or, failing that, that, with a single booster dose, lasts that long.
3. The costs of vaccination, including the lifetime costs of the adverse effects that some have from being vaccinated, are less than the lifetime costs of the percentage of the population who will contract the disease in the absence of vaccination.
4. The vaccine does not adversely affect or disrupt the natural function of the immune system of those vaccinated.
5. The immunity provided by the vaccine fully mimics the immunity provided by the disease.
6. The vaccine protects against all of the strains of the disease agent prevalent in the population of the United States.

Unfortunately, since most of the newer vaccines do not meet all or even almost all, of the preceding criteria, the American public should properly reject the “*idea of herd immunity*” for these vaccines.

“But our dismissive attitude toward flu shots amounts to a poor public health strategy. It not only makes the weakest more vulnerable, it also destabilizes the demand for vaccine in general, prompting vaccine makers to limit production — and that could lead to a critical shortage in the event of a flu pandemic.”

Contrary to the author’s view, “*our dismissive attitude toward flu shots amounts to*” a sound public health strategy because these influenza vaccines:

- Are not effective in preventing those inoculated from getting influenza, and

- Those vaccines that are Thimerosal-preserved unnecessarily mercury poisons those who are administered such flu shots. [Note: A “sealed” 1971 Eli Lilly memo reports evidence for human toxicity for Thimerosal injections containing Thimerosal at levels of 1 ppm – 1/100th the level in a Thimerosal-preserved vaccine.]

What “*destabilizes the demand for vaccine in general*” is the duplicitous behavior of federal and state “public health” officials, vaccine makers, healthcare providers, and touts, like this author, who continue to: a) ignore the reality that the influenza vaccines are not effective and b) knowingly misrepresent these ineffective vaccines to the American public.

“Vaccination has inspired a degree of public loathing in America ever since 1721, when Cotton Mather introduced variolation, a primitive form of vaccination against smallpox, in Boston. It involved scratching live smallpox virus into a person’s arm, and Bostonians found it alarming.”

This commenter simply notes, since variolation is known to transmit smallpox to the recipient and, thereby, spread the disease, Bostonians properly “*found it alarming.*”

“Over the next 200 years, vaccines improved, but public skepticism persisted. During the smallpox epidemics of the early 20th century, Americans rightly worried that unsanitary smallpox vaccinations could infect their children with tetanus and other bacterial diseases. People protested vaccination orders, sometimes violently. In one episode in Greenwood, Del., in 1926, a gang led by a former army lieutenant engaged in street fights that lasted several days.”

This commenter notes that the author at least correctly reported, “*Americans rightly worried that unsanitary smallpox vaccinations could infect their children with tetanus and other bacterial diseases.*”

In addition, this commenter notes that, even after cowpox vaccination was introduced, smallpox outbreaks often increased after vaccination.

Moreover, based on the historical record, improved sanitation, clean water, adequate nutrition, and improved personal hygiene have done more to reduce the death rates from smallpox, measles, mumps, rubella, and polio than the introduction of vaccines to prevent contracting the “wild” strains of these diseases.

“But World War II changed people’s attitudes toward vaccines. Medics inoculated military recruits with vaccines against diseases like typhoid, yellow fever, tetanus and typhus. Some of the vaccines were pretty near experimental, yet our men survived, whipped the Axis powers and came home with a positive attitude toward public health.”

Here the commenter finds that the author distorts reality by omitting the fact that not all who were vaccinated survived vaccination and some who survived were so badly damaged that they could not fight.

In addition, contrary to this author’s jaundiced rhetoric, it was the massive and ongoing “education (propaganda) campaigns” undertaken by public health officials that have, until recently, driven the “*positive attitude toward public health*” of which the author not only speaks but also attempts to equate to a positive attitude toward all vaccines and vaccination programs.

The author speaks as if the American public should just, like the lemming, blindly trust the healthcare establishment (or the author) and follow its (or his) directives

even when it is clear that, as in the case for influenza vaccination, they are self-serving and not in the health interests of the American public.

“By 1947, when a dozen people in Manhattan were infected by smallpox, six million New Yorkers lined up to have the vaccine scratched into the skin of their arms and legs upon the urging of Israel Weinstein, the city health commissioner.”

This commenter notes that author’s view of what transpired seems to misrepresent the degree of coercion and fear mongering used to get these New Yorkers to line up.

“The smallpox vaccine turned out to be far more lethal than the disease outbreak itself, which had claimed only two lives. The vaccine killed at least eight and in as many as 100 other people it caused side effects including severe rashes and brain damage. Yet no one publicly complained about this risk.”

At least the author admits that the 1947 vaccination campaign, like the recent aborted “first providers” campaign, was much more lethal than the disease outbreak itself (or, in the recent case, the threat of a possible smallpox outbreak from a terrorist attack).

However, the author’s:

“Yet no one publicly complained about this risk.”
seems to be at odds with factual reality.

Further, the author’s statement ignores the reality that the “wild” smallpox virus is a vector-borne disease (where the “bed bug” is the vector) that can be “virtually eliminated” by proper sanitary practices (washing bed sheets and pillow cases in hot water and sealing mattresses and pillows with “bed-bug-impermeable” coverings).

“In the spring of 1955, Jonas Salk’s polio vaccine was licensed. And although some early bad batches of it killed or paralyzed 174 people, a relieved nation recognized its greater benefit. Salk floated across the public stage like a white-jacketed saint.”

Having lived through the incidents in question, this commenter remembers things differently than the author.

Among other things, the federal government changed the definition of “clinical polio” to lower the number of cases and conducted a massive propaganda campaign to cover up the reality that the early Salk vaccination campaigns actually increased the rate of polio cases by much more than the “*killed or paralyzed 174 people*” of which the author speaks. [3]

“With the advent of vaccines against measles, rubella and mumps, the 1960s became the golden age of vaccination. But gradually, people grew complacent about the good vaccines could do; the more vaccines eliminated disease, the less important they seemed.”

First, with the possible exception of the smallpox virus, no disease has been eliminated by a vaccine.

Second, the vaccines for measles, mumps, and rubella (the MMR vaccines) are live-virus vaccines that actually give those vaccinated unnatural cases of the three diseases to “protect” those vaccinated from contracting the “wild” strains of these diseases naturally.

Third, unfortunately, the protection provided by these vaccines is incomplete and, based on more than a half century of experience, does not provide the long-term protection that having the disease in childhood provides.

Given the preceding realities and the failure of the government to require long-term comparative studies of the effects of vaccination in a limited population before mass vaccination was recommended, the “good vaccines” is more vaccine-faith-based rhetoric than science-based fact.

Furthermore, given the evidence-based views of the Japanese government toward vaccination, children should not be required to be vaccinated with an MMR vaccine because the Japanese only recommend vaccinating with the separate vaccine components for measles and rubella (the mumps vaccine is available as an optional vaccine).

Moreover, to allow their immune systems to mature in the manner nature intended, children should probably not be vaccinated with a live-virus vaccine until their immune systems are somewhat mature (at age 2 or later).

The fact that the infant mortality rate in Japan is about half of the U.S. infant mortality rate [4] clearly lends credence to the reality that the totally elective, age-delayed, Japanese vaccination program is better than the current U.S. mandated program at preserving the lives of the neonate.

“Public apathy turned to distrust in 1998, when a new vaccine against rotavirus, which causes gastrointestinal illness in infants, showed signs of causing a bowel obstruction in very rare cases. The next year, Wyeth-Ayerst Laboratories withdrew the vaccine, RotaShield, from the market.”

The author’s “*showed signs of causing a bowel obstruction in very rare cases*” shows the lengths an apparent vaccine apologist will go to avoid simply stating the facts.

Factually, RotaShield caused life-threatening bowel obstruction in healthy babies that required corrective surgery whose risks and costs far outweighed the risk of a U.S. baby’s contracting a life-threatening case of the rotavirus disease.

Moreover, because cases of this “very rare” condition were seen in the clinical trials and there were questions about whether the case seen in the “control” group was actually a “vaccine” case, this vaccine should not have been licensed and recommended for mass use until a larger trial, closely monitored by the FDA, had proven that this condition was “very rare” – which, based on actual in-use experience, was not the case. [Note: The recently licensed “live virus” rotavirus vaccine, Merck’s RotaTeq®, “minimizes” the risk of this bowel obstruction by inoculating the babies earlier (when their immune system is less mature) but does not entirely eliminate this risk.]

Finally, public distrust began to increase after the government passed legislation to protect the vaccine makers from being sued in 1987 [42 U.S.C. Part 300aa] and, contrary to the clear mandate in that legislation requiring the federal government, acting through the Secretary of Health and Human Services and his subordinate agencies, to safen vaccines [42 U.S.C. § 300aa-27(a)(2)], the federal agencies involved in the vaccination program did not move to safen vaccines by requiring the manufacturers to reduce the adverse effects of their vaccines.

Instead, they simply ignored this part of the law and knowingly approved vaccines that increased the risk, number, and severity of adverse reactions to vaccines.

“Around the same time, pediatricians raised concerns about the use of a preservative, thimerosal, in vaccines for children. Thimerosal contains only minuscule amounts of mercury, but as a precaution, the Centers for Disease Control and Prevention asked vaccine makers to remove the preservative from pediatric vaccines.”

Here, the author abandons all semblance of factual reporting.

Factually, the use of Thimerosal as a preservative has, since 1973, rendered any vaccine or other drug preserved with Thimerosal adulterated [**21 U.S.C. 351(a)(2)(B)**] because the REQUIRED proof of safety to the minimum standard “sufficiently nontoxic so that the amount present in the recommended dose of the product will not be toxic to the recipient” [21 CFR § 610.15(a)] for the use of Thimerosal or any other compound as a preservative has, as far as this commenter and the U.S. Congress can ascertain and the FDA has repeatedly testified, never been submitted by the manufacturers of vaccines that use Thimerosal as a preservative.

In addition, beginning with Russia (formerly the USSR) in the late 1980s, the Scandinavian countries in the early 1990s, and the UK in 2004, countries have been systematically banned, or abandoned, the use of Thimerosal as a preservative in vaccines and as a process sterilant because of the long-standing and ever-growing body of evidence that Thimerosal is unacceptably toxic for use in medicine. [5, 6]

Moreover, the author’s:

“Thimerosal contains only minuscule amounts of mercury”

is an obvious misstatement because Thimerosal is 49.55% mercury by weight – or, in layman’s terms, 50% mercury!

Finally, based on the current understanding of the TOXICITY of Thimerosal to human cells and tissues, the safe level for Thimerosal in a vaccine or other drug is somewhere below 0.001 ppm. [5]

“By and large this new safety consciousness was a good thing, but caution also has its costs. The withdrawal of the RotaShield vaccine, which caused bowel obstruction in only about 1 in 20,000 children, meant that thousands of American infants who would otherwise have been vaccinated suffered severely dehydrating diarrhea.”

Based on this commenter’s limited understanding of the reality concerning the rotavirus disease in the U.S.:

- The incidence of bowel obstruction in RotaShield-vaccinated infants was closer to 1 in 2,000 children than to 1 in 20,000 children, and
- The overall incidence of U.S. rotavirus infections leading to severe diarrhea is such that only hundreds of children out of the tens of millions born from 1998 to date have been hospitalized with the severe form of this disease.

Thus, this author seems to be under-reporting the harm and over-reporting the incidence of the severe cases of this disease.

Further, there are other realities that this author failed to mention:

- When there is clean water to drink, adequate nutrition and housing, and good sanitary practices are followed, most babies do not develop severe cases of rotavirus, and

- There are other viruses that cause diarrhea in children so that not all cases of severe diarrhea are caused by rotaviruses.
- The long-term effects of introducing the artificially hybridized human-bovine rotaviruses in the RotaTeq vaccine into humans and the global environment are not known and, as far as this commenter can ascertain, are not being studied.

“And in developing countries, where rotavirus kills hundreds of thousands of babies each year, the vaccine was never introduced.”

While the author’s unsupported statement may be true, this commenter knows that had these babies and their mothers had access to clean water, adequate nutrition, sanitary waste disposal and adequate housing, many, if not most all, of these babies would not have died.

However, the vaccine makers and the healthcare establishment do not profit from advocating for these.

Moreover, it is the availability of these basics in America and elsewhere that has contributed more to the reduction in childhood mortality from the contagious childhood diseases than the vaccines.

“The removal of thimerosal set off angry recriminations against vaccines in general. Thousands of parents of autistic children, searching for a way to explain their children’s illness, settled on thimerosal-containing vaccines and began suing the drug industry and the government. Although these suits seem unlikely to succeed — no clear evidence of a link between thimerosal and autism has been found — they have already cost the industry hundreds of millions of dollars in court costs, and they have helped undercut public confidence in vaccination.”

Again, the author is attempting to rewrite history.

Factually:

- Thimerosal has not been removed from all childhood vaccines
- To make matters worse, the Thimerosal-preserved influenza vaccines were added to the recommended vaccination schedule for pregnant women and young children in 2002 – three years after the federal government, the American Academy of Pediatrics and the manufacturers had “agreed” in 1999 that the goal should be to remove Thimerosal from all childhood vaccines as soon as possible and without the required proof of safety.
- The start of lawsuits alleging damage from Thimerosal in vaccines precedes the government’s call for Thimerosal to be removed from vaccines.
- Because of the National Vaccine Injury Compensation Program enacted in 1987 precludes suing the vaccine makers without first submitting a claim to the government for compensation, most of the costs these lawsuits have been borne by the persons paying for the vaccines (since the government uses the tax collected on each vaccine [now \$ 0.75 per component group in a vaccine] to pay for the costs of the actions filed in the “vaccine court”) and the persons filing these lawsuits, and not the industry.
- None of the 5,000-plus pending “vaccine court” lawsuits alleging Thimerosal damage has been adjudicated in favor of the plaintiffs.
- The vaccine industry’s and the healthcare establishment’s repeated efforts, successful to varying degrees, to obtain almost absolute protection from being

sued for the harm their vaccines may cause has done much more to undercut public confidence in vaccination than even the pending lawsuits.

- Only those parents who have evidence of mercury poisoning related to vaccination with Thimerosal-preserved vaccines have “*settled on thimerosal-containing vaccines.*”

Moreover, since vaccine makers have failed to prove that their Thimerosal-preserved vaccines were safe to the “sufficiently nontoxic ...” safety standard established by law, these suits are likely to succeed in an impartial court.

Finally, this commenter notes that it is likely that both civil and criminal RICO-statute lawsuits could be filed and succeed once the public understands that the federal government has knowingly colluded with the drug product makers who use Thimerosal as a preservative in vaccines or other drugs to distribute drugs that are adulterated under the Federal Food, Drug, and Cosmetic Act as amended [**21 U.S.C. § 351(a)(2)(B)**].

“Parents are now especially reluctant to inoculate children against flu, because many flu vaccines contain thimerosal.”

First, the influenza vaccines have been shown to be ineffective in preventing those inoculated from getting influenza.

Second, Thimerosal, about 50% mercury by weight, is known to mercury poison, to varying degrees, all those inoculated with a Thimerosal-containing vaccine.

Thus, parents should be refusing to allow their children to be inoculated because all influenza vaccines are not effective and, when they contain Thimerosal, they are not even safe.

“But the tiny amount of thimerosal in the vaccines is not a health threat. There is always a small risk of unforeseen side effects, but it pales next to the harm done by influenza every year — and the harm it could do in the future if we have an inadequate supply of vaccine.”

First, no safe level has been established (proven) for Thimerosal exposure.

Second, Thimerosal toxicity has been demonstrated in human cells and tissues at levels below 0.01 part-per-million.

Based on the preceding realities, the author’s “*the tiny amount of thimerosal in the vaccines is not a health threat*” is not supported by any scientific proof of safety at the 100-ppm level found in Thimerosal-preserved influenza vaccines.

Therefore, the authors’ initial statement should be dismissed because it is nothing more than a “snake oil” salesman’s unsupported claim.

Moreover, the author’s:

“There is always a small risk of unforeseen side effects”

is at odds with the numerous reported incidents of immediate severe Thimerosal-related “hypersensitivity” side effects – observed and documented when a Thimerosal-containing vaccine is injected into some individuals.

Further, since the current influenza vaccines are not effective, the author’s:

“but it pales next to the harm done by influenza every year — and the harm it could do in the future if we have an inadequate supply of vaccine”

is, at best, empty rhetoric.

In addition, given the recent link between low vitamin D levels and the risk of a clinical case of influenza [7, 8], and also the availability of antiviral compounds to treat those who contract human influenza [1], it is obvious to this commenter that the influenza vaccines should be recognized as the failures that they so obviously are and the associated influenza vaccination programs abandoned.

Finally, based on the recent vitamin D findings:

- The American public should, at a minimum, be encouraged to add an appropriate level of daily vitamin-D supplementation (reported as 2,000 IU) to their diet during the flu season (October through March) if not year round, and
- The MDI (minimum daily intake) values and the food fortification levels for vitamin D appropriately increased.

“We don’t know whether the deadly avian flu virus, which has claimed a small number of victims in Asia and Africa, will evolve in a way that allows it to sweep across the globe. But the experts are certain that it is only a matter of time before a flu pandemic strikes. Keeping the vaccine pipeline running and building immunity against all types of flu will help us prepare. Even in apparently humdrum flu years like this one, it behooves us to join the herd and be vaccinated.”

Based on the ineffectiveness of the current influenza vaccines, it is clear that the author’s unsupported rhetoric here should simply be ignored.

Finally, this commenter must again ask this author:

“Arthur, just what part of ‘**influenza vaccines are not effective**’ don’t you understand?”

“Arthur Allen is the author of ‘Vaccine: The Controversial Story of Medicine’s Greatest Lifesaver.’”

Paul G. King is the author of numerous rebuttals [9], including this one, to the less-than-scientific-sound articles published by vaccine apologists, who continue to ignore or misrepresent the reality that injecting Thimerosal-containing vaccines into humans mercury poisons all those who receive such vaccines to some degree.

Commenter's References

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