

Vaccination: Federal Health Agencies Continue to Deceive Americans

Posted By [admin](#) On November 13, 2009 @ 5:00 pm In [Science & Technology](#) |

[Richard Gale and Gary Null, Ph.D](#)

Progressive Radio Network

November 12, 2009

I have no doubt whatever that vaccination is an unscientific abomination and should be made a criminal practice. G. Bernard Shaw

Under normal circumstances, when a public health measure is advocated or mandated, and it is accepted without question by all Federal health agencies, state and local health departments, and promoted by the mainstream media with unquestioning support from the orthodox medical community, then it is assumed that such measures at the very least meet basic scientifically proven criteria. Foremost should be public health safety and that the proven efficacy of a health program be implemented according to rigorous scientific gold standards. When this standard is ignored and denied, as is now being done by our health officials, then the wellbeing of the nation is placed at risk. Consequently, we see the concerns regarding the swine flu vaccine focusing upon supply rather than health. For our government health officials at the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS), vaccines have been baptized safe and, therefore, there is no reason for further debate. In fact, so certain are those in charge of the nation's vaccination programs, even democratic discourse about vaccination controversies has been marginalized and smothered. There is no dissenting opinion published in any major industrial medical journal or magazine, nor found on any of government health websites.

When put to the test, a meticulous review of the scientific literature finds that virtually all of the Federal health agencies assumptions are held in error. Furthermore, we are shocked that the CDC, FDA and HHS, with all of their resources, refuse to take into consideration the large body of clinical evidence that contradicts their biased vaccine policies. Our review of the scientific literature is at two levels. First, there is a direct relationship between vaccination and Autism Spectrum Disorders (ASD). This evidence, as we shall see, was taken under oath during a three year Congressional investigation, which clearly shows that Federal health officials were complicit in covering up the associations between vaccines and neurological damage.

The second level shows irrefutable evidence, from peer reviewed journals in immunology, neurology, toxicology, etc., that the very same mercury used at high toxic levels in the flu vaccines, as well as in trace amounts in other vaccines, is toxic in all circumstances. The pronouncements by the CDC and HHS, promulgated by tabloid medical writers at the *New York Times*, *Wall Street Journal* and other media outlets, are deceptions based upon medical denialism. We believe it is a crime to inject mercury into

the bodies of any pregnant woman and child, while knowing that thimerosal is extremely toxic.

During a televised interview to prepare the American public for a massive campaign to inoculate the population for the H1N1 flu virus, President Obama's HHS Secretary, Dr. Kathleen Sebelius, told the nation, "study after study, scientist after scientist, has determined that there really is no safety risk with thimerosal." [1] Glancing at the foot-high stack of published clinical studies on the desk, years of independent research identifying certain neurological impairments, such as Autism Spectrum Disorders (ASD), and cellular organ damage resulting from vaccines containing the toxic ethylmercury preservative commonly known as thimerosal, it is incomprehensible to fathom the depth of scientific denial in Sebelius' statement. Was the Secretary blatantly lying to Americans, especially parents of small children six months and older and pregnant mothers, to convince us to line up for flu shots? If we unpack Sebelius' misleading propaganda and properly rephrase her pronouncement, we can uncover a semblance of truth in her words. Instead it would have been proper for her to inform the nation that "study after study of spurious and flawed research that would likely never pass a graduate school examination, scientist after scientist affiliated or with financial ties to the vaccine industry now dominating our academies and health agencies, have determined that there really is no safety risk with thimerosal."

This should have been the Secretary's response if she were honest in addressing many people's concerns about vaccine safety. Yet, this is not just our interpretive spin about the lack of scientific integrity within the CDC's and FDA's pharmaceutical-friendly stance regarding the vaccine-autism controversy; rather it accurately reflects the conclusions from a three year investigation conducted by the Subcommittee on Human Rights and Wellness in the House's Committee on Government Reform, spearheaded by Rep. Dan Burton (R-Indiana). Published in May 2003, the Committee's 80-page report, "Mercury in Medicine: Taking Unnecessary Risks," is a clear indictment charging the CDC, FDA and HHS with scientific bias, prejudiced financial interests with vaccine makers, and administrative incompetence and indecision that puts Americans' health at risk. [2]

It is a sorry state of affairs when a Congressional committee is forced to undertake a more thorough, concise review of the scientific literature related to a national health crisis, i.e., thimerosal as a causative factor behind the epidemic scourge of neurological and developmental disorders in America's children, because our Federal health agencies prefer to not upset their clients (or masters) in the pharmaceutical industrial complex. But what is even more disturbing is that after six years since the Committee's report, nothing has fundamentally changed. Instead, the CDC, FDA and HHS continue their rogue campaigns to spread unfounded medical propaganda and have done next to nothing, aside from issuing promises and marginalizing opposing medical views, to fund and launch the independent research necessary to determine once and for all vaccine safety in young children, developing fetuses and pregnant mothers. And as we wait for medical sanity to descend upon our government agencies, more and more children are injured from the increasing number of scheduled vaccinations, while the burden of health costs continue to mount on the shoulders of parents with neurologically and physically damaged children.

Therefore reviewing some of the Committee's major findings is warranted to bring them up to date with recent information showing the thimerosal-autism link and to provide evidence for the CDC's, FDA's and HHS's ongoing medical denialism about vaccine safety and their laxity in preserving and addressing public health.

Committee Finding 1: *“Mercury is hazardous to humans. Its use in medicinal products is undesirable, unnecessary and should be minimized or eliminated entirely.”*

Mercury, in its two most common forms that threaten human health—methylmercury and ethylmercury (thimerosal used in vaccines)—is the second most toxic substance perhaps after uranium. It is over one hundred times more toxic than lead. Therefore ask yourself the question, would you submit your child, or even yourself, to having lead injected directly into his or her bloodstream, permitting it to pass through your child's neurological system? If you answer in the negative, then know that the mercury in that flu shot being offered at Costco is far more toxic than the lead you just refused.

Although more research has been conducted showing methylmercury's severe health risks, the Committee, basing its decision on sound scientific evidence, concluded that thimerosal's toxicity is the same as methylmercury. Among the more serious adverse effects are multiple organ system disorders over the course of a lifetime, neurological and behavioral defects, renal damage, cardiovascular effects even at very low dosages, increased susceptibility to infectious diseases, autoimmune disorders and injury to the immune system, and adverse effects on the reproductive system. Contrary to Sebelius' denialism, a pregnant mother's exposure to thimerosal due to vaccination runs the risk of mercury crossing the placenta and affecting the developing fetus. The CDC's current stance that it makes no difference whether vaccines with thimerosal are given to pregnant mothers flies in the face of biomolecular reason and the Environmental Protection Agency's (EPA) own warnings. Medical evidence for methylmercury disturbing the neuro-development of an infant in utero has been conclusive for many years.[3] The EPA's website states that for women in reproductive ages, there is the risk of 300,000 newborns each year incurring learning disabilities due to in utero exposure to mercury. Even the FDA acknowledged mercury's toxic risks to infants back in 1994. According to a National Institutes of Health document, “For fetuses, infants and children, the primary health effects of mercury are on neurological development. Even low levels of mercury exposure, such as result from a mother's consumption of methylmercury in dietary sources, can adversely affect the brain and nervous system. Impact on memory, attention, language and other skills have been found in children exposed to moderate levels in the womb.” Do any of these symptoms sound like ASD? And if eating a can of tuna fish poses a potential risk, how much greater are the potential neurological injuries when vaccine mercury is injected intramuscularly?

The EPA, unlike the FDA, has conducted research into mercury's toxicity and health risks. While the EPA sets a limit exposure of mercury at 0.1 micrograms/kg, the FDA in its favoritism towards mercury's use in vaccines raises the stakes to 0.4 micrograms. The FDA's figure has no valid supporting scientific data and is arbitrary in order to continue sanctioning the use of in vaccines. The World Health Organization (WHO) sets the limit

higher; this may account for the WHO's aggressive campaigns to inoculate the world's poorer populations with heavily laced-mercury and stockpiled vaccines from the drug makers. The Committee, however, found the EPA evaluation to be "scientifically validated." Consequently, a person receiving a single flu shot, with 25 mcg/kg of thimerosal would need to weigh approximately 550 pounds for it to be considered a safe quantity. Therefore it is no surprise that the series of four thimerosal-laced flu shots, or 100 mcg/kg, can lead to long-term cumulative damage for any age group, including the later onset of dementia conditions such as Alzheimer's.[4]

Dr. David Baskin, Professor of Neurosurgery at Baylor College of Medicine, told the Committee that brain tissue absorbs mercury five times more than other body tissues. And infants and small children are furthermore five times more sensitive to mercury's toxicological effects compared to adults. Dr. Baskin reported on his own studies at Baylor:

"We have the opportunity to actually grow human frontal cortex cells in cell culture. So these are cells from the front part of the brain.... We incubate these cells with thimerosal at various doses... [then] detect cell death and cell damage.... [showing a slide] These are the cells committing the suicide program and breaking themselves into tiny little pieces with a very low dose of mercury.... Don't forget, we did this in adult brain cells. Remember that infant brain cells are much more sensitive, so there's a real cause for concern."

Similar studies conducted at Columbia University have confirmed the Baylor findings.

So why can't the CDC and other government agencies reproduce these clinical studies to confirm whether or not there is a clear thimerosal-autism link? Well, the CDC, and other research agencies such as the National Institute of Allergies and Infectious Disease (NIAID), simply don't perform gold standard clinical science. Instead, the CDC relies upon statistical analyses and mathematical algorithms to arrive at their conclusions about vaccines' and thimerosal's safety. Preferring to cower in the back of Plato's cave, concise scientific protocol and biomolecular studies in a laboratory is almost anathema to them. In addition, the kind of studies the vaccine orthodoxy hail as proof to deny a correlation between thimerosal and autism rely upon dreadful research design and ridiculously low numbers of participants. For example, a University of Rochester study comparing children injected with mercury-vaccines versus vaccines without mercury only enrolled 40 subjects; yet, this single study remains in the pro-vaccine orthodoxy's arsenal against vaccine skeptics. If autism at the time of the study affected 1 in 150 children, then enrolling 40 children is baseless for achieving any valid data. For this reason, another finding by the Committee states:

Committee Finding 2: *"To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, under-powered, and fatally flawed. The CDC's rush to support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations."*

The Committee also reports, “Upon thorough review of the scientific literature and internal documents from government and industry, the Committee did in fact find evidence that thimerosal posed a risk. The possible risk for harm from either low dose chronic or one time high level (bolus dose) exposure to thimerosal is not ‘theoretical,’ but very real and documented in the medical literature.”

Furthermore, the report continues,

“Of additional concern has been the CDC’s bias against theories regarding vaccine-induced autism. Rather than aggressively working to replicate clinical findings with laboratory data that showed a relationship between vaccines and autism... the CDC funded researchers who also worked for vaccine manufacturers to conduct population-based epidemiological studies to look at the possible correlation between vaccine injury and a subset of the population that might be injured. The CDC to date has relied too heavily on epidemiological findings. While epidemiological studies are important, they are not a substitute for focused, clinical research.”

And independent clinical research exists. There is lots of it from prestigious institutions such as Harvard, Johns Hopkins, the Cleveland Clinic, Massachusetts General Hospital, the University of California at Irvine, Baylor Medical School, Prof. Boyd Haley at the University of Kentucky, and the dozens of studies by Dr. Mark Geier at the Institute of Chronic Illnesses, all providing evidence for thimerosal’s adverse effects in adults and in the developing brain of a child.

Committee Finding 3: *“Manufacturers of vaccines and thimerosal have never conducted adequate testing on the safety of thimerosal. The FDA has never required manufacturers to conduct adequate safety testing on thimerosal and ethylmercury compounds.”*

For many decades, the FDA has known about the neurotoxic effects of thimerosal. A review of internal documents from Eli Lilly, the original inventor of ethylmercury in the 1920s, reveals that only one study has ever been performed to investigate thimerosal’s safety in humans and it was “woefully inadequate.” During the actual Committee hearings, Rep. Burton remarked, “You mean to tell me since 1929 we’ve been using thimerosal and the only test you know of is the one that was done in 1929, and every one of those people got meningitis and died?”[5]

In the 1940’s, thimerosal was used in teething powders for infants and resulted in fatal outbreaks of Pink’s Disease (severe mercury poisoning) before being removed in the 50’s. Since many children today receive vaccines with trace amounts of thimerosal, in addition to vaccines containing adjuvant aluminum compounds, an important 1972 study published in the *British Medical Journal* noted that mercury increases aluminum’s oxidation and produces abnormal heat. In recent years, there is growing evidence of mitochondrial oxidation and cellular damage that may be due to this interaction between mercury and aluminum in vaccines. With a child now receiving 31 and more vaccinations during its first 18 months of life, it would seem that this barbaric practice would have

been fully investigated by our health officials to account for the epidemic rise in neurological and behavioral disorders, adult diabetes and asthmatic conditions in American children. Instead, our health officials continue to pump out junk science, for example the recent, seriously flawed NIAID study on H1N1 vaccine safety in pregnant women reported over the major media, to deceive Americans and enroll them in their national vaccination campaigns. The protocol in that study listed any pregnant woman who had a history of alcohol or drug abuse during a 6 year period, diabetes, compromised immune systems, asthmatic and allergic conditions, history of cancer-treatment drugs for 3 years, prescription to psychiatric drugs, and many other conditions as unqualified for the study. These conditions alone would disqualify the large majority of the nation's pregnant women. Furthermore, any pregnant woman who enrolled in the trial, who spiked a temperature of 100 degrees or greater during the first 72 hours following vaccination, were excluded from the trial. Nevertheless, the CDC and its cronies in the media, particularly the pharmaceutical shells at *The New York Times* touted this deranged trial as conclusive evidence that the swine flu vaccine was safe for all pregnant women. These are the kinds of medical distortions we have come to expect from the Federal health agencies.

The Committee's report states,

“It appears that our Federal regulatory framework (the FDA and its predecessor organizations) failed to require manufacturers to prove thimerosal was safe. They failed to require industry to conduct adequate testing to determine how thimerosal is metabolized. The FDA failed to require that industry conduct studies to determine the maximum safe exposure level of thimerosal. These basic issues should have been proven prior to the introduction of thimerosal into the marketplace, but more than 70 years after its introduction, these issues have still not been adequately addressed... It is clear that the guiding principal for FDA policymakers has been to avoid shaking the public's confidence in the safety of vaccines. For this reason, many FDA officials have stubbornly denied that thimerosal may cause adverse reactions.... given the serious concerns about the safety of thimerosal, the FDA should have acted years earlier to remove this preservative from vaccines and other medications.”

Nevertheless, even during this so-called flu season, the Federal agencies continue to remain entranced in a stupor of scientific denial, perhaps acting in a criminally negligent manner, as thimerosal remains at highly toxic levels in the flu vaccines, and remains in trace amounts in the DTaP, some Hib, and Hepatitis B vaccines.

Although the FDA has repeatedly agreed that mercury is unsafe for over-the-counter medications, one would think that the government could arrive at the simple deduction of an elementary school pupil in agreeing that intramuscular injection of thimerosal would be far more dangerous. During the Committee's proceedings, Dr. Bernard Schwetz, former Director of the FDA's National Center for Toxicological Research, has stated, "... the fact that we know that ethylmercury is a skin sensitizer when its put on the skin, and now we're injecting this IM (intramuscularly) at a time when the immune system is just developing, the functionality of the immune system is just being set at this age

[infancy].... What is the effect on the functional development of the immune system when you give a chemical of that kind repeatedly IM?"

Committee Finding 4: *“At the same time that the incidence of autism was growing, the number of childhood vaccines containing thimerosal was growing, increasing the amount of ethylmercury to which infants were exposed threefold... The FDA and CDC failed in their duty to be vigilant as new vaccines containing thimerosal were approved and added to the immunization schedule.”*

The Commission report states, “There was tremendous reluctance on the part of some officials that a mistake had been made in allowing ethylmercury to be used in vaccines.” The FDA damns itself in a 1999 email by a former FDA official, Dr. Peter Patriarca, then Director of the FDA’s Division of Viral Products, who opines that hastening the removal of thimerosal from vaccines would “raise questions about the FDA being ‘asleep at the switch’ for decades by allowing a potentially hazardous compound to remain in many childhood vaccines, and not forcing manufacturers to exclude it from new products.”

While the Federal health agencies and the professional medical organizations serving the vaccine industrial complex, such as the American Pediatric Association, repeatedly tell us there is no causal relationship between ASD and vaccine mercury, there is a growing body of prestigious scientists, researchers and physicians who feel otherwise. Last October 2009, a Harvard survey reported in the journal *Pediatrics* the US’s ASD rate needs to be upgraded to 1 in 91, a greater than 30% increase from the previous 1 in 150 ratio several years back.[6] Consequently, the thimerosal-autism debate is far from over and should be pursued with aggressive due diligence and urgency. Moreover, the past history of CDC negligence and its reliance upon poorly designed and flawed science indicates there is no reason why any rational citizen should believe any statistical declaration or medical claim about vaccine safety from government health officials. These are people with severe allergic reactions to real science.

The Autism Society of America (ASA), the world’s largest autism organization and heavily funded by private industry and CDC support, continues to rely on archaic treatments not too dissimilar to BF Skinner’s behavioral work with pigeons. The ASA and the National Alliance for Autism, another advocacy organization supporting research to discredit vaccine-autism links, have been accused of conflict of interests and biased studies. In early 2009, Alison Singer, the senior executive of ASA and an advocate of the fanatical vaccine multi-millionaire and former advisor to the CDC’s Advisory Committee on Immunization Practice, Dr. Paul Offit—who believes in a fantasy vaccine heaven where children can survive 10,000 vaccinations unscathed—resigned in protest over her organization’s recent leanings to reconsider a vaccination-autism connection. Each organization’s platform fundamentally ignores a possible vaccine-caused autism and instead favors genetic etiology that has yet to be conclusively discovered—instead, blame the parents’ DNA, not the drug makers and their government collaborators. Yet while the search for a mysterious autism gene persists, more and more children are being neurologically and developmentally damaged. Furthermore, even if such a gene is found, it would be many years before anything medically practical could be done with it.

Committee Finding 5: *“A growing number of scientists and researchers believe that a relationship between the increase in neurodevelopmental disorders of autism... and the increased use of thimerosal in vaccines is plausible and deserves more scrutiny.”*

In fact, the CDC in June 2000 discovered “a statistically significant positive correlation between the cumulative exposure” of thimerosal and ASD symptoms. The CDC’s analysis of approximately 110,000 records of children with adverse reactions to vaccines, flying in the face of federal health officials’ previous claims about vaccine safety, led to a secretive meeting between top government health officials and vaccine industry representatives at the Simpsonwood Retreat Center near Atlanta. The transcripts of that meeting were later obtained by Robert Kennedy Jr through a Freedom of Information Act. During the meeting, the CDC study’s chief scientist, Dr. Thomas Verstraeten, stated, “This analysis suggests that in our study population, the risks of tics, ADD, language and speech delays, and developmental delays in general may be increased by exposures to mercury from thimerosal-containing vaccines during the first six months of life.” The Congressional review of the Simpsonwood conversations concluded that “It appears that many who participated in the thimerosal debates allowed their standards to be dictated by their desire to disprove an unpleasant theory.” Indeed, this is what eventually occurred after the meeting.

The clandestine Simpsonwood gathering decided to withhold its findings from the public and, instead, proceeded with a new investigation to doctor the same data by employing confounders (subjective, unscientific criteria used to bias a study to prove a desired result). Consequently the CDC’s subsequent study released several years later denied any relationship between thimerosal and ASD. At the end of 2009, this remains the policy position and mindset of the CDC, FDA and HHS while a large body of independent research, with no conflict of interests with government or the vaccine industry, continues to mount against our policy makers reliance upon tabloid science and futile efforts to find causes unrelated to vaccines. And Dr. Thomas Verstaeten? Last heard he joined the vaccine maker GlaxoSmithKline and continued to deny the truth of the CDC’s original Simpsonwood findings.

Since then, Dr. Mark Geier at the Institutes of Chronic Illnesses, through a Freedom of Information Act, obtained all the CDC’s vaccine injury data in its database. After conducting an independent epidemiological study, based on tens of millions of vaccine doses administered in the US, he confirmed the Simpsonwood findings and significant other data to show thimerosal and the DTaP vaccine as contributing causes behind the country’s autism epidemic.[7]

Today, our tax dollars are being spent by our health agencies to sidestep the entire question of vaccine safety and efficacy, and are trying to project autism’s causes on genetic factors. This was the case in 2003, as it is now, when the Committee raised concerns over the NIH’s \$27 billion budget, investing only \$56 million into autism research, and the majority of that towards genetic causes. Compare that with the \$2.2 billion spent on HIV/AIDS research that affects only a tiny percent of the population compared to the hundreds of thousands of children across the nation suffering autism

spectrum disorder and neurological damage that they will live with for the remainder of their lives.

In 1975, the FDA undertook a five year review of mercury's dangers in over-the-counter drugs and topical medicines and ointments. The advisory panel's report to the FDA concluded that not only "mercury compounds as a class are of dubious value for anti-microbial use" but also "thimerosal was 35-times more toxic to the heart tissue it was meant to protect than the bacteria it was meant to kill." So why is thimerosal still used in vaccines? Rather than manufacturing single dose vials, which would not require mercury, vaccine makers have found it more cost effective to manufacture multi-dose vials and simply add mercury as a preservative for longer shelf-life. A story in the Columbus Dispatch unveiled that Ohio's decision to purchase larger quantities of thimerosal-laced flu vaccine rather than the alternative thimerosal-free version was purely based on a financial decision.[8]

Committee Finding 6: *"CDC's failure to state a preference for thimerosal-free vaccines in 2000 and again 2001 was an abdication of their responsibility."*

After reviewing the CDC's long-standing habit for promoting illness and staging a war on health, there is a case of one vaccine manufacturer offering to remove thimerosal from its vaccine but being denied permission to do so from the CDC. This incident led the Committee to state, "The CDC's decision not to endorse thimerosal-free vaccines in 2001 is particularly troubling.... Just as disappointing, and even more difficult to understand, is the fact that the CDC, on two separate occasions, refused to publicly state a preference for thimerosal-free vaccines."

Testimony by Federal health officials before the Committee included a litany of excuses based on financial rationales for not concerning itself with the health of American children. The statements by Dr. Roger Bernier from the CDC exemplifies the dangerous level of denial and Federal officials' refusal to accept preventative health measures, a dire negligence that continues to plague government health agencies in general, and the unproven and potentially unsafe H1N1 vaccine in particular:

"It [removing thimerosal from vaccines] could entail financial losses of inventory if current vaccine inventory is wasted. It could harm one or more manufacturers and may then decrease the number of suppliers"

"The evidence justifying this kind of abrupt policy change [immediate removal of mercury from all vaccines] does not appear to exist, and it could entail financial losses for all existing stocks of vaccines that contain thimerosal."

The Committee's interpretation of the CDC's vaccine policy includes, "The financial health of the industry should never have been a factor in this decision [thimerosal removal]. The financial health of vaccine manufacturers certainly should never have been more important to the Federal health officials than the health and well being of the nation's children. The CDC has a responsibility to protect the health of the American

public. If there were any doubts about the neurological effects of ethylmercury in vaccines on children—and there were substantial doubts—the prevailing consideration should have been how best to protect children from potential harm. However, it appears that protecting the industry’s profits took precedent over protecting children from mercury damage.”

Committee Finding 7: *Thimerosal should be removed from these vaccines. No amount of mercury is appropriate in any childhood vaccine.*”

Although thimerosal has been removed from most vaccines, mercury remains in trace amounts in some vaccines, as noted above, and remains at high toxic levels in the flu shots. Studies show that in the presence of aluminum compounds mercury’s toxicity increases dramatically. Vaccines that contain aluminum compounds include the DTaP, Hepatitis A, Hepatitis B, pneumococcal, anthrax, and the HPV vaccine. Unfortunately, no studies have been funded by government agencies nor have the vaccine makers undertaken efforts to determine adverse neurological effects when multiple vaccines are given together, as is so often the case when small children visit their pediatricians.

A comparison of the FDA, CDC and HHS claims on thimerosal and multiple vaccination safety with documents from the Department of Defense (DoD) leaves one with the feeling that our national health service is a madhouse, a leper colony of welfare scientists and indecisive medical bureaucrats torn between their allegiance to pharmaceutical firms and the health of the nation. Medical journalist David Kirby has reported on DoD documents he received showing the military raising legitimate concerns about vaccines (thimerosal and the DTaP vaccine) as causative factors for the critical epidemic of ASD among military children.[9] In her article “Autism in the Military, “ Angela Warren calculates the military autism rate at 1 in 67, substantially higher than the recent Harvard study for the civilian population.[10] In addition to thimerosal’s dangers, the military claims its ongoing studies suggest that “a relationship between adverse events and multiple vaccinations exist.” The Armed Forces Institute of Pathology also acknowledges that “exposure to mercury in utero and children may cause mild to severe mental retardation and mild to severe motor coordination impairment.”[11]

Why would the military health officials take a completely different stand on thimerosal and vaccine safety from that of the CDC and HHS? During a recent conversation with a retired Colonel and former Command Surgeon of the US Army Special Operations Command in Africa, Dr. Frank Anders explained why the military health policies and recognition of scientific facts are more accurate and medically humane than that of our Federal health officials. According to Col. Anders, the “power and money these pharmaceutical companies wield [on the FDA and CDC] is awesome.” When he was asked whether or not there is any conformity or agreement between the Department of Defense’s health divisions and the Federal health agencies, including President Obama’s appointments, he stated there was nothing that could affect preventative and therapeutic health policy. There are far more financial incentives, including funds from Congress at the behest of pharmaceutical lobbyists, for FDA and CDC personnel to forge relationships with the drug and vaccine makers. On the other hand, since military health

personnel are solely employees of the DoD removed from the vaccine industry and Big Pharma lobbyists, there is less bias and greater scientific integrity towards medical facts and sound science.[12]

Curiously, David Kirby reports that the military health clinics are adopting alternative treatments for ASD—methyl B12, chelation and glutathione—which are not actively promoted by the FDA in their preference for pharmaceutical and psychiatric drugs and behavioral modality treatment. When we asked Col. Anders why this was the case, he responded that it is simply because these alternative treatments work. For example, independent studies show convincingly that thimerosal depletes glutathione in vaccinated children with autism. Glutathione provides cells with the primary defense against heavy metal oxidation, a condition that has been observed extensively in children with ASD. Without glutathione, heavy metal oxidation inflicts severe neurological damage. Alternative treatment for autism includes glutathione replacement; however, this form of treatment is not recognized by the CDC and the orthodox autism organizations in bed with the pharmaceutical industrial complex.[13]

Committee Recommendations: There were two important recommendations made by Rep. Dan Burton’s Committee that Americans should demand from our government and Federal health agencies. First is the recommendation that “studies be conducted that pool the results of independent research that has been done thus far, and a comprehensive approach should be developed to rid humans, animals and the environment from this dangerous toxin [ethyl- and methylmercury].”

The second urgent recommendation is that Congress “enact legislation that prohibits federal funds from being used to provide products or pharmaceuticals that contain mercury, methylmercury or ethylmercury unless no reasonable alternative is available.”

Today, neither of these recommendations have been acted upon. Instead the Obama administration has continued the previous Bush act to provide sanctuary to vaccine makers from lawsuits due to vaccine injury. Our health officials have sunk themselves deeper into dangerously reductive and determinist views about infectious diseases, such as the swine flu, and have strengthened their denial that their entire vaccination program might be leading America’s health to further ruin.

It is unusual for our government and Congress to get anything correct these days and to make sincere, thoughtful decisions that truly benefit American citizens. However, there are those rare occasions when a spark of wisdom actually flares briefly somewhere in Washington. The Rep. Burton’s Committee report’s final statement is as relevant today as it was in mid 2003. Perhaps even more so as we witness the CDC’s public relations campaign threatening citizens with misleading statistics, distorted science (‘science’ being a term that can barely be applied to the kind of tabloid research that Federal officials rely upon today), and unproven fears to shepherd us towards the H1N1 and seasonal flu lines.

“Thimerosal used as a preservative in vaccines is likely related to the autism epidemic. This epidemic in all probability may have been prevented or curtailed had the FDA not been asleep at the switch regarding the lack of safety data regarding injected thimerosal and the sharp rise of infant exposure to this known neurotoxin. Our public health agencies’ failure to act is indicative of institutional malfeasance for self-protection and misplaced protectionism of the pharmaceutical industry.”

As we have witnessed during the recent CDC’s public relations campaign behind the H1N1 vaccine, and the uproar of dissent that questions the safety and national need for mass inoculation, medical discourse has been shut down. This raises the serious concern whether America’s health sciences and democracy can co-exist any longer in the United States. The words of H.H. the Dalai Lama are apropos for understanding the fish tank Federal officials and their sponsored cohorts settled into, “To deny authority of empirical evidence is to disqualify oneself as someone worthy of critical engagement in a dialogue.” Nothing has changed within the US government’s vaccine policy programs, six years after Congress indicted our health leaders with medical denialism.

Richard Gale is the Executive Producer of the Progressive Radio Network and a former Senior Research Analyst in the genomic industry. **Dr. Gary Null** is the host of the nation’s longest running public radio program on nutrition and natural health and a multi-award-winning director of progressive documentary films, including *Vaccine Nation* (2008) and *Autism: Made in the USA* (2009)

[1] Kathleen Sebelius interviewed by Katie Couric on CBS, July 30, 2009.

[2] All statements in quotations, unless noted, are from the House of Representatives’ Subcommittee on Human Rights and Wellness report, “Mercury in Medicine: Taking Unnecessary Risks,” published May 2003.

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