



ALLIANCE FOR HUMAN RESEARCH PROTECTION

APPENDIX 9 of L’Affaire Wakefield: Betrayal of Public Trust & Institutional Corruption: Vaccine Safety Assessments & Vaccine Science Falsified to Support Vaccination Policy

by Vera Sharav

The exponential increase in the autism / autism spectrum prevalence rate since 1985 (1 in 2,500) to 2016 (1 in 45) is evidence of an epidemic, not, as the deniers will have it, "*an optical illusion*" or "*a statistical mirage*".

“today a million and more Americans, almost all under thirty, have been formally diagnosed with autism...Most with an autism diagnosis will never [lead normal lives] or be responsible for their health and welfare. Both the increase and the burden it imposes are widely recognized by thousands of parents and frontline professionals such as nurses and teachers. Yet some of the most prominent and powerful people in medicine, the media, and government deny it.”

[\[DENIAL: How Refusing to Face the Facts about Our Autism Epidemic Hurts Children, Families, and Our Future\]](#) Mark Blaxil and Dan Olmsted (2017)

- **Are children’s rights to a normal life being sacrificed as collateral damage to protect high utilization of vaccines?**

The focus of this appendix is how the U.S. Centers for Disease Control and Prevention (CDC), and the vaccine industry control vaccine safety assessments, control the science of vaccines, and control the scientific and mass channels of information about vaccines. These primary stakeholders gained control by forming an elaborate international web of collaborating institutional consortia which they fund. These include:

The American Academy of Pediatrics, the Joint Committee on Vaccination and Immunization (JCVI, UK), the World Health Organization (WHO-Global Advisory Committee on Vaccine Safety ([GACVS](#))), the European Medicines Agency (EMA), the European Centre for Disease Prevention & Control (ECDPC), the Brighton Collaboration and the Brighton Collaboration Foundation, the Cochrane Collaboration, the Institute of Medicine, the Council for International Organizations of Medical Sciences (CIOMS), the Global Alliance for Vaccines and Immunization ([GAVI](#)) which is bankrolled by the Bill and Melinda Gates Foundation, and the World Bank.

Numerous additional industry front groups are popping up on social media to spread vaccine propaganda, such as the [European Health Parliament](#) (EHP, situated in Brussels, created in 2017). EHP is bankrolled by Johnson and Johnson and is affiliated with Google, Politico and others. [See Appendix 10]

- All of these institutions became de facto stakeholders in promoting vaccination policies while presenting themselves as independent authoritative sources of information about vaccine safety.

Through this elaborate network of collaborative partnerships, industry gained global control of vaccine safety assessments – which are applied as the single standard, used mostly to rule out a causal relationship between vaccination and serious adverse events following vaccination. These centrally

controlled assessments are applied indiscriminately in all cases, disregarding individual human susceptibility factors.



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One of the intended features of these collaborating partnerships is to camouflage the identity of the funding source for vaccine research and the professed independent reviews of vaccine research. Medical journals, as the editor-in-chief of *The Lancet* Dr. Richard Horton acknowledged, have "*devolved into information laundering operations for the pharmaceutical industry.*" Indeed, the *BMJ* (*British Medical Journal*) entered into outright undisclosed partnership agreements with both major vaccine manufacturers. In 2008, BMJ and Merck entered into partnership and in 2016, BMJ and GlaxoSmithKline formed a partnership as well. Additionally, vaccine stakeholders control the vast channels of propaganda – including [Google](#), which has formed a [partnership with GlaxoSmithKline](#).

The financial interest of these collaborating partnerships conflicts with the tenets of medical ethics and scientific integrity – such as transparency and independent assessment of the data. The consequences of these collaborative partnerships are demonstrated by evidence of corrupt vaccine safety assessments; evidence of harm following vaccination is either concealed or defined as non-related; journal publications are corrupted by fraudulent reports, and honest scientific findings are suppressed. The entire web of vaccine stakeholder- collaborations is geared toward issuing uniform vaccine safety pronouncements that promote vaccination policies crafted to ensure high vaccination rates, translating to ever higher profit margins.

Much of the evidence that I have relied on, is documented in thousands of [internal CDC documents](#) (some were obtained in 2011);¹ additional [CDC internal documents](#) were obtained in July 2017.² Evidence is also documented in transcripts of closed door meetings, such as, the [Epidemic Intelligence Service](#) (EIS) at Simpsonwood (2000); the [Institute of Medicine](#) Committee on Immunization Safety

Review (2001); and the UK [Joint Committee on Vaccination and Immunisation](#) (JCVI, 1990). These documents were obtained under the Freedom of Information Act (FOIA). Evidence was also gathered in the course of [a criminal investigation of Dr. Poul Thorsen³ by the U.S. Inspector General](#), Department of Health and Human Services (HHS).

BACKGROUND:

What Did CDC Officials Know About Thimerosal; When Did They Know It, & What Did They Do About It?

In 1974, the FDA convened a panel of experts to conduct a comprehensive review of the safety and effectiveness of over-the-counter medicines. One facet of the review was OTC drugs that contained mercury whose function was to kill bacteria to prevent infection. In 1980, the Advisory Review Panel submitted its report to the FDA, having reviewed 18 products containing mercury. It found the products either unsafe or ineffective. The report cited several studies demonstrating human hypersensitivity to thimerosal:

“mercury compounds as a class are of dubious value for anti-microbial use. Mercury inhibits the growth of bacteria, but does not act swiftly to kill them.”

“The Panel concludes that thimerosal is not safe for OTC topical use because of its potential for cell damage if applied to broken skin, and its allergy potential. It is not effective as a topical antimicrobial because its bacteriostatic action can be reversed.”⁴

After the determination by the FDA advisory committee, Eli Lilly chose to cease production of Thimerosal-containing products. Despite the evidence, Thimerosal continued to be added to vaccines. In 1990, Professor Hans Wigzell, Rector of the Karolinska Institute, Sweden, and member Nobel Committee for Physiology or Medicine, wrote “Difficult to Substitute Mercury as a Preservative in Bacterial Vaccines”, in which he recommended that:

“a study [be conducted] to show if there is a difference in general toxicity when uptake of mercury is from the stomach-intestines or after injections... This should be studied in relation to the tremendous large number of subjects vaccinated with preparations containing thimerosal sodium; Our goal is to develop, as soon as possible, vaccines completely free of mercury.”⁵

In 1991, Dr. Maurice Hilleman, an internationally renowned Merck vaccinologist, wrote a memo to the president of Merck’s vaccine division stating:

“6-month-old children who received their shots on schedule would get a mercury dose up to 87 times higher than guidelines for the maximum daily consumption of mercury from fish. When viewed in this way, the mercury load appears rather large. The key issue is whether thimerosal, in the amount given with the vaccine, does or does not constitute a safety hazard. However, perception of hazard may be equally important.”⁶

The FDA delayed issuing its final rule on thimerosal until 1998, stating: “safety and effectiveness have not been established for the ingredients (mercury- based preservatives)... manufacturers have not submitted the necessary data in response to earlier opportunities.”⁷ The rule, however, applied only to OTC products.

In 1991, Dr. Peter Aaby, Director of the Bandim Health Project, a demographic surveillance system (in Guinea-Bissau, West Africa), which is affiliated with the [Statens Serum Institute](#), identified non-specific adverse vaccine effects which go beyond the specific protective effects of the targeted disease. He noted that these non-specific effects can be beneficial or harmful. Dr. Aaby has conducted a series of comparative “natural studies” of vaccinated and unvaccinated children in high-mortality regions in rural Africa, that consistently confirmed that:

- *“Though a vaccine protects children against the target disease it may simultaneously increase susceptibility to unrelated infections.”⁸*

The First Large-Scale Scientifically Sound CDC Epidemiological Study

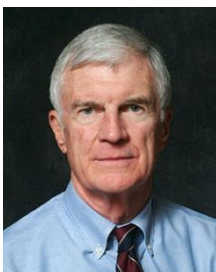
The 1999 CDC study sought to determine the relative risk for infants following exposure to Thimerosal-containing childhood vaccines was conducted by Dr. Thomas Verstraeten and three CDC colleagues who examined the evidence documented in CDC’s [Vaccine Safety Datalink \(VSD\)](#). They analyzed the medical records of 400,000 infants born between 1991 and 1997 that were maintained by four HMOs and assessed the risk of autism for the children at different ages. This was a scientifically solid study; it provided scientific documentation that: **exposure to thimerosal during the first month of life increased the relative risk of autism by 7.6 i.e., 760%.**

The VSD data revealed additional risks as well: 1.8 increased relative risk for neurodevelopmental disorder; 2.1 relative risk for speech disorder; and 5-fold increased relative risk for nonorganic sleep disorder. The evidence documents that infants exposed to vaccines laced with thimerosal during the first month of life are at alarmingly high increased relative risk of serious harm.

In December 1999, Dr. Verstraeten sent an email to his co-authors and CDC colleagues, Dr. Robert Davis and Dr. Frank DeStefano; the subject line was “it just won’t go away”. The email attachments included four tables with relative risk data and the [Abstract](#) of their study findings, that he was submitting for a presentation, at the high level (by invitation only) meeting, convened by CDC’s Epidemic Intelligence Service, at Simpsonwood Retreat Center in Georgia (2000).⁹

- The title of their study: **“Increased Risk Of Developmental Neurologic Impairment After High Exposure To Thimerosal-Containing Vaccine In First Month Of Life”**.

The meeting was chaired by **Richard Johnston, M.D.**, an immunologist and pediatrician (University of Colorado) who stated:



: *“The data on its toxicity (shows) it can cause neurologic and renal toxicity, including death. We learned [sic] a number of important things about aluminum, and I think they also are important in our considerations today. “Aluminum salts are important in the formulating process of vaccines, both in antigen stabilization and absorption of endotoxin. Aluminum and mercury are often simultaneously administered to infants, both at the same site and at different sites.”*

“However [sic] there is absolutely no data, including animal data, about the potential for synergy, additively or antagonism, all of which can occur in binary metal mixtures that relate and allow us to draw any conclusions from the simultaneous exposure to these two salts in vaccines...” [p. 19-20]

Dr. Verstraeten began his presentation by stating: *“what I will present to you is the study that nobody thought we should do.”* The study categorized the cumulative effect of thimerosal-containing vaccines administered to infants after one month of life and assessed the subsequent risk of degenerative and developmental neurologic disorders, and renal disorders before the age of six. Dr. Verstraeten stated that ALL of these relative risks were statistically significant.



Dr. Verstraeten noted that: *“mercury at one month of age is not the same as mercury at three months, at 12 months, prenatal mercury, later mercury. There is a whole range of plausible outcomes from mercury.”* When asked about the risk of aluminum, he stated: *“the results were almost identical to ethylmercury because the amount of aluminum goes along almost exactly with the mercury one.”*

Following the presentation, Dr. Roger Bernier (Associate Director for Science NIP) stated: *“We have asked you to keep this information confidential....Consider this embargoed information.”*[p. 113]

It is clear from the [EIS transcript](#) that the response to Verstraeten’s research findings differed between pediatricians, who were genuinely concerned about the hazards of both thimerosal and aluminum, whereas officials of government and non-government organizations (NGOs, that are dependent on government and industry support, such as the World Health Organization), focused on the threat to vaccination policy and the risk of litigation. They were intent on burying the data and maintaining secrecy about the findings. Pediatricians focused on the risks,



[Dr. William Weil](#) represented the American Academy of Pediatrics (AAP) stated:

“moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity. There are just a host of neurodevelopmental data that would suggest that we’ve got a serious problem. The potential for aluminum and central nervous system toxicity was established by dialysis data. To think there isn’t some possible problem here is unreal.”

"Although the data presents a number of uncertainties, there is adequate consistency, biological plausibility, a lack of relationship with phenomenon not expected to be related, and a potential causal role that is as good as any other hypothesized etiology of explanation of the noted associations. In addition, the possibility that the associations could be causal has major significance for public and professional acceptance of Thimerosal-containing vaccines. I think that is a critical issue. Finally, lack of further study would be horrendous grist for the anti-vaccination bill. That's why we need to go on, and urgently I would add.” [pg. 187 & 188]

"The number of dose related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant.” [p.207]

[Dr. Weil may well have been informed by the following research report: [Aluminum Neurotoxicity in Preterm Infants Receiving Intravenous-Feeding Solutions](#) in the *NEJM* (1997) whose authors concluded: *“In preterm infants, prolonged intravenous feeding with solutions containing aluminum is associated with impaired neurologic development.”* More on aluminum vaccine adjuvants below]

Dr. Johnson: *“This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available... I do not want [my] grandson to get a Thimerosal containing vaccine until we know better what is going on.” [p. 198]*

Dr. Robert Brent, [a [Scientific Adviser](#) to an industry front-group] focused entirely on protecting corporations from lawsuits:

"The medical/legal findings in this study, causal or not, are horrendous and therefore, it is important that the suggested epidemiological, pharmacokinetic, and animal studies be performed. If an allegation was made that a child's neurobehavioral findings were caused by Thimerosal containing vaccines, you could readily find [a] junk scientist who would support the claim with "a reasonable degree of certainty". But you will not find a scientist with any integrity who would say the reverse with the data that is available. And that is true.

So we are in a bad position from the standpoint of defending any lawsuits if they were initiated and I am concerned." [pg. 229, emphasis added]

**[Dr. Brent was a member of the Board of Trustees of the American Council on Science and Health (ACSH) a food and chemical industry front group which the Center for Science in the Public Interest described as, "Voodoo Science, Twisted Consumerism""]¹⁰*

Dr. John Clements, who represented the World Health Organization (WHO) at the EIS conference, expressed alarm about the direction of the research, which he viewed as posing a threat to vaccination uptake if the information reaches the public:



"I am really concerned that we have taken off like a boat going down one arm of the mangrove swamp at high speed, when in fact there was not enough discussion really early on about which way the boat should go at all. And I really [don't] want to risk offending everyone in the room by saying that perhaps this study should not have been done at all, because the outcome of it could have, to some extent, been predicted, and we have all reached this point now where we are left hanging, even though I hear the majority of consultants say to the Board that they are not convinced there is a causality direct link between thimerosal and various neurological outcomes. I know how we handle it from here is extremely problematic." [Emphasis added]

"...even if this committee decides that there is no association and that information gets out, the work that has been done and through the freedom of information that will be taken by others and will be used in ways beyond the control of this group. And I am very concerned about that as I suspect it already too late to do anything regardless of any professional body and what they say."

"My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with Thimerosal- containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe." [emphasis added]

"I am very concerned that this has gotten this far, and that having got this far, how you present in a concerted voice the information to the ACIP [Advisory Committee on Immunization Practices] in a way they will be able to handle it and not get exposed to the traps which are out there in public relations."

My message would be that any other study, and I like the study that has just been described here very much. I think it makes a lot of sense, but it has to be thought through. What are the

potential outcomes and how will you handle it? How will it be presented to a public and a media... I wonder how on earth you are going to handle it from here.” [p. 247—249]

Other comments from those present include:

“We could exclude the lowest exposure children from the database”; “We could remove children that got the highest exposure levels since they represented an unusually high percentage of the [adverse] outcomes”; “We can push and pull this data any way we want to get the results we want;” “We could have predicted the outcomes.”

CDC’s Dr. Bernier reminded everyone: *“consider this embargoed information...and very highly protected information.”*

The concerns expressed at this Epidemic Intelligence Service meeting, by Dr. Clements and other public officials and industry representatives who asserted their determination to conceal the evidence from the public, has been the policy of CDC and an international network of stakeholders. **However, concealing the evidence does not eradicate the evidence.** A [compendium](#) of 80 peer-reviewed, published studies found evidence of a link between thimerosal and neurological disorders, including autism. A recent [Review](#) paper (April 2017) documents that the continued use of thimerosal in underdeveloped countries provides evidence of its harmful impact.¹¹

Public Distrust of Government Pronouncements Re: Vaccine Safety Is Validated By Evidence Of Deception & Corrupt Practices.

Principal reports authored by scientists at the U.S. Centers for Disease Control and Prevention and CDC-sponsored reports published in the most influential medical journals are shown to be the product of scientific fraud and malfeasance by high-level CDC officials. The internal CDC documents include emails, memoranda, and transcripts of meetings and conference calls, are an irrefutable record revealing how key CDC studies and CDC-commissioned studies¹² were shaped by use of illegitimate methods, including data manipulation, selective inclusion, and deletion of data from the published reports. To begin with, as a senior CDC scientist, Dr. Tom Verstraeten pointed out in an [email](#) that the Danish population studies – that compared Danish vs. US autism prevalence rates – used non-comparable populations.

- By 1992, Sweden, Norway & Denmark had eliminated the use of Thimerosal from childhood vaccines, due to safety concerns; Japan followed suit; the U.S. did not.
- Danish children were subjected to far fewer vaccines at different schedules, and exposure levels to the mercury preservative, thimerosal, was 75% lower than children in the U.S. These significant disparate differences –by any standard – render the Danish epidemiological studies irrelevant to the US. Dr. Verstraeten scoffed at such studies as a comparison of “*apples to pears*”.

As will be documented below, mainstream academics accepted the published claimed findings of the CDC-sponsored Danish epidemiological studies without further examination. However, astute, skeptical, independent critics – both scientists and others – reviewed those pivotal studies in detail.

These critics reported that the scientific integrity of those studies was undermined by statistical manipulation through which the MMR and thimerosal were exonerated as a causal contributor to autism.^{13,14}

- Indeed, the Cochrane reviewers confirmed that the scientific integrity of the studies was undermined by: *“bias in the selection of controls”; “lack of a properly constructed causal hypothesis”; “extensive under-counting of autism cases in the MMR group”; “unequal length of follow-up”; “missing 14% to 20% of original birth cohort”; “between 11% and 20% of adverse event data was missing”; and in CDC’s 2004 study (Pediatrics, 2004) “more than a third of cases were excluded”.* (Cochrane MMR Reviews, 2005; 2012)
- Internal CDC correspondence, confirms that relevant findings documenting an increased risk of harm were deliberately omitted from the published and widely cited reports.
- When scientists requested the full dataset of CDC’s own epidemiological study for independent analysis, CDC claimed that the data was “missing.”



Psychiatrist Poul Thorsen, MD, who was the principal Danish investigator of the Danish series of studies commissioned by CDC, failed to obtain ethics committee approval for key CDC-sponsored epidemiological studies – as is required under US and Danish law. Newly obtained internal CDC documents provide evidence of collusion and malfeasance by public health officials who attempted to cover-up those violations of legally mandated ethics committee review and approval.

A recent updated report by the [World Mercury Project](#)¹⁵ issued August 2017, includes many additional details that are documented in newly obtained CDC documents. They reveal that CDC officials were informed in January 2009 about the missing CDC funds managed by the principal investigator. Furthermore,

“when CDC officials including Coleen Boyle, Marshalyn Yeargin-Allsopp, Joanne Wojcik, and Diana Schendel became aware in 2009, that Poul Thorsen failed to obtain legally required permission for the autism bio and genetic data projects, these CDC employees participated in a cover-up with the Danish grantees.”



- CDC suppressed the findings of its large-scale 1999 study documenting a causal relationship between exposure to the vaccines containing Thimerosal (ethylmercury) and autism. The study found that exposure to Thimerosal during the first month of life increased the relative risk of autism 7-fold (7.6).
- CDC also suppressed the original findings of another of its own studies that found a 340% (3.6) relative increased risk of autism for African American male babies following MMR vaccination in accordance with the CDC-recommended Childhood Vaccination Schedule.
- To protect CDC's schedule and vaccination rates, high ranking CDC scientists committed massive fraud.
- CDC scientists worked in concert with CDC-commissioned Danish scientists to conceal the significant reduced cases of autism in Denmark following the removal of Thimerosal in 1992.

The other authoritative sources include: the U.S. Grand Jury's [criminal indictment of Dr. Poul Thorsen](#) (2011)¹⁶ on 13 counts of fraud and 9 counts of money laundering. Thorsen was the principal CDC-commissioned psychiatrist in the Danish epidemiological studies. In addition to his failure to obtain ethics approval for studies published by [The New England Journal of Medicine](#) (2002), and by the [Journal of Autism and Developmental Disorders](#) (2010), Thorsen's studies are shown to have been manipulated through fraudulent means. What's more, he was criminally indicted by a US Grand Jury (2011) on 22-counts of fraud – including document forgeries – theft, embezzlement, and money laundering.

A detailed [confidential report](#) (2012) submitted by GlaxoSmithKline to the European Medicines Authority (EMA) documents the hazardous effects following vaccination with GSK's 6-in-1 Infanrix Hexa vaccine. The report includes concealed sudden infant deaths.¹⁷ [See Appendix 8]

The Challenges That Threatened Vaccine Orthodoxy & the Financial Interest Of Vaccine Stakeholders:

- Dr. Wakefield lent validity to growing distrust in government assurances that all childhood vaccines and vaccination schedules are proven safe, by publicly expressing concerns about the safety of the MMR.
- CDC scientists documented evidence of more than a 7- fold increased risk of autism for infants exposed to thimerosal. This finding had the potential of blowing the lid off the entire children's

vaccination schedule. So CDC concealed its troubling scientific findings.

- In 1999, the US Public Health Service and the American Academy of Pediatrics (AAP) issued a joint statement calling for the elimination of Thimerosal from all vaccines in the US.¹⁸
- **In 2001, the Institute of Medicine (IOM)** review¹⁹ of the evidence, regarding whether vaccines laced with thimerosal posed a risk for children, concluded that the idea that thimerosal caused neurological disorders was “biologically plausible”. The committee made a series of recommendations, but CDC never implemented these recommendations:

“the use of thimerosal-free DTaP, Hib, and hepatitis B vaccines ... case-control studies examining the potential link between neurodevelopmental disorders and thimerosal-containing vaccines... further analysis of neurodevelopmental outcomes... research on how children, including those diagnosed with neurodevelopmental disorders, metabolize and excrete metals, particularly mercury... research to identify a safe, effective, and inexpensive alternative to thimerosal”

CDC responded by stating the agency was “gravely troubled by the recommendation” of the PHS and the AAP, and ignored the IOM recommendations.²⁰ CDC dithered, and continued to recommend vaccines containing mercury, exposing millions of infants and children in the US to massive doses of thimerosal. CDC officials did so, with the endorsements of the FDA Advisory Committee on Immunization Practices, and the Immunization Safety Committee of the Institute of Medicine. (See [CDC Thimerosal Timeline](#) (1999-2010))

In 2000, the Resource Conservation and Recovery Act (RCRA) authorized the Environmental Protection Agency (EPA) to set regulatory policy for the disposal of medications that are known environmental hazards. These are called hazardous pharmaceutical wastes. These include: *pharmaceutical with heavy metals, including the preservative thimerosal.”*



[An EPA-sponsored biological study](#) (2005)²¹ by **Dr. Thomas Burbacher** and colleagues at the University of Rochester compared the biological (toxicokinetic) effect of consumed methylmercury to the effect of Hg (inorganic mercury) in vaccines containing thimerosal in infant monkeys. The seventeen monkeys assigned to the thimerosal group were vaccinated in accordance with the typical CDC recommended vaccination schedule. Those infants retained “*a much higher proportion of inorganic Hg in the brain (up to 71% vs. 10%)* [compared to infants who ingested mercury]:

“A higher percentage of the total Hg in the brain was in the form of inorganic mercury for the thimerosal-exposed infants (34% vs 7%). There was a much higher proportion of inorganic Hg in the brain of thimerosal infants than MeHg infants (up to 71% vs. 10%). Absolute inorganic Hg concentrations in the brains of the thimerosal-exposed infants were approximately twice that of the

MeHg infants. Interestingly, the inorganic fraction in the kidneys of the same cohort of infants was also significantly higher following i.m. thimerosal than oral MeHg exposure (0.71 ± 0.04 vs. 0.40 ± 0.03). This suggests that the dealkylation of ethylmercury is much more extensive than that of MeHg.”

- More than [165 studies](#) have found Thimerosal to be harmful; [37 scientific published reports](#) found a link between Thimerosal exposure and developmental disorders, including autism.²²
- More than 150 physicians and scientists who have published research demonstrating possible safety issues with vaccines (or ingredients in vaccines) are listed [here](#).

Despite a body of scientific evidence of harm, CDC continues to broadcast a claim contrary to the scientific evidence:

“There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.” Thimerosal contains ethylmercury, which is cleared from the human body more quickly than methylmercury, and is, therefore less likely to cause any harm.” (CDC [website](#))

CDC and its network of vaccine stakeholders ignore the scientific evidence and the fact that most of the consumed mercury in fish is excreted.²³ The documented risks of Thimerosal – especially for young children and unborn neonates – who are at increased risk of neurological brain damage/autism – led to the eventual removal of Thimerosal from childhood vaccines – although CDC never conceded that fact.

However, some influenza vaccines contain 250 times the mercury level that EPA uses to classify [hazardous pharmaceutical waste](#).²⁴ What’s more, since 2002, CDC expanded its recommendation for the flu vaccine. In 2010, CDC recommended the flu shot for very young infants (6 and 7 months old), and an annual flu vaccine for everyone – including children and pregnant women.²⁵

The authors of a recently published review, [Thimerosal: Clinical, Epidemiologic and Biochemical Studies \(2015\)](#)²⁶ point out, that despite the existence of approved, effective preservatives, thimerosal continues to be used in some vaccines, most notably the flu vaccine administered to infants, children, and pregnant women.

- As a consequence of CDC recommendation of annual flu vaccine, the cumulative exposure of US children to Thimerosal remains relatively high. In developing countries, the amount of Thimerosal in childhood vaccines has not been reduced; thimerosal-laced vaccines continue to be used.

How Vaccine Safety Assessments & the Channels of Information Re: Vaccine Safety Are Tightly Controlled By Stakeholders to Ensure High Utilization of Vaccines

The CDC Verstraeten study findings were concealed from all but a small circle of scientists. CDC officials conspired to overturn the evidence of the thimerosal-autism risk documented by its own scientists.²⁷

- CDC commissioned an IOM review to exonerate thimerosal and the MMR;

- CDC outsourced a series of dubious (incompatible) epidemiological studies that were designed to exonerate thimerosal as a causal link to autism;
- CDC initiated multiple international collaborative consortiums to control the assessment standards of vaccine safety; to set the agenda for vaccine safety research; and to control the content of information about vaccine safety

Evidence of Institutional Corruption at the Institute of Medicine

- A [transcript](#) of a January 2001 closed door meeting of the IOM Immunization Safety Review Committee (obtained in 2011 during Court proceedings)²⁸ records the discussion centered on the content of a CDC draft report, before the IOM committee ever examined the evidence. The chair of the committee, Dr. Marie McCormick, of the Harvard School of Public Health, and IOM scholar, Dr. Kathleen Stratton, the study director, specified what conclusions committee members were expected to sign off on – no matter what the evidence shows:



Dr. McCormick



Dr. Stratton

“CDC wants us to declare [sic] these things are pretty safe on a population basis.” [p33] “We are not ever going to come down that [autism] is a true side effect.”

“The point of no return, the line we will not cross in public policy is to pull the vaccine, [or] change the schedule. We could say it is time to revisit this, but we would never recommend that level. Even recommending research is recommendations for policy. We wouldn’t say compensate, we wouldn’t say pull the vaccine, we wouldn’t say stop the program.” [p74]

The influential IOM committee backed away from its 2001 recommendations and delivered the report that CDC had dictated: [Immunization Safety Review: Vaccines and Autism](#) (2004)

“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... Using an unsubstantiated hypothesis to question the safety of vaccination and the ethical behavior of those governmental agencies and scientists who advocate for vaccination could lead to widespread rejection of vaccines...”

- The “body of evidence” that the IOM review relied on was 5 CDC-funded fatally flawed epidemiological studies; several of these were found to be fraudulent.²⁹ Another study

relied on the UK General Practice Research Database (GPRD) whose reliability is in doubt.³⁰

All of these studies reiterated the uniform, pre-determined conclusion:

“there was no evidence that thimerosal exposure via DTP/DT vaccines causes neurodevelopmental disorders.” The IOM reviewers failed even to consider FDA’s risk assessment: [An Assessment of Thimerosal Use in Childhood Vaccines](#) (2001) which cautioned:

“some infants may be exposed to cumulative levels of mercury during the first 6 months of life that exceed EPA recommendations. Exposure of infants to mercury in vaccines can be reduced or eliminated by using products formulated without thimerosal as a preservative.”

Furthermore, the IOM committee refused to review pre-publication drafts of rigorous biological studies.³¹ These included scientists Columbia University ([Molecular Psychiatry](#), 2004); University of Arkansas ([NeuroToxicology](#), 2005); Northeastern University ([Molecular Psychiatry](#), 2004); a U.S. epidemiological study by Johns Hopkins University ([Pediatrics](#), 2005); Harvard University ([Neuroscientist](#), 2005); and the University of Washington ([Environmental Health Perspectives](#), 2005).

The committee rushed to issue its report exonerating Thimerosal. The IOM report lent validity to irrelevant epidemiologic studies, government vaccination policies, and provided the National Vaccine Injury Compensation Program (NVICP) with the rationale against compensation for autism. The conclusions reached by the IOM Committee were pre-determined, as were the studies upon which it relied. The committee delivered the findings that it was commissioned and paid to deliver.

This dishonest review by the IOM panel demonstrates a report issued by the Institute of Medicine lacks scientific integrity; thereby further validating public distrust of “authoritative” government and quasi-government medical institutions. Nevertheless, the influence of this flawed report extends far and wide.



Dr. Robert Chen, Chief of Vaccine Safety for CDC’s National Immunization Program (NIP) initiated the [Brighton Collaboration](#).³² It was launched in 2000, by members of the Cochrane Collaboration: Drs. [Tom Jefferson](#), Harald Heijbel, Ulrich Heininger, and Elisabeth Loupi, with funding obtained from the CDC and the WHO.

In an editorial in the *BMJ Journal of Epidemiology and Community Health* Online (June 2000) Dr. Jefferson urged the UK government to launch a computerized vaccine exposure and outcome database such as the one the US CDC maintains (i.e., [Vaccine Safety Datalink](#), VSD) in order to rapidly counteract public concern about vaccine adverse effects.



Dr. Tom Jefferson:

"Since the publication of the Wakefield study on 28 February 1998, public concern fueled by extensive media coverage caused a steady decline in MMR coverage in parts of the United Kingdom, with a subsequent risk of a decline in herd immunity and resurgence in morbidity."

"As usual with vaccine "scare stories," there was a delay between publication of the initial case series and that of population-based causal assessment study. During this time, declining coverage took place."

*"The impact on parents of a perceived causal link with a chronic disease that could threaten the life and wellbeing of their children is understandably great. Inevitably, in a proportion of cases the worry and emotion spills over into a threat of legal action against governments, manufacturers or individuals. This has the effect of taking the matter outside the scientific and healthcare arena and into the realm of the judiciary."*³³

- It would appear that Dr. Jefferson was unaware of the Verstaeten VSD population-based finding of more than a 7-fold increased relative risk of autism caused by exposure to thimerosal.
- **The causal link that "just won't go away" was more than a perception; it was science-based evidence.**



- The Brighton Collaboration was launched to counteract the Wakefield impact, and to prevent other scientists whose research findings threaten vaccine policy from gaining public traction.
- However, Dr. Wakefield's tentative finding of an association between autism and vaccination with a multi-virus vaccine (MMR), in his pilot case series, was strengthened by CDC's own study that found a statistically significant risk of harm.
- The objective of that singular CDC study was to determine whether the adjuvant thimerosal contained in most childhood vaccines at the time, posed a risk of harm to infants.
- CDC researchers found a 7-fold increased risk of autism; a risk that CDC has concealed from the public, while proclaiming no evidence of an autism risk exists.

The Brighton Collaboration Was Established to Lend an Air of "Authority" to Centrally Controlled Vaccine Safety Assessments, Controlled Research, & "Knowledge Management"

The Brighton Collaboration laid the foundation for gaining control of vaccine-related information by establishing an infrastructure for *developing universal vaccine risk assessment standards, *prescribing

vaccine research strategies and methods, *forming expert advisory panels, *influencing journal publication selection, *generating propaganda campaigns to gain trust. One of its stated missions is to increase public confidence in the safety of vaccines:

“The Brighton Collaboration, together with the London School of Hygiene and Tropical Medicine’s Vaccine Confidence Project, is promoting research on the determinants of trust and distrust in vaccines generally as well as on the drivers of vaccine «scares», [and vaccine hesitancy] the manner in which they develop and spread, and effective strategies to best address vaccine safety concerns.”

- This collaborating partnership of vaccine stakeholders re-defined what qualifies as an adverse reaction to a vaccine. When newborn infants suddenly died within days following vaccination, the Brighton Collaboration re-defined sudden infant deaths within 10 days of vaccination, declaring the deaths were “unrelated to the vaccine”. [See Appendix 8]

The primary goal of the Brighton Collaboration and its international partners is to protect high vaccination rates with a stream of positive reports. It called for “*improved information management*” Thus, grants are awarded only to those whose research proposals are designed to validate the safety of vaccines. A second objective is to prevent research that could document safety hazards that would undermine vaccination policies.

The main objectives of the [Brighton Collaboration](#):⁴⁰

- To raise **global awareness** of the availability of standardized case definitions and guidelines for data collection, analysis and presentation, and to educate about the benefit of and monitor their global use and to facilitate access,
- To develop single **standardized case definitions** for specific AEFIs,
- To prepare guidelines for **data collection, analysis and presentation** for global use,
- To develop and implement **study protocols for evaluation** of case definitions and guidelines in clinical trials and surveillance systems. ([WHO. Vaccine Safety Basics](#))

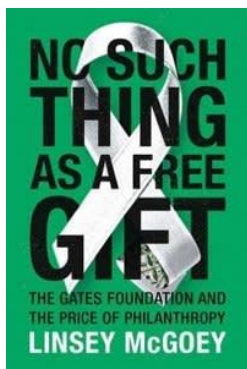
The [Brighton Collaboration](#) – and the [Brighton Collaboration Foundation](#) (established in 2003) – is an integral part of an elaborate international network of institutions promoting high vaccine utilization. This “authoritative” consortium exerts extraordinary influence on vaccination policies worldwide to ensure that vaccine safety assessments enhance vaccine utilization goals. Vaccine stakeholders effectively control the science, the research, and the reports that get published in medical and public health journals. The broad range of the Brighton Collaboration’s international projects, initiatives, and tools for vaccine safety assessments reflect the bias of its partners, all of who are stakeholders in the business of vaccines; their interest is in ensuring high utilization of vaccines.



Next to CDC, the most influential institutional entity in global vaccination policies is the Bill and Melinda Gates Foundation (founded in 2000) with its staggering investment portfolio of \$40 billion. The Foundation's grants awards ensure that the Bill and Melinda Gates interests are furthered. The Foundation has given the WHO more than \$1.5 billion.

The Brighton Foundation's 2016 [Annual Report](#) credits the Bill and Melinda Gates Foundation for:

"[making] a lot of this possible through projects like the Global Alignment of Immunisation Safety Assessment in Pregnancy (GAIA)". "The aim of GAIA is to improve data to strengthen immunisation programs involving pregnant women by harmonizing maternal, foetal, and neonatal health outcome assessments, with a specific focus on low and middle income Countries (LMIC)".



[*No Such Thing As a Free Gift: The Gates Foundation and the Price of Philanthropy*](#) (2015) by Linsey McGoe, a former adviser to the WHO and a sociology lecturer at the [University of Essex](#), casts a critical eye on "philanthrocapitalism". She examines the power imbalances of charitable giving, and compares the philanthropists of yesteryear –i.e., the Rockefellers, Carnegies, Fisk et al – and those of today. She examines the financial relationship these foundations establish with the institutional structures of power and the impact of "disruptive philanthropy" Rather than a commitment to improving conditions leading to lasting change, or reducing the gap in economic inequality, McGoe finds that the way philanthropists (then and now) channel their money creates the very instability and inequality they purport to solve. She suggests that in today's global economy large-scale charitable giving is more useful and influential than ever.

“Philanthropy often opens up markets for US or European-based multinationals which partner with organizations such as the Gates Foundation in order to reach new consumers. Giving more is an avenue for getting more.”

Charitable foundations are particularly attractive to billionaires because they are largely unregulated, they offer an escape from taxation, and they are not held accountable for bad decisions. The last legislation regulating foundations was in 1969. Thus, philanthropy is a favorite topic when billionaires gather at Davos or a media TED (Technology, Entertainment, Design) conference. Within the last 15 years, 85,000 foundations were established in the U.S.; 5,000 new foundations are set-up year. However, McGoy was struck by the evidence that the proliferation of all those philanthropic foundations, not only did not reduce economic inequality, it exacerbated it:

“what’s amazing about the growing number of foundations over two decades is that they haven’t had any effect on reducing economic inequality. In fact, the opposite appears to be the case. What to make of the fact that growing philanthropy and growing inequality seem to go hand in hand”.

McGoey concludes that the charitable sector’s rapid growth is being driven by greed, ego, and the pursuit of good PR. She found that what is truly different about today’s “philanthrocapitalists” is their rhetoric and motivation, not their dubious (often illegal) methods for accumulating their enormous wealth, nor a greater sense of public service:

“The new philanthropists are increasingly proud, triumphant even, about the private economic fortunes to be made through embracing philanthrocapitalism. Not only is it no longer necessary to ‘disguise’ or minimize self-interest, self-interest is championed as the best rationale for helping others. It is not seen as coexisting in tension with altruism, but as a prerequisite for altruism”.

In such an environment it becomes clear that there are economic benefits to philanthropic gestures. As McGoey shows, there is no such thing as a free gift in today’s philanthrocapitalism. Her examination of the Gates Foundation’s approach to global health problems shows that the foundation follows the aggressive tactics Bill Gates used to further his business interests. She notes that the Gates Foundation collaborators include corporate giants –Goldman Sachs, Coca-Cola, Monsanto and Rupert Murdoch – all of who are noted for their ruthless business tactics; some of which border on criminality. The very business strategies that exacerbated economic inequalities are what these plutocrats purport to remedy through charity.

- McGoey observes that: “[philanthropy] is a mode of giving that is not imperiled by its own ineffectiveness”. Instead “it thrives upon its ineffectiveness: in order to justify its own existence.” Charities, it appears, need the problems that they address to persist, or their *raison d’être* is eliminated.

The Enormous Financial And Political Sphere Of Influence Wielded By The Gates Foundation On Vaccine Policies Globally Cannot Be Overstated.³⁴

In the underdeveloped countries where the Gates foundation's vaccination policies and disease eradication programs are implemented, they have been severely criticized for squeezing out cheaper, sustainable, and long-lasting solutions. The policies championed and dictated by the Gates Foundation boosted profits for pharmaceutical companies in which Gates has investments.

*"A pattern with external funding [is that] countries are lured into a debt trap. With international funding initiatives the government is made to look foolish, refusing to accept a donation made for the benefit of its people. Once the programme is introduced on the basis of the external funding, overseas support is withdrawn. Poor countries fall for this ploy and vaccines are introduced without the mandatory cost-effectiveness study". ([Lessons From the Polio Campaign](#), Jacob Puliyel, MD, *The Hindu*)*

The "polio eradication campaign" requiring multiple exposures to the oral-polio vaccine in India was spurred by a \$1.3 billion "donation" by the Gates Foundation in 2005. This ill-conceived campaign demonstrates how the aggressive vaccination policies pushed by Bill and Melinda Gates have caused catastrophic, vaccine-triggered harm to tens of thousands of children in poor countries:

"In 2011, there were an extra 47500 new cases of [non-polio acute flaccid paralysis] NPAFP [in India]. Clinically indistinguishable from polio paralysis but twice as deadly, the incidence of NPAFP was directly proportional to doses of oral polio received".

Local public health workers in underdeveloped, poor countries do not view The Gates Foundation's as an example of beneficence, but rather as self-serving, abominable human exploitation. Professor Patrick Bond, a political economist (University of Witwatersrand, Johannesburg, SA, who had been in Nelson Mandela's new South African government), describes Gates' unseemly business-philanthropic practices and the agenda of the Gates Foundation as ruthless and immoral in an article in *Counter Punch* (2016)³⁵ Those tactics have garnered Bill Gates \$80 billion. The foundation's pervasive influence in international development is through its aggressive promotion of both vaccines and genetically modified food. The Gates Foundation deploys international consortiums – such as [GAVI](#) – to influence public vaccination policy and to spread propaganda.



Prof. Patrick Bond noted that:

"Gates' "influence is so pervasive that many actors in international development, which would otherwise critique the policy and practice of the foundation, are unable to speak out

independently as a result of its funding and patronage... Privatised health and education are Gates' speciality. But in India, a Gates-funded trial on the genital cancer-causing disease Human papilloma virus was cancelled by the government because thousands of girls aged 10-14 were victims of ethics violations such as forged consent forms and lack of health insurance; seven died. The case is now in the country's Supreme Court."

"the most damage done within South Africa was Gates' promotion of intellectual property (IP) rights. Long-term monopoly patents were granted not only to Gates for his Microsoft software, but for life-saving medicines. IP became a fatal barrier to millions of HIV+ people who, thanks to Big Pharma's profiteering, were denied AIDS medicines which [resulted] in at least 330,000 avoidable AIDS deaths."

The following excerpt from a report by Research Unit for Political Economy (RUPE), a registered public trust organization in India³⁶ provides a hint of the magnitude of moral corruption:

"In the mid-2000s] Africa [sic] experienced an "unprecedented increase in health research involving humans" who were typically "poverty-stricken and poorly educated"; the results were predictably lethal. In 2010 the Gates Foundation funded a Phase III trial of a malaria vaccine developed by GlaxoSmithKline (GSK), administering the experimental treatment to thousands of infants across seven African countries. Eager to secure the WHO approval necessary to license the vaccine for global distribution, GSK and BMGF declared the trials a smashing success, and the popular press uncritically reproduced the publicity. Few bothered to look closely at the study's fine print, which revealed that the trials resulted in 151 deaths and caused "serious adverse effects" (e.g., paralysis, seizures, febrile convulsions) in 1048 of 5949 children aged 5-17 months.

Similar stories emerged in the wake of the Gates-funded MenAfriVac campaign in Chad, where unconfirmed reports alleged that 50 of 500 children forcibly vaccinated for meningitis later developed paralysis. Citing additional abuses, a South African newspaper declared: "We are guinea pigs for the drugmakers."

It was in India, however, that the implications of BMGF's collaboration with Big Pharma first rose to widespread public attention. In 2010 seven adolescent tribal girls in Gujarat and Andhra Pradesh died after receiving injections of HPV (Human Papilloma Virus) vaccines as part of a large-scale "demonstrational study" funded by the Gates Foundation and administered by PATH. The vaccines, developed by GSK and Merck, were given to approximately 23,000 girls between 10 and 14 years of age, ostensibly to guard against cervical cancers they might develop in old age.

Extrapolating from trial data, Indian physicians later estimated that at least 1,200 girls experienced severe side effects or developed auto-immune disorders as a result of the injections. No follow-up examinations or medical care were offered to the victims. Further investigations revealed pervasive violations of ethical norms: vulnerable village girls were virtually press-

ganged into the trials, their parents bullied into signing consent forms they could not read by PATH representatives who made false claims about the safety and efficacy of the drugs. In many cases signatures were simply forged”.

Research Grants Awarded By the WHO Are Funded by CDC.

Needless to say, those who control the funding sources set the agenda as well as the parameters of vaccine safety research. Thus, vaccine research literature is similarly corrupted by conflicts of interests and [as will be demonstrated below] by fraudulent, CDC- sponsored studies that were methodically skewed to provide safety assessments that promote high vaccination rates.

The same year that the IOM issued its dubious, pre-determined thimerosal report, a review of aluminum-containing DTP vaccines, was published in [*The Lancet*](#) (2004)³⁷. The review was commissioned by the WHO; the principal author was Dr. Tom Jefferson. The reviewers acknowledged the following serious scientific flaws in the studies they reviewed:

“poor reporting led to substantial loss of data, which was only partly obviated by statistical manipulation of the confidence intervals around the estimates of effect for one outcome”;

“Overall, the methodological quality of included studies was low. Few reports gave details of the randomization process, allocation concealment, reason for withdrawals, or strategies to deal with them in analysis. Inconsistencies in reporting, lack of clarity on numerators and denominators, variability of outcome definitions, and lack of outcome definitions to much loss of data.”

Despite the serious flaws invalidating the studies reviewed and the absence of scientifically valid evidence to support “reassuring” conclusions about the safety of vaccine adjuvants – specifically thimerosal and aluminum – Dr. Jefferson and his Cochrane colleagues delivered a conclusion crafted to protect government vaccination policies and industry profits (of course) – just as the politicized IOM panel had done.

It is disheartening that a scientist of Dr. Jefferson’s stature recommended that no further research on the possible hazards of aluminum in vaccines should be undertaken *“despite lack of good-quality evidence [of safety]”*.

*“We found no evidence that aluminum salts in vaccines cause any serious or long-lasting adverse events.” Despite a lack of good-quality evidence **we do not recommend that any further research on this topic is undertaken.**”*

*“No obvious candidates to replace aluminum are available, so **withdrawal for safety reasons would severely affect the immunogenicity and protective effect of some currently licensed vaccines and threaten immunization programmes worldwide.**”* [Highlight added]

- This is a government/industry position; one that regards safety as an impediment, rather than a primary objective. This attitude explains why independent vaccine research designed to examine whether there are vaccine safety or hazards, is effectively blocked by interconnected

institutional vaccine stakeholders who control mainstream vaccine “science” and the channels of information. This has resulted in a lack of adequate data on the toxicology of vaccine ingredients.

*“There is [sic] a concerning scarcity of data on toxicology and pharmacokinetics of these compounds. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences.”*³⁸ (Dr. Lucija Tomljenovic and Dr. Christopher Shaw (University of British Columbia))

Several recent examples [discussed below] show how independent studies that report evidence of harm following vaccination, are rejected for publication by most influential (“high impact”) journals with wide readerships. In the case of research confirming aluminum’s toxicity in vaccines, editors used underhanded tactics to delay, withhold, retract, and attempt to suppress such articles – even when co-authored by an internationally recognized authority.

[A PubMed search “aluminum toxicity vaccines” retrieved 153 citations; another search: “autoimmune/inflammatory syndrome induced by adjuvants” resulted in 66 citations. Appendix 11 of [L’Affaire Wakefield](#) is a partial bibliography. It includes at least 6 scientific research reports that found aluminum to cause brain damage. It will be posted shortly.]

The [Brighton Collaboration Science Board](#) of advisers are closely tied to vaccine manufacturers: for example, Dr. Daniel Salmon serves on Merck Vaccine Policy Advisory Board and is a strong advocate of compulsory vaccination. He is the lead author of [Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases](#), (NEJM, 2009).

Dr. Heidi Larson, of the National Institute for Health Research (NIHR) Health Protection Research Unit in Immunisation at the London School of Hygiene & Tropical Medicine (LSHTM) where she heads the Vaccine Confidence Project. She is a member of the Vaccine Confidence Project (CSIS)³⁹ and Merck’s Vaccine Strategic Advisory Board; she is a consultant on vaccine confidence to GSK, and receives research funds from Wyeth and Berna; lecture fees from Sanofi and payments for testimony to the Department of Justice regarding several vaccine compensation cases. Dr. Larson serves on data and safety monitoring committees associated with Novartis and Merck.



Dr. Heidi Larson co-authored a Merck-commissioned [report](#) (2015)⁴⁰ for the Center for Strategic & International Studies (CSIS) in Washington DC. The report provides insight into the prevailing culture of industry-supported vaccine promoters who are absolutely determined to drive home their vaccine agenda at any cost. Reports of severe, chronic, generalized pain suffered by girls and young women are pouring in to regulatory agencies,⁴¹ but those regulatory agencies –e.g, CDC, EMA, JCVI, Brighton Collaboration, GAVCS, WHO – resolutely deny that a serious problem exists. In Japan, there were more than 2,000 adverse event reports of which [358 vaccine injuries were judged to be serious](#) by 2014.

Independent research findings that report evidence of vaccine safety hazards are prevented from reaching the public. Such reports are suppressed, denigrated, and retracted for either unstated, or spurious reasons;⁷⁰ the scientists are pilloried.⁴⁸ The recent case of an orchestrated assault allegedly led by the Chairman of the WHO - Global Advisory Committee on Vaccine Safety against pathologist [Sin Hang Lee, MD](#) is an example.

Japan Has Become Ground Zero Where The HPV Vaccine Debacle Is Unfolding In Public View

In Japan, young women and girls suffering from severe chronic generalized pain following vaccination with Merck's Gardasil® or GSK's Cervarix®, are speaking out and have organized. The issues are being debated at public hearings at which scientific presentations have been made by independent medical experts who validated the women's suffering, with documented evidence of the severe nature of the pain related to the HPV vaccine. The opposing view by scientists aligned with the vaccine establishment, disregarded the scientific plausibility of the evidence, and declared the pain was a "psychosomatic reaction."⁴²

- Such public debates do not take place where vaccine stakeholders are in full control of vaccine safety information.



Plaintiffs in a lawsuit involving HPV vaccine

Following a public hearing (February 2014) at which [scientific evidence was presented](#) by independent scientists⁴³ the Japanese government, not only rescinded its recommendation that girls receive the HPV vaccine, Japan established guidelines and special clinics for evaluating and treating illnesses caused by the vaccine. It is a scenario that Merck, GSK, and vaccine stakeholders globally are extremely anxious to suppress.

The Merck-commissioned, CSIS report co-authored by Dr. Larson, paints a picture of an all-out war over media coverage – not over the high rate of serious adverse reactions. The authors resort to the usual tactic of discrediting vaccine-injured individuals; they dismissed the serious health effects suffered by girls and young women following vaccination, as trivial. The CSIS report presents the entire issue as an epidemic fueled by Internet rumors and “vaccine hesitators”.

“Over the last year, controversy within the Japanese medical and political arenas over the HPV vaccine has touched the public at large. Through social media and highly publicized events, anti-vaccine groups have gained control of the narrative surrounding the HPV vaccine.”

Global Collaborators in Action: Trash Honest Scientists to Suppress Inconvenient Evidence

The following case demonstrates how the global network of government/academic and industry stakeholders suppresses information about genuine scientific findings and, when need be engage in corrupt practices to thwart the airing of information about vaccine safety issues. This case involves inconvenient scientific laboratory findings in post-mortem tissue samples, showing that the HPV vaccine was contaminated with foreign HPV DNA fragments. The case also involves evidence (contained in internal correspondence) of deceptive practices by officials of “authoritative” international public health institutions.

In January 2016, pathologist [Dr. Sin Hang Lee, MD](#), Director of Milford Medical Laboratory sent an [open letter of complaint](#) to the Director-General of the World Health Organization (WHO), Dr. Margaret Chan, charging professional misconduct on the part of the following individuals:



Dr. Sin Hang Lee



Dr. Robert Pless,

“As a medical doctor and scientist, I write to present grave concerns regarding the conduct of certain members of the Global Advisory Committee on Vaccine Safety (GACVS), the World Health Organization, the CDC and other scientific/health professionals during the time shortly before the public hearing on HPV Vaccine Safety which was held in Tokyo, Japan on February 26, 2014.

I have come into possession of documentation which leads me to believe multiple individuals and organizations deliberately set out to mislead Japanese authorities regarding the safety of the human papillomavirus (HPV) vaccines, Gardasil® and Cervarix®.”

“Dr. Robert Pless, the chairperson of the Global Advisory Committee on Vaccine Safety (GAVCS); Dr. Koji Nabae of the Ministry of Health of Japan; Dr. Melinda Wharton, Deputy Director, National Center for Immunization, of the Centers for Disease Control (CDC); and Dr. Helen Petousis-Harris of Auckland University, New Zealand, and others who may have been actively involved in a scheme to deliberately mislead the Japanese Expert Inquiry on human papillomavirus (HPV) vaccine safety before, during and after the February 2014 public hearing in Tokyo”.



Dr. Melinda Wharton – CDC



Dr. Koji Nabae –Health Ministry



Dr. Helen Petousis-Harris

Dr. Lee challenged the integrity of the GACVS [Statement on the Continued Safety of HPV Vaccination](#) (issued March 2014). He accuses Dr. Pless of deliberately misrepresenting his scientific findings in order to mislead non-scientific readers and those who set vaccination policies. Dr.

Pless is accused of deliberately conflating two unrelated articles, dealing with two different chemicals, written by different authors “apparently to create a target to attack.” Furthermore, Dr. Lee notes that the GACVS Statement relied on an unpublished 12-year old “[Technical Report](#)” written by an unofficial, unnamed “group of participants” (according to CDC’s disclaimer).

These are the facts:

In 2011, Dr. Lee found that every one of the 13 Gardasil samples that he examined [contained HPV L1 gene DNA fragments](#). He also found that the HPV DNA fragments were not only bound to Merck’s proprietary aluminum adjuvant, but also [adopted a non-B conformation](#), thereby creating a new chemical compound of unknown toxicity. This non-B conformation, Dr. Lee believes, is responsible for the array of autoimmune illnesses experienced by children and young women following vaccination with Gardasil.

In 2012, Dr. Lee testified at a coroner’s inquest of the death of a New Zealand teenager, 6 months after receiving 3 Gardasil vaccine injections. He then published his case report in the open access journal, [Advances in Bioscience and Biotechnology](#) (2012). Dr. Lee was a presenter at the Tokyo hearing (2014) at which he disputed those who claimed the young women weren’t really suffering severe pain; they were having “psychosomatic reactions”. He stated:

“I do not believe psychosomatic reactions can cause sudden unexpected death in sleep, or inflammatory lesions in the brain as demonstrated by the MRI images and the brain biopsy histopathology with perivascular lymphocytes and macrophages and demyelination.”

Following the public hearing GAVC issued a statement (March 12, 2014) aimed at discrediting Dr. Lee’s research by conflating his research with the research of other scientists who presented at the Tokyo hearing. This case should have been prominently reported in the medical journals and by the mass media, and the allegation should have been investigated. Mainstream publications have been silent; the case was reported only in alternative news outlets.⁴⁴

HPV vaccine Controversy Erupts in the Streets of Columbia

In March 2015, hundreds of parents marched in streets of Bogota demanding treatment for their daughters who suffer from serious medical conditions following the second dose of Gardasil.



The marchers demanded that government health officials should:

1. Provide adequate treatment for the 800 girls known who are affected to date
2. Suspend the use of HPV vaccines in Colombia until such time as the safety issues are resolved

3. Conduct adequate studies to determine the exact cause(s) of the serious adverse effects following the HPV vaccine;
4. The parents challenged the Colombian National Institute of Health (INS) for its statement dismissing the connection between the vaccine and these diseases, which they, like the other collaborating institutions, attributed to psychosomatic hysteria.

The young girls and their parents, however, have the world's foremost expert on autoimmune disorders on their side. [Dr. Yehuda Shoenfeld](#) shocked the audience of the III Colombian Symposium on Autoimmunity by stating he would not recommend HPV vaccines for his own daughter. When asked about the mass psychosomatic theory used to explain the newly emerged medical conditions shortly after HPV vaccinations, Dr. Shoenfeld replied:



“Although it is known that there are sometimes panic reactions, especially among women, it is very unlikely that the symptoms presented after receiving the vaccine are due to psychological reasons, especially if one takes into account that it is happening in different parts of the world with the same signs and symptoms.

When we administered HPV vaccines to mice, they had the same symptoms as girls affected. I don't believe the mice bewitched each other. As with any drug prescribed to a patient, we must consider whether certain vaccines are needed. If the negative effects outweigh the benefits, the vaccine should not be prescribed.”

Dr. Shoenfeld further stated that in Colombia hundreds of children are suffering from autoimmune disorders that emerged directly after HPV vaccination:

“If there is a case, or an avalanche of cases, this must be investigated in the proper way. To say it is something psychological or viral is not enough. You need scientists from different disciplines to analyze it.

We believe aluminum is a toxic substance for the brain. It accumulates, continues this for weeks and months. It's like a Trojan Horse for the brain. Aluminum is a neurotoxin. Experimental research shows clearly that aluminum adjuvants have a potential for inducing serious immunological disorders in humans. In particular, aluminum adjuvants carry a risk for autoimmunity, inflammation of the brain and neurological long-term complications and therefore can have profound and widespread consequences for health.”

In July 2016, a Japanese victims' group filed a multi-plaintiff lawsuit in the district courts of Tokyo, Nagoya, Osaka and Fukuoka against the Japanese government and the two pharmaceutical companies

that had produced these vaccines. Furthermore, in December of the same year, additional victims joined the multi-plaintiff lawsuit, bringing the total number of plaintiffs to 119 ([Indian Journal of Medical Ethics](#), 2017).

The Hazards of Aluminum in Vaccines Is the Focus Of Intense Research

Of note: the placebo comparator in vaccine clinical trials is not inert, it contains aluminum. Several independent teams of international autoimmune experts led by the internationally recognized authority of autoimmune diseases, [Dr. Yehuda Shoenfeld](#) of Tel Aviv University, Israel, and another group by [Dr. Christopher Exley](#), Professor of Bioinorganic Chemistry, Keele University in the UK.

However, studies that document the hazards of aluminum in vaccines are not published in major influential medical journals. Recent surveys of those journals document that medical journal editors have concealed financial conflicts of interest. [Most Editors of Top Medical Journals Receive Industry Payments](#) (*Retraction Watch*, Nov. 2017); In Two Cases, Journal Editors Received Over \$1 Million from Industry, Ed Silverman, [STAT](#), 2017)

The following case is an example of how science is subverted by tightly controlled journal gatekeepers. Journal editors who have sold their integrity by accepting industry kickbacks block publication of reports that might pose a financial threat to an intricate web of government and non-government institutions and professional associations – all of whom are financially tied to the pharmaceutical industry. The case demonstrates the great difficulty encountered by independent scientists who have not sold their integrity to the highest bidder.

Publication Saga: Case Examples of Harassment Aimed At Suppressing Harmful Findings Re: HPV-Gardasil Vaccine

The study, [Behavioral Abnormalities In Young Female Mice Following Administration Of Aluminum Adjuvants And The Human Papillomavirus \(HPV\) Vaccine Gardasil](#), was conducted in Israel by a team of researchers headed by [Professor Yehuda Schoenfeld](#) is an internationally recognized authority who is considered to be the pillar in the field of autoimmunity. Indeed, Dr. Shoenfeld had identified a new syndrome ASIA (Autoimmune/Inflammatory Syndrome Induced by Adjuvants).

“The idea of ASIA as a new syndrome developed after some studies on Gulf War syndrome reported that soldiers who had not been deployed to the Gulf area were suffering from symptoms such as severe fatigue, cognitive impairment, myalgias and arthralgias. This raised the question of whether it was the vaccines administered to the soldiers that induced these syndromes. The most common adjuvants are silicone implants and aluminum in vaccines.”⁴⁵

The focus of the research seeks to shed light on “*the roles and mechanisms of action of different adjuvants which lead to autoimmune/inflammatory response.*” Prof. Shoenfeld encountered blockades from journal editors who attempted to suppress the findings of neuroinflammation and

“behavioral abnormalities following administration of aluminum adjuvants and the HPV vaccine Gardasil.” Those editors have financial stakes in the business of vaccines.

The HPV-mouse study was first submitted to for publication to the *Journal of Human Immunology* where it was shelved for 8 months, and was then rejected by that journal’s [Editor-in-Chief](#), Dr. Michael Racke. [According to the American Academy of Neurology](#):



“Dr. Racke has received personal compensation for activities with EMD Serono, Novartis, Roche Diagnostics Corporation, Genentech, and Amarantus as a consultant.” [EMD Serono, Inc. is a [subsidiary of Merck KGaA](#), Darmstadt, Germany.]

The study was published in the journal *Vaccine* in January 2016, but was summarily withdrawn a month later following orders by the Editor-in-Chief, Gregory Poland.⁴⁶



Dr. Poland’s direct conflicts of interest⁴⁷ include those disclosed on the Mayo Clinic website: *“Dr. Poland is the chairman of a safety evaluation committee for investigational vaccine trials being conducted by Merck Research Laboratories. Dr. Poland offers consultative advice on new vaccine development to Merck & Co., Inc.”* [CDC official, Dr. Robert Chen is an Associate Editor of *Vaccine*]

- How is it that this incestuous relationship did not raise loud cries of foul play? Those rejections by editors who had deep vested financial interest in protecting vaccination rates, whose own financial interest was intertwined with vaccine manufacturers, elicited no protest from the scientific academic community.
- Instead, these rejections were followed by vicious attacks against two of the scientists by industry’s cyber hit-squads that are hired to attack independent scientists whose honest research contradicts vaccine orthodoxy. That is viewed as a heresy inasmuch as it poses a financial threat.⁴⁸ [Read [Appendix 10](#)]

The study was revised, again peer-reviewed, and published in the journal *Immunological Research* (Nature-Springer) (2017).⁴⁹ The reported findings remained the same:

“Vaccine adjuvants and vaccines may induce autoimmune and inflammatory manifestations in susceptible individuals. To date most human vaccine trials utilize aluminum (Al) adjuvants as placebos despite much evidence showing that Al in vaccine-relevant exposures can be toxic to humans and animals...It appears that Gardasil via its Al adjuvant and HPV antigens has the ability to trigger neuroinflammation and autoimmune reactions, further leading to behavioral changes...

In light of these findings, this study highlights the necessity of proceeding with caution with respect to further mass-immunization practices with a vaccine of yet unproven long-term clinical benefit in cervical cancer prevention”.

- **The basis for those findings was deemed to be scientifically sound by three sets of peer-reviewers, at three different journals.**

The debate about the safety of the HPV vaccine was the subject of a documentary on TV2 Denmark, aired in March 2015. The Danish Health and Medicines Authorities requested the European Medicines Agency to assess the whether a causal link exists between HPV-vaccines and Chronic Regional Pain Syndrome (CRPS) and/ or Postural Orthostatic Tachycardia Syndrome (POTS).



The EMA published its report absolving the HPV vaccine, and denigrated the clinical findings by Louise Brinth, MD, PhD and colleagues at the Frederiksberg Hospital whose retrospective case series of 39 patients, was published in the [International Journal of Vaccines and Vaccination](#) (2015)

Dr. Peter Gøtzsche, Director of the Nordic Cochrane Center, and author of [Deadly Medicines and Organized Crime: How Big Pharma Has Corrupted Healthcare](#), took a leading role in the battle for truth about the HPV vaccine. In May 2016, Dr, Gøtzsche and colleagues, sent a scathing [letter of complaint](#) to the European Medicines Agency (EMA), challenging that institution's very legitimacy.

The letter cites EMA's failure to comply with the EU Treaty and Charter mandating "openness [to] enable citizens to participate"; its failure to "live up to the professional and scientific standards...when evaluating the science and the data related to the safety of the HPV vaccines." And the letter cites the wide disparity between EMA's secret, internal (256 p) HPV safety report and the official, misleading

EMA report that disparages and misrepresents clinical evidence documenting serious health hazards following the HPV vaccination:



Dr. Peter Gøtzsche

"The EMA's official 40-page report is misleading, as it gives the citizens the impression that there is nothing to worry about in relation to vaccine safety and that the experts consulted by the EMA agreed on this. However, the EMA's internal report reveals that several experts had the opinion that the vaccine might not be safe and called for further research, but there was nothing about this in the official report."

"The official EMA report gives the impression of a unanimous rejection of the suspected harms. However, only seven months earlier, the EMA had resolved that "' causal relationship between the dizziness and fatigue syndrome, Postural Orthostatic Tachycardia Syndrome (POTS) and Gardasil [one of the HPV vaccines] can neither be confirmed nor denied'".

The letter cites EMA's opaque, secretive modus operandi; the mandated, life-long confidentiality agreements signed by EMA panelists and scientific experts; the EMA's failure to evaluate the safety of vaccines in accordance with scientifically legitimate procedures; failure to identify the experts selected by the EMA; EMA's reliance on vaccine manufacturers' safety assessment of their own products, disregarding their "huge financial interests"; and the letter cites undisclosed financial conflicts of interest of EMA administrators, and the conflicts of interest of panelists upon whom the EMA relies for safety assessments.

- Dr. Gøtzsche affirmed that: *"All available material about suspected harms of a public health intervention directed towards healthy children should be accessible to anyone"*.

It should be of concern to Dr. Gøtzsche and others who uphold the right of the public to honest safety assessments of medical interventions that CDC internal documents reveal that CDC officials purposely concealed data about suspected and documented serious harms following the administration of multi-virus vaccine to infants in accordance with CDC childhood vaccination schedules.

A Corrupt Culture is Revealed in [Internal CDC Email Correspondence](#)

The internal correspondence between CDC officials and the authors of the Danish epidemiological studies reveal a culture of corruption. CDC officials are intent on shielding vaccines and the childhood vaccination schedule at any cost — including outsourcing dubious epidemiological studies that have no relevance to the vaccination exposure of U.S. children. These documents confirm that CDC and its

commissioned scientists resorted to all manner of subterfuge and deception, in their concerted effort to subvert *bona fides* safety assessments.

Dr. Edward Yazbak,⁵⁰ a pediatrician, referred to CDC's epidemiological studies "*just a distraction. They hope to bury evidence of the dangers of vaccines. At the same time, they have waged a misinformation campaign in making claims that skyrocketing Autism/ASD rates are due to better diagnostics.*"

An [email](#) exchange (2001) between **Dr. Verstraeten, Dr. Chen** and [Dr. Elizabeth Miller](#) (a consultant epidemiologist to the WHO, previously headed the UK Immunisation Department for 15 years) discussed the national differences in infants' exposure to thimerosal. They all acknowledged that the U.S. vaccination schedule exposes American infants to much higher doses of thimerosal than babies in Europe, including the U.K. They further acknowledged that Danish babies' exposure to thimerosal does not come close to the exposure of U.S. babies – Danish babies received 75% less thimerosal than U. S. babies. That difference in exposure to mercury-laced vaccines renders the Danish studies non-comparable to U.S. children, and, therefore of no value toward ascertaining the risk posed by thimerosal-laced vaccines.

- **CDC officials disregarded the incompatibility of Danish vs. U.S. infants' exposure to 75% higher doses of thimerosal; despite the incongruity, they chose Denmark as a population study comparator.**

CDC officials selected a Danish network of scientists who were either employed by the Danish vaccine manufacturer, Statens Serum Institut (SSI), or worked at institutions closely connected to SSI, such as the Danish Epidemiology Science Center, and Aarhus University. The details of how the studies' results were premeditated are revealed in [internal CDC email correspondence](#) .

- The Danish studies were crafted to deliver "proof of innocence" to offset Dr. Verstraeten's evidence documenting a disturbing Thimerosal-autism risk; and they were crafted to refute Dr. Wakefield's suggestion of an autism-MMR connection.

CDC disregarded the scientific reservations about comparing "apples to pears"

Dr. Verstraeten expressed concern about scientific dishonesty in an [email](#) (2000) addressed to Harvard professor, Dr. Philippe Grandjean, an expert in heavy metals toxicity, (copies addressed to Chen, DeStefano and four other CDC scientists) he stated:

"many experts looking at this thimerosal issue, do not seem bothered to compare apples to pears... I do not wish to be the advocate of the anti-vaccine lobby and sound like being convinced that thimerosal is or was harmful, but at least I feel we should use sound scientific argumentation and not let our standards be dictated by our desire to disprove an unpleasant theory."

CDC officials sought to obtain reports that would provide the appearance of scientific evidence that thimerosal, the mercury-based vaccine additive is safe, the MMR is safe, and that vaccines do not cause autism. Dr. Diane Simpson, the CDC official tasked with obtaining proof to offset Dr. Verstraeten's

demonstrated thimerosal-autism risk,⁵¹ traveled to Denmark in 2001 where she met with a network of Danish scientists. CDC provided tens of millions of dollars in grants to a Danish team at the University of Aarhus in Denmark; the management of the grants was entrusted to psychiatrist Poul Thorsen, who had been a CDC “visiting scientist” in 1990. At Thorsen’s recommendation, Simpson recruited Kreesten Madsen, a doctoral candidate, who was listed as the lead author on several pivotal Danish studies. However, the principal scientist who co-authored those studies was, in fact Thorsen.

Beyond the continued influence of fraudulent CDC and CDC-sponsored Danish epidemiological studies, Thorsen was a participant in a pivotal Working Group of the American Psychiatric Association (APA), which led to the controversial re-defining of the criteria for an autism diagnosis in the DSM-5, psychiatry’s diagnostic “bible”; the new DSM-5 criteria reduced the autism prevalence rate substantially.

In another [email](#) addressed to Dr. Chen (2001), Dr. Verstraeten expressed serious doubts about the reliability of the UK General Practice Research Database (GPRD)⁵² which numerous authors⁵³ have continued to rely on, to support the claim that there is “no evidence of a causal association between thimerosal and autism”.



“I think two issues are important in assessing the potential strength of the GPRD study: 1. Maximum exposure and 2. Unbiased controls.

I’m not sure if the GPRD is that reliable that you can be sure that low exposure is really low exposure and not underascertainment in the database. I hate to say this, but given these concerns, it may not be worth doing this after all. On the other hand, maybe the [WHO] grant can be given to Herald in Sweden to do a follow-up of the DTaP trial.” (June 26, 2001)

Dr. Verstraeten’s criticism of the GPRD alarmed Dr. Miller who expressed her concern (in an [email](#) to Chen): “*Do I have to give my GPRD grant money from WHO back*”?

- **The CDC VSD study (1999) led by Dr. Verstraeten, underwent a series protocol manipulations and statistical tricks aimed at eliminating the 7.6 relative increased risk of autism from exposure to thimerosal.**

During a four year “evolution”, the study’s original conclusion – an increased risk factor of 7.6 – a risk that Dr. Verstraeten had indicated in 1999 – “*it just won’t go away*” – was systematically reduced at each phase in a series of 5 protocol modifications – even after his departure from CDC for GSK in June 2001. In phase 2, infants’ exposure to Thimerosal was compared at 3 months rather than 1 month – when

infants are their most vulnerable; the original 400,000 records from the 4 HMOs, were reduced to 124,170 records from 2 HMOs, with the addition of records from the Harvard Pilgrim HMO – which used different diagnostic codes than the other two – (and whose records’ accuracy was in doubt).

These changes reduced the relative risk to 2.48. In phase 3, the age criteria of the children included, was changed from (0 to 6 years) to (0 to 3). A cut off at age 3 eliminated a significant number of children who were subsequently diagnosed, but not counted in the study. This was acknowledged by Dr. Coleen Boyle in an internal email to Dr. Frank DeStefano (April, 2000):

“For me the big issue is the missed cases -- and how this relates to exposure. Clearly there is gross underreporting... Considering that the average age of diagnosis of autism in the VSD database was 44 to 49 months it is easy to see that almost half of the children in the database were too young to be diagnosed.”



Pediatrics, 2003 Nov;112(5):1039-48.

Safety of thimerosal-containing vaccines: a two-phased study of computerized health maintenance organization databases.

Verstraeten T¹, Davis RL, DeStefano F, Lieu TA, Rhodes PH, Black SB, Shinefield H, Chen RT; Vaccine Safety Datalink Team.

This dubious cut-off resulted in reducing the relative risk 1.69. A manuscript was submitted for publication but was rejected by the journal *Epidemiology*. Two more “modifications” wiped the risk out of existence. The study was then submitted for publication to *Pediatrics* (2003).⁵⁴ The study’s illegitimate, manipulated findings exonerating Thimerosal were widely publicized.

In October, 2003, Congressman **Dave Weldon, MD** raised serious concerns in a [letter](#) to CDC Director, Julie Gerberding, citing specific issues undermining the scientific integrity of the CDC Pediatric study, and CDC’s undue influence on the IOM report:



“I found a disturbing pattern which merits a thorough, open, timely, and independent review by researchers outside of the CDC, HHS, the vaccine industry, and others with a conflict of interest in vaccine related issues (including many in University settings who may have conflicts)... A review of these documents leaves me very concerned that rather than seeking to understand whether or not some children were exposed to harmful levels of mercury in childhood vaccines in the 1990s there may have been a selective use of the data to make the associations in the earliest study disappear.

Furthermore, the lead author of the article, Dr. Thomas Verstraeten worked for the CDC until he left over two years ago to work in Belgium for GlaxoSmithKline (GSK) a vaccine manufacturer facing liability over TCVs [thimerosal containing vaccines]. In violation of their own standards of conduct, Pediatrics failed to disclose that [serious conflict of interest].

*“In reviewing the study there are data points where children with higher exposures to the neurotoxin mercury had fewer developmental disorders. **This demonstrates to me how excessive manipulation of data can lead to absurd results.**” [Highlight added]*

[Internal email correspondence](#) reveal a culture at CDC that is intent on shielding vaccines and the childhood vaccination schedule at any cost. That culture was the subject of a follow up letter by Congressman Weldon to CDC Director, Dr. Julie Gerberding (January 2004):

“For too long, those who run our national vaccination program have viewed those who have adverse reactions, including those with severe adverse reactions, as the cost of doing business... It appears to me not only as a Member of Congress but also as a physician that some officials within the CDC’s NIP may be more interested in a public relations campaign than getting to the truth about thimerosal.”⁵⁵

- Public distrust in government vaccine safety pronouncements is validated in documented evidence showing that CDC-sponsored published reports are the product of scientific fraud, in violation of legally mandated, ethical requirements, and malfeasance by high level CDC officials.
- In 2011, Poul Thorsen was indicted by a federal grand jury on 22 criminal counts of forgery, money laundering, embezzlement, among others, whereupon he fled the country to Denmark and remains a fugitive from justice.
- In 2012, Thorsen was added to the IG’s “Most Wanted” list of criminals.



At the very least, Thorsen’s documented criminal actions clearly call into question the validity of those CDC-sponsored Danish epidemiological reports whose inordinate influence continues to permeate the vaccine literature and vaccination policies. Yet, the academic community, and the medical journals – with the exception of Nature Online – have maintained a deafening silence – even as the evidence of fraud and criminality by the principal scientist of the Danish studies was laid bare.

What was also laid bare in internal correspondence is that CDC officials colluded with Thorsen’s Danish team in deception and fraud in the preparation of autism research studies for publication.



In January 2011, BMJ Editor-in-chief, Dr. Fiona Godlee, reignited and intensified the campaign against Andrew Wakefield, by launching an unprecedented assault that declared his research to be a “fraudulent”, and Dr. Wakefield guilty of “[elaborate fraud](#)”.

Was the timing of BMJ assault a coincidence?

The BMJ assault was launched at the very moment that conclusive evidence of far-reaching, elaborate scientific fraud was uncovered in [CDC internal documents](#). These documents also provided the US Inspector General with evidence of elaborate criminal actions committed by Poul Thorsen, MD, PhD (dubbed “[Master Manipulator](#)” in a book by James Grundvig, 2016). Thorsen was the principal investigator of the pivotal CDC-commissioned Danish studies that declared that neither thimerosal nor the MMR posed a risk of autism.⁵⁶

- CDC relies on those studies to dismiss evidence of serious risks posed the MMR and by thimerosal for young children.

The BMJ assault led by the editor-in-chief was launched just as the Thorsen criminal investigation was being finalized, and submitted to a Grand Jury which resulted in a 22-count [criminal indictment](#) against Thorsen, in April 2011.

- Whereas Poul Thorsen’s extensive fraud and malfeasance was substantiated by evidence; Dr. Godlee’s charge of fraud against Andrew Wakefield was made without a shred of evidence.



Dr. M. Yeargin-Allsopp, Dr. Poul Thorsen, Dr. Diana Schendel, Dr. Jose Cordero

Internal correspondence document that the CDC commissioned Danish studies were designed and manipulated to provide the pre-determined exoneration of Thimerosal as a causative trigger for autism. The authors delivered the “evidence” that CDC sought (and paid millions to obtain) in its effort to quell public suspicions that an autism epidemic has been triggered by (a) vaccines laced with mercury (thimerosal) and/or (b) the combined measles/mump/ rubella (MMR) vaccine.

The authors of the “the definitive Madsen MMR Study” sent a [letter](#) to the editor-in- chief, of *The New England Journal of Medicine* (2002) to persuade him to accept their study for publication. They emphasized the political value of their study, and claimed that it refuted Wakefield and provided strong support for the MMR vaccine program:

“It has been suggested that the measles-mumps-rubella (MMR) vaccine may cause autism.

If true, this could jeopardize the MMR vaccine program in children.

The debate was initiated by research in Britain [Wakefield] provided suggestive evidence of an association between the MMR vaccine and autism...

In addition, Uhlmann recently published a study where they found measles in the gut in patients with developmental disorders but not I controls. So far, no study has had sufficient power to address the topic.. Our study gave no support for an association between MMR vaccination and autism or autism-like conditions.” [Emphasis added]

Evidently, the editor, Dr Jeffrey Drazen was persuaded; their article was published in the *NEJM* (2002). Dr. S. Suissa, an epidemiologist at McGill University, questioned the statistical analysis in this large population-based 2002 epidemiological study. However, his letter to the editor was never published. In 2004, Gary Goldman, PhD and F. Edward Yazbak, MD submitted their detailed [scientific critique](#) of the same study; their critique was not published in the *NEJM*. It was published in the *Journal of American Physicians and Surgeons*.

- The emails document how the Danish studies were manipulated to exonerate the MMR vaccine and thimerosal in vaccines. They misclassified children, masked the association of autism, and deleted portions of the data. This constitutes fraud.

Principal CDC insiders who colluded with Thorsen in deception and fraud include:



Dr. Coleen Boyle, Director of National Center for Birth Defects & Developmental Disabilities [Boyle was the lead investigator of the Congressional investigation of Agent Orange in 1984-1987. She and her team reported “no association” between the defoliant dioxin and the inventory of cancers and autoimmune diseases that sickened tens of thousands of US troops. Her exoneration of Agent Orange deprived those veterans from getting compensated].



Dr. Marshalyne-Yeargin-Allsopp
Head of Developmental Disabilities



Dr. Diana Schendel was the senior CDC scientist directly involved in the Danish project. She was Thorsen's longtime girlfriend who co-authored more than three dozen studies with Thorsen, including the "definitive" NEJM (2002) study. In 2009, she was officially reprimanded for the conflict her intimate relationship posed. In 2014, she moved to Denmark a position in the epidemiology department at Aarhus University.

Internal correspondence provides a record showing that the authors knew that the results that they reported in *Pediatrics* (2003) were contradicted by the data from the Danish Psychiatric registry. The actual data confirmed that following the removal of thimerosal in 1992, the "incidence and prevalence" rate of autism in Denmark decreased.⁵⁷

The study, "Thimerosal and the Occurrence of Autism", was published in the journal *Pediatrics*, (2003). The first named author was Madsen; however the principal investigator was psychiatrist Poul Thorsen and a team of six co-authors at Aarhus University. The study was presented as an analysis of the Danish Psychiatric Registry from 1971 – 2000. The ostensible, stated purpose of the study was to determine whether the removal of Thimerosal from children's vaccines in Denmark (in 1992) decreased the incidence of autism.

The report they submitted for publication claimed that the prevalence of in autism in Denmark increased after thimerosal was removed from childhood vaccines in 1992. Figure 1 in the published report in *Pediatrics* shows a 20-fold increase in autism. The authors stated:

"From 1991 until 2000 the incidence (of autism) increased and continued to rise after the removal of thimerosal from vaccines, including increases among children born after the discontinuance of thimerosal ... The discontinuation of thimerosal-containing vaccines in Denmark in 1992 was followed by an increase in the incidence of autism. Our ecological data do not support a correlation between thimerosal-containing vaccines and the incidence of autism."

Despite the implausibility of such a correlation, no one within the medical establishment questioned or critically examined this study or any of the Danish epidemiological studies. The first [detailed critique](#) of the Madsen / Thorsen *Pediatrics* study (2003) was by Mark Blaxill; it was posted on *Safe Minds*, September 2003.¹³ Blaxill, who is a business analyst, not a medical scientist, identified inconsistencies with the previous study (*NEJM*, 2002) by the same Danish authors who used the same Danish dataset.

Blaxill's analysis showed that the claimed findings in the Pediatrics report were invalidated by their biased methodology. Blaxill identified the scientifically illegitimate methods the authors used to arrive at their predetermined CDC-commissioned "findings" exonerating vaccines and thimerosal. He did so – even without the benefit of the incriminating [internal CDC documents](#) that provide evidence of fraud.

- **Inconsistent inclusion criteria:** prior to 1993, only inpatient autism cases were reported in the Danish registry; representing only 10% of autism cases. Following the removal of Thimerosal from childhood vaccines in 1992, patients from a large Copenhagen outpatient clinic were added. But the authors excluded these cases from the report. In 1995, a new Danish registry was introduced to include all outpatients. These existing, previously unregistered patients were counted by the investigators as new—thereby artificially increasing the number of reported autism cases significantly.
- **Inconsistent diagnostic criteria:** In 1994, Denmark changed the diagnostic criteria for autism from “psychosis proto-infantis” to the more commonly used “childhood autism” to determine a diagnosis. The diagnostic criteria require autism to be identified before a child is three years old. But the authors misrepresented newly registered outpatient cases – many of who were children between the ages of 7 and 9 as “newly diagnosed.”
- **Deletion of data:** the authors also deleted the entire year 2001 data for seven year old children from the final published report. This constitutes flagrant research fraud. Blaxill also invalidated the Danish mercury vaccine exposure experience as not a proper comparator:



Mark Blaxill:

“The context for the early mercury exposures was completely different in Denmark when compared to any other country, and particularly compared to the U.S. and U.K., where autism rates are being watched most closely. The Danish report describes a different world of vaccine exposures and ignores exposures that are present today that were not present in Denmark in the 1970s. Autism onset has been reliably associated with exposure to viruses.

In the cases where increasing thimerosal exposures have accompanied autism increases, numerous additional confounders were present that were not present in Denmark. Between 1970-92, the only childhood vaccine given in Denmark until 5 months of age was the monovalent pertussis vaccine. In the United States in the 1990s, children were exposed to multiple doses of diphtheria, pertussis, tetanus, polio, hepatitis B and haemophilus influenza B (Hib) vaccines before five months of age.

In the United Kingdom, injections before age 5 months included multiple doses of meningitis C, polio, diphtheria, tetanus, Hib, and pertussis vaccines. Increasing autism rates there were accompanied by earlier thimerosal exposures due to schedule changes, new exposures to MMR and Hib vaccines, and stringent on-time compliance procedures. Denmark did not administer thimerosal-containing Rho D immunoglobulin during pregnancy.”¹³

- This is the pivotal study that CDC has relied on as “scientific evidence” of the innocence of thimerosal.

The foundation for CDC’s public assurances that “conclusive evidence” shows that vaccines, with or without mercury, are safe, relies on invalid, fraudulent studies.

The only in-depth critical analyses of the Madsen/ Thorsen Danish studies has been by vaccine safety advocacy groups,⁵⁸ independent scientists,⁵⁹ and alternative news sources:⁶⁰ But these valid critiques analyzing the methodology of the Danish studies did not make it into “high impact” journals where the Danish studies were published. The independent analyses were ignored by the medical establishment and by the media as well.

- By burying the criticism, this study not only “enjoyed a prolonged period of acceptance: It influenced the outcome of the IOM Immunization Safety Review Committee of February 9, 2004 and helped sabotage the MMR litigation in the United Kingdom.”⁵⁷

In 2014, a review by a group of independent scientists examined the six studies that CDC continues to cite as evidence in support of its claim, that there is “no relationship between thimerosal-containing vaccines and autism rates in children”, was published in *Biomed Research International*.⁶¹ Dr. Brian Hooker and colleagues identified more than [165 published studies](#) that refute CDC’s claim that thimerosal is safe.

- Of these 165 studies, 16 studies specifically examined the effects of Thimerosal on infants / children. Among the adverse effects, the studies documented following exposure to Thimerosal, include: one death, 4 allergic reactions, 5 malformations, 6 autoimmune reactions, 8 developmental delay, 9 neurodevelopmental disorders, including tics, speech delay, language delay, ADHD, and autism.

CDC’s childhood vaccination policy rests on the denial of the existence of evidence documenting safety hazards posed by the vaccines in the CDC Vaccination Schedule. CDC uses its influence with the gatekeepers of “high impact” medical journals, who reject scientific studies that contradict the sacrosanct vaccine safety mantra. Although a body of scientific studies documenting serious vaccine-related ill effects, has accumulated in the scientific literature, CDC and those “high impact” journal editors invoke their authority to declare: “*there is no evidence of a risk from thimerosal or MMR*”.

- **“A Foolish Faith In Authority Is The Worst Enemy Of The Truth”-- Albert Einstein**

This recourse to authority is an attitude also reminiscent of the American eugenics movement, when public health officials and academics at elite universities, embraced the pseudoscientific tenets of

eugenics, which were the basis for abhorrent discriminatory policies, including: forced sterilization policies that were launched in the USA.⁶²

- The internal CDC documents reveal that in addition to major methodological flaws and inconsistencies, CDC scientists and Danish scientists collaborated in outright fraud.
- Thorsen and his co-authors manipulated the results by excluding the largest outpatient clinic in Copenhagen – comprising 20% of autism cases in Denmark – from the pre-1992 cohort – thereby artificially inflating the autism incidence in Denmark after 1992 when thimerosal had been eliminated from children's vaccines.
- Furthermore, the authors of the *Pediatrics* (2003) article falsified their findings by omitting the 2001 data from their published report. The published report claims an astoundingly high (implausible) increase in the autism prevalence rate in Denmark after the phase-out and removal of thimerosal 1990 and 1999.
- This case reveals much about the corrupted vaccine literature. Indeed, the research community has not only failed to examine Thorsen / CDC research fraud, journal editors are knowingly facilitating fraudulent research articles to influence vaccination policies that put thousands of children at risk, depriving them of living normal lives.

The publicly accessible, internal CDC correspondence¹ allows anyone to trace the underhanded route that led to the publication of the Madsen/Thorsen/ et al report in the journal *Pediatrics* – after it was rejected by the *Lancet* and by *JAMA*.⁵⁷ A written communication between Dr. Thorsen and high ranking CDC official, Coleen Boyle (2003) reveals that when the paper was first submitted to *Pediatrics* with the 2001 data included; it was criticized by one peer-reviewer:

“The drop of incidence shown for the most recent years is perhaps the most dramatic feature of the figure, and is seen in the oldest age group as well as the youngest.” The reviewer questions the authors’ failure to discuss “the possibility that this decrease might have come about through elimination of [T]himerosal.”

The [internal CDC documents](#) further show that CDC brought pressure to bear on journal editors. Dr. Cordero, Assistant Surgeon General, National Center on Birth Defects & Developmental Disabilities used his influence to persuade Dr. Lucey to publish the Madsen / Thorsen study, “Thimerosal and the Occurrence of Autism”.



Dr. José Cordero NCBDD



Dr. Jerold Lucey Editor in Chief of *Pediatrics*

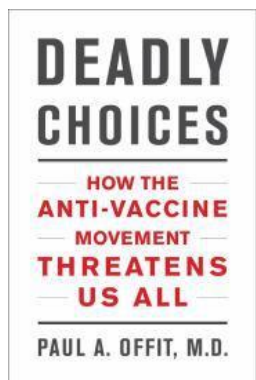
“I am writing in support of an expedited review and consideration of the enclosed manuscript... Specific aspects of vaccinations have been subject to inquiry includ[ing] the MMR vaccine and thimerosal...For thimerosal there are limited data...The Danish study is a powerful epidemiologic study ...a key strength of the study is the ability to examine rates of autism prior to and after the discontinuation of vaccines containing thimerosal in Denmark in 1992. Contrary to what would be expected if thimerosal was linked to autism, the authors did not observe a decline in the rate of autism with the removal of thimerosal...”

Its findings provide one strong piece of evidence that thimerosal is not causally linked to autism.”
[Exhibit V: Cordero letter to Lucey]

How is it that even as thousands of journal papers are retracted from the scientific record – *Retraction Watch* counted more than 14,000 retractions– some are retracted for spurious reasons, others provide no explanation – yet, deliberately manipulated, fraudulent reports that were crafted to conceal vaccine safety hazards, have never been removed from the scientific literature. In fact, they continue to influence public health policy inasmuch as they were published in “authoritative” “high impact” journals.

- In the case of the *Pediatrics* Madsen/Thorsen study, the editors knew that the authors had omitted the 2001 data from the final version.
- US public health officials not only failed to disavow the fugitive’s research, federal officials have continued to collaborate and to co-author papers with him.
- Dr. Thorsen continues to collaborate with the Eunice Kennedy Shriver National Institute of Child Health and Human Development Neonatal Research Network.
- Federal dollars continued to flow to studies in which he was or is involved.
- Thorsen is the named author of at least 19 reports following his fugitive status. The journals include: [Pediatric Neurology](#) (2016), [PLoS One](#) (2015), [Pediatric Research](#) (2014), [Journal of Autism Development](#) (2013), [PLoS One](#) (2013) ([NCBI](#) search)
- Both the HHS and DOJ continue to use his research as grounds to reject vaccine injury claims in the National Vaccine Injury Compensation.
- No retraction of the articles he was associated with during and subsequent to his 2004 to 2010 alleged criminal activities has occurred.
- The entire public health and the medical- scientific community has shielded itself behind a wall of silence, whenever hard evidence of vaccine research fraud has been uncovered. No mention of Thorsen’s criminal indictment, no mention of William Thompson’s confession about CDC malfeasance.

Public health officials and the news media are using fear and exaggeration about the risks of infectious disease in the U.S., as well as the risks posed by un-vaccinated children, which is pitting neighbor against neighbor and parent against parent. They use the classic divide and conquer strategy.



Dr. Paul Offit's response to Thorsen's indictment:

"even if the allegation against Thorsen is true, it does not mean his science is bad... Let's assume it is true that he embezzled money, the notion that it casts the science into question is false. For these big epidemiological studies, it is hard to believe that one person could effectively change the data." ([Philadelphia Inquirer](#), March 2010)

Dr. Offit is the director of the Vaccine Education Center at Children's Hospital of Philadelphia (CHOP). He is considered to be a leading authority, an ardent and outspoken vaccine defender/promoter. This dismissive statement about the criminal indictment of a lead principal CDC-commissioned epidemiologist, encapsulates the low regard that vaccinologists have for the integrity of vaccine science.

Of course, like most vaccine promoters, Dr. Offit's blatant conflicts of interest have enabled him to "vote himself rich".⁶³ He is quoted in [Newsweek](#) (2008) stating that the millions of dollars he made from the rotavirus vaccine patent: "was like winning the lottery."

I believe that even if the allegations of embezzlement are not true, the evidence is indisputable that the studies produced by Poul Thorsen, and published in premier medical journals, are fatally flawed. By altering the inclusion criteria the methodology was invalidated; the authors' failure to report crucial findings invalidated the conclusions and relegated the study to the ash heap of fraudulent junk science.

Furthermore, the following studies "were conducted and results published without legally - required ethics clearances."

- [A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism](#) was published by The New England Journal of Medicine (2002);
- [Validity of Childhood Autism in the Danish Psychiatric Central Register](#) (co-authored by CDC scientist Diana Schendel) was published in the Journal of Autism and Developmental Disorders (2010).

"CDC officials knew that the psychiatric registry records were reviewed without required permissions and they covered it up. In what are completely unethical acts by all involved, the team members went into damage control mode and decided that they likely could obtain permission for ongoing and future studies. They concluded that it would probably be impossible to get permission for research that was already finalized (and published). It is absurd that experienced federal grants management officials even discussed the idea of seeking a human

subject safety review retroactively. These are serious ethical violations. [sic] they shed light on the pervasive culture of corruption at the CDC.”⁶⁴

In January 2013, a [Congressional hearing](#) on autism⁶⁵ convened by the Government Oversight Committee.

Dr. Coleen Boyle



Dr. Alan Guttmacher



Dr. Coleen Boyle (had by then been promoted to) Director of the National Center on Birth Defects and Developmental Disabilities, and Dr. Alan Guttmacher, Director of the Eunice Kennedy Shriver Institute of the National Institute of Child Health & Human Development (NICHD) defended their agencies but provided no substantive information. Boyle and Guttmacher evaded pertinent questions. When asked about why the number of children with autism has surged, they testified that autism has no known cause or cure; their focus was statistical tracking and detection tools.

- When asked if CDC had sought constituent input?
 - Are there studies looking at the very aggressive way that we're over-vaccinating our children"?
 - Are you looking at the impacts of combinations of vaccines"?
 - Boyle responded, "*We know that vaccines save lives.*"
 - No response was given to the following questions:
 - What steps were taken to ensure the integrity of the studies in which Thorsen was involved?
 - Why did the FDA and HHS take thimerosal out of all children's vaccines except just the one or two or three, if there was no problem?
- Both Republicans and Democrats were exasperated by the evasive responses.
- Dr. Boyle acknowledged: "*We have not studied vaccinated versus unvaccinated [children]*".

Dr. Guttmacher could not give an example of an effective autism treatment resulting from the last 10 years in which the NIH had spent \$500 million dollars on autism research, When asked what treatments have been developed? Dr. Guttmacher responded that progress had been "elusive" due to lack of funding. He did not wish to respond to the question, why thimerosal was still used in multi-vial vaccinations?



Cong. Elijah Cummings

“I’m just sitting here, and I’m listening to all this. There’s something wrong with this picture. There’s something wrong... When you’ve got this combination of shots, and you go from 1 in 10,000 to 1 in 88, it seems to me somebody would say, wait a minute, let’s put the brakes on this, and at least let’s try to figure out whether the multiple-shot situation is causing this —

If I’m giving a baby nine shots in a day whether that—I mean, how much impact that’s having... you said there’s a body of evidence with regard to vaccines...

Mr. Chairman, I don’t know where we go from here... if we’re going to err, let’s err on the side of keeping children safe even if we have to [sic] do a pause and give one shot a day.”

Mark Blaxill, the author of *The Age of Autism* (2010), which documents that autism did not exist before the introduction of vaccines in the 1930s. Blaxill presented [testimony](#) on behalf of Safe Minds:

“Autism is a public health crisis of historic proportions. Autism is a public health crisis of historic proportions. Worse than poliomyelitis. It’s devastating a generation of children and their families. We need to face up to the reality Autism is a national emergency. Autism rates didn’t just rise, they multiplied. The old surveys didn’t just miss 99% of children with autism. It’s horrible but true; reported rates of autism have risen simply because there are more cases of autism.

In the midst of this crisis, the federal agencies responsible for the health of our nation’s children have failed in their duty. CDC’s negligence has led the way. Many believe CDC has actively covered up the evidence surrounding autism’s environmental causes.

NIH has received the lion’s share of Congressional funding, money they have wasted on status quo research and gene studies. It’s absurd to focus on genetic research in this crisis, there’s no such thing as a genetic epidemic.

In the financial world, the result of the pressure to manipulate numbers to provide the answers bosses want has a name - securities fraud...what CDC has given us is the medical equivalent of securities fraud. All to avoid the inconvenient reality of the autism epidemic.

In 2006, Congress gave the NIH a mission to “combat autism.” You authorized \$850 million for that mission... NIH spent most of that money on the great autism gene hunt while blackballing environmental researchers and defying parent concerns. It’s been a colossal waste of money

and time. Not a single case of autism has been prevented. Not a single child received improved treatments. We need to conduct independent research into the great unmentionables, mercury and vaccines, connections that we've documented in the earliest cases. We need accountable new leadership. Please root out the failures, the waste, the fraud, the negligence and the abuse of these agencies that aren't doing their jobs.” Blaxill's latest book, co-authored by Dan Olmsted is [*DENIAL: How Refusing to Face the Facts about Our Autism Epidemic Hurts Children, Families, and Our Future*](#) (2017)

Cong. Bill Posey made an announcement, and submitted new information for the Congressional Record: “I have information that the fugitive doctor had been involved in [sic] 21 of the 24 studies with CDC”.

Another Major Episode of CDC Fraud & Scientific Malfeasance Came to Light.



Dr. Thompson



Dr. Julie Gerberding

In 2014, Dr. William Thompson, the senior CDC epidemiologist who co-authored the 2004 study published in *Pediatrics*⁶⁶ blew the whistle and revealed that fraud had been committed by CDC authors (himself included) to conceal the higher risk of autism for African American baby boys who were vaccinated prior to 36 months and prior to 24 months of age. Beginning in 2013, in taped conversations with Dr. Brian Hooker, Dr. Thompson revealed how CDC destroyed evidence of the risk for autism. He provided primary documented evidence – a copy of data that had been deleted from the published article in the journal of the American Academy of Pediatrics, [Pediatrics](#) (2004).⁶⁷

“We hypothesized that if we found statistically significant effects at either the 18-month or 36-month threshold, we would conclude that vaccinating children early with the MMR vaccine could lead to autism-like characteristics or features.”

When CDC scientists did find a statistically significant causal relationship between MMR and autism in African American boys, according to Dr. Thompson's eyewitness account, CDC removed 260 black baby boys from the dataset and destroyed the data. The analysis in the published report in Pediatrics misrepresents the risk by having eliminated data from the dataset. That constitutes fraud.

Table 5: Race Interactions for Total Sample

Sample	Cases	Variable	Matched Analyses						Unmatched Analyses					
			All Subjects			White Model			Black Model			Other Model		
			OR	L95CI	U95CI	OR	L95CI	U95CI	OR	L95CI	U95CI	OR	L95CI	U95CI
Total	596	MMR < 18	1.14	0.92	1.40	0.96	0.71	1.29	1.23	0.91	1.67	1.41	0.63	3.13
		MMR < 36	1.61	1.10	2.34	0.89	0.52	1.52	2.25	1.25	4.03	1.97	0.64	6.09
	MMR Categories	0 - 11 mo	1.16	0.51	2.65	1.08	0.37	3.16	1.42	0.36	5.59	NA	NA	NA
		12 - 15 mo	1.74	1.18	2.56	0.99	0.58	1.70	2.17	1.18	4.00	2.33	0.72	7.57
		16 - 18 mo	1.42	0.94	2.15	0.69	0.39	1.24	2.68	1.43	5.05	1.71	0.46	6.35
		19 - 23 mo	1.55	0.96	2.49	0.83	0.41	1.67	2.02	1.00	4.10	3.00	0.63	14.17
		24 - 35 mo	1.61	0.97	2.68	0.96	0.46	2.08	2.03	0.99	4.14	1.11	0.11	11.43
		36+ mo	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	Stratified	222 MMR < 18	1.12	0.78	1.61	1.01	0.67	1.52	1.35	0.77	2.36	NA	NA	NA
		MMR < 36	2.48	1.16	5.31	1.26	0.55	2.84	3.85	0.92	16.09	NA	NA	NA
		MMR Categories 0 - 11 mo	1.01	0.19	5.43	0.51	0.05	4.46	3.30	0.28	39.16	NA	NA	NA

Dr. Thompson stated that he wrote a letter alerting Dr. Julie Gerberding to the findings and suggested that the Institute of Medicine safety review committee should be informed of the risk, prior to its consequential February 2004 meeting. Dr. Thompson was reprimanded for contacting Dr. Gerberding and was put on administrative leave. He was threatened with being fired. In his taped conversation with Dr. Hooker – which was central in the film Vaxxed – he expressed shock by his own action:⁶⁷

- Dr. Hooker re-analyzed the complete CDC dataset in 2014, including the data that had been omitted from the published study in [Pediatrics](#) (2004). It showed statistically significant adverse effects at both 24 months and 36 months (RR 3.36, 95% CI 1.50-7.51, p = 0.0019). The higher relative risk of autism for African American infant boys, vaccinated with MMR prior to 36 months, was (330%) compared to other babies. His re-analysis was published online by Translational Neurodegeneration on August 8, 2014:⁶⁸



“The present study provides new epidemiologic evidence showing that African American males receiving the MMR vaccine prior to 24 months of age or 36 months of age are more likely to receive an autism diagnosis. The results show a strong relationship between child age at the administration of the first MMR and autism incidence exclusively for African American boys which could indicate a role of the vaccine in the etiology of autism within this population group. The particular analysis was not completed in the original Destefano et al (CDC) study... the CDC study limited the total African American cohort to include only those individuals who possessed a valid State of Georgia birth certificate which decreased the statistical power of their analysis.”

However, Dr. Hooker's article came under attack; pressure from the shadowy cyber enforcement squads,⁶⁹ that act as a police force to suppress every independent vaccine study that challenges the mantra: "there is no link to autism... vaccines are safe and effective". [See, Appendix 10]

On August 27, the journal removed the article stating: "*This article has been removed from the public domain because of serious concerns about the validity of its conclusions. The journal and publisher believe that its continued availability may not be in the public interest*". No specific fault or mistake was cited.⁷⁰ That same day, Dr. Thompson acknowledged the following in a [statement](#) issued by his lawyer:

"I regret that my co-authors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism. Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed."

"My concern has been the decision to omit relevant findings in a particular study for a particular sub group for a particular vaccine. There have always been recognized risks for vaccination and I believe it is the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines. I have had many discussions with Dr. Brian Hooker over the last 10 months regarding studies the CDC has carried out regarding vaccines and neurodevelopmental outcomes, including autism spectrum disorders. I share his belief that CDC decision-making and analyses should be transparent."

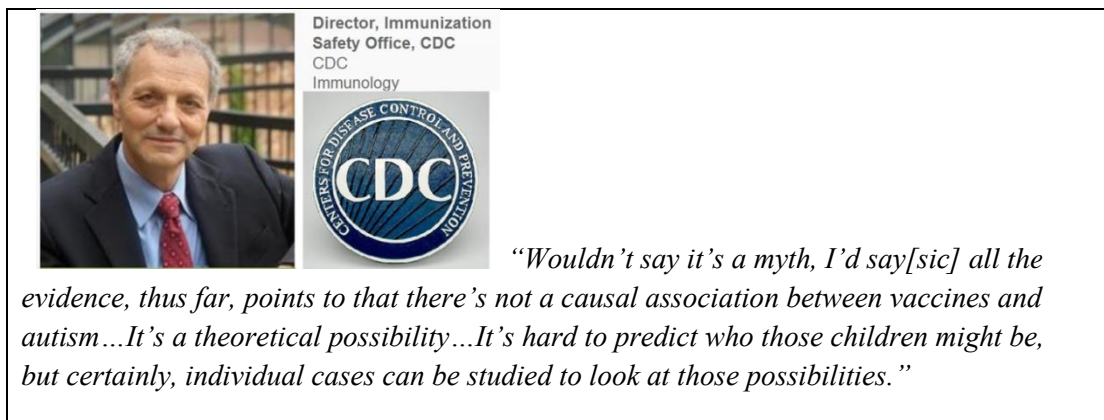
Dr. Thompson then forwarded the documents to a U.S. Congressman William Posey who has repeatedly requested a congressional investigation.⁷¹



"Mr. Speaker, I believe it is our duty to insure that the documents that Dr. Thompson are not ignored. Therefore I will provide them to members of Congress and the House Committees upon request. Considering the nature of the whistleblower's documents as well as the involvement of the CDC, a hearing and a thorough investigation is warranted. "So I ask, Mr. Speaker, I beg, I implore my colleagues on the appropriations committees to please, please take such action."

On August 26, 2014, Sharyl Attkisson, an investigative journalist who earned numerous awards as CBS science correspondent (1993-2014), conducted taped telephone interviews with Dr. Frank DeStefano,⁷² Director of CDC Immunization Safety, who co-authored the Pediatrics (2004) study. Dr. DeStefano confirmed the verity of the confessions of CDC whistleblower, Dr. William Thompson about the omission from the published Pediatrics report, of children in the dataset, for whom there were no birth

certificates [here](#). In a telephone interview, DeStefano defended the study and reiterated the commonly accepted position that there's [no "causal" link between vaccines and autism](#). But he acknowledged the prospect that vaccines might rarely trigger autism.



Attkisson writes ["They're not even trying"](#). A CDC spokesman told me that:

"the agency is not currently investigating the relation between vaccines and autism spectrum disorders (ASD). Further, CDC does not have any planned research addressing vaccines and autism. CDC believes that this topic has been thoroughly studied and no causal links have been found. Current CDC ASD related research focuses on determining how many people have ASD and understanding [other, not vaccine-related] risk factors and causes for ASD".⁷³

When Dr. Thompson attempted to leave, CDC gave him a \$24,000 bonus – a retention fee.⁷⁴

Apparently, CDC continues to employ Dr. Thompson, because they feel more secure with him as an agency employee, enabling them to scrutinize his activities. Clearly, they feared his being outside the agency, which would risk that he might disclose additional CDC secrets.

CDC Continues to Conceal the Authentic Verstraeten 1999 VSD Study Findings.

When a request was filed with CDC to provide Dr. Verstraeten's original dataset for independent analysis, CDC officials claimed the data were "lost."⁷⁵ Even after approval was granted, Dr. Mark Geier was blocked from gaining access to CDC's Vaccine Safety Dataset which is the data CDC relied upon for its study published Pediatrics.⁵⁵ CDC continues to disseminate false reassurances in its ["Science Summary Fact Sheet"](#) claiming: "The evidence is clear: thimerosal is not a toxin in vaccines... there is no relationship between thimerosal-containing vaccines and autism in children." As its "evidence", CDC cites the Danish studies.

In January 2017, the President and Executive Vice President of the American Academy of Pediatrics issued a [press release](#) in opposition to a federal vaccine commission on immunizations.



Fernando Stein, MD, FAAP and Karen Remley, MD, MBA, MPH,

FAAP asserted that we already know that: “*vaccines are safe. Vaccines are effective. Vaccines save lives*”, therefore, AAP declared that there is no need for further examination of vaccine safety:

- Vaccines prevent forms of cancer.
- Claims that vaccines are linked to autism have been disproven by a robust body of medical literature.
- Claims that vaccines are unsafe when administered according to the [CDC’s] recommended schedule have likewise been disproven by a robust body of medical literature”.

However, when asked to provide citations to any peer-reviewed study that supports AAP’s claim that “vaccines prevent forms of cancer” or to cite the “robust body of medical literature” that supports its claims, the AAP declined, with a “no comment” response. ([Immunization News](#), 2017)

Multiple Industry- Saturated Collaborating Partners Set the Agenda for Vaccination Policies

[European Commission boosts vaccine research with £30 Million project: ADITEC](#)

“Advanced Immunization Technologies will accelerate the development of novel and powerful immunization technologies for the next generation of human vaccines. €30 Million of European Commission co-funding will enable ADITEC to establish a strong platform for innovation in a key area [of] human health.

A consortium of scientists from 42 research and industry bodies in 13 countries will work together on the project, which will work on a wide range of crucial aspects of vaccination; from basic research and new technologies to clinical trials and public health. The support for this project underlines the importance of the vaccine sector in effective healthcare, and gives a boost in a key innovation area for the European health industry.” (News Alert: Brussels, September 2011)

[Accelerated development of vaccine benefit-risk collaboration in Europe \(ADVANCE\)](#) (2013)

“Vaccines are one of the most effective public health measures...Immunisation prevents two to three million deaths worldwide every year from diseases such as diphtheria, tetanus, pertussis (whooping cough) and measles. In Europe, one of the greatest barriers to the wider uptake of immunisation is distrust, among some sections of the public, of immunisation programmes. This

is due largely to fears surrounding vaccine safety...resulting in outbreaks of vaccine-preventable infectious diseases that had almost disappeared.

[ADVANCE brings [] together the European Centre for Disease Prevention and Control and the European Medicines Agency, as well as national public health and regulatory bodies, vaccine manufacturers and academic experts, the ADVANCE project will develop and test methods and guidelines in order to pave the way for a framework capable of rapidly delivering reliable data on the benefits and risks of vaccines that are on the market.]



The UK Joint Committee on Vaccination and Immunisation (JCVI) chaired by Professor Andrew Pollard, has recommended that the UK switch to hexavalent vaccines for babies. This recommendation disregards the risks for babies – including the risk of sudden infant deaths that have been linked to multi-valent vaccines, [see Appendix 8] Prof. Pollard is Director of the Oxford Vaccine Group, noted for its active role in vaccine development and testing on behalf of industry. He is also a Trustee of the Jenner Vaccine Foundation. Dr. Norman Begg, Vice-President and Chief Medical Officer of GSK Biologicals, the manufacturer of Infanrix Hexa, is also a Trustee of the Jenner Foundation.



Prof. David Salisbury



Norman Begg

The common thread and longstanding intertwined connections that bind vaccine stakeholders is demonstrable in the case of Dr. David Salisbury, former Director of Immunisation at the Department of Health, who was the chief architect of the UK children's vaccination program from 1986 to 2013, was a leading promoter of Pluserix in 1988. In 2013, Dr. Salisbury chaired the panel that appointed Prof. Pollard to chair the JCVI. He then left to become chair of the Jenner Vaccine Foundation on which he sits with Prof. Pollard and Dr. Norman Begg – GSK Chief, Scientific Affairs and Public Health. He is President of the International Association of Immunization Managers (IAIM).

(Read more, [Not published in the British Medical Journal: the dangers and conflicts of Infanrix Hexa](#), 2017)

A Concerted Push For Compulsory Childhood Vaccination Is Fueled By Fear-Mongering

A headline in *The Guardian* (July 2017) announced [Small Decline In MMR Vaccination Rates Could Have Dramatic Effect, Experts Warn](#). It went on to declare: a 5% drop in measles, mumps and rubella vaccinations could cause a threefold increase of measles cases, costing the public sector millions, US study shows.” The article quotes Professor Andrew Pollard, Director of the Oxford Vaccine Group and Chair of the JCVI who stated:

“Immunisation is something that many people think of as personal, but it is actually part of being in a society.” A similar view was expressed by BMJ Editor-in-chief Dr. Fiona Godlee in a recent BBC interview (2017)⁷⁶ when she invoked *“the need for herding as opposed to individual choice”*.

- The Supreme Court has ruled (2011) that vaccines are “unavoidably unsafe”.⁷⁷ The US [National Vaccine Injury Program](#) has adjudicated 5,581 vaccine-caused injuries – including 1,234 claims for vaccine-related deaths from vaccines recommended by CDC’s Childhood Vaccination Schedule, and plaintiffs received compensation. [See Appendix 4]
- If, as the Supreme Court determined, that vaccines are “unavoidably unsafe”, it is morally abhorrent to coerce parents who are rightly concerned about exposing their babies and young children to possible serious adverse effects – including deaths.

The CDC vaccination schedule is particularly aggressive compared to all other national policies. The [CDC 2017 schedule](#)⁷⁸ requires U.S. children – from birth to age 6 – to receive 50 doses of 14 vaccines. Infants in the US are exposed from birth to age 2, to 24 vaccine doses, combining 8-in-1 vaccines to be given to infants 2, 4, and 6 months in a single visit. Babies receive 36 vaccine doses before they are 18 months old. The schedule includes vaccines against diseases that rarely occur in developed nations.

Notwithstanding CDC assurances to doctors and the public that these combinations are perfectly safe, none of the combinations in the CDC childhood vaccination schedule have ever undergone proper safety studies -- as was acknowledged by [the Institute of Medicine Report](#) (2013):⁷⁹

*“key elements of the entire schedule—the number, frequency, timing, order, and age at administration of vaccines—**have not been systematically examined** in research studies... to consider whether and how to study the safety and health outcomes of the entire childhood immunization schedule, the field needs valid and accepted metrics of the entire schedule [sic] and clearer definitions of health outcomes linked to stakeholder concerns (the “outcomes”) in rigorous research that will ensure validity and generalizability. ”[Highlight added]*

What’s more, a report by CDC and the National Institute for Occupational Safety and Health, [Mixed Exposures Research Agenda](#) (2014) acknowledges that:

“Mixed exposures may produce acute or chronic effects or a combination of acute and chronic effects, with or without latency. Other exposures in combination with certain stressors may produce increased or unexpected deleterious health effects... exposures to mixed stressors can produce health consequences that are additive, synergistic, antagonistic, or can potentiate the response expected from individual component exposures.”

- **If mixed environmental exposures to toxins pose serious risks to adults, how can CDC claim that the mixture of toxins injected into infants pose no risk?**

The truth is that CDC's childhood vaccination schedule was configured to promote industry's financial interest in maximizing vaccination utilization without regard for the harm caused. CDC's recommendations violate medicine's foremost precautionary principle "First, do no harm."

- The evidence of infants being harmed following administration of multiple vaccines has been uncovered in CDC documents.
- The following CDC acknowledgment of the possible lifelong debilitating brain damage following vaccination with the CDC-recommended DTaP (diphtheria, tetanus, pertussis) should give pause. It appears on CDC's otherwise upbeat website assurances about the safety of all vaccines.

- **Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.**
- **Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.**
- **Several severe problems have been reported after a child gets MMR vaccine, and might also happen after MMRV. These include severe allergic reactions and problems such as:**

Deafness

Long-term seizures, coma, or lowered consciousness

Permanent brain damage

[\[https://www.cdc.gov/vaccines/vac-gen/side-effects.htm#hib\]](https://www.cdc.gov/vaccines/vac-gen/side-effects.htm#hib)

- However, public health, and medical "authorities" who pretend that no evidence of harm due to vaccines exists; they continue to deceive the public with reassuring propaganda.
- The media continues to disseminate "fake news" about the life-saving attributes and safety of all vaccines; promotional campaigns push the flu vaccine,
- the HPV vaccine, and the ever inflated CDC childhood vaccination schedule.

The [National Vaccine Injury Compensation Program](#)⁸⁰ was created in 1988 because there were so many injuries and lawsuits against manufacturers. Congress absolved vaccine manufacturers of all liability and created the NVICP to compensate vaccine injured children.

- Since its inception, the NVICP received 1,234 claims for vaccine-related deaths; of these 696 deaths were linked to the DTP vaccine, 127 deaths to the flu vaccine, 81 deaths were attributed to the DTaP, and 61 deaths were linked to the MMR.



From January -- October, 2017-- VICP compensation paid: \$252,510,932.78
Total amount paid since 1988: \$3,488,760,578.73

The Drumbeat Toward Mandatory Vaccination, A Most Sinister Public Policy Direction

It is especially troubling to note the sinister direction that our “democracies” are headed towards. The position of both Professor Pollard and Dr. Godlee are antithetical to the moral stand articulated by Dr. Hamish Meldrum, the chairman of the British Medical Association, who in 2008 called proposals for compulsory vaccination “a Stalinist approach.” He stated that forcing parents to vaccinate their children, eliminating free choice was “morally and ethically dubious.”⁸¹

Currently, government regulators in Italy, France, Germany, Poland and Australia have embarked on an aggressive drive to eliminate parental choice by adopting mandatory vaccination policies. A case involving compulsory vaccination was filed with the European Court by the [European Centre for Law & Justice](#).⁸²

It would appear that those in positions of influence in academia and journalism /media, and those in positions of authority in government, have learned nothing from 20th century history of coercive public health policies – forced sterilization, forced abortions – that were enacted across Europe and the US, ostensibly for “the greater good”.

- Have we learned nothing about the debasement of medicine by the willing participation of medical doctors from elite universities, who formulated and implemented the [medicalized mass murder of disabled children?](#)
- It was doctors who declared those children to be “unfit” to live.
- “Aktion T4 could not have happened without the willing participation of German doctors”.
- That history cannot be erased from memory or from the historical record.⁸³
(Read: [The Nazis’ First Victims Were the Disabled](#), New York Times, Sept. 13, 2017)

¹ [Documents from US CDC FOIA Requests](#): Copies were obtained in 2011 under the Freedom of Information Act by a group called CoMED Inc. However, CDC refused to release a stream of emails sent by Dr. Robert Chen, head of National Immunization Program (NIP) claiming that he did not retain them.

² Criminal Conduct – Poul Thorsen, [Documents obtained under FOIA by The World Mercury Project](#) (2017); [Poul Thorsen Fugitive Researcher](#), Beth Clay for The World Mercury Project, Update August 2017; [World Mercury Project: Criminal Conduct –Poul Thorsen](#); [Exhibits 12-23: Thorsen's Research with the CDC/Lack of IRB Approvals](#); [Exhibits 24-34: Internal CDC E-mails/The Fraud is Discovered/Thorsen Resigns](#); [Exhibit – Evidence of Misconduct in Danish-CDC Collaboration](#) (Mismanagement & Intentional Collusion by CDC Staff with Principal Investigator Poul Thorsen)

³ Poul Thorsen was commissioned by the CDC as the principal investigator of a series of Danish epidemiological studies upon which CDC relies when claiming that neither vaccines laced with Thimerosal (ethylmercury), nor the MMR are contributing risk factors for autism. [Poul Thorsen Fugitive Researcher](#), by Beth Clay; [Exhibits 12-23: Thorsen's Research with the CDC/Lack of IRB Approvals](#); [Exhibits 1011: The Indictment](#), The World Mercury Project, Update August 2017

⁴ Federal Register; Docket No. 75N-0183; “Mercury-Containing Drug Products for Topical Antimicrobial Over-the-Counter Human Use,” January 5, 1982, cited by The World Mercury Project, [Review of Thimerosal](#), 2017.

⁵ Quoted by James Ottar Grundvig, [Master Manipulator: The Explosive True Story of Fraud, Embezzlement, and Government Betrayal](#), 2016

⁶ The memo was uncovered in the course of litigation, and was publicly disclosed by Myron Levin of the [Los Angeles Times](#) in 2005

⁷ Federal Register; Docket Nos. 75N-183F, 75N-183D, and 80N-0280; “Status of Certain Additional Over-the-Counter Drug Category II and III Active Ingredients –Final Rule,” October 19, 1998, cited by WMP note 8.

⁸ “[The Introduction Of Diphtheria-Tetanus-Pertussis And Oral Polio Vaccine Among Young Infants In An Urban African Community: A Natural Experiment](#),” [EBioMedicine](#), 2017

Søren Wengel Mogensen, Andreas Andersen, Amabelia Rodrigues, Christine S Benn, Peter Aaby

⁹ [Transcript Scientific Review of Vaccine Safety Datalink Information](#) presented at Epidemic Intelligence Service meeting, Simpsonwood Retreat Center in Georgia, June 7-8, 2000, includes list of attendees; CDC and FDA officials and vaccine industry representatives. This was the first official meeting of the ACIP (Advisory Committee on Immunization Practices) working group, which sets CDC policy. A highlighted annotated (legible) copy of excerpts from the 260 p. transcript is available on the website of the American Association of Physicians and Surgeons [here](#).

¹⁰ ACSH was created with backing of the American Chemical Association. Its hidden corporate sponsors are revealed: “Many recent documents confirm that ACSH actively solicits funding from corporations on specific issues -- anti-[GMO](#) labeling, for example -- that benefit from it taking positions favorable to those corporations.” [Source Watch](#) reveals a long list of ACSH corporate sponsors. The Center for Science in the Public Interest called ACSH a group that promotes “[Voodoo Science, Twisted Consumerism](#)”

¹¹ [Abating Mercury Exposure in Young Children Should Include Thimerosal-Free Vaccines](#), José Dórea, Neurochemical Research, 2017. The review compares medical outcomes of children exposed to thimerosal-containing vaccines with children who received thimerosal-free vaccines.

¹² [Exhibit – Evidence of Misconduct in Danish-CDC Collaboration](#) (Mismanagement & Intentional Collusion by CDC Staff with Principal Investigator Poul Thorsen) , World Mercury Project, 2017

¹³ [Danish Thimerosal-Autism Study in Pediatrics: Misleading and Uninformative on Autism-Mercury Link](#) by Mark Blaxill, Director, Safe Minds, 2003

¹⁴ [An Investigation Of The Association Between MMR Vaccination And Autism In Denmark](#), GS Goldman, PhD and FE Yazbak, MD, Journal of the Association of Physicians & Surgeons, 2004

¹⁵ Internal CDC emails: [Poul Thorsen Fugitive Researcher](#) Report updated by Beth Clay for The World Mercury Project, August 2017; [World Mercury Project: Criminal Conduct –Poul Thorsen](#); Exhibits 10-11: [The Indictment](#); Exhibits 12-23: [Thorsen's Research with the CDC/Lack of IRB Approvals](#); Exhibits 24-34: [The Fraud is Discovered/Thorsen Resigns](#); Exhibit 43: [Schendel Reprimand for Improper Conduct May 2009](#); Exhibit – [Evidence of Misconduct in Danish-CDC Collaboration](#) (Mismanagement & Intentional Collusion by CDC Staff with Principal Investigator Poul Thorsen)

- ¹⁶ U.S. States Attorneys Office, No. Dist of Georgia. Autism Researcher Indicted for Stealing Grant Money, April 2011 (p. 37); the file includes internal email correspondence (2009) between CDC-commissioned Danish scientists and CDC officials: Coleen Boyle, Director, Division of Birth Defects & Dev. Disabilities; Marshalyn Yeargin-Allsopp, Medical Epidemiologist, Chief, Def. Disabilities Branch; Diana Schendel, Lead Epidemiological Team; Kim Van Naarden Braun, Lead, Surveillance Team; Joanne Wojcik, Public Health Analyst.
- ¹⁷ Infanrix hexa, [Confidential Report to Regulatory Authorities](#) (the European Medicines Authority), GlaxoSmithKline 1271 pp. report: December 2011/ The report documents infant deaths (Oct. 2009 to Oct 2011). The report and the deaths were concealed from the public until an Italian court ordered it to be disclosed in 2014.
- ¹⁸ [Thimerosal in Vaccines: A Joint Statement of the American Academy of Pediatrics and the Public Health Service](#), MMWR Morbidity & Mortality Weekly, 1999
- ¹⁹ [Immunization Safety Review: TCVs and Neurodevelopmental Disorders](#), IOM, 2001
- ²⁰ [FOIA Evidence Exposes CDC Lies – Mercury in Vaccines IS Associated with Autism](#), Brian Hooker, PhD, 2012 (reproduces emails)
- ²¹ [Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal](#), Thomas Burbacher, Danny Shen, Noelle Liberato, Kimberly Grant, Elsa Cernichiari, Thomas Clarkson, *Environmental Health Perspectives*, 2005
- ²² Scientific Papers Showing Linking Thimerosal Exposure to Autism, Brian S. Hooker, Ph.D., P.E. April 6, 2015
- ²³ Misleading Mercury -exposure Comparisons: Thimerosal-preserved Flu Shot Versus the Eating of Tuna Fish, Paul King, PhD, 2009
- ²⁴ [The Disposal of Hazardous Pharmaceutical Waste FAQs](#), Ohio Environmental Protection Agency, April 2017
- ²⁵ [CDC: Flu Vaccine Recommendations Broaden for Pregnant Women and Children](#), Pediatric News, Aug. 2017
- ²⁶ [Thimerosal: Clinical, Epidemiologic and Biochemical Studies](#), David Geier, Paul King, Brian Hooker, José Dórea, Janet Kern, Lisa Sykes, Mark Geier, *Clinica Chimica Acta*, 2015
- ²⁷ [Analysis And Critique of the CDC's Handling of the Thimerosal Exposure Assessment Based On Vaccine Safety Datalink \(VSD\) Information](#), Safe Minds October 2003; In May 2004, the US Office of Special Counsel sent [a letter urging Congressional action](#) Special Counsel Scott Bloch's letter to the Chairman of the Senate Health, Education, Labor and Pensions, urged action to ensure that: “vaccines containing mercury, a known potent neurotoxin, have undergone sufficient, reliable scientific review definitively answering the legitimate medical questions, such as whether there is any medically necessary reason for including mercury in vaccines given to children. Furthermore, parents [] should know that they can request mercury-free vaccine...” He underscored that: “some datasets showing a relationship between thimerosal/mercury and neurological disorders no longer exist...independent researchers have been arbitrarily denied access...Due to heightened concern that additional datasets may be destroyed, citizens urge the immediate safeguarding of the Vaccine Safety Datalink database, and other relevant CDC information.”
- ²⁸ US District Court of Texas, Eastern District; Case #5:03-CV-141.
- ²⁹ [Safety Of Thimerosal-Containing Vaccines: A Two-Phased Study Of Computerized Health Maintenance Organization Databases](#), Verstraeten T, Davis RL, DeStefano F, Lieu TA, Rhodes PH, Black SB, Shinefield H, Chen RT; Vaccine Safety Datalink Team et al. *Pediatrics*. 2003; [Association Between Thimerosal-Containing Vaccine and Autism](#), Anders Hviid, Michael Stellfeld, MD; Jan Wohlfahrt, *JAMA*, 2003; [Thimerosal and the Occurrence of Autism: Negative Ecological Evidence From Danish Population-Based Data](#), Madsen KM, Lauritsen, MB, Pedersen CB, **Thorsen P**, Plesner AM, Andersen PH and Mortensen PB, *Pediatrics*, 2003
- ³⁰ [Thimerosal Exposure In Infants And Developmental Disorders: A Retrospective Cohort Study In The United Kingdom Does Not Support A Causal Association](#), Andrews N, Miller E, Grant A, Stowe, Osborn V, Taylor B, *Pediatrics*, 2004;
- ³¹ [Neurotoxic Effects Of Postnatal Thimerosal Are Mouse Strain Dependent](#), M Hornig, D Chian, WI Lipkin, *Molecular Psychiatry*, 2004; [Neurotoxicity is Associated with Glutathione Depletion: Protection with Glutathione Precursors](#), William Slikker III, Stepan Melnyk, Elizabeth New, Marta Pogribna, Stefanie Jernigan, *Neurotoxicology*, 2005; [Activation Of Methionine Synthase By Insulin-Like Growth Factor-1 And Dopamine: A Target For Neurodevelopmental Toxins and Thimerosal](#), M Waly, H Olteanu, R Banerjee, S-W Choi, JB Mason, BS Parker, S Sukumar, S Shim, A Sharma, JM Benzecry, V-A Power-Charnitsky, RC Deth, *Molecular Psychiatry*, 2004; [National Autism Prevalence Trends From United States Special Education Data](#), Craig J. Newschaffer, Matthew D. Falb and James G. Gurney, *Pediatrics*, 2005; [Large Brains in Autism: The Challenge of Pervasive Abnormality](#), Martha Herbert, *Neuroscientist*, 2005; [Comparison of Blood and Brain Mercury Levels in Infant Monkeys Exposed to Methylmercury or Vaccines Containing Thimerosal](#), Thomas M. Burbacher, Danny D. Shen,

Noelle Liberato, Kimberly S. Grant, Elsa Cernichiari, and Thomas Clarkson, Environmental Health Perspectives published by the National Institute of Environmental Health Sciences, NIH), 2005;

³² Dr. Chen is Associate Editor of the most influential journal, *Vaccine*. “a leader in research of the epidemiology of vaccines...He helped create the vaccine safety infrastructure needed to meet the “post-modern” challenges of mature immunization programs where adverse events are more prominent than the nearly eliminated target VPDs, including the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD) Project, the Clinical Immunization Safety Assessment (CISA) Network, and the Brighton Collaboration.” [Elsevier website](#)

³³ [“Real Or Perceived Adverse Effects Of Vaccines And The Media - A Tale Of Our Times”](#), Tom Jefferson, BMJ Journal of Epidemiology and Community Health Online, June 2000

³⁴ [“The Bill and Melinda Gates Foundation funds the Guardian’s *global development site*”](#). [The Guardian Sets Up a Nonprofit to Support Its Journalism](#) By Amie Tsang, *The New York Times*, Aug. 28, 2017;

³⁵ [Bill Gates’ Silver-Bullet Misfiring at the Mandela Memorial Lecture](#), Patrick Bond, *CounterPunch*, 2016.

Professor Bond (University of Witwatersrand, Johannesburg, SA) had been in Nelson Mandela’s new South African government. He authored more than a dozen policy papers. Prof. Bond reveals that Bill Gates is said to be worth \$80 billion today.

³⁶ [The Real Agenda of the Gates Foundation](#), Aspects of India’s Economy, Research Unit for Political Economy (RUPE), May 2014, see notes: [47](#), [48](#), [49](#), [50](#), [51](#), [52](#). Read also, [The Dark Underbelly of India’s Clinical Trial Business—in LiveMint & The Wall Street Journal](#), October 10-11, 2012; [India Supreme Court Orders End to Illegal Clinical Trials](#), AHRP, 2013

³⁷ [Adverse Events After Immunisation With Aluminium-Containing DTP Vaccines: Systematic Review of the Evidence](#), Tom Jefferson, Melainie Rudin, and Carlo Di Pietranton, *The Lancet*, 2004

³⁸ [Aluminum vaccine adjuvants: are they safe?](#) L Tomljenovic and CA Shaw, *Current Medicinal Chemistry*, 2011

³⁹ As per John Stone, [Age of Autism](#), Nov. 2016: “the [Vaccine Confidence Project](#) which has as its [partners](#): Brighton Collaboration; CDC; Chatham House; Bill and Melinda Gates Foundation; GAVI Alliance; Health Map; Imperial College, London; The Inclen Trust; Institute for Child Health, Nigeria; International Pediatric Association; International Vaccine Institute; National Centre for Immunisation, Research Surveillance; National Network for Immunization Information; ProMed Mail; Public Health Foundation of India; Sabin Vaccine Institute; UNICEF; Vaccines for Africa; WHO. It is funded by [The Bill and Melinda Gates Foundation](#).”

“Also at LSHTM is the chair of the UK Joint Committee on Vaccination and Immunisation (JCVI), [Prof Andrew Hall](#), which was granted [dictatorial powers](#) over the vaccine program by the English Parliament in 2009, although they did remove mercury from the UK vaccine schedule in 2004”.

⁴⁰ [HPV Vaccination in Japan: The Continuing Debate and Global Impacts](#), Rose Wilson, Pauline Paterson, Jeremy Chiu, William Schulz, Heidi Larson. A Report of the CSIS Global Health Policy Center, April, 2015

⁴¹ [Ethical and Legal Challenges of Vaccines and Vaccination](#) Lessons learnt in Japan from adverse reactions to the HPV vaccine: a medical ethics perspective by Hirokuni Beppu, Masumi Minaguchi, Kiyoshi Uchide, Kunihiro Kumamoto, Masato Sekiguchi, Yukari Yaj, *Indian Journal of Medical Ethics*, 2017

⁴² Norma Erickson of Sane Vax asks: [Have HPV vaccines caused a global epidemic of psychosomatic disorders?](#) She notes that “Mass hysteria, conversion disorder, psychogenic illness, Munchausen by proxy, fabricated illness – all are terms familiar to those who experience new medical conditions after using the HPV vaccines, Gardasil and Cervarix. Countless people have been told that their new and mysterious symptoms are psychosomatic.”

⁴³ Scientific/Medical Evidence Presented:

- Dr. Sin Hang Lee – [HPV L-1 Gene DNA in Gardasil and Its Potential Effects](#)
- Dr. Jerome Authier – [Biopersistence and Neuro migration of Particles after Intramuscular Injection – Impact of long-term safety of aluminum adjuvants](#)
- Lucija Tomljenovic, PhD – [Three Deaths Following Human Papillomavirus \(HPV\) Vaccination: Coincidence?](#)
- Dr. Mirna Hajjar – [A 16-Year-Old Girl With Bilateral Visual Loss and Left Hemiparesis Following an Immunization Against Human Papilloma Virus](#) – case report

⁴⁴ [Detection Of Human Papillomavirus L1 Gene DNA Fragments In Postmortem Blood And Spleen After Gardasil® Vaccination—A Case Report](#) by Sin Hang Lee, *Advances in Bioscience and Biotechnology*, 2012; [WHO: Accusations of Misconduct Over HPV Vaccine Safety Inquiry January 15, 2016](#) by [Thinking Moms’ Revolution](#)

⁴⁵ [Video Q&A: what is ASIA? An interview with Yehuda Shoenfeld](#), *BioMedCentral*, 2013

⁴⁶ [Behavioral Abnormalities In Young Female Mice Following Administration Of Aluminum Adjuvants And The Human Papillomavirus \(HPV\) Vaccine Gardasil](#), RotemInbar Ronen Weiss, LucijaTomljenovic Maria-

Teresa Arango, Joab Chapman, Yehuda Shoenfeld, *Vaccine*, Jan. 2016; [UBC Researcher Defends Gardasil Vaccine Study After It Gets Pulled](#), *Toronto Metro News*, 2015; [Did Two Medical Journals Just Blacklist Gardasil Research Showing Dangers of the Vaccine?](#) Jefferey Jaxen, *Health Impact News*, 2016

⁴⁷ As reported by Health Impact News, “Dr. Poland [has conducted four studies to date](#) with direct affiliation to Merck. One such study was the pro-HPV trial from 2005 published in [Mayo Clinic Proceedings](#) titled Immunogenicity And Reactogenicity Of A Novel Vaccine For Human Papillomavirus 16: A 2-year Randomized Controlled Clinical Trial. Dr. Poland’s 2005 study was published one year before the approval of Gardasil by the FDA in 2006. In addition, Dr. Poland [acted as a Safety Monitor](#) for two other clinical trials of HPV vaccines funded by Merck Research Laboratories”. “The [Editor-in-Chief of the Journal of Neuroimmunology](#), the first journal to withhold and then reject the Gardasil HPV study, is Dr. Michael Racke. [According to the American Academy of Neurology](#): “Dr. Racke has received personal compensation for activities with EMD Serono, Novartis, Roche Diagnostics Corporation, Genentech, and Amarantus as a consultant.” EMD Serono, Inc. is a [subsidiary of Merck KGaA](#), Darmstadt, Germany.”

⁴⁸ They attacked Dr. Christopher Shaw and Dr. Lucija Tomljenovic from the University of British Columbia] with insidious disparaging characterizations such as: “*known for producing dubious scientific studies in the service of antivaccine pseudoscience... his might not be just bad science. It might be fraudulent science*” The article, Behavioral Abnormalities... is now published by the journal, *Immunologic Research*, 2017 PubMed <https://www.ncbi.nlm.nih.gov/pubmed/27421722/>

⁴⁹ “[Behavioral Abnormalities In Female Mice Following Administration Of Aluminum Adjuvants And The Human Papillomavirus \(HPV\) Vaccine Gardasil](#),” Rotem Inbar, Ronen Weiss, Lucija Tomljenovic, Maria-Teresa Arango, Yael Deri, Christopher A. Shaw, Joab Chapman, Miri Blank, Yehuda Shoenfeld, *Immunological Research*, 2017

⁵⁰ [Articles on Vaccination, Autism, More by F. Edward Yazbak, MD](#)

⁵¹ [Conflicts of Interest: How the CDC Exerted Influence over the 5 Epidemiological Studies Used to Dismiss the Thimerosal-Autism Link](#), ppt by Put Children First, Nov. 2005 This presentation is accompanied by IOM documents obtained under FOIA.

⁵² The database was used in numerous autism/vaccine related studies aimed at reassuring the public, including the Cochrane MMR safety review, despite its incomplete data. Brent Taylor, Hershel Jick, Dean MacLaughlin, acknowledge: “There may have been unidentified cases (false negatives) in the study population—individual children with autism who were diagnosed elsewhere and not notified to their general practitioners or others who remained undiagnosed.” [Prevalence and Incidence Rates of Autism in the UK: Time Trend from 2004 – 2010 in Children Aged 8 Years](#), BMJ, 2013. Read the documented critique by [John Stone](#), UK Editor (Age of Autism): [An Old Story: the GPRD Does Not Provide Credible Autism Data](#), BMJ, Response.

⁵³ [Autism And Measles, Mumps, And Rubella Vaccine: No Epidemiological Evidence For A Causal Association](#), Taylor B, Miller E, Farrington CP, et al. *Lancet* 1999; [A Case Control Study of Autism and Mumps Measles Rubella Vaccination Using the General Practice Research Database](#), Smeeth L, Hall AJ, Fombonne E et al. *BMC Public Health* 2001; [Thimerosal Exposure In Infants And Developmental Disorders: A Retrospective Cohort Study In The United Kingdom Does Not Support A Causal Association](#), Nick Andrews, Elizabeth Miller, Andrew Grant, Julia Stowe, Velda Osborne and Brent Taylor, *Pediatrics* 2004; [Rate At First Recorded Diagnosis Of Pervasive Developmental Disorders In United Kingdom General Practice, 1988-2001](#), Smeeth L, Cook C, Fombonne et al. *BMC Medicine* 2004; [Prevalence And Incidence Rates Of Autism In The UK: Time Trend From 2004-2010 In Children Aged 8 Years](#), Brent Taylor, Hershel Jick and Dean MacLaughlin *BMJ Open* 2013

⁵⁴ “No consistent significant associations were found between TCVs and neurodevelopmental outcomes. Conflicting results were found at different HMOs for certain outcomes. For resolving the conflicting findings, studies with uniform neurodevelopmental assessments of children with a range of cumulative thimerosal exposures are needed.” [Safety Of Thimerosal-Containing Vaccines: A Two-Phased Study Of Computerized Health Maintenance Organization Databases](#). Verstraeten T, Davis RL, DeStefano F, Lieu TA, Rhodes PH, Black SB, Shinefield H, Chen RT; Vaccine Safety Datalink Team et al. *Pediatrics*. 2003

⁵⁵ [Letter](#) to Dr. Julie Gerberding, Director of CDC, Oct. 2003; “[Something is Rotten, But Not Just In Denmark](#)” Rep. Dave Weldon, MD, 2004

⁵⁶ The six Danish studies are: Madsen KM, Hviid A, Vestergaard M, Schendel D, Wohlfahrt J, **Thorsen P**, Olsen J, Melbye M, [New England Journal of Medicine](#), 2002; Hviid A, Stellfeld M, Wohlfahrt J, [JAMA](#) 2003; Madsen KM, Lauritsen, MB, Pedersen CB, **Thorsen P**, Plesner AM, Andersen PH and Mortensen PB, [Pediatrics](#), 2003; Stehr-Green P, Tull P, Stellfeld M, Mortenson PB, Simpson D. [American Journal of Preventive Medicine](#), 2003; [Larsson HJ](#), [Eaton WW](#), [Madsen KM](#), [Vestergaard M](#), [Olesen AV](#), [Agerbo E](#), [Schendel D](#), [Thorsen P](#), [Mortensen PB](#).

[American Journal of Epidemiology](#), 2005; [Lauritsen MB](#), [Jørgensen M](#), [Madsen KM](#), [Lemcke S](#), [Toft S](#), [Grove J](#), [Schendel DE](#), [Thorsen P](#). [Journal of Autism and Developmental Disorders](#) 2010

⁵⁷ [Documents from US CDC FOIA Requests](#), Exhibit 3 (a redacted email from co-author, Marlene Lauritsen, addressed to: Poul Thorsen, Kreesten Madsen, Nov. 13, 2002) states: "...the figures in the manuscript do not include the latest data from 2001. But the incidence and prevalence are still decreasing in 2001." and Exhibit 4 (email from Poul Thorsen to Diana Schendel, Nov. 26, 2002) suggests using influence to get the article with the false conclusion published. Exhibit 5: Letter (Dec. 2002) by José Cordero, MD, Assistant Surgeon General, Director National Center on Birth Defects and Developmental Disabilities to the Editor-in-Chief of the journal Pediatrics. [The CDC Finances, Writes And Helps Publish Danish Research](#)" Edward Yazbak, MD, Vaccination News, 2005

⁵⁸ Mark Blaxill, [Safe Minds](#); Dan Olmstead, [Age of Autism](#); David Kirby Evidence of Harm, 2005; Generation Rescue; Put Children First; Tim Bolen, the [BolenReport](#);

⁵⁹ Dr. Edward Yazbak, DA Geier, MR Geier, Comparative Evaluation Of The Effects Of MMR Immunization And Mercury Doses From Thimerosal-Containing Childhood Vaccines On The Population Prevalence Of Autism, *Medical Science Monitor*, 2004; GS Goldman and FE Yazbak, [An Investigation Of The Association Between MMR Vaccination And Autism In Denmark](#). *Journal of the Association of Physicians & Surgeons*, 2004; Stott C, Blaxill M, Wakefield AJ: MMR and Autism in Perspective: The Denmark Story. *Journal of American Physicians and Surgeons*, 2004; Gallagher CM, Goodman MS. Hepatitis B Vaccination of Male Neonates and Autism Diagnosis, NHIS 1997–2002. *Journal Of Toxicology & Environmental Health*, 2010; B Hooker, J Kern, D Geier, B Haley, L Sykes, P King and M Geier, "[Methodological Issues And Evidence Of Malfeasance In Research Purporting To Show Thimerosal In Vaccines Is Safe](#)," *Biomed Research International*, 2014.

⁶⁰ For example, [Correlations Point To Environmental, Vaccine Link To Autism](#) by investigative reporter, Richard Moore, Lakeland Times, 2010

⁶¹ [Methodological Issues And Evidence Of Malfeasance In Research Purporting To Show Thimerosal In Vaccines Is Safe](#), B Hooker, J Kern, D Geier, B Haley, L Sykes, P King, M Geier, Biomed Research International, 2014

⁶² [American Eugenics Research – Racism Masquerading as "Science"](#) AHRP

⁶³ Paul Offit sat on CDC's vaccine advisory committee, and voted to add rotavirus vaccine to CDC vaccination schedule (1999). Dr. Offit held the patent for the vaccine, which he and his business partners sold to Merck in 2006 for \$182 million. He told Newsweek "It was like winning the lottery." [Newsweek](#), 2008. His own profit is estimated at (at least) \$30 million by the year 2009,

⁶⁴ [Poul Thorsen Fugitive Researcher](#), Beth Clay for The World Mercury Project, Update August 2017

⁶⁵ [Transcript](#) House Oversight & Reform Committee Hearing on Autism, Nov. 29, 2013

⁶⁶ "[Age At First Measles-Mumps-Rubella Vaccination In Children With Autism And School-Matched Control Subjects: A Population-Based Study In Metropolitan Atlanta](#)". [DeStefano F](#), [Bhasin TK](#), [Thompson WW](#), [Yeargin-Allsopp M](#), [Boyle C](#). *Pediatrics*, 2004

⁶⁷ Dr. Thompson's documented revelations were the catalyst for the documentary film [Vaxxed: his confession statements are audible in the video](#).

⁶⁸ "Measles-Mumps-Rubella Vaccination Timing and Autism Among Young African American Boys: A Reanalysis Of CDC Data" by Brian Hooker, *Translational Neurodegeneration*, 2014; subsequently Retracted by the journal. The report is accessible at [BioMed Central](#).) is accessible online at [BioMed Central](#).

⁶⁹ Former CBS science reporter Sharyl Attkisson had numerous reports about vaccines and autism killed by editors because they offended the industry. She lists a brigade of bloggers aligned to the vaccine industry and government, who pounce on any scientist or reporter who dares question vaccine mantra. See, [What the News Isn't Saying About Vaccine-Autism Studies](#), Sharylattkisson.com, Nov. 2016.

⁷⁰ On October 3, the editor retracted Dr. Hooker's re-analysis, stating: "there were undeclared competing interests on the part of the author which compromised the peer review process. Furthermore, post-publication peer review raised concerns about the validity of the methods and statistical analysis, therefore the Editors no longer have confidence in the soundness of the findings."

Hooker's statistical method and CDC's method reached the same results when the entire dataset was analyzed. The difference in CDC's published findings is explained by the fact that CDC had omitted 260 African American boys from the dataset. As for the charge of conflict of interest: I challenge those who dismiss the work of anyone who has experienced ill effects from a pharmaceutical product as a disqualifier; whereas those who are invested in pharma products or benefit from industry grants – whether disclosed or concealed – are deemed credible "experts".

⁷¹ “Thompson provided much of the information to Posey’s office last August, prompting the Florida Republican to make several impassioned floor speeches that have generated little congressional reaction. [House Republican Resurfaces Claims Of CDC Vaccine Cover-Up](#), The Hill, 2015

⁷² (Audio) [CDC Addresses Allegations on Vaccine-Autism Link Omission](#), Sharyl Attkisson, Aug. 29, 2014; [CDC’s Immunization Safety Director Says It’s A “Possibility” That Vaccines Rarely Trigger Autism But “It’s Hard To Predict Who Those Children Might Be.” \(They’re Not Even Trying.\)](#) Sharyl Attkisson, Sept. 2, 2014

⁷³ Attkisson notes: “Seven years after Hannah [Poling’s] case settled [2008], twenty-eight years after the TS case, it’s impossible to know how many similar children, if any, are out there. And the government isn’t trying to find out”. [TS is [tuberous sclerosis](#); according to [a 1986 vaccine court case](#). The National Institutes of Health estimates that 1 in 6,000 newborns are affected.

⁷⁴ Dr. Brian Hooker’s [Official Statement Regarding Vaccine Whistleblower William Thompson](#), April 26, 2016

⁷⁵ “[Rebuttal to ‘Is The CDC Hiding Data About Mercury, Vaccines, And Autism?’](#)” by Dr. Paul G. King, 2014 (Dr. King is an analytical chemist and co-author of several peer reviewed papers evaluating the CDC-recommended universal varicella vaccination program.

⁷⁶ The Perils of Fake Science News, [BBC Inside Science](#), Feb. 23, 2017

⁷⁷ *Bruesewitz v. Wyeth LLC*, <http://www.supremecourt.gov/opinions/10pdf/09-152.pdf> ; [Vaccine Fact Summary](#) Alan Phillips, JD

⁷⁸ The vaccination schedule is easier to decipher on the website of the National Vaccine Information Center, [here](#).

⁷⁹ [Childhood Immunization Schedule Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies](#), IOM, 2013

⁸⁰ US Department of Health and Human Services. HRSA: [Data & Statistics](#), VICP. Petitions Filed, Compensated & Dismissed, by Alleged Vaccine. Through 10/02/2017

⁸¹ [No Jabs, No School Says Labour MP](#), BBC News, May 2008

⁸² The European Centre for Law & Justice (ECLJ) submitted written [observations](#) (2016) defending the rights of parents to exercise conscientious objection. ECLJ notes the lack of consistency regarding vaccination policies within the European Union – Austria, Cyprus, Denmark, Estonia, Finland, Germany, Ireland, Lithuania, Luxembourg, the Netherlands, Norway (EEA and Schengen), Portugal, Spain, Sweden and the United Kingdom have no obligatory law to vaccinate, whereas France requires 11 vaccines. ECLJ notes that the president of the French technical committee on vaccination acknowledged that: “countries which leave the choice to parents have a rate of vaccination cover quite similar to ours”, that is to say to countries which impose it by constraint.”

Therefore, ECLJ reasoned, “it is interesting that the use, and hence the necessity, of the obligation to vaccinate is not proven by the facts... It is hence not proven that constraints be necessary regarding a vaccination policy. Even more, it can be prejudicial for vaccines and viruses evolve.” [Can One Refuse Compulsory Vaccination? The European Court Will Soon Decide](#), Grégor Puppink, European Centre for Law & Justice, 2017

⁸³ [Nazi Medical Atrocities; Nazi Victims’ Newly Identified Brain Parts Uncovered at Max Planck Research Institute](#), 2016