CHAPTER NINE

Are the authorities telling you everything they know about the dangers of vaccines?

We shall look at one more example of how health officials have been dealing with the question of the harmful effects of vaccines by looking at the issue of mercury in the vaccines that are routinely given to children. There is currently a debate raging as to the possible adverse effects of mercury in vaccines, more specifically on the neurological development (brain and nervous system) of young children.

Many physicians, scientists and those within the pharmaceutical industry know that vaccines can cause all kinds of serious adverse effects and can, although rarely, kill. There are, however, more subtle developmental syndromes increasing in the developed world, affecting many more individuals, these syndromes have also been linked to vaccination and many, suspect the mercury in some vaccines could be partly responsible.

In the USA the main medical institutions responsible for advising on public health policy, for reviewing and conducting research are: The Institute of Medicine (IOM), The Centre for Disease Control (CDC), The American Medical Association (AMA) and The American Academy of Paediatrics (AAP), Advisory Committee on Immunisation Practises (ACIP), National Immunization Program (NIP).

All are assuring people that the benefits of vaccines far outweigh the problems and more specifically that the mercury in vaccines is safe. Much of this recent display of confidence in the safety of mercury in vaccines relates to a two-phase study completed in 2003. This study consisted of the observation of health records, (Computerized Health Maintenance Organization Databases), which are recorded incidences of symptoms and illnesses reported by physicians to the health authorities.

From these records it may be possible to see if there are any correlations between the rise of certain illnesses known to be associated with mercury toxicity and the increase in the use of mercury containing vaccines. The results of their observations were published in Pediatrics, 112:1039-1048; the conclusions noted in the report stated that the study failed to find consistent associations between thiomersal (USA spelt thimerosal) containing vaccines and neurodevelopmental disorders.

The reported conclusions of this study have caused considerable controversy, with some outrage among the general public and those caring for friends and family with suspected vaccine damage. There is a growing frustration and distrust of the authorities as they appear to have covered up the initial findings of the study.

The Simpsonwood Meeting

A secret closed meeting on the subject of the original study was held in Simpsonwood, Georgia 7-8th June 2000. This was attended by members of the CDC and other health organizations from the USA and around the world, as well as representatives from the vaccine manufacturers. The transcript of this meeting has recently been obtained under the Freedom of Information Act, the content of which highlights many of the problems surrounding the assessment of vaccine safety and effectiveness.

Certainly recorded statements from the representatives of the various health agencies would give cause for concern. Dr Clements of the World Health Organisation (WHO):

> *"And I really 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..."*

Vaccines linked to brain & nervous system disorders

There was agreement that the study pointed to a legitimate correlation between some neurodevelopmental problems and the use of mercury containing vaccines, but nobody could conclude to any certainty whether it was the mercury or some other component of the vaccine as Dr Verstraeten the lead author of the study sates:

> *"Finally, and this may be the toughest one of all, how do we know that it is a Thimerosal effect? Since all vaccines* (in this study) *are Thimerosal containing, how do we know that it's not something else in the vaccines such as aluminum or the antigens?"*
>
> Dr Verstraeten

There was indeed a sense of shock in the findings, Dr Verstraeten and his team had carried out an enormous amount of detailed work, highly praised by all of the various delegates at the meeting. There could of course be all kinds of reasons for the apparent association between the use of vaccines and neurodevelopmental disorders. In fact there was always the possibility that the findings were somehow wrong, that there were inaccuracies due to reporting and diagnosis or just a chance correlation that could not be replicated. But of course as far as possible, all of these confounding factors were accounted for and the more stringent the criteria were applied the more significant became the results.

Given all of the possible confounding factors, what were Dr Verstraeten's thoughts as to the legitimacy of the findings of a link between mercury containing vaccines and neurodevelopmental disorders, what they refer to as their 'signal'; could the correlation between vaccine and neurological disorder go, if they took into account these other factors, (could the 'signal' go)?

To me the bottom line is well; there are some things that just will never go away. If you make it go away here, it will pop up again there. So the bottom line is okay, our signal will simply not just go away.

Some experts at the meeting were not at all surprised at the findings and suggested that this is not just a simple issue of toxicity level, but an effect that will differ according to age of vaccination and consequently the developmental stage of the child when the toxic threshold is reached. Age may therefore have a two-fold effect, the younger child may be more neurologically sensitive and will also be less able to eliminate and neutralize the toxin.

Dr Weil on the expert panel:

"…from all of the other studies of toxic substances, the earlier you work with the central nervous system, the more likely you are to run into a sensitive period for one of these effects, so that moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity. There is just a host of neuro-developmental data that would suggest that we've got a serious problem."

Dr Weil also stated

"In relationship to aluminium, (an additive in many vaccines), being a nephrologist for a long time, the potential for aluminium and central nervous system toxicity was established by dialysis data. To think there isn't some possible problem here is unreal."

According to the lead author of the study the question was then asked, let's suppose that there is a connection between mercury and neurodevelopmental disorders how plausible is it that mercury could cause these problems, from what we already know about mercury toxicity?

Dr. Brent:	*If it is true, which or what mechanisms would you explain the finding with?*
Dr. Verstraeten:	*You are asking for biological plausibility?*
Dr. Brent:	*Well, yes.*
Dr Verstraeten:	*When I saw this, and I went back through the literature,* ***I was actually stunned by what I saw****, because I thought it is plausible.*

We therefore have our lead researcher convinced that there is a legitimate link between neurodevelopmental disorders and the afore mentioned vaccines and that the biological mechanism is plausible, although nobody could be sure that this was due to the mercury and not some other component of the vaccine.

Experts were indeed worried; Dr Johnson State Public Health Officer in Michigan and a member of Advisory Committee on Immunisation Practises (ACIP) had this to say:

> *"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…
>
> Dr Johnson

One of the main concerns seemed to be, how do the various health agencies manage the findings, how were they to break the news to the public, if at all, were they to keep the results secret until further studies were carried out? This was actually not an option as delegates knew the transcript of the meeting would soon be available to the public under the freedom of information act. What were lawyers acting on behalf of the vaccine damaged going to do with the results, how was this going to affect litigation against the drug companies?

> *"I know how we handle it from here is extremely problematic.*
> *So I leave you with the challenge that 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 in a way they will be able to handle it and not get exposed to the traps which are out there in public relations.*
>
> *"I have the deepest respect for the work that has been done and the deepest respect for the analysis that has been done, but I wonder how on earth you are going to handle it from here."*
>
> Dr Clements WHO

It was against this back drop that a further study was carried out that could <u>not</u> confirm the above, and at that very moment Dr Verstraeten the lead author of the study was effectively bought up from the CDC and employed by GlaxoSmithKline, a vaccine manufacturer of thimerosal–containing vaccines, a major pharmaceutical company presently facing a potentially large number of lawsuits on the very issue that the paper discusses.

Accusations of cover up, conflict of issues and impropriety ensued, which were of course vigorously denied. The follow-up study did not in fact confirm 'no link' as Dr Verstraeten himself acknowledges. In the furore to condemn the lack of confirmation, some critics had missed the point that the study was in fact neutral, there could still be a link, but the new study couldn't confirm it one way or the other.

> *"The article does not state that we found evidence against an association, as a negative study would. It does state, on the contrary, that* ***additional study is recommended****, which is the conclusion to which a neutral study must come. Does a neutral outcome reduce the value of a study? It may make it less attractive to publishers and certainly to the press, but it in no way diminishes its scientific and public health merit. "*
>
> Dr Verstraeten

There is of course a growing distrust of official reports and any evidence or suspicion of misconduct is seized upon by the vaccinated aggrieved in an attempt to receive some kind of justice. The reactions are understandable, yet as evidenced through the transcript it is apparent to me at least that all of those individuals representing the various organisations appear honest and industrious; they conduct experiments with integrity and are interested in safeguarding the health of the communities in their care.

By all accounts the actions of Dr Verstraeten seem flawless, he has acted with integrity both before his employment by GSK and since, finalising his involvement with the study before his departure from the CDC. How is it then possible to reconcile such conflicting views between those defending vaccines and those convinced of their harm?

One problem is that the scientists involved in those studies are constrained within very restrictive parameters, which makes their job immensely difficult. The study headed by Verstraeten was too see if only one component of certain vaccines, that are given to virtually everybody in the population, can cause certain kinds of neurodevelopmental disorders, conditions that take some time to develop and that can be potentially caused by many things.

Vaccines themselves contain all kinds of potentially harmful components, there are very few people to compare these studies to that are not vaccinated, practically an entire population is systematically vaccinated from a very young age and they are not systematically screened for adverse effects. Therefore scientists are only able to study the numbers of individuals whose parents report these conditions which are subsequently reported to the various health authorities.

In spite of all these limitations Dr Verstraeten was able to design a study that was able to demonstrate a relationship between thiomersal-containing vaccines and neurodevelopmental disorders but as ethical as he maybe, the fact remains that he was subsequently ‘bought’ by GlaxoSmithKline and consequently taken away from the CDC and away from the possibility of future studies on vaccine damage, to work for the very company facing litigation on that same issue. There was, on the face of it, no impropriety on his part but inevitably ‘big pharma’ can afford to ‘buy out’ the best scientists to conduct the experiments that they want, because you can rest assured that GSK will not be spending any sums of money repeating the kinds of studies that Dr Verstraeten conducted at the CDC.

The fault lies in the overall system, individual researchers are aware of the restrictions of their retrospective vaccine studies and do seem to do their level best to circumvent these limitations, but there is only so much they can achieve given their specific remit. They know that more definitive answers could be attained with properly controlled trials, but that is also considered unethical, they are of course partly blinded by their own faith in vaccines that considers the advantages of vaccines to outweigh the disadvantages.

I think the bottom line is that while the zero group is different, and I think all of us would agree with that, the issue is that it is impossible, unethical, to leave kids unimmunized, so you will never, ever resolve that issue. So then we have to refer back from that.

Dr Chen (Simpsonwood, June 2000)
Chief of Vaccine Safety & Development at the
National Immunization Program, CDC

They are also employed by health agencies that promote vaccination, consequently they have a duty to vaccinate and when looking at single pieces of evidence that could undermine public confidence in vaccines they want to be absolutely certain that it is true, which is entirely proper, but they are also influenced by the implications, a small problem with a vaccine could create a lack of public confidence in vaccines, its significance will be reduced if on balance they fear it could cause the rejection of a vaccine.

"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…"

Dr Clements, WHO

The danger is that there are of course many findings across the spectrum of vaccine damage; singularly they may appear less significant and so singularly they are always glossed over as insignificant compared to the value of vaccination, but when added together they firmly tip the balance out of favour of vaccination.

But for many scientists the desire to safeguard a vaccine policy does not justify the rationale of waiting for more and more definitive proof, before applying caution. Dr. Boyd Haley, Chairman of the Chemistry Department at the University of Kentucky in correspondence with Mark Sircus Ac., O.M.D. Director International Medical Veritas Association indicated that the IOM is "blatantly out of line," and reduces the IOM report to the level of "absurd logic." He states:

"The IOM report represents an incredibly poor evaluation of the scientific literature and is symptomatic of a committee that has been compromised in its scientific/biomedical credibility to favour the wishes of its employer, the CDC…Thimerosal is one of the most toxic compounds I know of, I can't think of anything that I know of is more lethal…I was amazed that the IOM would make such ridiculous statements and chose to use such obviously damaged epidemiological studies to support their conclusions."

What is also very clear is that there is a complete double standard in vaccine policy; the great scientific minds that have been used to critically analyse evidence that vaccines are causing harm are not being used to investigate the evidence that vaccines are safe or effective; they are of course <u>not</u> the same thing. We are accepting vaccine safety and efficacy on very poor evidence unless proven dangerous, whereas it would be more appropriate to adopt the precautionary principle, accepting that they are harmful and ineffective unless proven to be safe and effective. If we used the same amount of intelligent and honest enquiry in

assessing vaccine safety and effectiveness as we do in assessing the legitimacy of the evidence of harm, then vaccines would never make it into public health policy in their present form.

Vaccine promoters use the declining incidence of disease in populations as evidence of vaccine efficacy when clearly the majority of decline happens as a result of other factors. Even declines in disease incidence over and above what would be expected from vaccines are quick to be assigned as a consequence of the vaccination 'herd effect' or other 'unknown' non-specific effects. To accept vaccine damage, evidence undergoes the most rigorous scientific examination, to accept vaccine effectiveness evidence is almost whimsical.

For example diphtheria vaccine can at best only stimulate antibodies to the toxin produced by the bacteria and studies show that this does not change the number of people that contract diphtheria.

It is presumed that this vaccine can at best reduce the severity of the disease, but because the actual incidence of the disease has dropped over the years, intelligent, honest and reliable researchers will blindly state that this must be due to some effect of the vaccine, as though no other factors could influence disease rates, humans really are presumed to have no protection against disease unless vaccinated.

> *"However, if diphtheria toxoid vaccines did not impart any protection against infection, then one might predict that there should have been no change in the incidence of C. diphtheriae infection in the community and no change in the risk of disease in unvaccinated individuals."*
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> Paul E.M. Fine Epidemiologic Reviews 1993 Johns Hopkins University, Vol. 15, No. 2

To reiterate the above, the researcher Paul Fine believes that if the vaccine doesn't reduce diphtheria infection then there would be no change in the incidence of diphtheria, the assumption is diphtheria rates can't possibly go down unless the vaccine is doing it. Of course all experience tells us that there are many factors of nutrition, sanitation, emotions and lifestyle that have influence on both the incidence and severity of all illnesses.

In addition, the initial vaccine toxicological studies are carried out on healthy people and therefore underestimate their impact on people with underlying health issues; this is then compared to the serious adverse events that can happen when some people contract a disease which only happens to those that already have an underlying illness. That is, millions of people may get measles but only the seriously immune compromised may suffer long-term damage, so in comparing the risks of vaccines (assessed by conducting trials on very few healthy adults) to the risks of illness, we are comparing vaccines in healthy to the consequences of the natural disease in the very sick.

When we are given the risks associated with a vaccine, that risk, only applies to vaccines in healthy people, which is therefore an underestimate of its true risk in the real population. We are then given the risks of the disease, which is in fact a statistic that differs from community to community and includes the very sick and immune

compromised. This ‘risk’ will of course be completely inappropriate to everyone else. If the only people to suffer adverse effects of measles are in fact the seriously immune compromised, the risk of serious adverse effects to measles in somebody without that susceptibility is zero, however, the risk card is being played as a marketing tool used by the pharmaceutical industry, which is both misleading and unethical.

And so all of the various institutions, offices and laboratories around the world, are assessing individual issues with regard to vaccine dangers and each of them naturally assumes that their specific issue cannot counterbalance the benefit of vaccination and therefore underplays the relative importance of that issue.

But just as we do not assess the combination of toxic components within a vaccine, we assess mercury toxicity independently of aluminium toxicity when together the impact could be greater than the sum of the parts, likewise all of the various vaccine dangers are taken separately and nobody is joining up the dots, which is of course reflective of a medical perspective that similarly isolates the body into parts. The whole-body perspective is missing just as the whole vaccine perspective is missing and the dominant mantra of those supporting vaccines is the belief that the benefit of vaccines must outweigh the disadvantages. But what would be the impact of joining up the dots, collecting the relevant evidence irrespective of the consequence to our vaccine policy; would the advantages still outweigh the disadvantages?

So it is with regard to this specific thiomersal issue we are being told that the evidence is still not conclusive, so carry on vaccinating with thiomersal. But what would the experts do with their own children?

The results of the Verstraeten study into thimerosal and neurodevelopmental disorders presented at the Simpsonwood meeting were given on ‘day one’ of a two-day conference. On the morning of the second day Dr Johnson - State Public Health Officer in Michigan and a member of Advisory Committee on Immunisation Practises (ACIP) had this to say:

> *“Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation, and I do not want that grandson to get a Thimerosal-containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given Thimerosal-free vaccines”*